

Module Four - a: Substance Abuse¹

Background Document

Sessions One and Two: Drugs and Their Use/ Consequences of Drug Use

• Drugs and their Role in the Lives of Children and Youth

The word "drug" refers to any substance or product that affects the way people feel, think, see, taste, smell, hear, or behave.

Sometimes we use the phrase "psychoactive substance" just to emphasize the fact that the substance produces a change in mental processes.

A drug can be a medicine, such as morphine, or it can be an industrial product such as glue. Sometimes drugs are legal, like approved medicines and cigarettes, and others are illegal, like heroin and cocaine. Each country has its own laws regarding drugs and their legality.

The use of drugs may have a little or a large affect on a person's life and health. The amount of influence drugs have depends on the person, the type of substance, the amount used, the method of using it, and the general situation of the person.

• The Role of Drugs in the Lives of Children and Youth

Even though using drugs may lead to serious problems, many children and youth use drugs because they either add something to their life or temporarily solve a problem. There is a connection between the problems in the lives led by many children and youth, especially those who have been sexually abused or exploited and those who live on the street, and the effects that drugs sometimes produce. Young people may see drug use as a solution to their problems, rather than as a problem itself.

Problems faced by some children and youth	Possible Effects of Drug Use
Hunger	Lessens hunger pains
Boredom	Adds excitement
Fear	Provides courage
Feelings of shame, depression, hopelessness	Helps you forget
Lack of medicine and medical care	Self medication
Difficulty falling asleep because of noise and overcrowding	Produces drowsiness
Being tired from lack of sleep because of noise or overcrowding	Increases energy
Need to keep awake for job or protection	Helps to stay awake
Potential for sudden, physical violence	Improves alertness
No recreational facilities	Offers entertainment
Social isolation	Provides a sense of connection with other drug users
Sexual desire or to engage in sex work	Can increase sexual experiences
Loneliness	Promotes socializing

¹ This Module is an abridged version of the Module on Substance abuse and Sexual Exploitation (ESCAP, 2000). For a complete version of the Module, please contact ESCAP.

Physical pain	Relieves physical pain
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<i>What can you add to the list?</i>	
Problems	Effects

Often drugs do not produce the effect the child or youth wants and they leave the child or youth with even less emotional, financial, and health resources than before.

Many children in developing countries who use drugs often do not fit the stereotype of an adolescent drug user in the developed world. Young drug users on the street, for example, are often cheerful, affectionate, and respectful of authority. They do not use drugs because they reject mainstream society, but rather because they have lost their place in it.

- **Some Consequences of Drug Use**

Using a psychoactive substance can have many different consequences. Some of the consequences are insignificant and some are extremely serious. Substance use has effects on the body, the life of the user and the whole community.

Intoxication

Intoxication is the state of being under the influence of one or more substances. When a person becomes intoxicated, there is a change in the person's alertness, thinking, perceptions, decision-making, emotions, or behaviour.

It is not always clear when children are intoxicated. They may have the smell of alcohol on their breath or solvents or paint on their clothes, their eyes may be dilated, or they may be exceptionally sleepy. They may have trouble thinking, speaking, or working. They may giggle or laugh at strange times, or their mood may switch quickly between highs and lows. Some may be more aggressive. Often intoxicated children behave in ways they normally would not.

An intoxicated person will behave differently depending on the amount and type of drug the person has consumed. Moreover, the same amount and type of drug can affect different people in very different ways, dependent on the circumstances of use. For example, the same amount of alcohol can make some people laugh and others cry. Different substances present different risks. For example, leaded petrol, some solvents and coca paste are very toxic.

It is **intoxication** that is responsible for most drug use related problems among children and youth living in extremely difficult circumstances. It is when they are acutely intoxicated that they are most likely to suffer from burns, suffocation, accidents, injuries, violence, bone fractures, rape, poisoning, overdose, unsafe sex, skin and respiratory tract infections, sudden death and convulsions. Those most vulnerable are the young, sick and malnourished.

Sometimes a child may appear intoxicated, but the actual reason for his or her change in behavior is hunger, fatigue, sickness, or emotional difficulties. If you suspect that drugs are the real reason for the change, you can politely ask the child if he or she has been using. But do not

push the child to admit using if he or she is not ready to confide in you.

Other times it will be obvious when a child or a group of children is intoxicated. If there is any suspicion that the child is intoxicated, you need to try to protect his or her health. If possible, you should ensure that he or she is taken to a safe place where someone can keep an eye on the child. **All workers need to be trained in emergency assistance and resuscitation** to deal with any serious complications of intoxication.

As a general rule, workers should not attempt to have a serious conversation or to hold an organized activity with children who are intoxicated. It is an especially bad time to talk about the children's use of drugs. You might simply acknowledge the fact that the children are intoxicated, calmly suggest meeting another time, and then help the children to find a safe place where they can stay until they are sober. If the children are sober at the next encounter, then the issue of drugs can and should be discussed.

Harmful use is a pattern of drug use that causes damage to a person's health. The damage may be physical (e.g. hepatitis) or mental (e.g. depression).

The fact that a pattern of use or a particular drug is disapproved of by another person or by the culture, or may have led to socially negative consequences such as an arrest or marital arguments is not in itself evidence of harmful use.

Dependence (or dependence syndrome or addiction) occurs when a person becomes dependent on one or many drugs. It is defined by WHO as "a cluster of physiological, behavioural and cognitive phenomena of variable intensity, in which the use of a psychoactive drug (or drugs) takes on a high priority", more than other behaviours that once had value.

There is usually:

- A strong desire or sense of compulsion to take the drug
- Difficulties in controlling drug-taking behaviour
- A physiological withdrawal state when drug use has ceased or been reduced
- Evidence of tolerance – i.e. increased doses required to achieve effects originally produced by lower doses
- Progressive neglect of alternative pleasures or interests due to substance use, increased amount of time needed to obtain or take the substance or to recover from its effects
- Persisting with substance use despite clear evidence of harmful consequences (e.g. liver damage, depression, impaired cognitive functioning)

Detoxification and Withdrawal

If a person has been using a drug heavily or for a long time, the user might experience a difficult period of transition when he or she stops using or reduces the amount of use. The person may have psychological and/or physical problems until the individual adjusts to the absence of the drug. This transitional process is called detoxification and the adjustment problems are called withdrawal symptoms. As most children do not use drugs heavily or for long periods of time, it is very unusual for them to experience withdrawal symptoms when they stop using.

Unless they have been using large amounts of drugs for a long time, young people rarely need medical help to detoxify. More typically, young drug users need to be assessed in a safe place with their full cooperation. The most dangerous withdrawals are from alcohol and hyponosedatives, which may trigger convulsions and delirium tremens.

But some children, especially older ones, may have been using drugs heavily in association with prostitution and other activities. These children may need more assistance to detoxify and manage their withdrawal symptoms, as well as referral to a special medical setting for detoxification if available. Medical advice and assistance should always be obtained in such circumstances.

Workers should always check with medical or other health workers who are experienced with drugs and drug users about what to look out for and how to manage the symptoms of withdrawal. **IF WORRIED, ASK FOR ASSISTANCE** from a respected health worker.

The signs of withdrawal are different for the various categories of drugs. For example, withdrawal from alcohol may include depression and tremors. Withdrawal from opioids may appear as chills and muscle cramps. Children who are unusually restless, irritable or unhappy may be withdrawing from a drug.

Once their needs become clear, planning interventions becomes much easier. Often their most important needs will be a place to live, clothing, regular food, a health examination, education, reunion with their families, work for their families, or a foster home. Their level of drug use may diminish greatly once their over-all situation is improved. So even if medical help is needed later to deal with withdrawal symptoms, workers can do a lot to help a young drug user immediately

- **Other Consequences for the User**

Drug use can harm health. Drugs can affect the body so that users are more likely to become sick, to injure themselves or someone else, and to have trouble recovering from an emotional or physical problem. Some users are particularly vulnerable to malnutrition, infections, mental disorders, diseases of the internal organs, and respiratory diseases.

In addition, while they are under the influence of drugs, children and youth may be more vulnerable to violence and exploitation. They may also be more likely to engage in sexual activities that put them at risk for sexually transmissible infections, including HIV/AIDS.

Drugs can make the lives of children and youth difficult in other ways as well. Since many drugs are illegal, drug use may lead to problems with the police and with drug traffickers. Even social and welfare agencies designed specifically for children and youth may turn away children who use drugs. Often children and youth do not know what the short-term or long-term consequences of drug use might be.

However, it is important to keep the use of drugs by children and youth in perspective. Most constantly face the risk of being physically harmed or abused by others. The use of drugs is usually a consequence, not a cause of their unhealthy and deprived situation.

Consequences for the Community

Everyone, including children, occasionally have conflicts with family members, friends, strangers, and lovers. Most people also enjoy the excitement of taking a risk from time to time. The use of drugs, however, can sometimes make these normal experiences much more unpleasant or even dangerous. Important responsibilities can be forgotten and disagreements can become emotionally or physically destructive. Risky adventures, like building a fire for warmth or fun, can become dangerous for other people if the children involved are under the influence of drugs.

Given the lack of safety already present in most of the situations where children and youth in especially difficult circumstances are living and spend their time, the chances that someone might be harmed when drugs are used can be increased.

Drug users with little income are constantly faced with the problem of finding money to purchase their drugs. Some of them may steal or use violence to get the money. Others might join illegal businesses such as the sex industry to earn enough money.

The demand for illegal drugs has produced wealthy and powerful organizations in some parts of the world that manufacture and distribute drugs. Members of these drug syndicates commit many violent crimes, including the murder of children and youth whom they suspect of cooperating with law enforcement officials. These same law enforcement officials may then justify their violence against these children and youth by saying that they are drug users and traffickers.

Unfortunately, some drug syndicates actively recruit children and youth to participate in illegal activities. On the other hand, joining a drug syndicate can offer some children many advantages, such as physical protection, financial support, and social status. This can make it very hard to work with them and their families.

Children and youth are often the victims of other people's drug use. Some of them were forced onto the streets and/or into prostitution because of poverty or family violence that was made worse because members of their families used drugs. This includes incest, where older family members may try to justify their actions by claiming they were under the influence of drugs at the time. This should NEVER be accepted as an excuse for the abuse of children.

Once on the streets or working in brothels, other people who need money for drugs may steal what little money the children might have.

- **Patterns of Drug Use**

Patterns of drug use vary greatly among children and youth, and may change over time. Some develop a regular pattern of use while others may be quite haphazard. Furthermore, a child or youth may change his or her pattern of use over time. Just because a child or youth starts to use one drug does not mean that he or she will automatically progress to using other drugs or to use more intensively.

While recognizing the variability of drug use by children and youth, it can be useful to try to classify their use according to the level of use and risks or problems experienced:

Experimental Use

Children and youth are going through a period of development which involves a time of experimentation, exploration, curiosity and identity search and part of such a quest usually involves some risk taking, which can include experimenting with drugs. They are curious about drugs and want to experience new feelings and sensations. **Following some experimentation, most children and youth stop using drugs.**

Functional Use

For the majority of children and youth, drug use is not mindless or pathological, but

functional. Drugs have a specific purpose in their life, such as recreation, providing relief from anxiety or boredom, to keep awake or get to sleep, to relieve hunger and pain, to feel good, and to dream, as was mentioned earlier. Such use is often controlled and limited to specific circumstances and situations. They may vary the type of drug they use depending on the situation to achieve the desired effect. They are sometimes experienced users and know what and when and how to use. If their drug use is not causing serious problems for them there is little motivation for these functional users to stop using.

Dysfunctional Use

Dysfunctional use is drug use that leads to impaired psychological or social functioning. Typically such use affects personal relationships. As a result of their drug use, some children and youth may become involved in fights or arguments with others or family members. It may interfere with his or her work or schooling. He or she may not be able to accomplish important survival tasks, such as finding adequate food and avoiding violence. This behaviour may cause further alienation, including rejection by other children. Because of these increasing difficulties, there may be some motivation to think about their level of drug use. However, the benefits they get from the use of drugs may keep them using.

Harmful use

With harmful use, their drug use is causing damage to their physical or mental health. As discussed above, most physical harm experienced by children and youth associated with their drug use occurs as a result of intoxication. These harms include traumatic injuries from accidents and violence, overdose and poisoning, suffocation, burns and seizures. Other harms result from the way in which the drug is used. Injecting drugs is particularly dangerous because of the risk of hepatitis, HIV/AIDS and other infections from contaminated needles and syringes, along with collapsed veins and overdose. Smoking drugs can result in disorders of the respiratory system and burns. Some drugs are particularly toxic and can cause health damage in even small amounts, such as leaded petrol, benzene and coca paste.

Although health damage is more likely to occur with individuals who use drugs regularly and intensively, it can also occur with experimental and occasional users, usually as a result of intoxication. As most children and youth have not been using drugs for long enough it is unusual to see them with such disorders as alcoholic liver disease or smoking related lung cancer, which occur late in life.

Dependent Use

Drug dependence is the name given to the most intensive type of drug use. Users who are dependent on drugs often have poor control over their intake. They may continue to use drugs despite very serious consequences. In addition, they may spend more and more of their day involved with drugs: earning money or trading sex for them, purchasing them, using them, recovering from them, and planning to get more of them.

Dependent users may develop a tolerance for certain drugs, that is, their bodies may adjust to the drugs so that the same amount of the drugs no longer produces the same effect. A dependent user may also experience withdrawal symptoms if he or she goes too long without the drugs.

Very few children and youth are dependent on drugs. But those who are dependent will need a lot of support to change their behaviours. Establishing good links with local health agencies that

deal with drug users is important. If workers are in isolated areas with few health resources in the local community, links will need to be formed with helpful professionals in other locations.

Being dependent on drugs can be like being very dependent on other people, food or exercise. **The drug can be like a reliable friend who usually gives a person what they want or need.** Giving up the drug can be like losing a best friend. Grief and loss issues need to be dealt with.

- **Drug Groups**

The number of drugs that can be used is enormous. It is helpful to know the general categories of drugs and the effects that they can have on a person. The general categories and some examples are listed below.

You will find the names of various drugs below; usually the *generic* name is listed first. This is the standard name used throughout the world. However, these drugs are marketed under various trade names and also have many street names. *Trade names* usually begin with a capital letter. For example, a commonly used drug to reduce anxiety is *diazepam* (generic name) and is sold in some countries as Valium (trade name). Another example is *diacetylmorphine*, which is the generic name for heroin, and has the street names, "brown sugar" in India, and "smack" in the USA and Australia. It is also common for street names to change regularly. The examples of trade names given below may not be the ones used in your country; they are merely illustrative.

Alcohol

Alcohol is a depressant drug; that is it suppresses, inhibits or decreases some aspects of central nervous system activity (i.e. activity of the brain, spinal cord, and some major nerves).

The effects of alcohol will vary from person to person. The effects depend on: how much is drunk; how quickly the alcohol is consumed; the person's body size, weight and nutritional status; general state of health; how well the liver is working, whether the alcohol is consumed with a meal, alone or at a party, or after hard physical exercise; whether it is consumed with other drugs; how old the person is; and whether the person male or female.

Children, young people and women are usually more affected by alcohol than adult men. This is because they tend to have lower body weights, smaller livers, and a higher proportion of fat to muscle, so the alcohol is absorbed by the body faster. Substances containing alcohol include the following:

- Wine
- Beer
- Spirits
- Home-brew
- Some medicinal tonics and syrups (eg cough syrups)
- Some toiletries and industrial products (for example Aftershave, rubbing liniment)

Immediate effects

A small amount of alcohol may make people relaxed, drowsy, and uninhibited - that is, they are

more likely to do things that normally they would stop themselves from doing. With larger amounts of alcohol, drinkers lose physical coordination, have unclear vision, slur words and can make poor decisions. Excessive drinking over a short period of time can cause a headache, nausea, shakiness, vomiting, and even coma and death.

Longer-term effects

Drinking large amounts of alcohol regularly over a lengthy period of time can cause loss of appetite, vitamin deficiency, skin problems, depression, loss of sexual drive, liver damage, brain damage, loss of memory, damage to nerves and muscles in the arms and legs, and heart and blood disorders.

Special considerations

- *Mental health concerns* - *alcohol* may increase feelings of sadness and isolation in children and youth who are already experiencing depression. A serious state of depression can be a problematic consequence of long-term excessive alcohol use.
- *Pregnancy* - regular drinking of any amount of alcohol during pregnancy can damage the health of both the mother and the foetus. Drinking can be especially harmful to the foetus in the first three months of pregnancy. Heavy drinking can lead to miscarriage or the baby being born with foetal alcohol syndrome, slow growth patterns before and after birth, and mental disabilities. When a new mother drinks alcohol, alcohol can be passed to the infant through breast milk.
- *Using alcohol with other drugs* - taking alcohol in combination with other drugs, such as those prescribed by a doctor can be dangerous. Taking alcohol with drugs that depress the body's systems, such as hypnotics or cannabis, can increase loss of judgement and physical coordination and even cause a person to stop breathing.

Signs of withdrawal

When someone has been drinking a lot, regularly over an extended period of time, they can become physically dependent on alcohol. If the person stops drinking suddenly, they can have anxiety, shaking, vomiting, sweating and convulsions, and possibly hallucinations called delirium tremens. This requires medical attention.

Nicotine

Nicotine is a stimulant; that is any substance that activates, enhances or increases central nervous system activity. Nicotine is found in the following:

- Cigarettes, cigars, pipe tobacco
- Chewing tobacco
- Snuff
- Nicotine gum, spray, skin patches

Most cigarettes have about 1-2 milligrams of nicotine.

Immediate effects

A person feels more alert just after using tobacco, and then feels more relaxed a few minutes later. Smoking increases pulse rate, produces a temporary rise in blood pressure, can cause dizziness and nausea and also makes people feel less hungry.

Longer-term effects

Smoking tobacco can lead to heart and lung disease, blockage of arteries (peripheral vascular disease), different kinds of cancers, high blood pressure, bronchitis and breathing difficulties. Pipe smoking and chewing tobacco can cause mouth cancers.

Special considerations

- *Pregnancy* - smoking when a woman is pregnant can reduce the amount of oxygen available to the unborn and may affect the baby's growth and development before, and after birth. Smoking while pregnant can contribute to babies weighing less at birth.

Signs of withdrawal

Symptoms occur when a person stops or cuts down how much nicotine they are taking. Some people may have no symptoms when they cut down or stop using nicotine. Other people may have one or more of the following symptoms: increased feeling of nervousness, changes in how they sleep, stomach ache, poor concentration, muscle spasms, headaches, cough or changes in appetite.

Opioids

Substances in this group may act as analgesics (they relieve physical pain) and depressants. Some are used as medicines while others are used as illegal drugs. They may be synthetic or made from opium poppies (opiates). The following are examples of opioids

Opiates:

- Codeine (such as in some cough mixtures)
- Heroin
- Morphine
- Opium
- Brown sugar

Synthetic opioids:

- Buprenorphine hydrochloride (Temgesic)
- Methadone (Physeptone)
- Pethidine

Immediate effects

Substances in this group can relieve physical pain and often produce a detached and dreamy sensation. They can also cause nausea and vomiting, sleepiness, constipation, constriction of the pupils in the eye. A dose that is too high (overdose) can cause a person to become unconscious and stop breathing. Death can also be caused by aspiration of vomitus, where the lungs fill with vomit.

Longer-term effects

The main danger of use over time is the development of dependence and the chance of overdose, which can cause death.

Special considerations

- *Tolerance to opioids and dependence* - can develop quickly. Some synthetic opioids have been developed to have pain-relieving effects and be less likely to cause dependence quickly.
- *Injecting the drugs* - with a needle that is not sterile can cause hepatitis, abscesses, and blood poisoning. HIV, the virus that causes AIDS is easily spread from one person to another through blood left on the needle, or mixed in with the drug preparation, if someone who is infected with HIV has used the needle.
- *Pregnancy* - if the mother is using opioids, the unborn baby will also be exposed to the substance. If the mother is dependent on the substance and not eating and sleeping well, the development of the unborn baby can be affected. Depending on how much of the drug is being used by the mother and the general health of the mother, the newborn can go through withdrawal after birth. If the mother is using opioids while breast feeding, some of the drug may be passed on to the baby as well, and the baby may become drowsy and feel unwell.
- ***It is important for a woman who is pregnant not to stop using any opioid suddenly. Stopping suddenly can make the mother and baby much more uncomfortable and much more affected by withdrawal symptoms. She should see a doctor for advice on what she should do.***

Signs of withdrawal

Withdrawal symptoms include anxiety, sweating, muscle cramps, runny nose, vomiting, diarrhoea, insomnia and pain. These can usually be managed at home, with support, and without being admitted to a hospital or clinic. However, medical advice on the best way to manage the withdrawal is useful. A major factor will be the support available to the person requiring withdrawal and the safety of the home or other environment. If others are using drugs at home, the environment is not safe or helpful.

Hallucinogens

Hallucinogenic substances can alter a person's mood, the way the person perceives his or her surroundings and the way the person experiences his or her own body. Things may look, smell, sound, taste, or feel different. A user may also hallucinate, which means to see, smell, taste, hear or feel something that does not exist. There are many different types of hallucinogens, some of which are chemically produced and others which are naturally occurring.

- **LSD (Lysergic Acid Diethylamide)**

In its pure state, LSD is a white, odourless powder. It is usually mixed with a lot of other ingredients. It is often put into capsules, liquids, tablets, or as small spots on absorbent paper.

- **Mescaline**

Made from the pulp of the peyote cactus.

- **Psilocybin mushrooms**

Psilocybin is the hallucinogen found in some mushrooms. It is usually made available as dried mushrooms.

- **PCP (phencyclidine)**

This substance was used as an animal tranquilliser. Users find it hard to predict what the effects will be, but these can range from "a bit scary" to lasting mental health problems.

Immediate effects

Hallucinogens can have strong effects on a person's mental state. They can change the person's mood and feelings about the world around them. The user may see lights, colours, or pictures and feel very aware of things happening inside and outside of his or her body. The person may also feel fear or panic. Some children and youth find the experience pleasant, while others find it unpleasant and disturbing (a "bad trip"). Some like this because it is new and interesting. The same person may feel different taking the same drug at different times. This can be due to the mood of the person and also because of different substances which may be mixed with the hallucinogens. Because they can cause a confused state and change a person's sense of reality, users may be at particular risk of a serious accident.

Longer-term effects

Many people report that they experience the same feelings of taking the substance days or even months later without taking the substances. These experiences are often called "flash backs" and are an important long-term concern. Regular use of hallucinogens can begin to decrease a user's memory and concentration and can cause long-lasting mental health problems.

Special considerations

- *Mental health concerns* - "Flash back" symptoms are similar to symptoms of other mental health disorders, making it hard to know why a street child is acting in a particular way. Taking hallucinogens may cause mental health problems such as depression, with suicide being a risk. If a child or youth already has a mental disorder, such as schizophrenia, taking hallucinogens may worsen the condition.
- *Using with other drugs* - hallucinogens, such as LSD, sold on the street may include other active substances, such as amphetamines, which can increase the effects of using the substance and lead to unpredictable, uncontrolled reactions. It is hard to know what substances are mixed with the hallucinogens and how strong the substance is.
- *Pregnancy* - LSD can increase the chance of a miscarriage. It is also possible that the baby of a mother who is using hallucinogens may be born with physical deformities.

Signs of withdrawal

Regular users may become emotionally dependent on taking hallucinogens, but there are no significant physical withdrawal symptoms.

Most unsafe experiences are caused by taking too large a quantity of the substance. When the person has a bad experience, it is important to help calm him or her until the effects have passed. This can take many hours. Medical assistance is needed if the street child becomes violent towards themselves or others, or becomes very anxious.

Cannabis

The cannabis plant grows in many parts of the world. Cannabis mainly acts as a depressant drug. It may make people euphoric at first, and then relaxed and calm. If a large dose is taken, it can change physical perceptions, similar to hallucinogens.

- **Marijuana**
The leaves and flowers of the marijuana or hemp plant
- **Hashish (oil and resin)**
These forms of cannabis are made from the resin of the flowering heads of the plant
- **Tablets containing THC**
(Tetrahydrocannabinol, the main active ingredient in cannabis)

Immediate effects

Feelings of well-being and relaxation, loss of inhibitions, can make people talk and laugh more than usual, loss of concentration, increased pulse and heart rate, red eyes, increased appetite. Large quantities can cause feelings of panic, hallucinations, restlessness, paranoia and confusion.

Longer-term effects

No evidence that using cannabis occasionally in small quantities causes any significant long-lasting health problem. Regular use over a long time increases chance of bronchitis, lung cancer, and breathing illnesses. Also, it can cause loss of energy and interest in other activities. These symptoms also can be caused by a combination of reasons. Usually these symptoms slowly go away after stopping use. Decreased concentration, memory and ability to learn can continue for several months after use has stopped, but tend to improve with time.

Special considerations

- *Mental health concerns* - intensive use of cannabis over time can cause some people to develop a severe mental health condition in which the person loses a sense of reality and may have hallucinations. This is similar to other mental disorders, such as the psychoses. It can be hard to assess if the symptoms are caused by use of cannabis or a pre-existing or underlying mental disorder. The severity of the symptoms usually decreases after the person stops use of cannabis, but some develop chronic conditions such as schizophrenia.
- *Pregnancy* - the mother using cannabis during pregnancy increases the chance of low birth weight and slower development of the foetus.

- *Using with other drugs* - the effects of using cannabis can be increased when used with other drugs. It is especially risky because there can be unexpected effects.

Signs of withdrawal

There are usually no, or only mild, withdrawal symptoms when a person stops using cannabis. Mostly there is some anxiety and irritability.

Hypnosedatives (also referred to as Sedatives and Hypnotics)

The drugs in this group are made synthetically and do not occur naturally. There are a large number of different drugs in this group. All are slightly different, but all subdue the body's nervous system. These substances might make a person feel calm, relaxed, less anxious, or sleepy. Some can also make a person lose consciousness. Health workers often prescribed them for treating insomnia and anxiety.

- **Benzodiazepines**

Some examples:

- Alprazolam (eg Xanax)
- Diazepam (eg Valium)
- Flunitrazepam (eg Rohypnol)
- Oxazepam (eg Serepax)
- Temazepam (eg Normison)

(Note: Brand names vary across the world)

These substances are also called minor tranquilizers. Some are also used as muscle relaxants.

- **Barbiturates**

Some examples:

- Pentobarbital
- Phenobarbital

The immediate and long-term effects are similar to those of alcohol.

- **Other sedatives, such as chloral hydrate and methaqualone (Mandrax)**

Immediate effects

All of the drugs in this group cause effects similar to alcohol. They slow down a person's thinking and movements and decrease ability to concentrate. Also they cause "hangovers", or effects such as slurred speech, sleepiness and problems with coordination after the intoxication has worn off. A certain dose reduces feelings of anxiety. A higher dose can cause sleep. If too much is taken, depending on the particular drug and the user and the setting, drugs in this group can cause unconsciousness. There are major risks associated with mixing these substances with alcohol, which can cause unconsciousness and possibly death from stopping breathing.

Longer-term effects

All the drugs in this group can lead to dependence. Continued heavy use can cause anxiety and

depression. Long-term use can cause problems with memory, ability to learn, and coordination that last after detoxification. Withdrawal from some types of hypnotosedatives, such as barbiturates, can cause convulsions and delirium tremens severe enough to cause death.

Unlike alcohol these drugs do not seem to cause damage to the brain, liver or stomach. Overdose is the cause of many accidents and suicide.

Special considerations

- *Mental health concerns* - use of these drugs can help people feel less anxious, but they do not help change why the person feels anxious in the first place. Of course there are many reasons why a street child may feel nervous or anxious. (The reasons are discussed in the section on stress). There may be mental health problems that need to be addressed as well as living situations that cause stress. Assessment of why the street child is anxious is important. The sleep brought on by drugs in this group can be a very restless sleep. Long-term use can result in mental health conditions that persist after detoxification.
- *Pregnancy* - using hypnotosedatives while pregnant may cause problems with growth and development of the foetus. The foetus can develop dependence on the drug and a newborn can go through withdrawal after birth. The symptoms may not appear for some days after birth. The substance can also be carried to the baby through breast milk and make the baby sleepy and difficult to feed.
- *Taking with other drugs* - taking benzodiazepine with alcohol can result in death. Taking benzodiazepine and barbiturates together, or other sedatives, can cause a person to lose consciousness and fail to breath and also cause death. Mixing these drugs can also increase the risk of accidents.

Signs of withdrawal

Symptoms may include anxiety, irritability, inability to sleep, and muscle cramps. Withdrawal from hypnotosedatives is dangerous and can trigger convulsions and delirium tremens. With some of the hypnotosedatives, withdrawal symptoms can be severe enough to cause death.

Psychostimulants

This group of substances activate, enhance or increase central nervous system activity. Stimulants are popular because they may make people feel less tired, more energetic, more self-confident, and less hungry. They are often used to reduce weight and to help people stay awake for work (such as long distance truck drivers and students studying). If too much of the stimulant is taken, the person may become anxious, irritable, suspicious, panicky, and/or threatening to others.

- **Caffeine**

Caffeine has been around for thousands of years. It is found in different amounts in coffee, tea, cocoa, and chocolate. It is also in some soft drinks. It is used in some medicines.

- **Coca products**

Coca leaves - the leaves of the coca bush, which are usually chewed or sucked, or used as an

infusion like tea. It is used as a stimulant to improve alertness and work capacity, to decrease appetite, and as a tonic to deal with various ailments, such as altitude sickness.

Coca paste – is the product that results from the first step in the process of taking cocaine from coca leaves. This form is found in various South American countries. It may contain kerosene and sulphuric acid, which are toxic. Coca paste is smoked and is called different names, such as *basuco* in Colombia. It may be mixed with cannabis.

- **Cocaine**

Cocaine is produced from coca leaves. It is a powerful stimulant often used non-medically to induce feelings of well-being. In the powder form, it is typically snorted or injected. Crack is a base form of cocaine which is smoked. It is more likely for people to become dependent on cocaine through smoking crack or the paste than snorting the powder.

- **Amphetamines**

Amphetamines are found in prescription drugs (such as those used for children with attention deficit hyperactivity disorder) and included in some diet pills, as well as in various forms on the street.

Methamphetamine and ATS (amphetamine-type stimulants) are of increasing concern in South-East Asia. They are called different names throughout the region (e.g. *yaa baa* [the ‘crazy drug’] in Thailand and *Shabu* in the Philippines). It is being associated with many problem behaviours such as violence (including sexual violence), extreme risk taking (e.g. being on top of buildings, trying to fly), and in sex work (e.g. to keep the sex worker alert and awake and able to see more clients).

They may be taken orally as tablets or in liquid form, smoked (e.g. *ice*), snorted, or injected.

- **MDMA (Ecstasy)**

This substance is a type of amphetamine (the last two initials - ‘MA’ – stand for methamphetamine) which has both stimulant and hallucinogenic effects. It can be in the form of a tablet, capsule, or oil which is usually mixed with other drugs. Users have no way of knowing what the substance is mixed with and what the effects will be. It is sometime called the ‘love drug’ in developed countries and is associated with dancing and music in clubs.

- **Some other “designer” drugs**

The term designer drug covers a range of synthetically produced substances, which typically have stimulant and or hallucinogenic effects. There is a huge number of these drugs, with new ones coming to be available regularly. Some of the names, in addition to MDMA, are Flatliner and Special K. Some of these drugs come from tranquillisers used on animals.

- **Khat**

The leaves and buds of a plant found in East Africa, which are chewed or brewed as a drink. It has similar effects to amphetamines. Heavy use can result in dependence and physical and mental problems like those caused by other stimulants.

Immediate effects

Caffeine in coffee and teas spreads quickly through the body and makes you feel awake. Too

much can make you anxious and upset the stomach.

Amphetamines are highly stimulating. They can cause an excited state, increased activity, dilated pupils and decreased appetite. Large doses can cause inability to sleep. Too high a dose can cause tremors, irregular breathing, anxiety and panic attacks. They also can cause heart arrhythmia, collapse, convulsions, and elevated blood pressure. Some people become aggressive and lose touch with reality.

The effects of cocaine are similar to amphetamines, but shorter acting. With cocaine, toxic reactions can happen to a person who is trying the substance for the first time or someone who has used it a lot. The toxic reaction may include a panic-like reaction with irregular heartbeats and seizures, but rarely can cause death. With use of "crack", a person usually experiences a brief intense intoxicated feeling and then feelings of exaggerated confidence which last a short time, after which the mood quickly changes to a low feeling. Overdose seems to happen more often with crack than with other forms of cocaine.

Longer-term effects

High levels of coffee and tea over a long period may cause the user to have trouble sleeping, contribute to anxiety, depression, other mental disorders and stomach upset.

Amphetamine and cocaine use over a long time can cause symptoms such as being unable to sleep, irritability, becoming excited easily, skin irritations, poor nutrition, mental health problems, feeling suspicious and distrustful of others for no realistic reason. Some people may experience hallucinations.

Repeated use of stimulants can cause dependence.

Special considerations

- *Mental health concerns* – a severe mental disturbance may result from a single high dose or from taking high doses over time. The symptoms can include becoming fearful and suspicious, hearing voices, and hallucinations. This is similar to a mental disorder known as *paranoid schizophrenia*. If the person does not already have this mental disorder the symptoms usually decrease when the use of the stimulants ceases.
- *Pregnancy* - caffeine use during pregnancy and when breast-feeding can make the new born irritable, but it is not known if other problems are caused for the mother or the baby. Using substances in the amphetamine group during pregnancy can affect the development of the unborn, and has been linked with bleeding, premature labour and miscarriage. Also amphetamines may be carried to the baby during breast-feeding, which can cause distress in the baby. There is some evidence that using cocaine during pregnancy can increase the chance of miscarriage and complications during pregnancy. Babies of cocaine-using mothers tend to be underweight and may go through withdrawal from the mother's cocaine use.
- *Taking with other drugs* - some people become aggressive when mixing amphetamines and cocaine with other drugs, including alcohol. Individuals may take alcohol or hypnotosedatives with stimulants to reduce unwanted side effects of the stimulants (such as to reduce anxiety and to prevent insomnia).

Signs of withdrawal

Stopping high levels of caffeine quickly can cause symptoms like headaches, tiredness, muscle aches and anxiety.

Stopping amphetamines after taking them for a long time or after heavy use can cause withdrawal symptoms such as fatigue, strong hunger, depression and suicidal feelings, disrupted sleep, and irritability.

Stopping repeated use of cocaine can cause a state with feelings of fear, serious depression, nausea and vomiting, shaking, muscle pain and tiredness and passivity.

Withdrawal from stimulants may be complicated if the person has been taking other drugs, such as hypnotics and alcohol.

Inhalants

Inhalants include a wide range of easily available products including aerosols, volatile solvents and gases. Young people in developing countries often use them because they are cheap and readily available. Inhalants, like alcohol, might make a person uninhibited at first and drowsy later. If the person continues to inhale, he or she might eventually hallucinate. The following substances can all be inhaled:

- Aerosol sprays
- Butane gas
- Petrol
- Glue
- Paint thinners
- Solvents
- Amyl nitrite (poppers)

Immediate effects

Symptoms include feelings of happiness, relaxation and sleepiness, poor coordination, slurred speech, irritability, restlessness, anxiety and assaultiveness. Auditory and visual hallucinations are common. Rarely, convulsions take place. The most immediate danger to the user is "sudden sniffing death". When the user inhales certain solvents or aerosols, severe irregularities in the heart rate can occur which can lead to death. Death can also be caused by plastic bag asphyxia, aspiration of vomitus, and accidents while intoxicated.

Longer-term effects

Some symptoms of regular long-term inhalant use may be nosebleeds, skin rashes around the mouth and nose, lack of appetite, lack of motivation and red eyes. Some of the solvents are toxic to the liver, kidney or heart and some may cause brain damage. Little is known about the long-term results of regular inhalant use. It is not known if severe effects such as brain damage can be reversed over time.

Special considerations

- *Mental health concerns* - as with other substances, young people who use inhalants may like the experience and get relief from tension. This limits the development of other more constructive coping strategies.
- *Pregnancy* - the effects of use of inhalants on the mother and baby during pregnancy, and the effects after birth are unknown.

Signs of withdrawal

Although the effects of intoxication can be severe, there are usually not any lasting physical effects for the user. The "hangover" is less severe than that which follows drinking alcohol. However, children and youth who inhale regularly may need to inhale more to experience the same effect.

Other Psychoactive Substances

Some substances do not neatly belong in any of the categories above. They may have a variety of effects.

- **Kava**

A drink made from the roots of a shrub, which is used in the South Pacific for social and ceremonial purposes. It causes mild sedation and feelings of well-being. Heavy use can cause dependence and medical problems.

- **Betel nut**

This substance is the seed of an Asian palm tree. It is often chewed in parts of Asia and the Pacific. Betel nut chewing can cause dependence and regular use can result in diseases of the mouth, including cancer.

It also needs to be noted that young people, and others, will use almost anything they believe will give them a desired effect. Some of the substances used can be very dangerous. It is important to have good local knowledge of any trends in substance use and check with local health authorities about the possible effects of what is being used.

Note about polysubstance use: In many areas, children and youth use more than one drug/substance at the same or different times. In developed countries, this often includes using alcohol, nicotine, opioids, stimulants, hypnotics, hallucinogens and inhalants. This obviously complicates the task of attempting to work out, from their appearance and behaviour, what drugs/substances they are using. It also makes the task of assisting in any detoxification or withdrawal, more difficult.

It is also important to note that this information does not cover all information on all substances. New drugs come on the market all the time, and older drugs re-emerge as problems. It is important to find reliable local sources of information on drugs and trends in drug use.

- **Methods of Using Drugs:**

Drugs can be taken in many different ways – they may be:

- Chewed
- Dissolved slowly in the mouth
- Smoked
- Swallowed
- Inhaled through the nose or mouth
- Injected under the skin or into a vein or muscle, usually with a needle
- Rubbed into the skin
- Placed inside the anus or vagina or under the eyelid

How a drug is taken will influence how quickly and how strongly it affects the user. It will also influence how quickly the drug is broken down in the body and then removed.

Different methods of consuming drugs also lead to different health problems. Injecting a drug is especially dangerous because of the risks of infection and overdose. In particular sharing needles and other injecting equipment can spread HIV, hepatitis and other infections.

Using the list above, tick the ways substances are taken in your area

- **Price, Availability and the Use of Substances**

Given the large number of possibilities, what makes a child or youth pick a particular drug or substance and a particular method of using? Two of the most influential factors are the price and availability of the drugs present in the community. Children and youth normally have very little extra money to buy drugs. Consequently, they almost always choose the least expensive and most readily available ones, which are often inhalants, such as glue or petrol. If they decide to drink alcohol, they tend to pick the cheapest beverage with the highest alcohol content. Sometimes they use a combination of drugs/substances to create the greatest effect for the least amount of money.

A child or youth's use of a drug is likely to change when the price and availability changes. If the price goes up or the drug is difficult to obtain, users with little money will probably change their behaviour in one of the following ways:

They might stop using

Although this option might work for some people, most children and youth will not stop using drugs unless they can find something else to replace the role of drugs in their lives.

They might use less of the drug

Many users who do not have a serious drug use problem might change their behaviour in this way. They spend the same amount of money for a smaller amount of the drug.

They might switch to a less expensive drug

Young drug users usually find it easy to change the drug they use. However, this option does not work for users who have already developed a strong habit or preference for a particular drug.

They might switch to a more effective method of use

The same drug can sometimes be consumed in several different ways. Injecting a drug usually produces the greatest effect on the user. Thus, some users change from swallowing or inhaling a drug to injecting it when the price goes up. The same change may also happen if the drug becomes less pure, that is, mixed with other ingredients that have less or no effect on the user.

They might find more money or other ways to obtain the drug

A small number of users are not willing to change the drug, the amount they use, or the way they use when the price increases. Therefore, to buy the same amount of the drug, they might be forced to reduce the amount they spend on food and other living expenses. Or, they might try to earn more money by working harder; committing more crime, or selling more drugs. They might also trade sex to obtain drugs they cannot afford to buy, or increase the amount of sex work they do.

Many children and youth cannot afford to buy drugs. They will only use those drugs which are freely available in the community. Often they are drugs which are associated with their work or daily lives, such as glue and solvents.

Because price and availability has such a large influence on the behaviour of drug users, it is a good idea for workers to stay informed about changes in the price and availability of drugs which are frequently used in their area.

- **A Drug Survey**

Review the list of drugs on the previous pages and write down the ones that are used in your area on the lines below. Also record drugs used that are not listed. Beside each item, write the slang name that children and youth use for the drug.

Drug	Slang Names

If you know the cost of the drugs, write the price of a typical quantity that a user might purchase next to each drug you have listed.

Why do children and youth choose these particular drugs? Think about their effects, availability and cost.

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Do different types of children and youth prefer different drugs? For example, do younger children use different drugs than older children? Do girls tend to use different drugs than boys? Does the type of work a child or youth does influence the type of drugs he or she chooses?

How and where do children and youth obtain drugs in your area? (For safety and confidentiality, avoid using names.)

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If you are not sure of the answers to any of these questions, you want to consider collecting data about children and youth and drug use. Even if you think you know, it is always best to check your knowledge. For information on how to collect data, see additional sessions of this Module.

Session Three: Drugs and Child Sexual Abuse/Child Sexual Exploitation

- **What are the Connections Between Drug Use and Child Sexual Abuse and Sexual Exploitation?**

The connections between the sexual abuse and sexual exploitation of children and youth and drug use can be seen directly (e.g. being drugged and raped) or it may be complex. (e.g. family drug use leading to violence, leading to a child running from home and ending up on the streets, and having sex in return for shelter and food). Some examples of the connections are listed below:

Examples:

- Some young people may run from their home or village due to the drug use of family members and/or other adults who may become violent when intoxicated (some of this violence may be in the form of sexual abuse) or neglect their needs
- Some young people are sold by their parents for money to buy drugs
- Some young people are drugged while their mother has sex with clients
- Some young people may be drugged by boyfriends or others and then sexually abused
- Some young people who use drugs may engage in sex work for money to buy drugs
- Some young people may get paid for sex work with drugs
- Some pimps and brothel owners may give drugs to young people to get them to have sex (so they are less likely to refuse or to get them sexually aroused)
- Some pimps and brothel owners may give drugs to young people to keep the young person working (i.e. get them physically and psychologically dependent so they stay)
- Some pimps and brothel owners may give drugs to young people to make them semi-conscious when not working so they don't run away/leave
- Some customers may give young people drugs and then have sex with them (as payment, to increase pleasure, for certain sexual acts, or to decrease the chance that the young person could identify them later)
- Some young people are drugged so they will be involved in pornography (e.g. photos or videos) or perform sexual dances
- Young people may take drugs so that they can cope with sex work – or certain sexual acts (so they will perform certain acts or to reduce the pain of certain acts)
- Some young people may take drugs so that they can cope with the effects of sex work – (so they can cope with shame, guilt, etc)
- Some young females may take drugs to induce a miscarriage/abortion after becoming pregnant from sex work
- Some young people may take drugs to make the sex feel better
- Some young people may take drugs to forget that they have been involved in sex work.

Can you add to this list?

The following cases illustrate some of the connections listed above. They are drawn from the various country reports from South Asia and the Greater Mekong Subregion provided to ESCAP, and the work of Dr Andrew Ball, WHO, Geneva, and adapted.

- **Influence of Drug Use Within the Family or by Significant Others**

Alcohol and other drug use play a major role in family dysfunction and breakdown in many communities around the world. Drug use problems within families may be expressed in many different forms and can affect the children in various ways. Incest, violence, neglect and poverty associated with parental drug use may all play a role in forcing children away from their families, onto the streets and into a life of sexual exploitation. In certain situations, parents or other family members may use their children to earn money to support the drug use of the parents and the family. The children may beg, steal, work or prostitute themselves (or be prostituted by their parents) in order to support their families, where the parents are incapable because of their drug use. Similarly, this may occur when a young adolescent supports his or her parents' drug use through commercial sex work.

Tuk

“Tuk returned to her hill tribe village in northern Thailand, just north of Chiang Rai, after spending six months in Bangkok. Her father was very ill, suffering from AIDS. He had contracted HIV infection through sharing contaminated needles with other heroin users in the village. **The village, with a total population of 250 individuals, had 60 chronic drug users, 38 injecting heroin, 8 smoking heroin and 14 smoking opium.** One third of the injectors were women. It had just been in the past few years that injecting had become so popular. With increasing surveillance of opium trafficking, opium was difficult to procure, being replaced by heroin, which the drug users purchased in the lowland cities. Although many of the villagers started using heroin by smoking it, the cost was too great and gradually they had changed over to injecting as a more cost-effective mode of administration. It was estimated that 20 of the injectors were HIV positive, with an unknown number of their sexual partners and children also being infected.

The village is extremely poor. The land is degraded because of years of 'slash and burn' cultivation. The opium industry in the region provides one means of income for the villagers. Tuk's mother was kept busy taking care of her sick husband and four younger children, one only an infant who was also very sick. Tuk had gone to Bangkok with her aunt to earn some money for the family through begging. After a few weeks Tuk and her aunt were separated. Living on the streets she was exposed to many hazards, she was robbed, beaten and sexually assaulted. It was not long before she was recruited to work in a brothel. After managing to save a small amount of money she returned to her village and gave it to her parents. Although the village knew what she had been doing in Bangkok, nothing was said and she was welcomed back into the village. Many other girls and some boys had been on similar journeys. She wondered when next she would need to return. She had also seen some of the returning young people being rejected and treated badly by their parents and family. She also wondered that if she went away again to Bangkok whether her family would reject her.”

Palitha

The report below is based on an unstructured interview with a 14 year old boy by the name of Palitha in Galle Face, Sri Lanka. This is what he says:

I have been in two children's homes. We have no freedom there. When we are on the road no one looks after us. **My mother is addicted to drugs** and she does not supervise me. Sometimes she takes money I have. I also get money from her. A few of my friends were caught by the Police robbing and they are at K detention Home. When we need money we work in boutiques and earn money. There is no one to see how we are faring.

"If my memory is correct, my first sex experience was by a man known as "hunchback-grandpa" (Kudu seeya) who begs close to the Railway Station. This incident is as follows: That day I slept outside the station near the canteen. It was raining heavily. About 11 in the night this old man came near where I was sleeping and spread a cardboard sheet and slept. When I got up about 3 or 4 in the morning he had removed my pants halfway. He had kept his penis between my thighs. He got on top of me and moved fast up and down. A little later some warm water fell on my thighs. I threw him aside. He embraced me and said not to tell anyone of this incident. He gave me five rupees. Thereafter on a number of occasions I have got money from him like this. I have gone with older boys to the Lake and I have had similar experiences. They go to the Beira Lake in the evenings between 6 and 8 to catch fish.

The first time I have had sex with a foreigner was at the Rest House in Fort. I went there with Samantha aiyya. One day he told me he would get me a lot of money and to come with him. I went with him to the hotel of the Filipino gentlemen. Then a white man known to Samantha aiyya came to him and put his hand round his neck and spoke to him...he took us to the room. He kept me and asked Samantha to go. Samantha said you can have sex with this white man and earn a lot of money. At first I said "no". Later **all three of us** remained in the room and **had beer and arrack. We were thoroughly intoxicated.** There were short-eats and we smoked cigarettes. Then Samantha aiyya removed his pants and went near the white man. The white man put Samantha's penis in his mouth. He called me near. When I went near, the white man, he fondled with my penis. Then the white man applied some cream on my anal passage and inserted his penis. I felt some pain. After a while he used the anal passage of Samantha. He then ejaculated. He remained naked and we massaged him. Then the white man inserted his penis into my anal passage and pressed. It was painful. He did the same to Samantha aiyya. The white man ejaculated. We were given food to eat and Rs 500/-. He asked us to come again. I have had sex with the white man on seven or eight occasions. When sailors come we go to them and have sex and earn money. There are about five boys with me who go like this. One day I met a white man at Galle Face Green. He gave me Rs 100/- and told me if I come with him to the hotel he will give me Rs 1000/-. I went with him. At the security check point our three-wheeler was stopped by the Army. It was about 7pm. Army people inquired where I was going and they chased me. He ran. I saw the three-wheeler moving. I have had sex with about 30 white men. I have not had sex with white women.

As for illness and diseases, once my penis got festered. My mouth also got festered. There was some puss coming out of my penis. I have got treatment from the hospital. I have a rash on my body and I have gone to private medical practitioners.

My future hope is to become a three-wheeler driver. Then I will buy a three wheeler and behave well".

Jyoti – a girl from an apparently good family:

“Jyoti is a resident of Pokhara, Nepal. She is now 15 years old, the daughter of an ex-army man. She comes from a well-to-do family which gave her ample opportunity to acquire standard/quality education. However, her bad habits and bad companions have brought her to a situation similar to that of street children. Her parents advised her several times and requested her to give up her bad habits, such as drug addiction, low concentration in her studies, her carelessness and undisciplined manner. Moreover, the worst thing for her parents was **her over-use of drugs** (like marijuana, heroin and hashish). They tried very hard to make her a really good girl and tried to counsel her in different ways. But it was all futile. Jyoti did not like her parent's over-reaction and ultimately she left home and started living with friends who were already involved in drug addiction and prostitution. She had not at this stage adopted prostitution as her profession. She has been maintaining sexual relationships with boys only to generate the money needed for her drug use. According to her, she is very selective to have sex with people and customers who are basically teenagers. She has skin diseases like dart and upon investigation she is found to be free of HIV. Jyoti is a very good example which shows that if children are not guided properly it could be hazardous for both them and their parents.”

• Drugs as a Means of Coercion, Power and Recruitment

Sexual exploiters may use psychoactive substances to control those being exploited. This may take many forms. The exploiter may control access to drugs. This may be a particularly effective method for controlling the behaviour of 'victims' who have a significant drug dependence.

Appropriate drugs may be provided by the exploiter to the exploited as a reward for desired behaviour. Such a relationship may exist between a 'pimp' and a commercial sex worker. Drugs may also be used to 'seduce' or to intoxicate so that there is no resistance from the individual being exploited or recruited.

Chan Ny

“Chan Ny, a seventeen year old girl, lived at home with her parents and five siblings in Takeo province, Cambodia. She left school after Grade 3 to work as a market seller. As the second eldest child of her poor family, Chan Ny was eager to help her parents financially. When another seller in the market asked Chan Ny to join her in a business in Koh Kong province, Chan Ny jumped at the chance of earning US\$20 per month.

After arriving in Koh Kong province, Chan Ny was locked in a hotel room for two days. She realized then that she had been deceived but she had no way of escaping. On the third day, Chan Ny's trafficker **drugged her coffee** which left her semi-conscious and without any strength. A man was brought to the room and he raped her. The next day, Chan Ny's **fruit-shake was drugged** and another man raped her a second time. The third day, Chan Ny was not drugged and she was raped by yet another customer.

Following the third rape, Chan Ny was set free. She went immediately to the police but they were disinterested in her testimony and they did nothing to help her to return home. With no money, she decided to work as a bar girl to earn enough money to return home. She rented a room with some friends for a while, but finally decided to live in a brothel as the rent of US\$50 per month consumed most of her earnings. At the time of the interview, Chan Ny still lived in the brothel.”

Mony

“Mony was a beggar in the streets of Phnom Penh. One day he met a German man who asked him to be his little brother. The man gave him **cigarettes lined with opium** to smoke, which made him high. He stayed with the German in a hotel for a short period and was forced to have oral sex and anal sex with him. After some time, Mony suffered badly from a bleeding anus. A monk from a nearby temple brought him in to the temple one day for treatment.”

Cesa

“Cesa is 14 years old, a Bamar Buddhist girl who never remembered her parents as they died when she was very young. She grew up with her foster parents who make her work as help in other people's houses. She was never in a house for a long period because her foster mother was moving her from one house to another quite often. She never knew how much she was paid because her foster mother took the money. She had only one year of schooling and her last job before becoming a child sex worker was a grass-cutter at a golf course. She was never given any training in any skills. She had no knowledge of her foster parent's education level. She only knew that her foster father was a truck driver and the mother a casual seller. Three years ago, when she was only 11, one of her neighbours, an older woman, told her that she would find her a good house to work in. She went along, and later learnt that she was sold.

At the brothel, four men came and took her to a house. She was **given a soft drink**, and not knowing that it **had sedatives in it**, she drank and started feeling drowsy. The four men sexually abused her. The next day she had sexual relations with three men and sometimes up to ten men of various ages. After seven months of this work, she was able to run away while going out with a client. She had been trying to run away many times before, but never succeeded. She went back to her foster parents and although the foster parents asked what she had been doing she refrained from disclosing her life. But one day the foster mother complained that she had a nasty smell and took her to a hospital. When she disclosed her life to the doctors, they reported it to the police. By then she had corns on her thighs and she had an operation to have them cut and was in hospital for five months. The Township Committee for Women's Affair sent her to an institute after she was discharged from the hospital. Although her foster parents did not visit her at the Institute, she wanted to go back to them but the officials at the Institute would not let her go.

While working, she could sleep during her free time and she did not have to help with the cooking. She was never given any money but they clothed her well. When she wanted to buy something to eat she had to ask for money. They gave her some tablets to take every morning and she knew it was to prevent pregnancy. She was ignorant of what a condom was until a client used one.”

Fatima

“Fatima's family originally comes from a village in, Bengal, India. She is 18 and has a younger brother who is still at school. She has a stepmother who did not care for the children much. Her father is also not close to the children. Fatima did not want to share much information about her family.

Fatima now works in Mumbai and entered the profession (prostitution) just a few months ago. Before that she met a woman who was a commercial sex worker. The woman lured Fatima, and

according to Fatima **she was just drugged by that lady with a cup of tea** and later was brought to the brothel. Once inside, there was nothing else she could do. One has to do what ever is told to her.

Fatima was put in the beer-bar attached to the brothel. Fatima also drinks along with the customers. She entertains them till 2 am. She does not receive any salary and only gets tips from some customers. She dances, performs oral sex or anything the customer wants. She is aware of AIDS, and she is also aware of the necessity of using condoms.

Fatima would like to get married some day. She is aware that she will not be able to continue this work for a long period of time. The work is strenuous and before she gets any disease she would like to quit. She also says that the present work is 'bad' and dirty'. Her life has been spoilt, but she has not yet thought of any other alternative.”

Moe Moe

“Moe Moe is 16 years old, single and illiterate. Although she is a Bamar girl, she embraces Islamic faith. She is the third of six children and is now working as a child sex worker with no permanent home, so she sleeps in any convenient place like behind a garage bin, restaurants, etc. Before becoming a child sex worker she worked in her aunt's shop in Mawlamyine. She knew how to sew well. Her mother had died and her father remarried. She did not get along with her stepmother who cared only for her own child. Thus she left home and went to live with her sister, who is also a child sex worker, in her small wooden house.

She started her life as a sex worker when she was only 16 years of age. She had a sexual relationship with her lover, who took her to a house and gave her a **glass of juice with sedatives in it**. She fell asleep and only when she awoke did she realize that she had been given sedatives and that she had been taken advantage of. He promised to marry her and they had sexual relations regularly for 3 days. The boy did not use condoms during this relationship and one day he just disappeared. The sister, on learning that she was not a virgin any more, asked her to join her profession.”

• Increased Risks of Exploitation and Harm Associated with Drug Use

Drug use, particularly intoxication, can greatly increase risks associated with sexual behaviour and sexual exploitation. Intoxication may make a child defenseless to ward off the sexual advances of a potential exploiter, including peers. Intoxication may also interfere with the process of sexual negotiation, making it more likely that coercion and unsafe sex occurs. Research has demonstrated a relationship between alcohol and other drug use and risky sexual behaviour. Various associations have been described between drug use and violence, including rape and sexual assault.

There are many beliefs and expectations about the effects of different drugs on sexual behaviour. Intoxication and the disinhibiting effects of drugs, such as alcohol, are often used as excuses for exhibiting sexual behaviours, which would normally be unacceptable within the community.

Intoxication, affecting either the exploiter or the victim, has a potential to greatly increase the risks associated with sexual exploitation of children, particularly through violence or exposure to unprotected sex, risking unplanned pregnancies and sexually transmitted diseases (including HIV infection).

Juntima and Somjit

“Juntima, aged 9 years, and Somjit, aged 7 years, are sisters living in a slum community in Bangkok. Both parents are sick and cannot work. Although some relatives help the family, Juntima and Somjit are expected to work to help support the family. Every night they set up a small table outside one of the local taverns from which they sell small items, such as eggs, nuts, cigarettes and sugar. The tavern is always full and offers a steady flow of customers. Both Juntima and Somjit fear the end of the night when the tavern closes. Although that is the time when they conduct their best business with everyone leaving the tavern, it is also the most dangerous time. Many of the patrons are intoxicated and the girls are frequently propositioned, with offers of money for sex. At times they are sexually assaulted, and they are in no position to try to negotiate with their drunken customers. They fear being physically beaten if they do not succumb. Although the majority of the community does not approve of the drunken behaviour, the sexual assaults are dismissed as 'normal disinhibited behaviour' associated with drunkenness, with the perpetrators going unpunished.”

Sarala

“Sarala is 15 and the second child of a family from Mysore, Karnataka, India. She has one elder sister and two younger brothers. All are going to school. She lost both her parents - her father committed suicide two years ago and her mother died a year ago. Her paternal aunt, who was childless, began to take care of them. The aunt likes the boys better than the girls. The uncle's family is doing agricultural work and they have a small piece of land that will go to her brothers and the girls will not get anything out of it.

Sarala began to feel her poverty and destitution soon after her parents' death. She was soon lured by one of her neighbours who was a commercial sex worker in Mumbai. She left home 7 months ago and came to the city. Straight away she was brought to Kamathipura. In the beginning Sarala found this life very difficult. Her first customer paid her Rs650. For nearly 3 months she could not figure out what was happening to her. She was also happy that she could earn so much money so soon. She receives all sorts of clients....Arabs, Punjabis, Bengalis etc., most of them Muslims. Some of her clients use condoms, but she does not insist. **Some of them force her to drink beer or whisky along with them and they also provide her with nice food.**

Sarala has not yet fallen sick, and for coughs and colds she goes to the doctor. She has not heard of AIDS, she has heard that some people suffer from a dreadful disease. 'Is it AIDS?' she is not sure. Sarala's 'gharwali' (madam) owns the 5th floor of a 6-storey building and there are altogether 14 girls living there. Some of them have children who are kept in an institution as the madam does not allow them to keep the children with them and the girls are allowed to visit their children there. The madam herself has her husband living in Bangalore with her four children. She goes to Bangalore often to see them. She also has another man who visits her regularly in Mumbai. Sarala is not happy with the living arrangements. It is very crowded and they are given meals only twice a day. Generally it is vegetarian and once a month they get meat or fish or eggs. With the tips they get from the customers they buy some snacks on their own. Everything comes to their doorstep. They are not allowed to go out without an escort.

Sarala does not like this profession. But she needs money to support her sister and herself. Her brothers can manage, as they will get the land from their uncle. Her sister would need some money to get married. Sarala will save some money before she goes home. She will leave the

profession as soon as she saves enough money. Afterwards she could even work as a domestic and be on her own and one day she hopes to marry when she finds a nice man.”

Tam

“Tam was only 11 years old when she was raped by a 40 year old man, who was drunk. She was hospitalised for 9 days as a result of being so violently raped.

She is now 12 years old, an illiterate Mon Buddhist girl. She is the eldest of three children and lives with her parents in a bamboo house. Her parents are just over thirty years old, and do not have permanent jobs.

Last year the girl and her family went to watch a 'pwe' (ashaw) outside the village at about 7pm. On the way the parents asked their young children to buy cheroots. The children were on their way when a man, who was drunk, called her aside and then took her to some distance and raped her violently. She suffered severe pain, ran back to her parents and became unconscious. The family took great care of her, she was in hospital for 9 days and they paid her expenses, although they are very poor. Her parents were the only ones she could turn to in the hospital. They took her to the hospital for medical treatment and the doctors and the nurses at the hospital provide both medical and social care. The behaviour of the girl had changed after being raped -- she had nightmares, and during the day she would shout at her parents and be quite aggressive. Her parents wished for a service that would provide medical, social and psychological care for their daughter.”

Drugs to Increase Sex Work

Sometimes drugs are used to increase the amount of sex work a commercial sex worker can engage in. They may be used by the workers themselves or forced on them by a brothel owner or 'pimp'.

Wa Wa

“Wa Wa a 17 year old Shan-Chinese Buddhist girl who was born in Lashio. She is the youngest of the family and her parents are alive and live in Lashio. Her father was an insurgent but he is back in the legal fold; her mother is a nurse.

While she was a sales girl in the department store at Mandalay she lived with her aunt. She is now working as child sex worker on the other side of the border, and lives in a brothel house together with other girls.

While she was working in Mandalay, she met a woman who told the girls that they could find jobs in which they would earn more money. The girl and her friends followed that woman to a massage parlour. She was **given a drink that had sedatives in it**. She fell asleep and when she awoke she realized what had happened. She confronted the owners and only then realized that she had been sold. Her life as a child sex worker started about a year ago and she could not yet give back the money to the owner. Her family thought she still lived in Mandalay

She had about ten clients a day. She liked the job because she could live freely and the money she earned was quite good, but she did not like the job because of the social stigma. Her working hours depended upon the number of clients and how long they visited. During her free time she watched TV or videos or went shopping. She received about k. 2500 - k. 3000 a day, but she had

to repay half of what she earned to the owner.

She wanted to get married and settle down and to leave once she had saved enough to repay the money.

She took methamphetamines to have sex with more clients. She used condoms, and took injections quarterly as preventive measures. She went to a private clinic near the brothel house. She had sex only with clients who used condoms. She had not contracted STD and she never became pregnant, but once she had a false alarm and had to see a doctor who carried out abortions. She went to the private clinic for medical care whenever she had medical problems. She had to pay the expenses herself. She also took indigenous medicine to purify the blood and also used vaginal ointment.”

Ay, Dee and Eun

A slightly different example, adapted from the Lao PDR report, illustrates the links between attempting to increase work output and the use of drugs, and other negative outcomes that can occur while the young person and/or other workers are intoxicated:

“Ay, Dee and Eun were three boys from a Village in Pakse District of Lao PDR. All were 15 years old. They were lured by an intermediary to build a house on a rubber tree farm in Khorath Province in the North East of Thailand. They were **forced to eat amphetamines** to increase the hours that they would work. They were hit when they could not carry the bags of cement. They were electrocuted just for the employer's amusement. The boys witnessed one boy being kicked from the second floor of a building falling down and dying and they witnessed another boy being shot. The remaining boys were forced to dig holes for burying the dead boys. The employer told them "Who ever does not dig the hole will be shot and follow their deaths to hell". Some of the boys were sexually assaulted by other workers and older boys while intoxicated. The three boys managed to escape, but were hunted down by the employer (who had a gun) before finally getting away from the farm and finding freedom. A pious lady who was the owner of a small restaurant helped the boys to escape. The boys had worked in seven places over a period of two years time before they could return to Lao PDR.”

Functional Drug Use to Manage Stress Related to Commercial Sexual Exploitation

Commercial sex workers are exposed to many stresses associated with their work. For children who are commercially exploited, they may not have developed the same coping mechanisms as those that have been developed by older sex workers. Furthermore, they are less likely to have access to supportive networks and other resources, including health services and drug prevention and treatment services. The use of drugs can provide relief from much of the stress and pain that they are experiencing. Hypnotics (such as alcohol, methaqualone, barbiturates and benzodiazepines) can help them to sleep and forget about their experiences. Psychostimulants (such as cocaine and amphetamines) enable them to remain awake and alert during long working days and to forget about their hunger. Hallucinogens (such as cannabis and some pharmaceuticals) can assist them to dream of better futures. Muscle relaxants (such as benzodiazepines such as diazepam, and some inhalants) can help them to relax to reduce the pain of sexual acts, particularly sexual penetration. Analgesics (such as heroin and codeine) can numb the physical pain of their traumatic lives. Solvents (e.g. glue) and other inhalants can give them courage to do what they do not want to do or to forget and dream.

Whereas drug use in these situations serves a purpose and is not mindless, children are particularly vulnerable to their harmful physical effects of the drugs. Furthermore, regular use of these drugs to deal with their pain puts them at risk of developing a dependence, perpetuating a vicious cycle of using sex to earn money to pay for drugs to relieve the pain and misery of their lives associated with prostitution.

Lito

“Lito is 9 years old and lives in a very poor barangay in Metro Manila. He has six brothers and sisters. He spends most of his time wandering the streets playing with other children from the barangay. Although he was attending one of the local community schools he stopped going because his parents could not afford to buy school books and dress him for school. He felt embarrassed about being so poor in front of all the other school children. He rarely sees his parents; his father travels to find temporary work at construction sites around the country. His mother cares for the other children and earns a small amount of money making small paper bags for the local market. Lito only goes home to sleep. His mother abuses him for not contributing any money to the household.

Whenever his mother is angry, Lito runs away to meet up with some other boys **in the local park where they sniff glue and use shabu** (methamphetamine). When they are intoxicated, they often go to a small hall in the barangay where older men watch pornographic videos. Some of the men pay the boys a few pesos to go into a room behind some curtains where they have anal sex with the boys. The sex hurts. The men give the boys some alcohol to drink and glue to sniff to stop them crying from the pain.”

Clustering of Specific Risk Behaviours and Situations

There tends to be a clustering together of a range of risk behaviours and situations in certain locations. For example, a marginal slum community may act as a centre for commercial sex, drug dealing and organized crime. Any person entering into one area of activity is likely to be exposed to other activities occurring in the same vicinity. Similarly, bars and nightclubs offer opportunities for individuals to meet sexual partners and also to drink alcohol and use drugs.

Furthermore, some individuals may be considered risk-takers, choosing to expose themselves to a series of high-risk situations, which may include hazardous substance use, risky sexual behaviour, dangerous recreational activities and involvement in criminal actions. Involvement in commercial sex and drug use may be part of a broader cluster of risk-oriented behaviours adopted by an individual.

Jiang

“Jiang is 14 years old and lives in a small rural village in southern China. Her father died when she was very young. Her mother has managed to support the family by producing and selling beer made from maize. Jiang has helped her mother brew the beer since she was a young child. For the past six months she has started making her own beer, since her mother became ill with tuberculosis. Every Wednesday and Saturday, a large market is held in a town 80 kilometres away. Whereas her mother would normally travel to the market to sell her beer, now she was too ill, and this responsibility has been passed onto Jiang. Jiang usually travels into town on the Tuesday night and stays overnight in a cheap hostel where other market vendors stay. The hostel is a place where drinking occurs and thus it provides Jiang with an opportunity to sell

some of her beer. The hostel is also a place where casual sex occurs between the various guests. It also provides Jiang with an opportunity to exchange sex for other market goods that she can take back to her family. What she makes from selling her beer is never enough to pay for the basic goods required back home.”

Interrelationship between the Commercial Sex and Drug Industries

As discussed above, often there is a clustering of specific criminal (or marginal) activities together, such as drug dealing and commercial sex. At a street level 'pimps' or other sex exploiters may also be involved in drug dealing, gambling, and property crime. On a larger scale, drug trafficking cartels, networks and routes are commonly used for other illegal smuggling activities, including the trafficking in arms, precious gems, and sex workers (including children).

Raju

“Raju, aged 13, lives in Bandra, a suburb of Mumbai, India. He had lived with his family in a village near Rajasthan. He was forced to work long days in the fields to help to support his family. He was frequently beaten and left hungry and at the age of 11 ran away to Mumbai. Soon after he arrived in Mumbai he was picked up by the police and placed in a juvenile residential centre. In the centre he met with other boys who had a long history of living on the streets and being involved in criminal activities, including trafficking in 'ganja'. After three months of detention he was returned to his family. However, he ran away again to Bandra where he met up with some of the boys he knew from the juvenile centre. They introduced him to an older man who 'cared' for the boys and provided them with employment. The employment consists of both sex work and drug dealing. Raju spends his evenings near the main railway station with a couple of the other boys. They approach selected commuters and offer them 'ganja'. If they refuse, the boys then offer them sex. The adult 'carer' is never far away so that he can keep an eye on the boys and their business.”

Sexual Exploitation as a Protective Factor

In certain situations, exploitive sexual relationships between adults and children may provide some protection from other health risks. Through such a relationship the child may be provided with shelter and other basic needs, thereby reducing some of the chronic stresses of living on the streets or in a dysfunctional family. It may distance the child from drug-using peers and exposure to other drug using situations, thereby reducing his or her vulnerability to drug use.

Jesus and Theresa

“Jesus is aged 16 years and lives with his 15 year old girlfriend, Theresa, and six month old baby boy in a park in Metro Manila. Jesus had moved to Manila from another province after his parents were killed in a mudslide when he was ten years old. He had been living on the streets of central Manila since then, occasionally spending some time in a shelter run by a Catholic non-governmental organization. He would spend many evenings in one of the parks where people would come to roller-skate. The park is well known to tourists and locals as a place to find child sex workers.

He would spend his time with other street children, inhaling large quantities of glue and

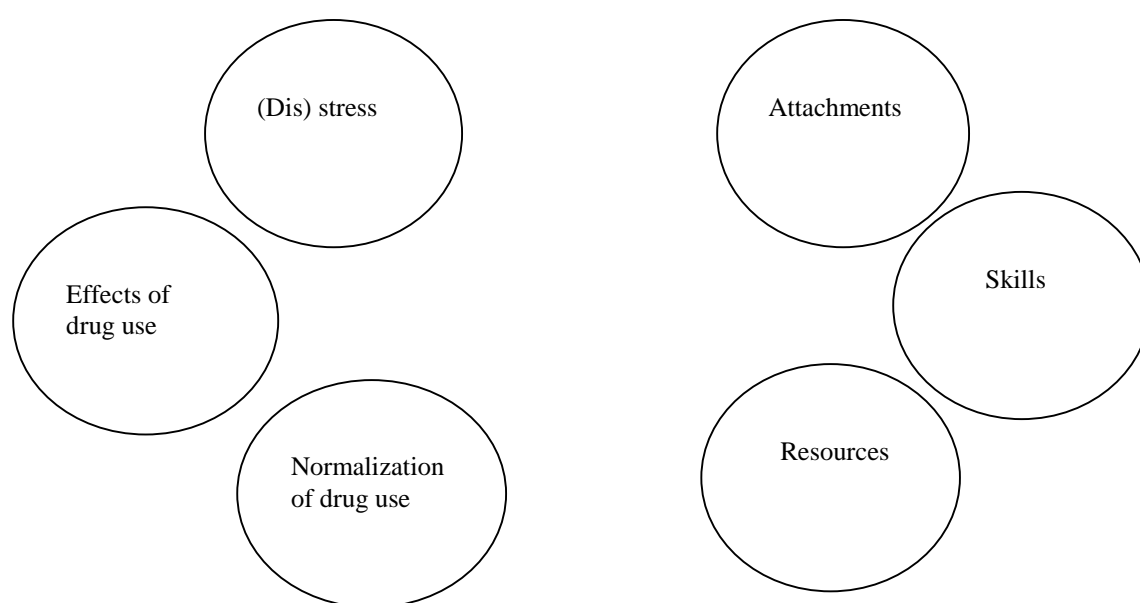
sometimes using *shabu* (methamphetamine). He would frequently fight with the other boys when he was intoxicated. Often a client would pick him up while he was intoxicated, sexually abuse him and leave him with no money. Other street children would steal from him when he had sniffed himself unconscious. One night he was picked up by a middle-aged woman for sex. She was kind to him and paid him well compared with other customers. This 'sugar mummy' relationship lasted for two years during which time Jesus stopped using glue and other substances and started to attend some informal education sessions. He managed to distance himself from other drug using peers. He felt secure and did not need to find other clients to support his basic needs. Nevertheless, he felt the need for a 'normal' relationship. He had known Theresa for a number of years. She had been living with her parents and brother on the streets close to the park that Jesus would sleep in. As she matured, Jesus was attracted to her and they started to see each regularly, resulting in a committed relationship and Theresa became pregnant. During this time tensions started to build between Jesus and his 'sugar mummy', finally resulting in him terminating the arrangement. With a young child and a valued relationship with Theresa, Jesus has no intention of returning to drug use or sex work.”

What other examples of the links between child sexual abuse and sexual exploitation can you provide?

Session Four: Modified Social Stress Model

The Modified Social Stress Model* is a framework, which is one approach to better understanding vulnerability to risk behaviour and situations; such as problems associated with drug use and sexual behaviour and reproductive health. The model has six major components, each of which has aspects that can increase vulnerability (*risk*) or decrease it (*protective*).

The model serves as a guide to factors which may contribute to children and youth engaging in various risk behaviours. The basis of the model is this: if many risk factors are present in a person's life, that person is more likely to begin, intensify, and continue the use of substances, and experience related problems. Conversely, the more protective factors that are present, the less likely the person is to become involved with drugs. You can understand vulnerability better by considering both risk and protective factors at the same time.



Vulnerability to risk behaviour and situations

* This model of substance use was developed by the WHO Programme of Substance Abuse and is based on the Social Stress Model developed by Rhodes and Jason (1988). WHO/PSA modified the framework to include the effects of substances, the personal response of the individual to the substances, and additional environmental, social, and cultural variables. It is only one model and may not be applicable to other areas. In both Phases 1 and 11 of the WHO PSA Street Children Project, sites found the model to be useful in better understanding and responding to substance use and other health issues among street children.

Besides providing a conceptual understanding, the framework is useful as a way of planning interventions to prevent or treat problems, such as those related to drug use. Once the risks and protective factors are identified work can begin on reducing the risks and strengthening the protective factors in all or some of the six major components identified in the model. This can be done for an individual or for the community as a whole.

Each component presented in the model can have positive and negative aspects that function as *risk or protective factors*. The following pages apply the model to drug use and child sexual abuse and exploitation, but it can be applied to many different risk behaviours and situations.

- **Stress**

A stressor may be something which is observable (e.g. violence, poor living conditions, physical disability) or something less visible to others (e.g. emotional abuse, trauma). Stressors may include problems such as psychiatric disorders which cause paranoia (unfounded belief you are being persecuted). **Stress is the way a person feels (e.g. anxious, tense, burdened in response to real or perceived stressors).**

Briefly put, the more stress a child or youth is under; the more likely he or she is to use drugs. Children and youth who have been sexually abused and/or exploited often have extremely stressful lives. To understand just how stressful their lives can be, consider the five types of stress proposed by Rhodes and Johnson that are described below.

Major Life Events

These are dramatic happenings that have a profound effect on individuals. They include events such as death of parents, abandonment, accidents, natural disasters, demolition of home by authorities, war, physical and sexual assaults, and suicide attempts. Often these events happen without warning and neither children nor adults can control them.

Many children have experienced at least one major life event. They may use drugs after the event to lessen the pain of the event and to help them adjust to their new situation, which is typically worse than before.

Enduring Life Strains

The lives of sexually abused and exploited children are usually filled with **long-term problems that are difficult to solve: poverty, violence, fear, unsafe water, illiteracy, psychological difficulties such as depression, chronic pain or illnesses, and lack of recreational opportunities.** In such a context, using drugs may provide some excitement, help in imagining a better future, and relief from physical pain and hopelessness.

Everyday Problems

Much time can be spent working on daily problems, such as finding work, or food to eat, a place to sleep, clothes to wear, and avoiding violence and the police. There are often ongoing conflicts with parents, other children, brothel owners or authorities. This daily struggle is tiring and leaves little time for other things. Drug use offers a quick and easy escape from day-to-day problems.

Life Transitions

Transitions in life, such as moving neighborhoods or cities, changing peer groups, or beginning a romantic relationship, are always stressful because they require people to behave in new ways. People may use drugs during the transition to reduce their anxiety if new friends use drugs a child or youth may imitate their behavior in order to be more easily accepted.

Adolescent Developmental Changes

All young people go through physical, psychological, and social changes during their adolescent years. These changes are particularly difficult for children who are becoming adolescents while living in extremely difficult circumstances and those have been sexually abused and/or exploited. Poor nutrition and unhealthy working conditions can limit growth, delay puberty, and worsen skin problems. It can be confusing and depressing for adolescents to cope with the immaturity of their bodies, especially while they are dealing with adult responsibilities. Moreover, because younger children are more successful at begging than adolescents, some children may have to find a new source of income after puberty, this can include prostitution. On the other hand growth and strength are highly valued by many boys and girls. They may believe that they will not be abused as much, that they will get better jobs, that they will be admired by the smallest and become leaders.

Puberty brings a girl with already high levels of stress many new stresses. If she is out of home, she may not have a mother or caring older woman to provide important information such as explaining what is happening when their periods first start, how to cope with menstrual cramps, and how to observe good hygiene. Without supportive mothers, grandmothers, sisters, and cousins a girl may not develop a positive attitude toward menstruation or her new ability to have children. Poor nutrition can make their menstrual cycles irregular. They may not understand why months pass without their periods. They may incorrectly conclude that they are pregnant, sick, or simply inadequate.

Avoiding an unwanted pregnancy may be a constant stress for a girl who has or is being sexually abused or exploited. Many, if not most males will not use condoms and she may not know how to use one correctly. She may not have the emotional, physical, or financial resources she needs to cope with pregnancy or motherhood. An unsafe abortion, often the only option, can cause severe health problems as well as emotional distress.

Adolescents must also undertake the psychologically difficult task of developing a personal identity, in other words, a sense of who they are. For many children and youth in difficult circumstances, this task is more difficult because they may be separated from their families and native culture.

Forming a sexual identity may be especially difficult. Girls on the street in some areas try not to appear feminine because they are afraid of being harassed or sexually assaulted. They cut their hair short and try to dress and act like boys. Boys and girls who have been sexually assaulted or forced into sex work may need lots of help and time before they can develop a positive sexual identity.

Although becoming more independent from family members is an important task of adolescence, many children and youth in difficult circumstances were separated from their families before they were emotionally, physically, or intellectually prepared. Others never had an opportunity to have a protected childhood because their parents died, were absent from the home, or were dependent on alcohol or other drugs. In either case, they may have difficulty

leaving childhood behind and meeting the demands of adulthood.

Because they often depend on one another for survival, these children often want to be accepted by their peers even more than the typical adolescent. Joining in when their companions use drugs is one way to be accepted more easily.

What are the Major Life Events, Enduring Life Strains and Everyday Problems of sexually abused and/or exploited children and youth in your area?

How do they manage Life Transitions and the Developmental Changes of Adolescence?

- **Normalization of Drug Use**

According to the Modified Social Stress Model, **a person is more likely to become involved with drugs if using drugs is considered normal in the person's environment.** Many children live in places where other children, adults in the neighborhood, and even the entire society, accept the use of some drugs: This makes it easy for them to use drugs as well.

If the use of a drug is accepted or considered normal by a certain group, we say that the use of that particular drug is 'normalized' within the group. There are many factors that encourage a group or an entire society to accept the use of a particular drug. For example:

Legality and Law Enforcement

The legal status of a drug has a large impact on people's attitudes about the drug. If a drug is legal, it is much more likely to be accepted or normalized in the general society.

A drug that is technically illegal can still be accepted by most people in a society, if the level of law enforcement is low. Government and law enforcement agencies do not always work hard to prevent and prosecute the use of all illegal drugs. The use of illegal drugs that are somewhat tolerated by the authorities could be acceptable to many people, including sexually abused and exploited children and youth.

Availability

The more available a drug is, the more likely it will be normalized. Caffeine, alcohol, and tobacco are examples of highly available drugs which have now become normalized in many countries across the globe. On the other hand, the manufacture and sale of psychoactive medicines are normally restricted. This makes them less available and less likely to be normalized.

The same principle holds for illegal drugs. If they are easy to obtain, they are more likely to be normalized. The use of cannabis, which is widely available in some places, is acceptable to many members of the community.

The easy availability of certain drugs has helped them become normalized among some groups of children and youth. For example, opioids are used by many youths in the Asian region where they are grown or produced. Volatile solvents, including petrol and glue, are readily available in

even the most remote areas of the world. Therefore, they are used by many different groups - from affluent adolescents in European countries to indigenous peoples in Australia, Asia, North America, Latin America and Africa.

Price

The more affordable a drug is, the more likely it is to become normalized within a group of consumers. When a drug is quite inexpensive, it is possible for it to become normalized in a wide range of groups in society. The prices of legal drugs are usually controlled by the manufacturers and governments. The price of an illegal drugs is determined by the supply and demand for the product.

Not surprisingly, the drugs that are normalized among some children and youth are the ones that are the least expensive (and most available). Glue, solvents, and petrol are cheap in many places. Amphetamine type substances are becoming popular in South-East Asia and are often cheaper than alcohol and other drugs.

Advertising Sponsorship and Promotion

When drugs are advertised in a community, residents are presented with the idea that using drugs is normal and even desirable. The more drugs are advertised, the more ordinary the idea of drug use becomes. Many tobacco and alcohol advertisements are designed specifically to influence young people.

Some manufacturers sponsor activities and individuals like sporting events, celebrity athletes, community festivals, and concerts. Just as with advertising, the goal of sponsorship is to encourage people to use drugs by making drug use appear to be a normal and desirable part of community life.

People involved in the drug trade also promote illegal drugs in some communities.

Children and youth are often influenced easily by advertising, promotion, and sponsorships. Without many heroes and successful role models in their own confined world, they often fantasize about the lives of celebrities and look to them for inspiration and direction.

Media Presentation

Frequent and positive portrayals of drug use on television, in films, books, comics, and street theatre encourage normalization. Characters are often shown smoking cigarettes, drinking alcohol, or taking drugs in an atmosphere of excitement, danger or sex. Or just as persuasive, drug use is shown as a normal, everyday event.

Children and youth may be easily influenced by what they see in the media because they many not have many other sources of ideas and information. And, for the many children who were raised in stressful or atypical homes, media productions such as television shows and films are how they find out what a normal life is.

People tend to accept the use of a drug when the production and sale of the drug is an important source of income for the community. Thus, drinking wine in areas where they make wine is usually considered normal, good for the economy, and sometimes even good for health. This may also occur for other drugs such as opium, coca leaves, and cannabis.

The leaders of alcohol, tobacco and other drug companies may be important members of the community. In certain slum areas, this is true of even illegal drug traffickers. They are admired by some of the residents because of the money they earn, and because they sometimes provide health care and other services to the residents that are not provided by the government or other agencies.

Some children and youth and their families live in areas where drug production and trade are the major source of money for most of the residents. They themselves might depend on the drug industry for money, services, and examples of successful individuals. In areas such as these, substances may be accepted as an unavoidable part of life.

Cultural Role

Drugs that have a place in the traditional culture of a society are usually normalized. The use of at least one drug has a cultural purpose in almost every society in the world. In religious activities, some Christians and Jews drink alcohol and some indigenous communities use hallucinogens. In many cultures, alcohol is also used to celebrate special occasions such as New Year's Day and weddings.

In areas of Asia, opium may be smoked during social gatherings and for relaxation. Cannabis is used for cooking and socializing in parts of Africa and Asia. Coca leaves are used in the Andes to prevent hunger and increase energy. Even when governments make a traditional drug illegal, some ordinary people may choose to continue using it because it is an important part of their traditional lives. Children and youth, like everyone else in the society, are influenced by the role of drugs in their culture.

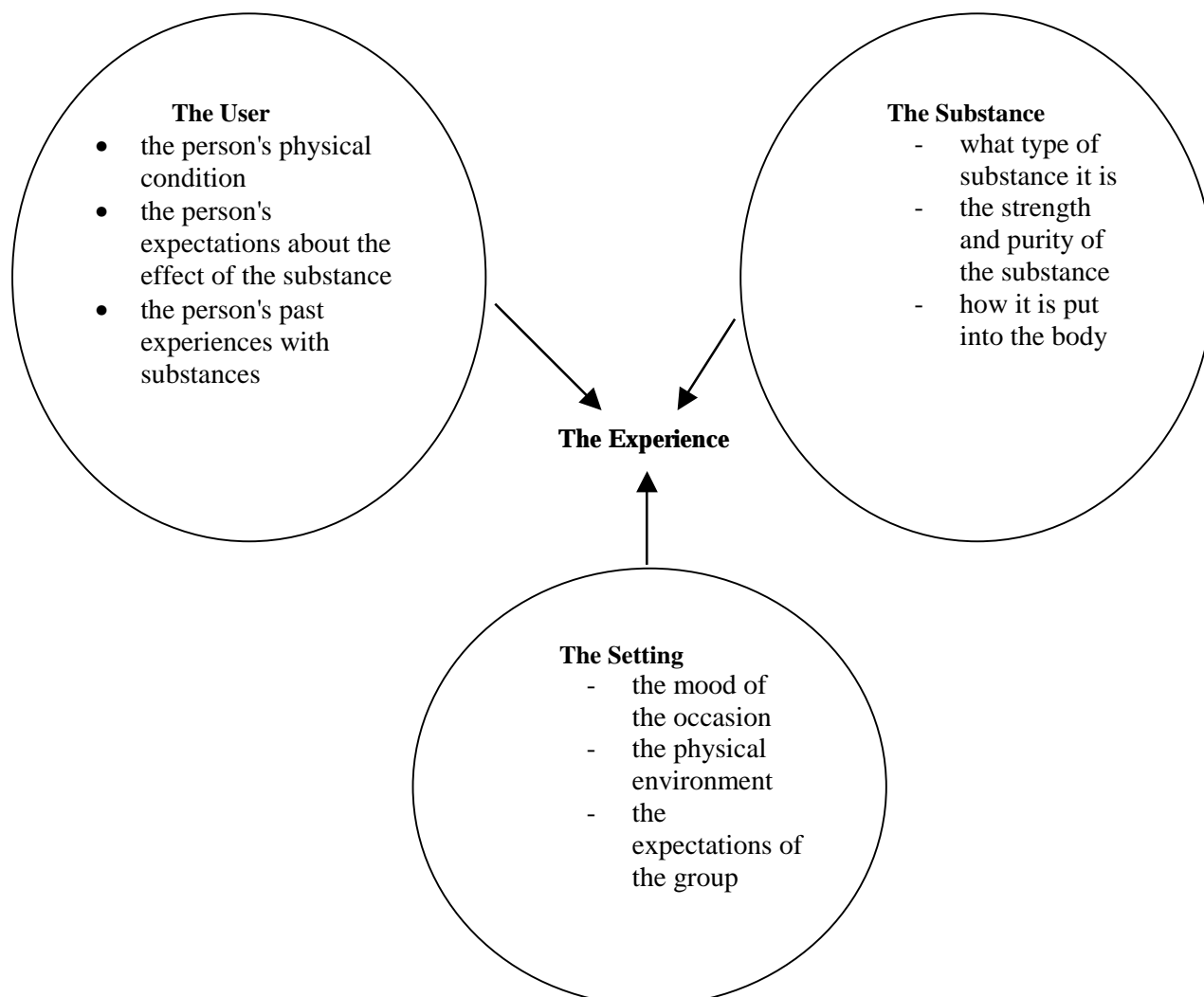
When deciding whether it is normal to use drugs, a person looks at the behaviour of people who are similar to him or her. These people, called a reference group, might find the use of certain drugs acceptable in certain situations, even though it would not be acceptable to the general society. For example, it is considered normal in some groups of young people to openly smoke marijuana at rock concerts, although this would not be acceptable to other groups of young people or most of the adult population.

The reference group for a child or youth is usually other children or youth of similar age who are involved in the same type of work as he or she is. Each reference group has its own unwritten rules about the use of drugs. Working children in Mumbai, for example, accept the use of solvents, but they don't approve of sleeping tablets because the effects last too long and make them too tired to work.

- **What are the main drugs used by people in your area?**
- **Do children and youth who have been sexually abused and/or exploited use the same drugs or different ones?**
- **How many children and youth use these drugs?**
- **How 'normal' is it to use these drugs in your area?**
- **How available are the drugs they use?**
- **How much do they cost?**
- **Is use of any drug promoted in your area? How?**
- **Are drugs manufactured in your area? Which ones?**
- **Do any drugs have a cultural role in your area?**

• **The Experience of Drug Use**

If a drug produces a positive or desired experience for a child or youth, he or she might use it more frequently. But the effect that a drug has differs from person to person, and from occasion to occasion. The exact effect that a particular drug has on a particular individual depends on:



If a group of relatively healthy children and youth smoke a little marijuana at a party, they may all feel pleasantly relaxed and happy. On the other hand, if one of the children in the group smokes the same amount of marijuana another day by himself, he may feel sleepy frightened or maybe even nothing at all.

A child or youth is more likely to use a drug if it produces the desired effect. If he or she wants to sleep he or she may choose alcohol or sleeping tablets. If he or she needs to stay alert so that he or she can work, he or she might use cocaine or amphetamines. If a child wants to escape from boredom and dream he or she may choose to smoke cannabis or take hallucinogens. Some children and youth claim that they don't like the effect of the drugs that they take but they continue to use them because any experience is better than the boredom or stress of their daily

lives.

It is important to remember that a young person's physical condition, nutritional status, illness, previous experience with substances, expectations, mental health, as well as situations in which substance use occurs ALL have an impact on the perceived effects of substance use.

What drug experiences do children and youth report in your area?

Are these the same for children and youth who have been sexually abused and/or exploited?

Attachments:

Positive Attachments

Attachments are personal connections to people, animals, objects and institutions.

For example,

- Other Street Children
 - Family
- Religion
 - Animals and Pets
 - Street Educator
- Sexual Partners
- Work
- School

Children and youth are less likely to begin using drugs and more likely to stop using if their strongest attachments are with people and things that are not connected with drug use. Unfortunately, the situation of many children and youth often makes it difficult for them to keep contact with their families, to succeed at school or work, or to surround themselves with friends who don't use drugs.

A child or youth is more likely to develop strong attachments to other people if:

- He or she spends a lot of time with them.
- He or she performs well in that group (if she can juggle it is likely that she would be accepted within a group of other children that perform on the streets).
- He or she is consistently rewarded by the group.

“Negative” attachments also exist.

These are connections to people or institutions that are associated with abuse, drug

use or exploitation, such as drug syndicates, peers who use drugs and abusive parents or employers. Negative attachments make substance use more likely.

What positive attachments are available to children and youth who have been sexually abused and/or exploited in your area?

What attachments do they have already? Are these positive or negative?

Skills

Skills = Competencies + Coping Strategies

Competencies are physical and performance capabilities that help people succeed in life. For example,

- **Literacy**
- **Numeracy**
- **Strength**
- **Running fast**
- **Juggling**
- **Vending**
- **Leadership skills**
- **Craft-making**
- **Self-defense skills**

Coping Strategies are the internal, behavioural, and social abilities that help a person manage stresses. For example,

- Self assurance
- Seeking support from others
- Assertiveness
- Knowing when to retreat
- Problem solving
- Engaging in alternative behaviours
- Self control
- Seeking support from others
- Negotiating and compromising
- Relaxation
- Reinterpreting problems in a more positive light

During childhood and adolescence, young people learn both competencies and coping strategies that are necessary for happy, healthy and productive lives. The more of these skills they learn,

the less likely they will need drugs to meet challenges or to cope with problems. Moreover, if they do use drugs, they will be better able to control the amount they use and to avoid problems related to drug use.

To develop competencies and coping strategies, young people must have positive attachments, resources, opportunities, and few serious stressors. For example, a girl might need a positive attachment such as an older friend to teach her how to sell pencils at a bus station. Then she needs enough resources to obtain the pencils and maybe a vending tray. Next, she needs the opportunity to practice selling. If she is forbidden to enter the bus station, she may not be able to find another appropriate place to practice. Finally, she needs to be free of serious stressors such as corrupt policemen or vigilante groups who might confiscate her materials and beat her.

During this process, she might learn many different coping strategies. She might learn to negotiate with the authorities and other vendors for permission to work in a particular area of the station. She might also learn how to recognize people who are likely to harm her and how to escape quickly from the situation. She may also become skilled at daydreaming to cope with the boredom during slow times at the bus station.

All these skills will help her avoid using substances. If she develops good selling skills, she will not need substances to provide courage nor to replace food she is too poor to buy.

What coping skills and strategies do children and youth who have been sexually abused and/or exploited demonstrate in your area?

Are these different to those of other young people?

- **Resources**

Resources are what we use to get our physical and emotional needs met. **Resources can be inside a person, such as a willingness to work hard, or in the environment, such as schools, money and people who care about the person. Even though children and youth usually have many internal resources, they often lack external ones. Examples of resources are:**

- Information
- Recreational facilities
- Other street children
- A sense of humour
- Street educators and health workers
- Family
- Intelligence
- Religious faith
- A capacity to work
- Resilience
- Optimism
- Positive role models
- Education and vocational training

- Anti-substance campaigns
- Health services
- Community organizations
- Employers

Without many external resources, some children and youth may have a hard time learning new skills that would help improve their lives. It may also be more difficult for them to develop healthy ideas and practices about drug use if they do not have the benefit of resources like health workers and informational campaigns. They also have fewer alternatives besides using drugs for relieving stress when resources are lacking.

- | |
|---|
| <ul style="list-style-type: none">➤ What resources are available to children and youth who have been sexually abused and/or exploited in your area?➤ Are they accessible?➤ Are they affordable?➤ Are they appropriate?➤ Are they young person friendly? |
|---|

Resources need to be:

- Accessible: e.g. easy to get to and near to where people live
- Affordable: e.g. free or inexpensive
- Available: e.g. open at appropriate times
- Acceptable: e.g. young person friendly and providing the range of things people need
- Appropriate: e.g. staff and services meet local needs

• **Putting It Together**

To sum up, the Modified Social Stress Model says that drug use is more likely if:

- The child or youth's level of stress is high;
- Drugs are considered normal or encouraged within the reference group;
- The drug chosen produces an effect that he or she wants;
- The child or youth has few weak or negative attachments;
- The child has few or poorly developed competencies and coping strategies;
- Few personal or community resources are available and accessible.

Conversely, the model says that drug use is less likely if: (you fill in the blanks)

The child or youth's level of stress is _____;

Drug use is _____ within the reference group;

The drug chosen _____;

The child or youth has _____ attachments;

**The child or youth has _____ competencies and coping strategies;
and**

Personal and community resources are _____.

With this model of drug use, the likelihood that a particular child or youth will use drugs will change from time to time. During more stressful times, they will be more likely to use drugs. But it is always important to look at all six parts of the model to understand what a person might do. For example, if a girl has her money stolen, she may suddenly feel very stressed and feel like using drugs. On the other hand, she may no longer have any money to pay for the drugs and he may have a good friend who can help her feel better so that she does not need drugs. Both risk factors and protective factors influence behaviour.

Session Five: Change Process

• Stages of Change

Older adolescents and adults who use drugs tend to go through several stages before finally controlling their drug use.* You can help a user move towards a lower level of use, or cease use altogether, if you match your helping strategies to the user's stage of change.

The Precontemplation Stage

In this stage, **the user is not considering giving up drugs**. In response, you work at forming a relationship with the young person and try to raise their awareness of the consequences of drug use for themselves, his or her family, and the community. **But don't push them too hard!** At this point, your main job is to make a connection with the child or youth and get them involved in thinking about changing their lives.

The Contemplation Stage

Now **the user begins to think about doing something about his or her drug use, but has not yet reduced his or her level of use**. You help the child or youth at this stage by discussing the advantages and disadvantages of using, and the advantages and disadvantages of quitting. Make observations and provide information, but avoid arguing.

Preparing for Change

When the child or young **person accepts that they need to make changes** in relation to their drug use, it is time to undertake a full **assessment** to prepare for the change. It is important to know such things as:

- What drugs they are using
- How much they use
- How frequently they use (e.g. daily, 3 time per day, weekly)
- What method of administration they use (e.g. inject, inhale, swallow) and if, how and why it has changed
- Whether they are experimental, functional, dysfunctional, harmful or dependent users
- How they have tried to give up or cut down in the past
- What functions their drug use is serving
- What supports they have
- How they are paying for their drugs
- Whether they use alone, with others or both

The Action Stage

At this point, **the user attempts to quit, or at least reduce, his or her intake of substances**. You can be more active at this stage by helping the young person learn skills and develop strategies that are needed to live substance-free. The user will need to figure out, by looking at his or her own life, what people, places, feelings or things make him or her more likely to use. Skills training, therapy, and, above all, supports are necessary during this stage.

Once the users have identified some of their personal prompts for using, they can begin trying to eliminate them from their lives. For some young users, this may mean throwing away inhalant

equipment such as plastic bags, and smoking instruments. For others, it may mean finding a job to avoid boredom. Other people may have to avoid friends who use drugs. There may be a need to talk about the past or work with the family, if available, and other people who are significant in the life of the child or youth. It may also mean changing work.

Many, if not most, of the interventions used are those commonly used in counselling for many problem behaviours.

The Lapse Stage

After trying to abstain, most drug users go through a stage where they resume taking drugs at the same or a slightly reduced level as before.

This is not failure, but simply a part of the process of changing. You need to prepare the user in advance for this stage and then help him or her get through it. It is best to help the child and youth figure out what made him or her use again. Not all change strategies work for all users. When the user is ready to try to quit again, you can help the individual make a more effective plan of action.

The Maintenance Stage

The person in this stage is usually abstinent and wants to remain that way. You help the individual develop a healthy lifestyle, which might include moving to a neighbourhood where drugs are less prevalent, finding activities that keep him or her off the streets and away from users and dealers, and spending free time with only non-users. Most importantly, individuals in this stage must learn to monitor themselves and recognize when they are entering risky situations. It is a very difficult for young people, and older ones too, to maintain the change. The drugs were helpful to them in so many ways, as well as bringing them problems. They may grieve the loss of the drugs, like the death of a good friend. It is important for the worker to keep in mind why the child or youth used drugs in the past and what they are missing (e.g. pleasant hallucinations or feeling good) or what they now have to cope with without the assistance drugs provided (e.g. painful memories of abuse, anxiety or depression).

** The stages of change presented here are taken from the work of James Prochaska and Carlo DiClemente. The pattern of change may not be the same for younger children.*

Session Six: Applying the Modified Social Stress Model

You will be able to better understand other people's use of substances if you first examine your own behaviour. Try to be honest and completely answer the following questions:

- **If you use any drugs now, or have in the past, list the factors which influence your use according to the Modified Social Stress Model.**

Stress	Normalization	Drug Experience

Attachments	Skills	Resources

- **If you no longer use any drugs, or have given up some of them, what factors influenced your quitting?**

Stress	Normalization	Drug Experience

Attachments	Skills	Resources

- **After you quit using, did you ever start up again? If so, why?**

Stress	Normalization	Drug Experience

Attachments	Skills	Resources

- **If you have never used drugs, how did you avoid using?**

Stress	Normalization	Drug Experience

Attachments	Skills	Resources

The Modified Social Stress Model provides a way to organize information about children and youth who have been sexually abused and/or exploited so that you can better understand their lives and plan useful ways to support them.

Read the following description of a young man named Tran and think about how the components of the model apply to his life. Then look at the way the information has been organized on the worksheet at the end of the case. It should be noted that there is no such thing as a typical 'street child' and that this case study is only used to illustrate some of the issues that workers may need to address in their work.

The Case of Tran

'Sixteen year old Tran is a part of a group of young, male sex workers. He has lived away from home for five years. He currently lives in a single room with three other sex workers.

Tran's father regularly drinks a lot of alcohol. When he is drunk, he often beats his wife and children. Tran loves his mother and siblings and sees them when he can. They are always happy when he visits. Tran gives his mother whatever money he can spare. He hopes that some of the money can be used for the education of his younger siblings.

During his time on the streets, Tran has been beaten and raped by other street children and some of his clients. Some of the other sex workers are good friends, but some harass him by calling him "gay" and by telling him "you have AIDS and you are going to die." Tran does not know if he is infected with the AIDS virus, but he is afraid to go to the health clinic to be tested.

Tran likes some of the street educators who work in his neighbourhood and he occasionally goes to a centre where he participates in activities such as theatre, music and literacy classes.

When he was about 11, Tran began smoking tobacco and started sniffing solvents a year later. By the age of 14, he was smoking cannabis. Most of his friends use these substances as well as other kinds which they inject. The substances are usually very easy to obtain.

History of persistent and increasing drug use. Level of stress is high and increasing. Might not increase use if he could have more contact with his mother and could find a place to live. Encourage him to move into a local youth shelter. Ask his permission to contact mother. Encourage him to see the nurse or doctor who attends the youth shelter once a week for a general check up, including STD and HIV screens.

Practicing Case Assessment

This section contains several descriptions of children and youth accompanied by a worksheet. Your job is to make an assessment of each case. Begin by rating the level of involvement with drugs. Consider whether the child or youth needs to be medically detoxified. Then analyze the case according to the Modified Social Stress Model. Write down parts of the description that correspond to each component of the model and then rate the overall importance of the current and potential drug use. Finally, think about the stage of change in which the child or youth is currently.

There are no precise, correct answers to these questions. The case examples are simply intended to help you think about all the complexities of drug use. The cases do not necessarily represent stories of “typical” children but are used to illustrate a range of issues with which workers are likely to have to deal.

Note: The cases presented in Session 3: Drugs and Child Sexual Abuse/Child Sexual Exploitation can also be used. The facilitator may wish to introduce other case studies here.

Session Seven: Preparing for Interventions - What we need to know and how do we find out

- **Preparing for Interventions: Data Collection.**

There are many ways to quickly find out the information needed to plan effective interventions. These can be called **rapid assessment**. Some of these are mentioned below.

Focus Group Discussions

A focus group discussion (FGD) is one rapid assessment technique that can provide especially rich information for project planners and implementers. Moreover, it gives children and youth an opportunity to actively participate in the process and in improving their own lives.

A FGD is an organized discussion among 6 to 12 individuals on a single topic for a limited amount of time. One person, called the facilitator, guides the conversation by asking a series of very general, open-ended questions about the chosen topic. The aim is to encourage ordinary dialogue among members of the group, including differences of opinion. The discussion is recorded in detail by a documenter and analyzed afterwards for information about the topic.

The FGD technique is especially designed to explore people's in-depth thinking about a single topic. The facilitator "focuses" the attention of the members on just a few questions and the normal group interaction encourages members to think more deeply about the topic than they would have done individually. The more the dialogue resembles a normal, serious discussion, the better the results of the group will be.

However, a FGD with children and youth who are living in especially difficult circumstances is often more than just a simple exercise in collecting data. It can actually develop into a therapeutic group and provide immediate benefits for the participants. Some of the children and youth may describe painful events in their lives that they may never have told anyone about before. The atmosphere can become very emotional. Consequently, the organizers of the FGD must be prepared to depart from the guidelines of a standard, research FGD in order to meet the emotional needs of the group. They should also arrange for individual counselling for any of the participants who need it after the discussion.

Preparing for a Focus Group Discussion

Consult with children and youth

FGDs will be more successful, as a research technique and an intervention to help children and youth, if they are involved from the very beginning of the process. Children and youth need to participate as much as possible in each step of the process. This will help the focus to remain on them and will prevent their valuable insights from being lost along the way. Ideally, at least one child or youth is or was sexually abused or exploited, will be a part of the planning group for the FGD. If that is not possible, planners need to consult with children or youth frequently and at every stage.

Decide what you want to know

It is not possible to discuss every issue related to children and youth and drug use in a single

focus group. The attention span of the children and youth, and the amount of free time they have available, must always be considered. Therefore, you need to decide what information you most need to know and then write a few questions designed to encourage conversation about those issues.

It may be helpful to use key questions for a focus group. A general question has been written for each of the six components of the Modified Social Stress Model of substance use. These general questions may be all that you need. You can ask a probe after the general question if the discussion does not naturally provide details about something specific you want to know.

The key questions could be:

- A general question to put the children and youth at their ease – what sorts of things do young people do around here to have fun?
- What is the worst thing that has happened to you (or people like you) in your life? (Stress)
- What are the good things about your life at the moment? And then,
- What are the less good things?
- What are the most important problems that you have in your life at the moment? (Stress)

***Note:** questions about drug use can be very sensitive, especially as many of the drugs are illegal. Safety issues need to be considered. It may be best to ask any drug questions in a general sense and not expect the children or youth to answer personally.*

- What drugs are used in your community (workplace)?
- How are the drugs used? Has anything changed?
- What problems are the drugs causing?
- Why do you think people use these drugs?
- Who or what is most important to you? (Attachments)
- How do people like you cope with their lives? Or how do you manage to survive all the difficulties you face in your lives? (Coping Strategies/Skills)
- Where do you get information and help? (Resources)

After you have chosen the topics to be covered in the group, a checklist of the general questions and probes should be written that relate to the goal of the group. The list will remind the facilitators during the discussion of all the issues that need to be discussed.

It is a good idea at this point to consult with a few children and youth whom you already know. Show them the list of questions and ask them whether they think the questions are relevant and appropriate.

• **Other Rapid Assessment Methods**

Case Studies

A case study is a detailed description of one person's or one group's experience with an issue. A description of how one child or youth began experimenting with drugs, became a heavy user, and then stopped using would be very useful to people who are working with drug users. Case studies help pull together pieces of information into a complete picture of the problem and they often make more of an emotional impact than do statistical data.

Case studies are also a good way to describe individuals or subgroups who do not fit the typical pattern of behaviour. If it is unusual to have girls on the street in your area, you may want to do a few individual case studies of some of the girls, rather than studying them together as a group. You may decide to write case studies on particularly resilient children or youth in order to identify healthy strategies for survival in difficult circumstances.

You should always obtain the permission of a person before publicizing their case and must change some information to protect the person's identity.

Observation

Observation is another example of a rapid assessment technique. With this method, an observer watches a specific group of people or a specific location while trying not to attract much attention. The person records as many observations as possible in a field diary. The observer might record everything he or she sees in a 'tee-flowing style," or maybe just specific behaviors that have been decided in advance. Altogether, the observations create a detailed picture of some of the behaviours of the group.

Observation is a good technique for coming up with new ideas about the lives of children and youth, which could be tested later. It is also a good way to make sure that data collected by interviews or questionnaires is correct. Safety issues must be considered, of course, if the observations include illegal activities.

Key Informant Studies

A key informant study is a series of interviews with several experts on a topic. The same questions are asked during all the interviews, but the interviewer is free to ask follow-up questions in order to get as much information as possible from the informant.

An expert can be anyone who is knowledgeable about the issue. On the subject of drug use among children and youth, the experts might be children, ex-users, children who are in health facilities because of drug use, parents, health workers, street educators, teachers, drug dealers, rickshaw drivers, sex workers, employees and community leaders.

The confidentiality of the informants is extremely important. In some countries, children and other informants have been murdered for providing information.

The Narrative Research Method

This is a rapid assessment technique that is especially designed to study the sequence of events that are involved in a behaviour. The method is a good way to study a topic that is a process, rather than a simple, single behaviour. For example, learning to use drugs, making the transition from home to street or brothel, or deciding to have sex while under the influence of drugs could all be studied with the narrative method.

With narrative research, the subjects of the study, children and youth who have been sexually abused and/or exploited in this case, create a realistic story that takes place in their normal environment. The main characters are ordinary children and youth like them. The story is created during a workshop with children and youth who are particularly mature or knowledgeable. Role play is used to develop a detailed storyline that reflects the most typical

pattern of events that lead, for example, to a child or youth like them using drugs for the first time.

After the story is written, it can be converted into a questionnaire that can be administered to other children and youth so that quantitative data can be collected about the process of starting and continuing to use drugs. The questionnaire can be administered by some of the children or youth who took part in its development. The results can be very useful when planning interventions.

Surveys

A survey is a questionnaire or interview given to a relatively large number of people. The exact questions and the range of responses are set in advance. Surveys are useful when numerical data about a topic is needed, for example, the number of different drugs children and youth use. Sometimes a questionnaire that has already been written and used in other investigations can be used to collect data for your study. This will save you time and make it easier to compare your results with data about other groups and settings.

To learn more about how to construct, administer and analyze surveys, see a guide called "Social Survey Methods: A field guide for Development Workers" by Saul Nichols. It is available from Oxfam.

Already Existing Data

Much useful information about the lives of young people may already be available from many different sources. You can build a large resource of information by cutting articles from newspapers and magazines, asking for copies of presentations at professional conferences, and taking notes at community forums or city meetings which are open to the public. You can also request reports from ministries of health, education, welfare and labour, and from private agencies and NGOs that are already working in your community.

For more tips on using existing information to plan your own projects, see "Street and Working Children: A Guide to Planning", Development Manual 4, by Judith Ennew. It is available from Save the Children, Mary Datchelor House, 17 Grove Lane, London SE5 8RD, England

Session Eight: Developing Interventions

• Interventions Within The Modified Social Stress Model

It is necessary to work out exactly what type of intervention strategy works best for what type of problem, in what type of setting for what type of sexually abused and/or exploited children and youth.

The Modified Social Stress Model can help you make decisions about the best helping strategy. This model was described in Sessions 6 and 7. You might need to review the material before considering the intervention options.

The Modified Social Stress Model helps to explain why some individuals are more likely than others to use drugs (e.g. drink alcohol, take illicit drugs, inhale solvents). Even though the model specifically deals with the use of drugs, it can help you understand many risks and difficulties that sexually abused and/or exploited children and youth face and the behaviours they adopt. This is because the model says that most of the causes of drug use are related to all the other problems in the lives of such children and youth. More specifically, the model says that there are both risk factors and protective factors that influence decisions about drug use.

Factors that increase the likelihood of drug use include:

- A high level of stress;
- An environment where the use of drugs is considered normal;
- A history of having desirable experiences while under the influence of drugs.

While factors that make the use of drugs less likely included:

- Many strong emotional attachments to people and institutions that are not connected to drug use;
- Many personal competencies and coping strategies;
- Many internal and external resources.

Any six of these components influence whether a person is likely to use drugs. Therefore, intervening in any one of the six areas could help a sexually abused and/or exploited child or youth have a healthier life, and reduce the harmful use of drugs and other risk behaviours.

Based on what you already know about the lives of sexually abused and/or exploited children and youth and the Modified Social Stress Model, think of one or two services, activities, and projects that would have a positive impact of each of the components of the model.

Stress
Normalization of Drug Use
Experience of Drug Use

Attachments
Competencies and Coping Strategies
Resources

Type of Interventions

There are no simple solutions to the problems of sexual abuse and/or sexual exploitation and drug use. A variety of individual and social factors contribute to the problems, and therefore a variety of responses are needed to solve them. **Always a combination of activities will have the best results.**

Interventions can be directed at three levels: the individual, the local community, and beyond the community. They can also be primary, secondary or tertiary in their prevention focus.

The Individual

Interventions at the individual level target sexually abused and/or exploited children and youth who are currently using drugs or who might start using in the near future. Generally, the services are offered by organizations that have regular contact with such children. The interventions may be designed for individual work or for group work. Also included in this category are projects intended to support the families and guardians of sexually abused and/or exploited children and youth.

The Community

Local communities sometimes undertake programmes to aid the residents of the area. The programmes emphasize the prevention of child sexual abuse and/or exploitation, health problems, health promotion, community development, education and the referral of drug users to treatment programmes.

Beyond the Community

Interventions at this level take place outside or more widely than the community, but they may directly or indirectly affect the local area. Sometimes the interventions are directed towards the regional, national, or even international context. Sometimes it is possible for local workers to influence what happens far beyond their own area.

Interventions can also be classified according to their goals: preventing drug use, helping drug users quit using, or reducing the physical and emotional harm that is sometimes associated with the use of drugs. For example, offering recreational activities is a way to prevent drug use if it gives children or youth a healthy and enjoyable alternative to the use of drugs. Use of self-help groups and counselling, are strategies for helping children and youth who have already started using drugs to quit. Finally, encouraging users to avoid injecting drugs and giving them information about how to properly clean injection equipment are ways to reduce the chance that

they will catch an infectious disease, such as the AIDS virus.

If all of these types of interventions would be acceptable in your culture, you might want to try more than one approach. A mixture of approaches will influence the largest number of people.

A List of Intervention Options

As part of the WHO Street Children Project, the Programme on Substance Abuse made a list of possible interventions for individuals, communities, and the larger region. These are provided below. The options are also grouped together according to the six components in the Modified Social Stress Model. For example, some interventions are intended to strengthen the attachments of sexually abused and/or exploited children and youth at an individual level, while others attempt to make the use of drugs less normalized in the entire community. A few options are listed under more than one heading because they can influence more than one component of the model.

Some of the interventions may require more resources than you have available. Some interventions can be carried out by a single worker with no material supplies. Others require many human and financial resources. A number of options have been included in order to illustrate just how broad the range of alternatives is for supporting sexually abused and/or exploited children and youth. However, the list is not exhaustive.

The interventions that are best for your situation will depend on what resources are available, the circumstances of sexually abused and/or exploited children and youth in your particular area, and cultural norms and expectations. We realize that many of the interventions will not be acceptable to local communities, but are included for areas where such interventions are possible.

No particular alternative is recommend. We do strongly recommend, on the other hand, that agencies, projects or communities develop a strategic plan so that interventions will be complimentary and comprehensive.

Detailed descriptions of the interventions are not included. We encourage you to request resource materials for any of the interventions that you think might be appropriate for your setting. Some organizations may want to develop their own catalogue of interventions which have been effective in their community.

As you read through the list of intervention ideas, mark the alternatives that might be suitable for your work setting, keeping in mind your resources and limitations. You may also add new ones to the list. Remember, the list is only a guide for you to get some ideas as to the type of interventions that you and your organization might consider.

Most of the counselling and community development skills and other prevention and treatment interventions suitable to work with drug use and sexually abused and/or exploited children and youth are the same as those used in other areas. It is important not to be overwhelmed by the 'drugs area' and believe that you need special skills.

Intervention Options Menu

Stress: Major Life Events

For Individuals

- Acute medical care
- Crisis and ongoing counselling
- Bereavement counselling
- Relocation

For the Community

- Developing a strategic plan for local disasters that specifically cover the needs of young people, including those who have been sexually abused and/or exploited
- Local disaster and emergency relief services, including shelter, medical care, food, and clothing
- Organizing support for group disaster victims
- Services for youth immigrant and refugee camps, e.g. recreational activities
- Programmes to reunite separated families
- Secondary medical services (e.g. local hospital)

Beyond the Community

- Developing national and international disaster relief plans and services that specifically cover the needs of young people, including those who have been sexually abused and/or exploited.
- Developing close connections between emergency relief agencies and youth agencies
- Tertiary medical services (e.g. specialized teaching hospitals)

Stress: Enduring Life Strains

For Individuals

- "Time-out" programmes, e.g. summer camps and holiday trips
- Educational, athletic, and recreational programmes, especially ones that offer healthy alternatives to risk-taking
- Vocational training
- Services that support education, such as tutors, libraries, and place to study

For the Community

- Community recreation and health centres
- Child/youth centres
- Advocating ensuring a fair distribution of resources
- Community action teams
- Community sponsorships
- Vocational training and counselling
- Advocating for accessible, quality education
- Promoting community policies and plans that make housing accessible
- Promoting realistic and healthy role models from the local community
- Creating networks among charitable and relief organizations
- Creating networks among governmental and private service providers

Beyond the Community

- Promoting health, welfare, housing, employment, and education policies that do not

discriminate against sexually abused and/or exploited children and youth, the poor, and minority groups

- Promoting health, welfare, housing, employment, education services that are fully accessible to sexually abused and/or exploited children and youth, the poor, and minority groups
- Making connections with national and international charitable organizations
- Conducting a review of the impact economic policies have on disadvantaged populations

Stress: Everyday Problems

For Individuals

- "Time-out" programmes for sexually abused and/or exploited children and youth, e.g. summer camps and holiday trips
- Training in performance skills
- Problem-solving training
- Conflict resolution training
- Training in living skills (e.g. money management, cooking, accessing health services)
- Individual and family counselling
- Training in parenting skills
- Recreational programmes for sexually abused and/or exploited children and youth

For the Community

- Child/youth friendly community recreation and health centres
- Child/youth centres
- Child/youth shelters and refugees
- Emergency food and clothing services
- Youth friendly, accessible, primary health care services

Beyond the Community

- Promoting health and welfare policies that specifically cover the needs of homeless and sexually abused and/or exploited children and youth
- Advocating for the reorganization of welfare services, including financial payments, so the street children can receive benefits
- Bringing legal action against individuals who commit violence against sexually abused and/or exploited children and youth

Stress: Life Transitions

For Individuals

- Counselling services through youth friendly community health centres and schools
- Resettlement services for migrants and refugees
- Stress management and relaxation training
- Training in assertiveness and communication skills
- Training in living skills, e.g. cooking, budgeting and planning
- Peer and family support programmes
- Peer-to-peer education
- Orientation programmes for newcomers at schools, institutions and workplaces

For the Community

- Community service groups

- Orientation services and welcome programme for new residents
- Telephone hotlines for community information

Beyond the Community

- Developing national plans for resettlement and urbanization
- Advocating to make family reunification a priority for governments

Stress: Adolescent Development Changes

For Individuals

- Primary medical care and the provision of information
- Supportive counselling
- Peer support programmes
- Training in parenting skills

For the Community

- Health care services that are accessible and sensitive to children and youth
- Community youth centres
- Community education campaigns about childhood and adolescence
- Providing information to adolescents through pamphlets, posters and magazines
- Question-and-answer columns in newspaper and magazines
- Promoting realistic videos and films about childhood and adolescence
- Child/youth participation projects
- Personal development programmes in schools
- Sex education programmes in schools and child/youth centres

Beyond the Community

- Developing national policies concerning children and youth
- Child/youth advocacy groups
- Developing networks of child/youth experts (e.g. peak organizations)
- Training programmes for child/youth workers
- Training for health and education workers in child and adolescent health, development and psychology

Normalization of Substance Use

Normalization: Price

For Individuals

- Restricting personal finances
- Promoting attractive alternatives for spending money
- Training in budgeting money
- Peer to peer approaches

- Values clarification exercises

For the Community

- Anti-drug, anti-tobacco and anti-alcohol lobbying groups
- Offering attractive, alternative activities at an affordable price

Beyond the Community

- Increasing taxation on legal substances
- Promoting policies that link tax rate to alcohol content of beverages
- Increasing licensing fees for legal outlets
- Increasing vigilance and law enforcement concerning the production and supply of illegal substances

Normalization: Advertising, Sponsorship, and Promotion

For Individuals

- Teaching children and adults to analyze advertising, values clarification training

For the Community

- Advocating for the restriction of advertising
- Community awareness campaigns
- Health promotion campaigns

Beyond the Community

- Advocating for the regulation of advertising and sponsorship by government
- Encouraging alcohol and drug industries to form their own regulations about advertising and sponsorship
- Encouraging partnerships between the public, government, and alcohol and drug industries
- Advocating for the restriction of advertising
- Advocating for the prohibition of false health claims on labels
- Health promotion campaigns
- Health warning labels on products

Normalization: Availability

For Individuals

- Curfews for sexually abused and/or exploited children and youth who use drugs
- Close supervision by parents and guardians

For the Community

- Community awareness programmes
- Neighbourhood "watch" programmes
- Citizen policing
- Advocating for stricter government control of availability psychoactive substances
- Advocating stricter licensing regulations for suppliers, e.g. bar-keepers, waiters and waitresses, owners of liquor stores
- Advocating for the restriction of legal substances in certain environments, e.g. schools,

- workplaces, theatres
- Training programmes for health care workers such as physicians and pharmacists on careful prescribing and dispensing practices
- Advocating for increased vigilance on production and supply of illegal drugs and increased penalties for producers and suppliers of illicit drugs

Beyond the Community

- Restricting the production of legal drugs
- Restricting the number, type, and opening hours of outlets
- Setting legal limits on the amount of a legal drug that can be provided
- Establishment of legal minimum age for purchase
- Guidelines for prescription practices
- Prohibition of some drugs
- Increasing the surveillance of illegal production and trafficking
- Reviewing punishment options for illegal production and trafficking

Normalization: Media Presentation and Societal Role

For Individuals

- Problem-solving training
- Values clarification skills
- Peer support programmes

For the Community

- Community action and lobbying groups
- Community education programmes
- Organizing advocacy groups of drug users
- Organizing advocacy groups of sexually abused and/or exploited children and youth
- Organizing advocacy groups of friends and family members of drug users and sexually abused and/or exploited children and youth

Beyond the Community

- Developing a national drug policy and strategy
- Mass media campaigns

The Experience of Drug Use

Experience: The Drug

For Individuals

- Providing information on drugs, their effects and the consequences of use
- Advocating use of less harmful drugs
- Advocating use of less potent forms of the drugs, e.g. low-alcohol beer
- Controlled use programmes
- Drug substitution programmes, e.g. methadone
- Discouraging the use of multiple drugs

For the Community

- Educational campaigns on the consequences of drug use
- Public discussion and fora

Beyond the Community

- Promoting government policies that reflect the relative risks and the social economic, and health costs of different drugs (e.g. little control of relatively harm less drugs; strict control of the most harmful drugs)
- Promoting quality control for production of legal drugs
- Adding nutritional supplements to drugs, e.g. adding thiamine into beer

Experience: The Method of Use

For Individuals

- Promoting safer methods of use
- Instructing users in safer techniques, including injection practices and equipment cleaning
- Providing information on services and outlets for syringes, condoms, bleach, etc.
- Accessible and sensitive primary health care services for users

For the Community

- Organizing advocacy groups of drug users
- Community outreach programmes for drug users
- Training health and child/youth workers in safer methods of use
- Distributing or exchanging needles and syringes
- Drug substitution programmes, e.g. methadone
- Hepatitis B vaccination programmes for injecting drug users and those at risk because of their sexual behaviour
- Education programme on risky practices for the community and drug users

Beyond the Community

- Promoting harm-education philosophy throughout regional and national drug policies
- Decriminalizing or providing a legal supply of injectable drugs
- Mass media programmes, targeted especially at occasional injectors

Experience: The User

For Individuals

- Primary health care
- Providing adequate nutrition, shelter, and other basic needs
- Providing information on drug use
- Encouraging users to explore their expectations about drugs
- Drug counselling
- Referring users to secondary and tertiary health care services

For the Community

- Accessible and sensitive health care services, including counselling and psychiatric services
- Shelters for children and youth
- Providing adequate nutrition

- Providing alternatives to drug use
- Encouraging referral networks to be sensitive to child and youth issues

Beyond the Community

- Developing a comprehensive, national youth health policy

Experience: The Setting

For Individuals

- Encouraging users to plan their drug use and to create safe environments for using
- Promoting safer using practices, e.g. using in safe environments, with friends
- Discouraging dangerous activities while using, e.g. driving, swimming
- First-aid training for users

For the Community

- Providing safe places to use drugs, e.g. supervised hostels or "intoxication centres"
- Programmes to deter using and driving e.g. random breath testing
- Developing occupational health guidelines
- Providing transportation for intoxicated individuals to home or detoxification facility
- Crisis care for intoxicated individuals
- Training police on management of intoxicated individuals
- Technological improvements to environments to reduce harm to intoxicated individuals
- Schools and community education programmes

Beyond the Community

- Mass media campaigns on safety and drug use, e.g. health hazards for driving, swimming, sports

Positive Attachments

For Individuals

- Peer-support programmes
- Family, individual, and peer-to-peer counselling
- Group therapy
- School counselling
- Recreational programmes, especially those which are alternatives to drug use
- Training in parenting skills
- Assertiveness, communication, and social skills training
- Vocational training
- Mentoring programmes
- Adoption and foster care programmes for children and youth without parents
- Outreach programmes for sexually abused and/or exploited children and youth

For the Community

- Community child/youth centres with counselling and related services
- Community recreation centres with emphasis on family activities
- Establishment of supportive school environment with school counsellors
- Remedial training programmes
- Child/youth support groups, e.g. Alateen
- Promoting a community emphasis on traditional culture and religion

Beyond the Community

- Promoting social, welfare, and economic policies which maintain the family unit
- Promoting education policies aimed at retaining children and youth in the education system
- Vocational training and employment programmes for children and youth

Skills: Competencies and Coping Strategies

For Individuals

- Training in cognitive skills, e.g. self-assurance, restructuring, self-control
- Behavioural skills training, e.g. problem solving, withdrawal / avoidance, assertiveness, seeking social support, and relaxation
- Training in social and communication skills
- Training in living skills, e.g. cooking, parenting, budgeting and planning
- Training in survival skills, e.g. finding accommodation, first-aid / health care, coping with the welfare system
- Basic educational in reading, writing and mathematics
- Training in vocational and employment skills
- Training in recreational skills
- Training in parenting skills

For the Community

- Training programmes specifically for sexually abused and/or exploited children and youth in child/youth centres, child/youth friendly health centres, schools, civic and religious institutions, the workplace, and detention centres
- Street outreach programmes for sexually abused and/or exploited children and youth
- Creating information resources specifically for adolescents, e.g. comics, games
- Training programmes for child/youth and health workers

Beyond the Community

- Promoting skills training in health and education policies on children and youth

Resources

For Individuals

- Promoting child/youth participation and consultation in development of resources
- Training children and youth on how to effectively utilize resources
- Training children and youth as peer educators

For the Community

- Developing child/youth-specific information resources, e.g. pamphlets, posters, comics, videos
- Developing training packages for trainers of children and youth, health, government, charitable, and religious workers
- Promoting information networks
- Promoting human resources, e.g. child/youth and health workers, teachers
- Providing physical resources suitable to children and youth, e.g. health, educational, vocational and recreational facilities
- Developing financial resources for funding child/youth services
- Forming child/youth and special interest advocacy groups

Beyond the Community

- Advocating for priority funding given to programmes targeting sexually abused and/or exploited children and youth
- Developing a comprehensive child/youth policy

Now It's Your Turn

Now that you have thought about the type of interventions that may work in your setting, what individuals and organizations might be needed to actually implement the interventions? Pick one intervention from each of the six components of the Modified Social Stress Model and think about what type of human resources are needed.

Intervention:

Needed Individuals	Needed Organizations