

A module
on
**ROLE OF SCHOOL LEADER IN DEALING WITH SUBSTANCE USE
DISORDER AMONG SCHOOLS STUDENTS**



National Centre for School Leadership



विद्यालय नेतृत्व अकादमी
राज्य शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद्, हरियाणा
गुरुग्राम – 122001
School Leadership Academy
State Council of Educational Research & Training, Haryana, Gurugram
122001

ROLE OF SCHOOL LEADER IN DEALING WITH SUBSTANCE USE DISORDER AMONG SCHOOLS STUDENTS

Ms. Neeta Nagpal*

INTRODUCTION

Drug abuse is one of the major public health and socio-economic problems in modern society. It is related with the misuse of psychoactive substance for the purpose other than the prescribed one. This problem is rampant across India. Its consumption pattern varies from region wise and the substance wise. In some region it has gone deep into the society. Drug abuse not only affects substance abuser, but also impact family and society at large. The affected family faces social consequences and financial burden. At societal level it is a major public health and socio-economic burden.

This makes it imperative on part of all stakeholders at local level to understand the issue in scientific perspective and design the pre-emptive measures before disorder take the shape of major societal problem

TITLE OF THE MODULE

Role of School Leader in Dealing Substance Use Disorder among Schools Students

OBJECTIVE

Through this module, learner would be able to know:

1. causative factors of Substance Use Disorder
2. affects of Substance Use Disorder at different levels
3. prevalence level and distribution pattern of drugs
4. role of school leader in understanding the dimensions and dynamics of problem in scientific perspective
5. role of school leader in designing the preventive and dealing strategies

SUBSTANCE USE DISORDER / DRUG ABUSE

Drugs abuse is the use of all illicit drugs or inappropriate use of licit drugs. It is also known as Substance Use Disorder.

It generally refers to use of psychoactive drugs, which are the substances that changes the function of brain and result in alteration of mood, thinking, perception and/or behaviour.

Substance use disorder is persistent use of drugs inspite of its adverse consequences. Hence it is categorised as addiction.

CAUSATIVE FACTORS

Causes of substance use are complex. Generally complex combination of factors have been found to be the reason behind this disorder. At certain stages it may be result of interplay between genetic and environmental reasons. Common causes are

1. Genetic predisposition

A family history of addiction found to be play a part in substance use disorder.

2. Environmental reasons

Environment in this case most of the time refers to socio-cultural environment. This include:

A) Social expectation of gender role. e.g masculinity.

B) Life related stress and anxiety.

C) Childhood adverse experiences which may include sexual or emotional exposure.

3. Traumatic experience

At any stage of life such as untimely death of someone beloved.

4. Health conditions

Some legitimate use of pharmaceutical can lead to addiction.

5. Observational learning behaviour

Most of behaviour are learned by watching. Family environment of drug abuse has serious potential that child adopting to drug abuse.

STAGES OF DRUG ADDICTION

An addiction does not form overnight. Instead, it is the result of a long process of repeated substance abuse that gradually changes how an individual sees a drug and how their body reacts to it. This process is linear and has the same progression for every person, although the duration of each step in that progression can differ greatly depending on the individual, dosage and type of drug being used.

Since this process follows a pattern, it is possible to break it down into the stages of an addiction, starting from a person's first use and leading all the way to addiction itself. While there is some debate over how many stages there are for addiction, seven is one of the most popular numbers for mapping out the process. Understanding each stage and the behaviors associated with each is

a valuable way to identify when someone is at risk for an addiction or has already developed one. As each stage progresses so do the dangers associated with the drug's use, as the ability to quit using becomes much more difficult.

Broadly drug addiction pathway has seven developmental stages-

1. Initiation

The first stage of addiction is called initiation, during which time the individual tries a substance for the first time. This can happen at almost any time in a person's life, but according to National Institute on Drug Abuse, the majority of people with an addiction tried their drug of choice before 18 and had a substance use disorder by 20.

The reasons a teenager experiments with drugs can vary widely, but two common reasons are because of either curiosity or peer pressure. This affects their decision-making process, and as a result many teenagers make their choice without effectively considering the long-term consequences of their actions. Just because someone has tried a drug, it does not mean that they are certain to develop an addiction. This decision can also be impacted by other factors related to the drug's role in the individual's life, such as:

- Drug availability
- Peer usage
- Family environment and drug history
- Mental health (conditions like depression and anxiety often encourage use)

If circumstances align and the individual continues to take the drug, they may soon find themselves in the second stage of addiction.

2. Experimentation

Drug and alcohol addiction always begins with this seemingly-harmless phase. A person begins voluntarily using one or more drugs or drinking heavily. Generally, experimentation begins socially at a party or in some other group setting. At this point, use is irregular and only occurs in specific situations. For teenagers, it is used to enhance party atmospheres or manage stress from schoolwork. Adults mainly enter experimentation either for pleasure or to combat stress.

During Stage 2, there are little to no cravings for the drug and the individual will still be making a conscious choice of whether to use or not. They may use it impulsively or in a controlled manner, and the frequency of both options mainly depends on a person's nature and reason for using the

drug. There is no dependency at this point, and the individual can still quit the drug easily if he/she decide to.

3. Regular use

At this stage, drinking or drug use has made its way into a person's everyday life. Typically there is often a specific problem that they use to cope with. For example, they suffer from physical pain, stress, depression, or social anxiety. They may still partake in social settings, but they now use the substance or substances alone as well. The line between regular use and problem use is a thin one. Regular, heavy use of drugs or alcohol begins to take a toll on the person's life, health, and safety. As a result, they may embarrass themselves socially, experience relationship or marital stress, have trouble fulfilling work responsibilities, or drink/use and drive.

(Regular use of substance without developing dependence. Risk for substance abuse increase in this stage.)

4. High Risk Use

With Stage 4, the individual's regular use has continued to grow and is now frequently having a negative impact on their life. While a periodic hangover at work or an event is acceptable for Stage 3, at Stage 4 instances like that become a regular occurrence and its effects become noticeable. Many drinkers are arrested for a Driving under Influence (DUI) at this point, and all users will likely see their work or school performance suffer notably. The frequent use may also lead to financial difficulties where there were none before. Although the user may not personally realize it, people on the outside will almost certainly notice a shift in their behavior at this point.

(Extreme use of drugs in spite of several adverse social and legal consequences)

5. Dependence

By this phase, medically-defined addiction is beginning. Consequently, as a person relies on their drug(s) of choice more and more to solve outward problems, the brain adjusts to the chronic use, and withdrawal starts to occur. While the dopamine released by the drug caused a rush pleasure at first, now it becomes more difficult to experience pleasure without it. Dependent users see the substance as very important to them, and resist "cutting back" or making changes to their consumption habits even after negative side effects appear. Moreover, they may deny that they have a problem, push back against their family and friends' attempts to help, or try to hide their substance abuse. Characteristic

6. Addiction

Individuals at this stage feel as though they can no longer deal with life without access to their chosen drug, and as a result, lose complete control of their choices and actions. The behavioural shifts that began during Stage 4 will grow to extremes, with the user likely giving up their old hobbies and actively avoiding friends and family. They may compulsively lie about their drug use when questioned and are quickly agitated if their lifestyle is threatened in any way. Users, at this point, can also be so out of touch with their old life that they do not recognize how their behaviors are detrimental and the effects that it has had on their relationships. Another term for addiction is a substance use disorder (SUD), which is an accurate description because it is a chronic disease that will present risks for a lifetime. Even after a person quits using a drug and has undergone treatment, there will always be the danger of relapse. This means, one must commit to an entire lifestyle change, in order to maintain their life of recovery.

(Physical dependence is characteristic of addiction. It includes withdrawal symptoms.)

7. Treatment

At any stage of drug use/substance use, seeking help is important. At the stage, where to stop the use of drug is out of control, individual needs treatment. If addiction remains untreated it gets worsened. Addiction is also a treatable stage of illness. Treatment stage includes many forms like inpatient treatment, outpatient treatment, 12-step programme and holistic therapies. Type of treatment depends on symptoms of addicted. Each patient is treated with individualised treatment plan which includes Pharmacological treatment as well as Psychosocial Treatment.

CATEGORIES OF PSYCHOACTIVE SUBSTANCE

There are different categories of drugs. Each drug tends to have a specific action on one or more types of neurotransmitters to alter the brain activity. On the bases on mode of action on the brain activity alteration, Psychoactive substances are classified as follow:

Table1.1: Categories of Psychoactive Substance

Type of Psychoactive substance	Stimulants	Depressants	Hallucinogens	Euphoriant
Mode of brain	Stimulate the brain and	Calm the brain and reduce	Causes hallucinations and	Brings euphoria i.e intense feeling of

activity alteration	increase alertness	anxious feeling	other perceptual anomalies	well being and happiness
Examples (Type of drug)	Caffine, nicotine, cocaine	Alcohol, opioids	LSD Lysergic acid diethylamide	amphetamine

EFFECTS OF SUBSTANCE USE DISORDER

Drug addiction has multilevel and multidimensional effects.

A. Effects on user

It has multidimensional effects:

1. Physical/physiological effects- There may be short term as well as long term effects such as —Elevated body temperature, Rapid heart rate, Increased blood pressure, Insomnia, slurred speech, abnormal appetite, uncoordinated movements. There are also long term effects which includes- vital organ (kidney, liver) damages, various forms of cancer, infertility, sexual dysfunction, cardiovascular problem.
2. Mental/psychological effects- Difficulty in concentrating, irritability, aggression, hallucinations. In long term user may encounter cognitive decline, memory loss, paranoia, depression, psychosis.
3. Social effects- User practices various emotional abuses, which results in strain in social relationship.

B. Effects on family

Not only user it has equally devastating effects on family. These include-

1. Impact on children- Child get ignored. There is correlation between addiction and an increased risk of child abuse.
2. Loss of trust- Addicts practice deceit which results strained relationship. Don't fulfill promises. **Children** have hard time in forming bond with other as they don't know how to trust. This loss of trust end up in broken marriages and dysfunctional children.
3. Financial problems – Substance abuser usually end up in losing his job. Money for the household gets spent on drugs, the family members struggle to sustain themselves.
4. Physical and emotional abuse-

C. Effects on society

The impact on community are wide ranging.

1. Spiral crime graph
2. Generation issue- studies show that most of children who are neglected come from drug abuser homes.
3. Health care and economic burden.

PREVALENCE EXTENT AND PATTERN

‘National Survey on Extent and Pattern of Substance use in India’ provides the research based data. In this survey a standard and validated tool WHO ASSIST (Alcohol Smoking and Substance Involving Screening Test) was used. This survey provides reliable and detailed information.

This survey indicates that there are wide variation in extent and prevalence of substance use across different states and between different substance.

- Alcohol is most common psychoactive substance used in India. 14.6% of population which turns about 16 cr. people are alcohol user. States with highest prevalence of alcohol are Chhatisgarh, Tripura, Punjab.
- After alcohol, cannabis is the most commonly used substance. 2.8% of population i.e 3.1 cr (approximate) people are involved in cannabis consumption. It includes legal variant bhang and illicit variant ganja and charas.
- Nearly following the cannabis use is opioids which includes opium and its variants like poppy husk, heroin.
- In comparison to global trend, WHO reports that about half the global population is current

SOME RELEVANT TERMS NEED TO BE UNDERSTOOD TO COMPREHEND THE DATA

- **Current use**
Current use of any substance is use (even once) in last twelve months.
- **Harmful use**
Harmful use is current use of substance along with scores on WHO ASSIST (Alcohol Smoking and Substance Involving Screening Test) between 4 and 26 (between 11 and 26 for alcohol) and experiencing any harmful consequences of substance use within last three months.
- **Dependence**
Dependence is current use of substance along with score on WHO ASSIST more than 26

user of alcohol. In comparison India has much lower prevalence. However on same hand 5.2% of Indian use alcohol in a harmful/dependent way which equals to global estimate on this pattern.

- Estimated prevalence of opioid use in India is higher than the global average.

Table-1.2 Preview of prevalence pattern for common psychoactive substance in Haryana State vis a vis National pattern

Type of psychoactive substance	Current use at National level	Current use in Haryana	Dependence at national level	Dependence level in Haryana
Alcohol	14.6%	21.6%	2.7 %	2.7%
Cannabis	2.83	6.43	0.25	0.57
Opioids	2.06	8.68	0.26	1.12
Sedative	1.08	2.78	0.11	0.28
Inhalants	0.70	2.63	.08	.29

CONTRIBUTION AT SCHOOL LEVEL IN DEALING THE DRUG ABUSE

There are two main areas of focus at school level which contribute towards preventing and dealing spread of Substance Use Disorder.

1. Role of School leader in understanding the dimensions and dynamics of SUD in scientific perspective.
2. In background of above understanding, school leader needs to design preventive strategies to deal with the SUD threat.

Preventive interventions are strategies and processes that reduce, delay or eliminate the probability of developing SUD.

Preventive strategies to be effective, need to be based on scientific knowledge, which must cover the evidence based understanding about:

- Prevalence of drug use in target population
- The age of first use
- Determinants of drug use.
- Theoretical view of intervention component that may change the behaviour.

Since risk factors are present years before use begins, prevention activities need to start in elementary school level. This further needs to be periodically reinforced as students grow and encounter new and social situation and pressure.

Care must be taken to avoid oversaturating students with programmes.

Prevention strategies may be:

Universal- approaches designed for entire school without regard to individual risk factor

Selective-Strategies are targeted to one or more subgroup, determined to be at risk of drug abuse

Indicated-Aimed at individual showing signs of SUD.

MISCONCEPTIONS REGARDING SUBSTANCE USE DISORDER

There is prime need to clear some misconceptions, so that evidence based scientific program can be implemented effectively.

1. Substance abuse is a choice or a character flow

A person makes a choice to use an psychoactive substance for the first time. Over time drugs change the brain in ways that transform substance use from choice to compulsive need despite harmful consequences. It becomes medical disorder

2. Substance abusers don't require treatment; they just need to try harder to quit

Just as dependence isn't a choice quitting isn't either. In addition to willpower, process involves more than just detoxification from substance involved. Treatment include counselling, group therapy and medication.

3. Treatment doesn't work

reatment cuts substance abuse an average of 40 to 60%. Contrary to belief a relapse doesn't mean failed treatment. It is step on way of recovery and person need another kind of new approach.

4. Addicts can stop anytime

Quitting isn't nearly as easy as it sounds. It is easy to quit habits, but with addiction, there are issues like dependence. Drug withdrawal is not easy. It can lead to serious and life threatening complications.

5. Snuff and chewing tobacco are safe as they are smokeless

Smokless tobacco can cause mouth and throat cancer,high blood pressure and dental problem.

6. Drugs relive stress

They help to deal with problem. Drugs only make people forget the problem. When drug wears off, the original problem is still there. further there may be addition of major problem in form of drug addiction.

SIGNIFICANCE OF SCHOOL ENVIRONMENT IN PREVENTION OF SUD

Young people spend more quality time in school environment, thus school environment is the key factor influencing the development of child. Since experimental stage of SUD is before 19 years, schools are the primary institution with access to this age group. Hence positive relationship with school, which create greater sense of community attachment and performance, is associated with reduced potential for drug abuse. This underlines the role of School leader in shaping the school environment which ensures the reduction of risk factors.

Many factors have been identified that can be differentiated:

Risk Factors

Factors that have greater potential for drug abuse-include academic failure, family dysfunction, and drugs availability

Protective Factor

These are characteristics that are associated with reduced potential for drug abuse or lower the impact of risk factors. Family and community support, improvement of schooling and education on drugs, high self-esteem, peer factors.

Thus role of school leader lies in strengthening protective factors and reducing risk factors.

Risk and protective factor are the primary target of effective prevention programme.

PREVENTION STRATEGIES AND ROLE OF SCHOOL LEADER

Research has demonstrated that best prevention strategies are those which are based on scientific evidence and which involve working with families, school and communities. The most common prevention strategy has been the education, which is compatible to school goal.

School Leader as Family School Partnership Interventionist

Family is primary institution in child's learning cycle. Hence parents need to be educated to develop an environment at home in a way to reduce risk factors and enhance protective factors.

Some important activities-

1. Teachers are to be trained to use PTM as platform to educate the parents about specific skills which include:
 - Communicate with children openly about the dangers of drugs
 - Know the friends of your child.
 - Warn about peer pressure and way to handle it.

- Model good behaviour as socialisation process starts from parents.
 - Parents need to be desist from involving in substance use in front of their children
 - Create a positive environment through involvement. Motivate children to ensure they have positive self-image.
 - Parents must have knowledge about drugs- how they look like, how they are consumed.
 - Parents must know about basic symptoms of drug abuser.
 - Monitor the activities of their children.
2. Education through cultural events- Parents should be invited on cultural events where Drug abuse is highlighted.
 3. Regular events for counselling- Some experts of the field should be invited at regular interval of time where parents should be addressed about this menace. This not only provide the credible information and skills but also help to reinforce the significance of subject.
 4. Direct intervention- In case some deviant behaviour is observed, student must be monitored. If confirmed case of drug abuse is found, school leader must take lead to talk to parents and must advise the corrective measures.

School Leader as Environment Creator

School is an influential socialising agent in child's development path. Thus school leader must strive to ensure the school environment which work for reduction in risk factor and enhancement of protective factor. This is all more important in rural areas where families are uneducated and

Some of the prominent NGO in the field of drug abuse are

- All India Women conference
- Calcutta Samaritans
- Drug abuse, information, rehabilitation and research centre.
- Indian council of Education
- Indian Institute of Youth and Development
- KRIPA foundation
- National Addiction Research Centre
- Nav Chetna Drug De-addiction cum Counselling Centre
- Nav Jyoti DPFCDR – Delhi Police Foundation
- OPM De-addiction treatment, training and research institute
- Total response to alcohol and drug abuse.
- Vivekanand Educational Society.
- Under the scheme services run by Haryana government includes –
 - 10 numbers of exclusive De-addiction centres
 - 1 exclusive counselling centre
 - 2 De-addiction cum counselling centres

not able to guide the young one in desired way. Hence environment should make student feel they are not alone in facing challenges and there are variety of healthy ways in confronting them.

The various actions which contribute for healthy environment:

1. Training the trainer – Teachers need to be developed as trainer which help the children on following points.
 - Teacher must develop tolerance so that children can communicate their thoughts.
 - Instil confidence in children by encouraging them to accept themselves
 - Pupils must be trained on refusal skills by letting them understand that it is fine to say no.
 - Help build a child's self esteem
2. Providing opportunities for expression of creativity: There is ample scope where children can express their creativity:
 - Organising art contest for children on Drug Prevention
 - Slogan competition to prevent drug abuse.
 - Highlighting sports as healthy choice for children
 - Organising drama/role play on this theme.
 - Sharing knowledge gained with interactive activities.
 - Organise quiz competition to enhance awareness among students about SUD.
3. Developing skills in school faculty and staff to identify the drug abuser: _There are clear signs which can help to identify the student with SUD. However these needs to be reconfirmed before coming to conclusion whether a child is drug abuser. These warning signs are:
 - Emotional signs-Mood swings, anger for no reason, loss of interest in school activities, playing truant, short attention span.
 - Physical signs- Red eyes, tendency to fall asleep, slurred speech, neglect of personal hygiene and general appearance, trembling and uncoordinated movements.
4. Teaching children about drugs: At various platforms such as assembly, curricular activity periods students need to be taught about drugs:
 - What are drugs
 - What is addiction
 - What are causes and impact of drubs

ACTIVITY

- Write some identification of drug addict person

- List the characteristics of child with Substance Use Disorder

- List the behaviour of peer group using drug. (as per your observation)

- Types of drugs

SCHOOL LEADER AS COORDINATOR WITH OTHER SOCIAL AND LEGAL INSTITUTIONS

Various other institutions has leading role in determining the success of SUD prevention programme. School leader is window through which experiences, authority and competencies of these institutions can be used for perfect implementation of preventive strategies.

Some important areas of coordination are:

- Build effective relationship with community
- Involve parents, community and law enforcing agencies in planning
- Invite NGOs working in this field to share their experiences
- Liaising with local law enforcing agencies to counter threat of criminals or drug peddlers.
- Organise training of school personnel with professional institutions.
- Promote Non-Drug use message at school and community.
- Develop community circle with participation of active citizens.

SOME LEGAL ASPECTS IN INDIA

To curb the menace of Substance Use Disorder, stringent measures have been taken in various enactment.

1. NDPS Act 1985

Narcotic Drugs and Psychotropic Substance Act (1985). Narcotic Control Bureau is chief law enforcement agency of India. It was created in 1986 to enable the full implementation of

Narcotic Drugs and Psychotropic Substance Act (1985). It views drug abuse offence very seriously and prescribes stiff penalties. Act prescribes the punishment procedures for contravention in relation opioids under section 18 and in relation to cannabis under section 20, the most commonly available psychotropic substances. Under section 18 & 20 production, manufacture, possession, selling etc. of these substances in contravention to lay down procedures is punishable.

2. **Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substance Act (1988)**

It is an Act that provides for issue of preventive Detention Orders against any person with a view to prevent him from engaging in illicit traffic in narcotic drugs and psychotropic. Substance. Trafficking and abuse of Narcotic Drugs and Psychotropic Substances has, over years, reached alarming proportions in some parts of the country. It is important that all State governments and the Central Government use all available legal provisions to curb this menace. One very potent law which has been extremity under-utilised is the PITNDPS Act.

3. **Juvenile Justice (Care and Protection of children) Act, 2015**

Exposure of children to drugs has been dealt under **Juvenile Justice (Care and Protection of children) Act, 2015**. It has different provision for children in conflict with law and children in need of care and protection. It provides for stringent measures to deal with the spread of drug abuse among children. Section 77 of JJ act 2015, deals with provisions of penalty for giving intoxicating liquor, narcotic drug or psychotropic substance to a child. The punishment is rigorous imprisonment which may extend up to seven years and also fine which may extend up to one lakh rupees.

SOME INITIATIVES AT GOVERNMENT LEVEL

• **Scheme for Prevention of Alcoholism and Substance (Drug) abuse**

Government is of view that substance abuse is a psycho social medical problem, which demands community based intervention. Ministry of Social Justice and Empowerment acknowledged that implementation of programmes for De-addiction and rehabilitation of drug addicts require sustained and committed efforts. This needs great degree of flexibility and innovations, which could be delivered effectively through the voluntary sector. Thus it recognise the role of NGOs and strategize accordingly. Scheme for prevention of Alcoholism and Substance (drug) abuse and Social Defence services is

flagship scheme of Ministry in the field of drug demand reduction. This scheme has two parts:

1. Assistance to voluntary organisations for prevention of Alcoholism and Drug Abuse- Financial assistance up to 90 % of the approved expenditure is given to voluntary organization for setting up/running

- Integrated Rehabilitation centres for addiction (IRCA)
- Regional resource and Training Centre (RRTC)
- Holding awareness camps
- Workplace prevention programme

2. Financial assistance in field of social defence: The scheme of General Grant in aid program for financing social defence to meet urgent needs which cannot be met under regular scheme.

- **Seizure Information Management System (SIMS)**

MHA has launched an e-portal called SIMS (Seizure Information Management System) in 2019 for digitilisation of pan-India data.

- **National Drug dependence Treatment Centre (NDDTC)**

AIIMS New Delhi is the apex centre for treatment of SUD. It is involved in assessment of extent and prevalence pattern of Drug Abuse, providing clinical care, capacity building activities and research.

- **National Survey on Extent and Pattern of Substance Use in India**

National Survey on Extent and Pattern of Substance Use in India was conducted by NDDTC. This is historical effort to document substance use from all States and UTs of India.

- **Nasha Mukt Bharat Abhiyan (NMBA)**

Nasha Mukt Bharat Abhiyan (NMBA) is ambitious project for 272 districts across 32 states and UTs those have been identified as most vulnerable in terms of drug usage as per National Survey. On 26th June, 2021, the International Day against Drug Abuse and Illicit Trafficking, website for NMBA was launched.

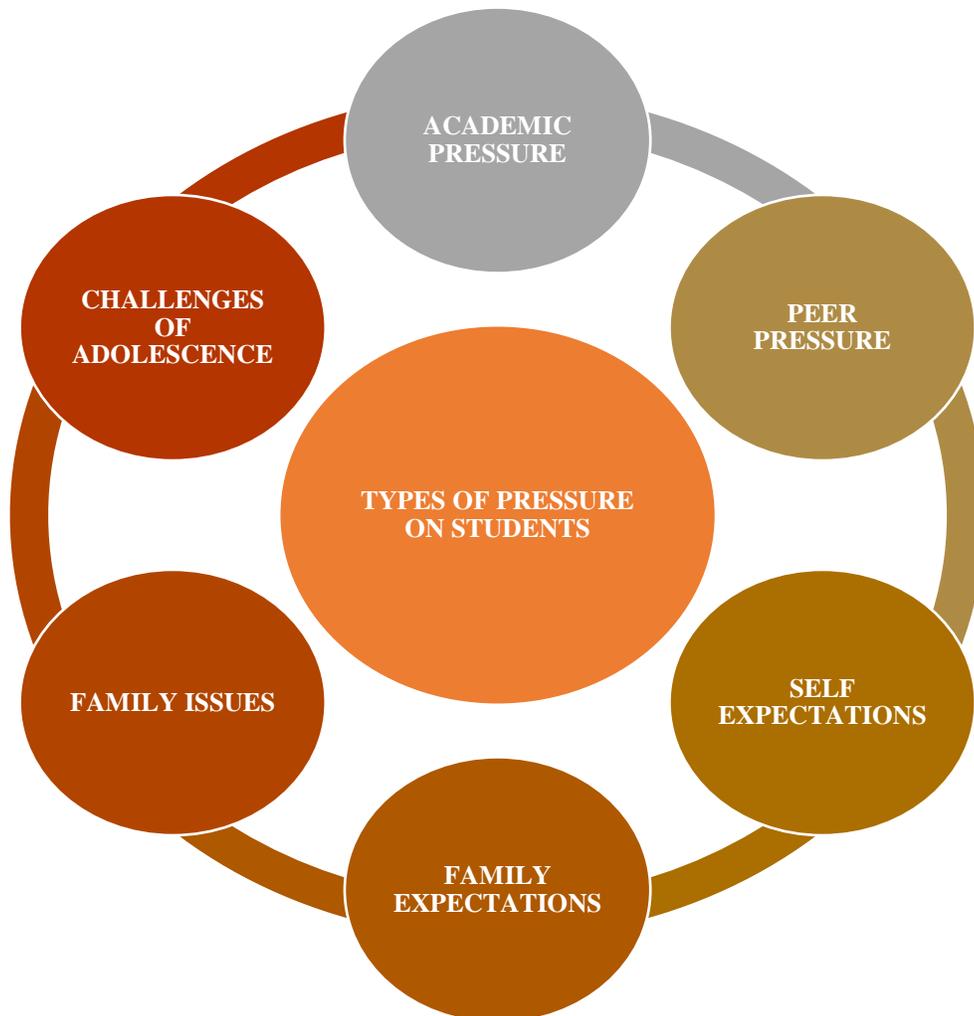
WHAT A SCHOOL LEADER CAN DO TO DEAL WITH SUD

School is the key institution in socialization of child. School has access to age group of child which is experimental age for menance of drug abuse. Hence school leader needs to design the programs which keep the school environment in order to reduce the risk factors and enhance the preventive factors.

Some easily accesible and practical programs are shared:

1. Life skill training: Social pressure of various types are major causative factors for drug abuse.
2. Peer pressure and school work stress are main listed .

Thus school leader needs to design the programs which make the child able to cope with pressure. the abilities for adaptive and positive behaviour that enables child to cope with these challenges are - LIFE SKILLS.



The core life skills are:

- (i) Thinking skills – self awareness, decision making
 - (ii) Social skills – Communicating effectively
 - (iii) Negotiating skills – Managing feelings / peer pressure, resisting peer pressure
3. Activity based learning – Scientifically it has been proved that we remember
- 10% what we read
 - 20% what we hear
 - 30% what we see
 - 50% what we see and hear
 - 70% what we see, hear and discuss
 - 90% what we see, hear, discuss and practice

SKILL TO COPE UP WITH SUD

- Explore Alternatives
- Calculate Positive and Negative
- Making Rational Decision
- Effective Decision making
- Learn the Art to Say NO
- Exploring Alternative

Going by this scientific approach, issues needs to be highlighted through ACTIVE

INVOLVEMENT OF CHILDREN

Some important tools are:

- a. QUIZ competition
 - b. GROUP DISCUSSION
 - c. NUKKAD NATAK
4. Strengthening Family program – It is a parent and family skills training program designed to serve families with children age 6-11. It is designed to serve general population and at risk families. At risk families include parents experiencing substance use issues and child behavioural problem.
- It is multifamily group sessions.
 - Before each session, families and group leader have a sit down meal together.
 - Group leader provides support, guidance and get to know families on a personal level.
 - Each session has three components,
 - parent skill training
 - children's skill training

- family skill training.

Parent and children meet separately for parent skill training and children skill training, In second half of session parents and children meet together for family skill training.

These skill trainings help to:

- (i) Increase family bonding
- (ii) Increase parental involvement
- (iii) Increase positive communication
- (iv) Decrease family conflicts
- (v) Decrease child depression

5. Community mobilisation – Through this tool village leaders, health workers and local administrators are involved and motivated to organize and take action in order to deal with SUD menace in area. This helps to influence social change and individual behaviour. The people are motivated to participate actively in bringing change. Support of some experts is very beneficial. Key steps include:

- Create awareness about SUD
- Motivate the influencers through organising activities which bring all actors together.
- Share information and communicate clearly

School leaders need to spend time in listening to the community. This helps to build partnership between school and community. This helps to learn about the community from the community regarding their beliefs, values, tradition and attitude towards SUD

Based on these informations, prevention and control methods may be designed to work with community.

6. Using tools to influence state policies:

School leaders through community mobilisation and other platforms influence the local policies to ensure:

- Parent skill training : Teach parents how to promote positive child behaviour by using rewards, setting limits and effective communication.
- Child skill training – Teach children social, communication, refusal, problem solving and coping skills.
- Family skill training – Families participate in activities based on skills. They have learned in parent and child skill training sessions.

- (i) Reduce the days and hours of alcohol sale
- (ii) More strict policies for alcohol sale
- (iii) Raising the minimum legal drinking age
- (iv) Reduce alcohol promotion

CONCLUSION

Teenagers and adolescents are part of the population that are at risk of substance abuse. The major reason is; individuals in this age are impressionable. This makes them vulnerable to outside influence. Children are exposed to various stressors and pressure. It needs proper life skill training to prevent their direction towards drug abuse. Schools are primary institutions who have access to this age. Hence schools are the vital institute which can ensure the creation of social environment which works toward reduction of risk factors and developing the preventive factors. School leader must use their potential to mobilise all important social factors to ensure shielding of children from this menace.

REFERENCES & SUGGESTED READINGS

<https://brookdalerecovery.com/7-stages-of-addiction/>

<https://mountainviewrecoveryco.com/resources/stages-of-addiction/>

Image of symptoms SUD

<https://www.google.com/search?tbs=sbi:AMhZZiuJG3OI24iDASO-3srSF3QY3NoHw-VXT9dvdUxbi7CElSc8s8Iz4GdFsp->

[bxiaFIJRoataTUXy3H3xq5s_10OSCYERY4qzxTcSLkLDrLavOjfpX2KHsncVAtlOw0tZ19oLk6-gFfAzBHikyMxzJFTHwj_122Q](https://www.google.com/search?tbs=sbi:AMhZZiuJG3OI24iDASO-3srSF3QY3NoHw-VXT9dvdUxbi7CElSc8s8Iz4GdFsp-bxiAFIJRoataTUXy3H3xq5s_10OSCYERY4qzxTcSLkLDrLavOjfpX2KHsncVAtlOw0tZ19oLk6-gFfAzBHikyMxzJFTHwj_122Q)

Image of drugs

https://www.google.com/search?tbs=simg:CAQSgAEafgsQsIynCBpiCmAIAxIo8AnXCdUI8gnuA_14T0wn7E8UJygmPJ54nnCedJ_1w9nyf6Pfe0-

[jT7PRowGsw3oQMBRFB3HmPKja8NRzbDvUVCyROLtU3OHK870qgnkvh_1RJULgGtNgRLXO42IIAQMCxCORv4IGgoKCAgBEgTr8xaqDA&sxsrf=ALiCzsZDgst4Ai6idG-](https://www.google.com/search?tbs=simg:CAQSgAEafgsQsIynCBpiCmAIAxIo8AnXCdUI8gnuA_14T0wn7E8UJygmPJ54nnCedJ_1w9nyf6Pfe0-jT7PRowGsw3oQMBRFB3HmPKja8NRzbDvUVCyROLtU3OHK870qgnkvh_1RJULgGtNgRLXO42IIAQMCxCORv4IGgoKCAgBEgTr8xaqDA&sxsrf=ALiCzsZDgst4Ai6idG-)

[NIP8JtBQfw2ibig:1664779829048&q=all+drugs&tbs=isch&sa=X&ved=2ahUKEwj_vtuSvMP6AhUL6nMBHQemB8wQ2A4oAHoECAEQOQ&biw=1366&bih=568&dpr=1](https://www.google.com/search?tbs=simg:CAQSgAEafgsQsIynCBpiCmAIAxIo8AnXCdUI8gnuA_14T0wn7E8UJygmPJ54nnCedJ_1w9nyf6Pfe0-jT7PRowGsw3oQMBRFB3HmPKja8NRzbDvUVCyROLtU3OHK870qgnkvh_1RJULgGtNgRLXO42IIAQMCxCORv4IGgoKCAgBEgTr8xaqDA&sxsrf=ALiCzsZDgst4Ai6idG-NIP8JtBQfw2ibig:1664779829048&q=all+drugs&tbs=simg:CAQSgAEafgsQsIynCBpiCmAIAxIo8AnXCdUI8gnuA_14T0wn7E8UJygmPJ54nnCedJ_1w9nyf6Pfe0-NIP8JtBQfw2ibig:1664779829048&q=all+drugs&tbs=isch&sa=X&ved=2ahUKEwj_vtuSvMP6AhUL6nMBHQemB8wQ2A4oAHoECAEQOQ&biw=1366&bih=568&dpr=1)

Prepared by
Ms. Neeta Nagpal
Principal
AMSSS
Sirsa, Haryana

Edited and formatted by
Dr. Rajni Kumari
Consultant
SLA, SCERT
Haryana



*** Ms. Neeta Nagpal is Principal in Arohi Model Senior Secondary School, Kaluana, Block Dabwali, District Sirsa, Haryana. She has 19 years of teaching experience. She is serving as a principal since 2013 and having 8 years of experience of school leadership. She is Post Graduate in Education, Computer Science and Computer Application. She has been awarded for best academic performance by local administration. She has keen interest in quality education programmes. She is actively associated with local NGOs working in the field of education.**