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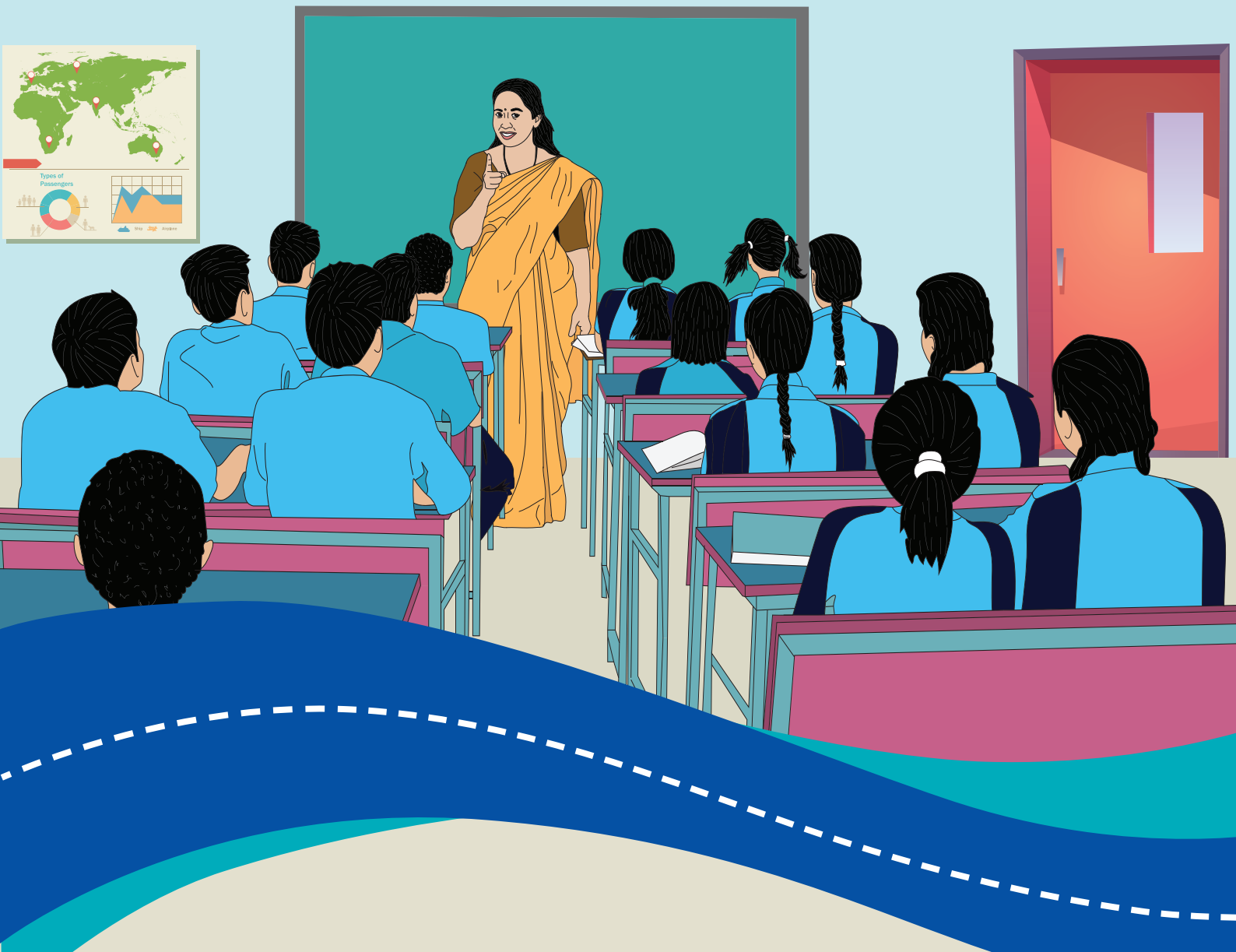


NAVCHETNA

A New Consciousness on Life Skills
and Drug Education for School Children

TRAINING AND RESOURCE MODULES

MIDDLE STAGE: GRADES VITH, VIITH AND VIIITH



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Life Skills and Drug Education
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GOVERNMENT OF INDIA



Message

The Ministry of Social Justice and Empowerment, in collaboration with the Ministry of Education takes great pleasure in presenting “NAVCHETNA: A New Consciousness on Life Skills and Drug Education for School Children” A Teacher- Trainer Resource Module. NAVCHETNA as a training module provides an opportunity for school children to learn relevant and appropriately aged life skills, improve drug education knowledge and skills, identify the risks associated with drug use, and to make safer decisions for better health.

Aside from the already high cost to the social fabric, public health and economy, the use of alcohol, tobacco, and illicit drugs has come to represent yet another danger for our country over recent years. Drug use among the youth has been rising all over the world, including India. The adverse consequences of drug use impact upon academic, social psychological, economical and physiological development of people using drugs. For many families with drug using children, there can be sense of despair. There is strong evidence that drug use among the youth is influenced by peer pressure, curiosity and experimentation, as well as the accessibility and availability of drugs (both legal and illegal) in society.

The need for life skills and a school-based drug education program arises because the majority of children spend many hour at school for most days of the week. Many children, though not exclusively, who are in most need of help commonly lack the required support system at home due to their poor socio-economic backgrounds. Under these circumstances the State, and the school environment are ideally placed to provide credible and scientific information to impart the benefits of a life skills and drug education program. The role of school counsellors (when available), teachers and the general school administration can play a crucial role to mitigate the harms that can arise from drug use. School are best placed to offer meaningful, evidence-based drug education information that can contribute towards the development of skills and attitudes that can help young people to make safe choices in their life.

I am confident that the modules found within NAVCHETNA will help minimize substance use among children and prevent their experimentation with substances. I extend my sincere thanks to all the officials/personnel involved in this mammoth exercise of reaching to more than 1 million teachers and 50 million students in the next 2 years. I acknowledge the tireless efforts of everybody in developing these modules, pre-testing the educational materials with teachers and students, as well as their production of a series of teaching supporting aid videos of each module.

(Dr. Virendra Kumar)

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FOREWORD

The Navchetna Modules would mark a milestone in the fight against substance use disorders. These modules are meant to equip the teacher to identify drug abuse, and take timely action in saving the students from becoming victims of drugs.

The problem of substance abuse has assumed menacing proportions and is fast making inroads into the schools and colleges. Unless every teacher and the parent come together in fighting this, it will have long term adverse impacts on the future of the children and also the country.

Under "NashaMukt Bharat Abhiyan", the NAVCHETNA training package will be disseminated and implemented by teachers with the aim to increase awareness and education on life skills and drugs among students in schools in India. The key objectives include, delay in the initiation of substance use among school children, provide linkage support for children in drug use for further screening, counseling support and treatment, provide support to families and teachers on early signs of drug use among children, and provide more information on support that is available. Further strengthening the reach and impact of NAVCHETNA, the training materials will also be translated into 12 regional languages of India. As a teacher support aid, each module will be available as a video to be located on the DIKSHA portal.

I would like to congratulate the team at Society for the Promotion of Youth and Masses (SPYM) for developing, pre-testing, and guiding the production of videos of each module. I would like to acknowledge Mr. Gary Reidand, Ms. Kalyani from SPYM for their substantial contributions as authors of the NAVCHETNA training package.

SAURABH GARG



सत्यमेव जयते



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शिक्षा मंत्रालय
स्कूल शिक्षा और साक्षरता विभाग
Government of India
Ministry of Education
Department of School Education & Literacy

18th May, 2023



MESSAGE

The National Education Policy 2020 has laid emphasis on taking up curriculum and pedagogical initiatives for promoting holistic health, nutrition, physical education, fitness and wellness etc. among the students. Para 8.1 of NEP 2020 specifically states that “careful attention must be paid to their safety and rights, and various difficult issues faced by adolescents, such as substance or drug abuse”. This requires concerted efforts for promoting healthy lifestyle among the students and a sustained campaign against substance abuse amongst school children. The school teachers play a key role in translating the above objective of NEP into action.

The Navchetna Modules have been designed in order to train the school teachers in early identification of substance abuse among the children and to take suitable counselling and rectification actions. These modules would be available as video modules for self-learning to all the teachers through the DIKSHA portal.

I expect all the State/UT School Education Departments, SCERTs, DIETs and the teachers to make use of these modules and implement the same in all the schools for the larger good of the students and for an empowered India.


(SANJAY KUMAR)

PREFACE



With a large share in the world youth population, India is blessed with the demographic dividend which is expected to peak in 2030 when 32% of the world youth population would be from India. It becomes imperative to provide them with the best opportunities which guarantee their growth and engage them in constructive activities that will be beneficial for them as well as play an important role in nation building.

Substance use is one such area where it is necessary to educate and inform the young generation of the country and equip them to make better life choices. The 'Magnitude of Substance Use in India', the first ever Comprehensive National Level Survey conducted by Ministry of Social Justice & Empowerment on the extent and pattern of Substance use in India highlighted the prevalence of substance use in Children.




Prevention has been gaining traction as the best strategy to combat substance use over the world. The inclusion of schools, where children spent most of their growing years, is essential in this prevention strategy. Involvement of teachers, peers and parents who can instil a sense of right amongst children and engage them in meaningful activities done through school-based interventions is the need of the hour.

The Ministry of Social Justice & Empowerment is glad to present the NAVCHETNA Modules. These teachers training modules are tailored to provide and instill life skills in children studying in classes 6th – 11th and educate them on topics related to substance use, dependence and coping strategies. Recognizing the important role teachers play in the education of children, they have been given the stupendous responsibility of imparting these modules to the children and equip them to handle negative influences and create a positive environment in the school.

I am sure that the prepared modules will be helpful in educating children and young adults on substance use and the harmful effects associated with it. Over the next two years, the Ministry of Social Justice & Empowerment has set the goal to reach out to over 10 lakh teachers and 2.4 Crore students across the country and I am hopeful that Navchetna Modules are of immense help in creating awareness and play a vital role in equipping the children with necessary life skills to make balanced decisions and develop as healthy and productive individuals. My congratulations also go out to Society for the Promotions of Youth & Masses (SPYM) team for developing these modules and assisting the Ministry in its efforts to combat substance use.

Radhika Chakravarthy
Joint Secretary (SD)
MoSJE

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OVERVIEW FOR TEACHERS



BACKGROUND

The Ministry of Social Justice and Empowerment (MoSJE), Government of India, in collaboration with the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi, released the report 'Magnitude of Substance Use in India' following the National Survey on Extent and Pattern of Substance Use in India (2019). The report found that India has 16 crore alcohol users of which 5.7 crore Indians need help to overcome alcohol use disorders. For cannabis use, it is 3.1 crore users, of which 72 lakh users are in problem and 25 lakh are dependent users (those in need of treatment). For users of opioids the number is estimated to be 2.3 crore, of which 77 lakh users are in problem and 28 lakh are dependent users. Among some of the other drugs reported, an estimated 77 lakh were found to be users of volatile/inhalant substances, of which 8.5 lakh were dependent users; up to half the estimate are children in need of help for volatile/inhalant use. Collectively, it is estimated that at least 7.5 crore people need help for alcohol, cannabis and opioid use disorder¹.

The reasons for the substantial increase in drug use in recent times are likely to be associated with increased disposable income, internal migration, rising urbanisation and greater pressures placed upon family structures. A topic that has gained increasing prominence throughout India has been the rise of drug use among children and adolescents, and that the age of initiation drug use is decreasing.

¹ Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK on behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment (MSJE), Government of India.

Prevention of drug use and providing help and support to people affected by drug use is one of the key mandates of the MSJE, and a range of responses are being implemented following the release of the report 'Magnitude of Substance Use in India'. Training packages for adults have been developed and are in use but they are not appropriate to match the specific needs of teachers to educate school children to link strengthening of life skills with the inclusion on drug use issues. With this understanding, there is a need to address this educational gap and develop a training module titled 'Navchetna' targeted towards Middle Stage school children of Grades VIth, VIIth and VIIIth, age group 11—13 years. This training module is developed by Society for Promotion of Youth and Masses (SPYM) in consultation and with inputs by MSJE. This training module provides an opportunity to teachers to teach school children to learn relevant and appropriate life skills, improve drug education knowledge and skills, identify the risks associated with drug use, and to make safer decisions for better health.

INTRODUCTION

This section of the training module 'Navchetna', provides important background material for teachers to better understand the value of specific life skills and education about drugs, before it is delivered to school children.

The World Health Organization (WHO) defines life skills as 'the abilities for adaptive (flexible) and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life'.² Globally, there is a growing demand to educate children (child under 18 years) and adolescents (aged between 10 — 19 years) with life skills to help them deal with their day-to day life challenges and transition into adulthood with informed healthy choices. These healthy choices can range from issues of nutrition, hygiene, various social issues and pressures, as well as effective decision-making regarding tobacco, alcohol and any other drug use. The adolescent years are formative and impressionable and it is a period when substantial physical, psychological and behavioral changes take place. This module addresses some areas for the promotion of health and well-being of adolescents and school children.

This training module also highlights some factors crucial for creating awareness and prevention about drugs—emphasis is given on meaningful approaches to enhance the educational process of evidence-based principles of a school drug education programme. This training module aims to develop teachers, awareness of the possible harmful effects of various drugs, to enable students to acquire skills needed to help students to make informed decisions and to better manage drug-related situations.

² World Health Organization (WHO). 1997. Life skills education in schools (revised version). Geneva, Switzerland, WHO - Program on Mental Health.

This training module has three self-contained sessions and has been designed for the teachers to transact activities for the students of age group 11 — 13 years. The content of each session is designed to be delivered in 60 minutes.

The content of this module aims to support and expand teacher, knowledge, understanding, and attitudes in relation to their own health, safety and well-being as they continue to grow. It is understandable that schools and teachers will like to prevent drug-use behaviour among children following the process of imparting knowledge. However, evidence has shown that risk factors and changing behaviours are largely out of control of the child, and commonly determined by factors beyond the influence of the school. For example, no child chooses to be neglected by their parents or selecting to live in an area where communities suffer from widespread social and economic disharmony that may place a child at risk or increase their vulnerability to alcohol and other drugs. Therefore, evidence-based prevention programmes should address the underlying causes that can lead to drug use among children and adolescents.

This training module comprises of three individual sessions of which two are specifically about life skills, and the last session about widely used drugs in the community—tobacco, alcohol and volatile/inhalant substances. Each session in this module has been designed to be delivered over 60 minutes. It is highly recommended to teach the life skill sessions first, followed by the topic on drugs.

Information about drugs should not be delivered to school children only as a one-off session on an annual basis. It would be more meaningful to school children, if this training module is implemented as part of their life-skill development, and as a topic with relevance to their world in which they live, study and play. To ensure the sessions are attractive and interesting for the children, a range of activities, games and quiz are integrated within this training module and are encouraged to be used as part of the educational process. The training module has been structured in a way to be as interactive as possible in order for the students to actively engage with the various topics in a meaningful way.

Education on drugs is to be frequently repeated for school children from Grades VIth—VIIIth. This is done on the understanding that as children and adolescents grow older, life experiences will broaden, and direct contact with an environment in which drugs are used (legal and illegal) is possible. Taking this into consideration, emphasis on the learning benefits of receiving ongoing evidence-based education about drugs will remain relevant as school children mature into adulthood.

BACKGROUND INFORMATION FOR TEACHERS

This training module is not a fully comprehensive life-skill training package and drug prevention programme. The focus of this training module is to raise awareness of health and safety, and issues of drug use. This module should be seen as a first step to initiate life skills and a drug prevention programme in general.

WHAT ARE LIFE SKILLS?

Life skills education assists individuals to gain appropriate knowledge on risk taking behaviours and in the process helps to develop various core skills as follows: decision making; problem solving; creative thinking; critical thinking; effective communication; interpersonal relationship skills; self-awareness; empathy; coping with emotions and coping with stress.³ Life-skills programmes aims to develop abilities and motivation among children and adolescents to make use of the information they receive through a variety of forms that are interactive, use of role plays, games, group discussions and other teaching techniques to ensure students are engaged with the sessions. Schools are well placed to play an important role in equipping children with knowledge, attitudes and skills for healthy and safe living.

WHAT IS DRUG EDUCATION IN SCHOOL?

Drug education in school is not just focused about the delivery of information to increase students' knowledge and understanding but can also contribute towards the development of skills and attitudes that can help young people to make safer choices in their life. The most effective school drug education programmes are those that are evidence-based and have a clear understanding of the factors that contribute towards experimental and recreational use that may lead towards problematic drug use or drug dependency. School drug education adopts strategies that help to raise awareness of widely used drugs. Knowledge of drugs and the consequences of drug use are not enough to change behaviours of school children. But it could be a useful first step in helping children to make healthy choices and seek help when it is necessary.

School drug education adopts strategies that help to raise awareness of widely used drugs with the goal to hopefully prevent use or at least minimise associated harms that can arise from using illegal (such as cannabis) and/or legal drugs (such as alcohol and tobacco). The information contained in this school education module can have added value as it can also be shared by the trained teacher to other members of the local adult community, where misunderstanding or misinformation about

³ Rajapati, Ravindra & Sharma, Bosky & Sharma, Dharmendra. (2016). Significance Of Life Skills Education. Contemporary Issues in Education Research (CIER). 10. 1. 10.19030/cierv10i1.9875.

drugs in general can be common.

The information on drug use issues found in the training module Navchetna has broad-ranging appeal and can be taught by a school teacher trained in the area of drug use issues to diverse community members, parents, appropriate family members of the child, businesses and religious leaders as part of adult learning practices. Imparting factual information about drug use issues found in the training module can be conducted formally (such as in a community hall or religious setting) or informally on the streets, offices or inside a residence.

WHAT IS THE ROLE OF SCHOOLS IN DRUG PREVENTION AND AWARENESS?

Even though the session on drug use in this module is not strictly a drug prevention programme, the following section examines aspects of drug prevention and awareness in school settings. Schools that wish to use this approach in developing future programmes for their school curriculum in the future can do so.

The current focus for drug prevention has been focused on building or strengthening the protective factors that make drug use or other unhealthy or negative behaviours more likely. The response of the school can be done through the following:

- Addressing the risk factors that can lead or contribute towards those behaviours.
- Building resilience of young people to cope with the pressures and challenges they face.
- Developing the personal and social competence of young people and their life skills.
- Understanding the influences of drugs upon young people.
- Exploring attitudes and values of young people.
- Promoting opportunities and alternative positive behaviours.
- Building the knowledge and information that is relevant to young people.

It is by understanding prevention in this manner that the primary objective of drug prevention focuses not so much on stopping but on promoting healthy behaviour and building healthy lifestyles. Young people need to be equipped with the capacity to respond appropriately to the challenges they would likely encounter with drugs but also many other health related issues. It is important to note that prevention of drug use remains a major challenge because as previously highlighted, there are many factors that the child and school have no control over. This must be taken into consideration so as to manage expectations as to what can be achieved by imparting information.

WHAT IS UNLIKELY TO WORK WITH DRUG EDUCATION IN SCHOOLS?

The following approaches may work for some children but evidence shows they are unlikely to be effective for the majority of young people. Importantly, the following approaches do not meet the educational objective of helping young people to make healthy and informed choices about their health and well-being.

USE OF SCARE TACTICS

Some people feel that showing scare tactics of drug use to school children will prevent using them. However, available research shows that this approach does not work. It may work for some children and adolescents in the short-term but for the majority, as a single strategy, it is likely to fail. Young people commonly see the portrayal of the adverse consequences of drug use as unrealistic—it does not match their own experience or of their peers. Commonly they will say “it will never happen to me” or “my grandfather smoked cigarettes for 70 years and he is okay. Young people live for today and long-term future outcomes are often not considered or cannot be comprehended. There is ample research to show that brain development among young people is prone to seek pleasure and excitement which is a part of growing up. In most cases, the ability to consider negative consequences of behaviour will come later.

BRING IN FORMER DRUG USERS TO SPEAK OF THEIR EXPERIENCE

This approach has been shown to be unsuccessful in the long-term outcomes for most young people when used as a single strategy. Commonly, it is a similar response to scare tactics. It can also offer a confusing message as it can be interpreted that the person had drug experiences but is now okay, so there are no real major long-term effects of using drugs in the mind of a child or young person.

JUST GIVE THEM THE FACTS

Behaviour is not based just on the information and knowledge we receive and

have. Many people are smoking, drinking alcohol to excess and using various other drugs despite their knowledge and available information that there can be negative outcomes. The reason for people using various substances is far more complex. There is a need to know how to use the information and apply it in the reality of the situations that young people experience. If a young person is invited to smoke tobacco or drink alcohol for the first time it is unlikely facts about tobacco and alcohol will be key to their response. Commonly the young person will be thinking “how do I handle this situation?”; “how do I keep my friends and appear cool and still refuse?”; “how do I assert myself in this situation?” and so on.

JUST SAY NO TO DRUGS!

Research shows that an intervention on its own offers a bit more in terms of equipping young people to apply these beliefs when confronted with choices and decisions about drugs found in society. Evidence has shown consistently that a simple message, such as ‘Say No to Drugs’ is largely ineffective as it does not address the complex reasons as to why some people use drugs. We also know that use of prescribed medicines can be beneficial and that the use of alcohol once a person reaches the legal age, can be common in various parts of India.

USE THE EXPERTS—FOR EXAMPLE, THE POLICE, DOCTORS, DRUG SPECIALISTS

This approach can often move into a scare tactic approach or ‘just say no to drugs’. These sessions can be very interesting for adults or teachers but less likely to be effective for school children. Commonly, it means sitting and listening passively and this approach is not a methodology for learning those works. Information is imparted but often does not answer questions and needs that young people want to address. The better approach is to have teachers trained on the topic of drugs and then they can do the job that they are experts in—communicating and promoting young people’s understanding and learning. It is important to note that once teachers are trained, they are always available at the school and can impart on-going education on drug-use issues at regular intervals addressing young people’s concerns and needs as required.

SHOW A FILM, IMPLEMENT A THEATRE PLAY AND GIVE A LECTURE AT THE SCHOOL ASSEMBLY

It is unlikely, these approaches to information dissemination will have any long-lasting impact on most young people as it is usually a mixture of information of just say no to drugs, and the use of scare tactics. On its own, is unlikely to have the desired impact of helping young people develop their own skills when they will one day likely face the real world of being in close proximity to drug use. Commonly, these approaches are a ‘one-off’ which is not regular and loses its long-term impact upon school children.

USE OF THE MEDIA CAMPAIGN

Research shows that on its own, it will not have long-term impact on behaviour. Media does raise awareness and place the issue on the public agenda but the effects are commonly for short-term, with nothing happening to address the issues raised. Scare tactics can be used not resulting in the desired outcome and may even have a counterproductive effect of glamorising drugs in the eyes of some young people.

DRUGS ARE BAD!

Care is required as to how drugs are labelled to young people. When drugs are labelled 'bad', then it is possible that people, who use drugs can also be labelled bad. This in turn can encourage stigma and discrimination towards people, who use drugs, and lead to potential isolation from the community. There is a need to give a message that is credible and to which young people can relate to and is common with their experiences. It is important to avoid spreading mixed messages, be consistent and it is better to be honest with the information. It needs to be understood that some substances are used legally and responsibly, and that some substances can have positive outcomes for humans, such as medicines. There are also some drugs which are used to celebrate and for enjoyment at social and cultural events for many years without any major negative consequences. It is important to be reminded that all drugs—legal and illegal—can be used irresponsibly and can have negative outcomes, and result in harm and damage to health and well-being.

WHAT ARE THE PRINCIPLES FOR DRUG EDUCATION IN SCHOOL?

The features of effective drug education programme are as follows:

Principle 1: Base drug education on sound theory and current research and use evaluation to inform decisions.

Drug education is most effective when it is based on what works. Evidence-based practice within a school needs to ensure the staff are using relevant and current theory and research to guide education programme appropriate to their students. Teachers should try to monitor and evaluate the information imparted to determine the impact upon the school children as it will help to inform future school practice.

It is vitally important for teachers not to allow their personal views of drugs to be incorporated into the delivery of a topic. As evidence-based education, it is critically important to follow the factual information as outlined in these modules. Teachers should be discouraged from providing personal sermons or requesting verbal promises among students to abstain from drug use. Such an approach tends to distract from the key educational messages of what will most likely work with drug education in schools.

Principle 2: Embed drug education within a comprehensive whole school approach to promoting health and well-being.

Addressing drug-related issues in isolation and only in the class is less likely to lead to positive outcomes. Drug education works best as part of a comprehensive and holistic approach to promoting health and well-being for all students.

Principle 3: Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm.

Schools should establish agreed upon clear goals and outcomes for drug education as this will assist towards achieving consistent and coordinated practice during the delivery of information.

Principle 4: Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.

A positive climate within and beyond the school classroom fosters learning, resilience and well-being in school children, as well as staff. When the school is inclusive-the students, staff, families and the wider community often better connect and engage in more meaningful positive relationships.

Principle 5: Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.

When schools consult with students, staff, families and the wider community, the drug education programme is likely to be more relevant and responsive to their needs as well as support access to relevant services.



In the minds of school children, some short-term effects of various drugs may initially appear attractive and appealing, which may contribute towards experimentation and use of specific drugs. The teacher should highlight that despite a perceived appeal of some short-term effects, the long term-effects of all drugs are commonly associated with various negative consequences that impact on health (physical and mental), social (impact on family, friends and schooling), economic (spending money on drugs rather than on important personal and family needs) and sometimes legal (court appearance, detention and prison sentence). This information should not be conveyed as a scare tactic but to highlight that all drugs have the potential to cause harm to those that use them.

Principle 6: Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.

Drug education needs to be relevant to all students and consequently, any information imparted should be sensitive to the cultural background and experience of students. Issues of gender, culture, language, religion, socio-economic status and developmental stage of the child should be taken into consideration.

Principle 7: Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.

Schools will be in a better position and provide relevant drug education once they recognise the complexity of various issues that may influence and impact on a students' drug use.

Principle 8: Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.

Protecting the safety and well-being of all students and staff is a high priority. Policies and procedures should be well-defined to manage drug-related incidents and support students who are at risk. Retaining students in an educational pathway is the better option for any student found in a drug-related incident or at risk of drug use.

Principle 9: Locate programmes within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.

Drug issues are best addressed within a broader health context relevant to students, concerns and stage of development. Continuity of drug education across students schooling is critical.

Principle 10: Ensure teachers are resourced and supported in their central role in delivering drug education programs.

Research shows that teachers are best placed to provide drug education as part of an ongoing school programme. Teachers should be provided with current and accurate information and resources about drug-use issues. Visiting presenters with expertise on drug-use issues can complement a teacher's role. However, as a response on its own, it will not prove to be effective as the visits are too irregular to have lasting impact upon the child. Teachers are routinely in the classroom and can be available at any time to impart regular information about drugs and initiate assistance for children as required.

Principle 11: Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values.

Inclusive and interactive teaching strategies are the most effective way to develop students' drug-related knowledge, skills and attitudes. Students need to be assisted to develop their problem-solving, decision-making and help-seeking skills. Ensure all students are actively engaged for the strategies to be the most effective.

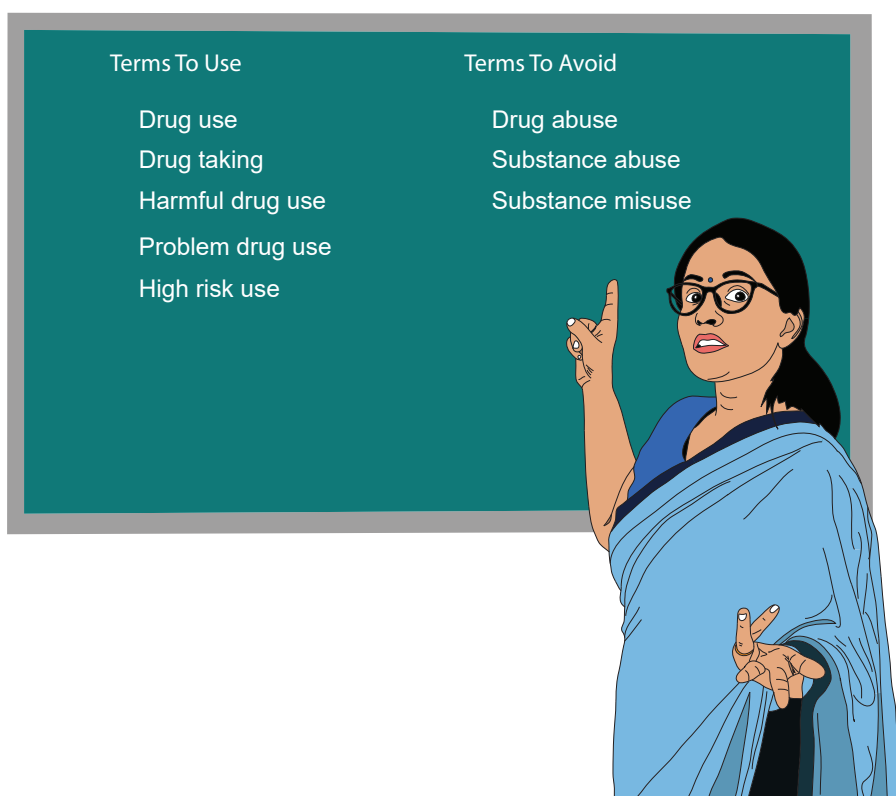
Principle 12: Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real-life contexts and challenges.

Credible and relevant information about drugs is highly important. Use meaningful activities that assist school children to better understand the realities of drug use that match their lives and their environment.

RECOMMENDED TERMS TO AVOID USING DURING SCHOOL-BASED DRUG EDUCATION

Many terms used to describe drugs and drug use are negative and inappropriate because they can create or perpetuate myths and stereotypes, and may also be insensitive to issues being experienced by some students or their families.

Terms to use	Terms to avoid	Reasons
Drug use Drug taking Harmful drug use Problem drug use High risk use	Drug abuse Substance abuse Substance misuse	All drug use has the potential to cause harm. Terms, such as drug use and drug taking are non-judgemental and less stigmatising.
Depressant drugs Stimulant drugs Hallucinogens Legal or illegal drugs Licit or illicit drugs	Soft or hard drugs Recreational drugs Party drugs Good or bad drugs	Describing a drug as soft implies that it is safe to use. People may think that a drug described as soft or hard is referring to the legal status or level of harm. The term recreational or party drug implies that the drug is fun and safe to use. This conveys the wrong message.
Drug-related problems Alcohol-related problems Dependence	Addicted Addiction Alcoholic	Dependence describes the physical or psychological state of the person without a stereotype and judgemental tone being applied.
Someone who uses drugs	Drug addict Junkie	Despite the word 'addict' or junkie commonly used throughout India, it is best to avoid such terms as they are known to be judgemental, stigmatising, discriminatory and negative towards those using drugs. Calling someone an 'addict' is a mostly derogatory term and best avoided



BEST TO AVOID DRUG-USE DISCLOSURES IN A SCHOOL SETTING

It is important that teachers and students avoid telling personal stories disclosing drug and alcohol use. This is primarily to protect people's privacy, as the class environment is not an appropriate place for disclosures. It also prevents the winning of status among peers through the sharing of risky, compelling stories that may glamorise drug use and become a secretive form of peer pressure to experiment and use drugs.



INTERRUPT AND PROTECT A SCHOOL STUDENT THAT IS DISCLOSING THEIR DRUG USE AMONG OTHER STUDENTS

It is important that each teacher knows when to interrupt and protect a student when they are disclosing their personal drug use among other students during the class. If a student discloses personal or private information during a class or in a public forum, the teacher should calmly but firmly stop any further disclosure. This teaching strategy is designed to protect the student sharing the

story and avoiding further disclosure. It also avoids damaging a specific students' reputation, or the reputation of other students that may be included in the story. The intervention of the teacher also helps to avoid other students from possible distress at hearing a disclosure, or from being under peer pressure to be engaged in anti-social activities or increased risky behaviours. Implementing this response safeguards the drug education course and the teacher from being side-tracked from the discussion activity, or from allegations that the class is an arena for gossip or exposing the privacy of others.

STEPS TO TAKE WHEN PERSONAL CONCERNS OF A STUDENT ARE RAISED

The teacher needs to inform the students that, if they have any concern about anything that gets spoken about during the classes, they can approach the teacher after class to let them know that an issue can be discussed privately. Alternatively, the teacher can also highlight that they can help a student by guiding them towards a school counsellor (who may be the focal person on such issues) to talk about a concern. Depending on the specific issue of the child, the teacher and the school counsellor (if such a person is available within the school) may need to seek further advice of a local medical professional/Government medical service to address the concern. Alternatively, the school and teacher may wish to seek advice and the perspective from the **State Level Coordination Agency (SLCA)**. The SLCA replaces what was earlier known as the Regional Resource and Training Centres. SLCA are found in the South, East, West, North and North-East Zone of India, which cover all States and Union Territories for additional drug education information, technical advice and guidance. The SLCA may also be able to direct and guide those in need of local counselling services. Additionally, the SLCA can provide information of local non-governmental organisations (focused on drug use issues) that may address the personal concerns of children and adolescents with drug-use problems (see Annexure 1).

Schools and teachers with concerns of drug use among school children can access advice by calling the National Toll-Free Drug Deaddiction Helpline run by the Ministry of Social Justice and Empowerment (MSJE), Government of India.
Toll-Free Telephone number: 1800110031

No matter what path a teacher takes to assist the students' personal concerns, it remains critically important to ensure strict confidentiality about the information that is conveyed. If the information shared by the student to the teacher requires

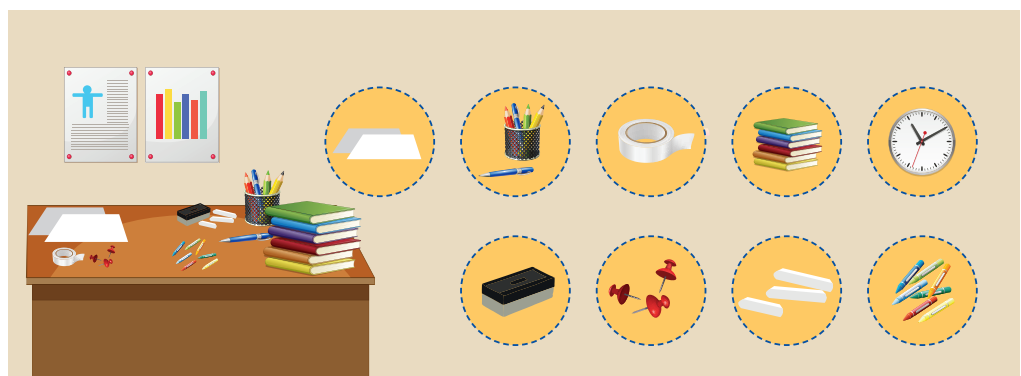
others to know, then it is important that a student provides **consent** for this information to be shared with another person/s or agency. When confidentiality is broken by the teacher, other students will have no trust in speaking to the teacher about their personal concerns. Additionally, if confidentiality is broken, a student's education potential may be ruined, if the school administration takes a decision to expel the student from the school due to drug use.

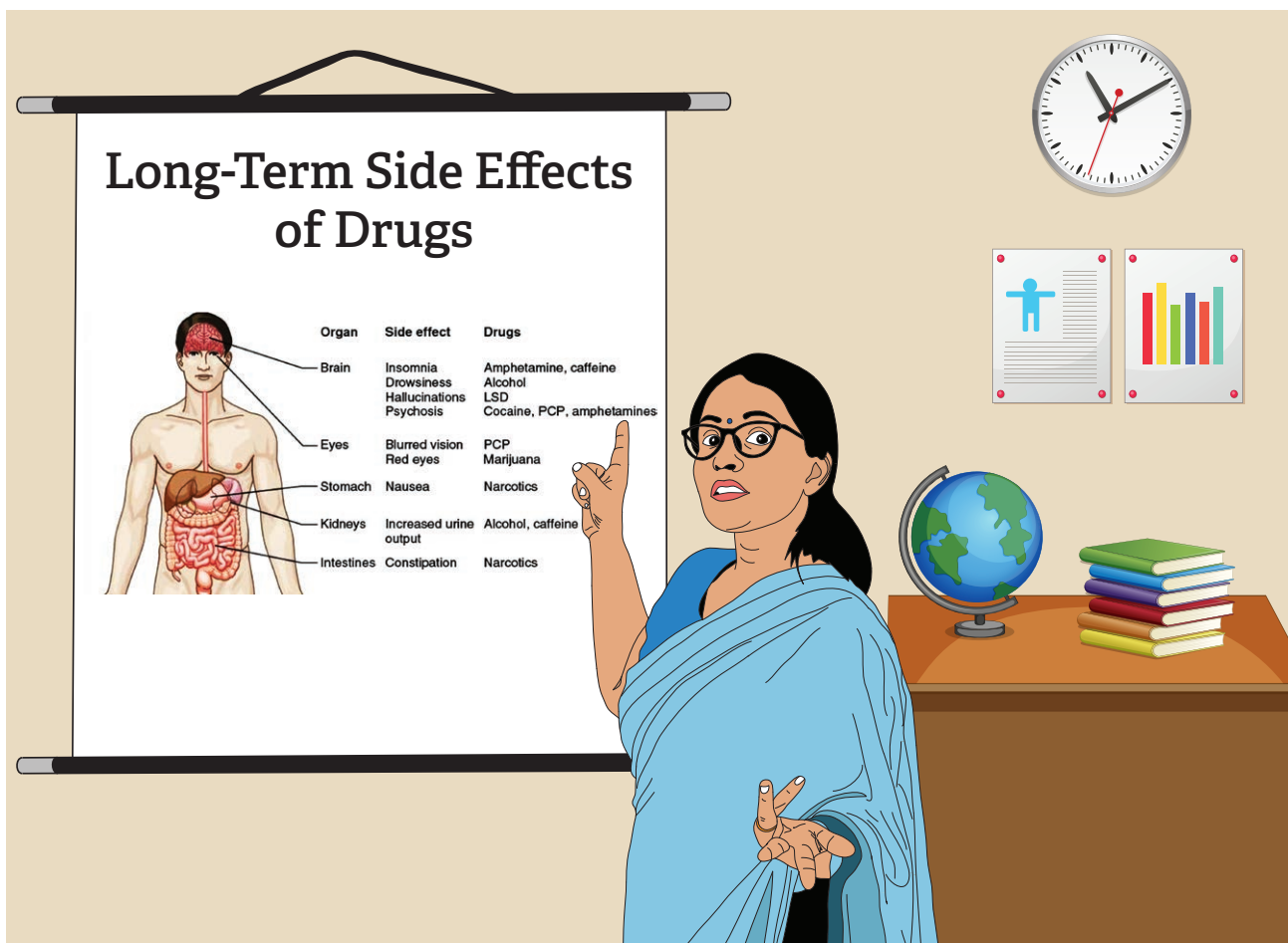
MATERIALS REQUIRED

- Whiteboard or blackboard (plus chalk for blackboard or erasable markers for whiteboard).
- Pieces of paper (small and large), pens or pencils, crayons, marking pens.
- White sheets of paper.
- Tape and pins to display participants' group presentations when required.
- A notebook and pen for school children to take notes on the information shared by teacher.
- Teacher should ensure to wear a watch or a clock is visible in the classroom for the purpose of time management.

NOTE FOR THE TEACHER

- Familiarise oneself with the contents of this training and resource module before entering the classroom.
- Familiarise yourself with the material and have greater confidence in the information by conducting a practice session with work colleagues or friends before a formal session with school children.
- Utilise the teaching aid tool of the online modules that provide valuable insights of Module 1, 2 and 3 that cover various topics contained in 'Navchetna'.
- It is suggested that lessons for Module 1, 2 and 3 be conducted once a quarter (3 months).





USE TIME WISELY

To reduce the time of writing text on the board during a classroom session a teacher should write some sections of a topic on the board when it is appropriate and not providing answers to some activities found throughout the sessions. For example, some short and long-term side effects of drugs, prior to the commencement of the class could be written on the board. If the class board is of generous size, divide it into two sections: one section for writing immediate teacher needs and second section for any text to be referred to later.

Alternatively, to save time, the teacher can also, from various topics, prepare in advance, the write up some information or text on large pieces of paper. These can be taped to the wall or board when required and appropriate. For example, the module on drugs, requests the teacher to write on the board the definition of drugs.

“A drug is any substance, except food and water, which when taken into the body, changes the way the body works and can change our mood or thinking processes.”

The definition could be written on a large piece of paper before the class starts. At the conclusion of the class, the large pieces of paper with written text, could be

placed away, saved and used again for another class. Another example where, the text can be written in advance on large pieces of paper, is about some side effects of drugs, when these are not read out aloud to the students. The teacher will quickly know when it is most useful and time saving to write up in advance the text on large pieces of paper.

As part of the Education Information Kit, Power Point Presentations (PPT) of this Module for Grades VIth, VIIth and VIIIth will be available in English and Hindi. However, not all schools in India have the technology or guaranteed 100% electricity supply. Consequently, we urge teachers not to rely on PPTs but to be fully prepared to deliver various topics physically, with all the techniques and guidance outlined in this book.

DELIVERING THE TRAINER RESOURCE MODULES

The module can be delivered as three single stand-alone sixty-minute sessions covering the information contained in Part One, Two and Three. The table below outlines key topics of covered in Part One, Two and Three.



TIME
60 Minutes

MODULE ONE TITLE: LIVE HEALTHY AND EAT HEALTHY	MODULE TWO TITLE: RECOGNISING RISKS, BEING SAFE AND PREVENTING CHILD SEXUAL ABUSE	MODULE THREE TITLE: BASIC DRUG EDUCATION—PART 1
Living Healthy	Risk and Handling Risky Situation	What is a drug?
Eating Healthy	Safe Touch versus Unsafe Touch	Knowing about licit (legal) and illicit (illegal) drugs
Food Groups	Smart Ways to Stay Safe	Categories of psychoactive drugs
		Learning about alcohol
		Learning about tobacco
		Learning about volatile substances (inhalants)
		Quiz—What you have learnt about drugs?

TIME MANAGEMENT

Short, sharp and to the point delivery of key messages is essential. Avoid too much repetition when conveying information. However, do ensure students understand key messages of each module.

WATCH THE CLOCK

Teachers **MUST** monitor session time of the module by routinely checking a classroom clock or their watch.






USE THE BOOK WHEN DELIVERING THE MODULE IN THE CLASSROOM

Teacher **MUST NOT** hesitate to have the training and resource material in their hands when delivering the various modules. Many of these topics are new for the teacher and there is no requirement to memorise any section of the material. Avoid mistakes and ensure the information delivered is accurate by using and referring to this training and resource material.

MODULE ONE

LIVE HEALTHY AND EAT HEALTHY

MODULE-1		PAGE NO.
INTRODUCTION		37
FIRST SESSION: LIVING HEALTHY		38
SECOND SESSION: EATING HEALTHY		40



MODULE ONE

LIVE HEALTHY AND EAT HEALTHY



TIME
60 Minutes

INTRODUCTION

Adolescence is a crucial stage of life for physical, mental and psychosocial growth. During this stage of life, good nutrition promotes proper development of the body and brain, keeps the immune system healthy and thus helps children succeed in their life. Adolescents can also be easily swayed by media and popular culture into thinking that healthy things are not cool or that junk foods are good. The focus of this module is to encourage students to think and learn about their food choices as well as educate them on practices that will improve their health and well-being.



Objectives

By the end of this module, students will be able:

1. To understand good health and hygiene practices
2. To recall some slogans and messages related to hand washing practice and 'Swachh Bharat Mission'
3. To appreciate and be aware of the importance of healthy food
4. To understand and be aware of the various food groups
5. To understand the relevance of including specific food groups in daily diet
6. To know the difference between healthy and unhealthy foods



Life Skills Used

Critical thinking, decision making, value clarification and self-awareness



Additional Materials Required For Teacher

- Outline of Go Foods, Grow Foods and Glow Foods
- 4 paper plates



Advance Preparation Required for Teacher

- Compile a list of slogans related to hand washing and 'Swachh Bharat Mission' (Some are mentioned at Annexure 2)
- Prepare a chart/poster indicating Go Foods, Grow Foods, and Glow Foods

FIRST SESSION: LIVING HEALTHY

The focus of this session is to make students think and learn about healthy lifestyle choices, and educate them on good ways to remember these practices.



TIME:
5 Minutes

TITLE OF GAME: Stomp your Feet or Clap your Hands

- Teacher greets the students, ensures the classroom is in order and informs the students that the topic is LIVE HEALTHY AND EAT HEALTHY
- Explain the game:
 1. Teacher moves around the classroom and calls out a statement, then the teacher asks a student to respond to the statement. Their response must be non-verbal in nature. Teacher STATES ALOUD to the students:

“ IF I CALL ON YOU, STOMP YOUR FEET IF THE STATEMENT REFERS TO AN UNHEALTHY PRACTICE OR CLAP YOUR HANDS IF IT REFERS TO A HEALTHY PRACTICE. ”

2. Some examples are washing hands before eating, littering your room, spitting on the street, not cleaning your teeth, and so on. This will help them to focus and also make the session interesting.
3. Teacher continues this and calls out around 4–6 statements.



TIME:
15 Minutes

Quiz for students

- Teacher divides the class evenly into two groups: 'Group A' on the right and 'Group B' on the left.
- Teacher then asks each group to name one healthy and one unhealthy practice. Teacher keeps the score on the board or paper. Let this continue for about 3–4 rounds.
- Teacher will ask each group to recall a slogan, saying, or proverb related to washing hands. Play this once and continue to keep score.
- Teacher will ask each group to recall any slogans related to 'Swachh Bharat Mission'. Play this for two rounds and teacher maintains a scoresheet on the board or paper.
- The teacher will tally the scores of Group A and Group B, and then announce the winning group.

NOTE FOR THE TEACHER



1. Before taking the sessions, please compile a list of slogans related to hand washing and 'Swachh Bharat Mission' displayed in your school, community, or the neighbourhood. See Annexure 2 for some slogans.
2. List of examples that teacher can refer to of habits and practices that promote good health are as follows:



Washing your hands after going to the washroom, sneezing, playing outside and before eating



Eating healthy food, avoid junk food



Bathing daily



Drinking clean water



Coughing and sneezing into elbow, napkin, tissue paper



Exercise at least an hour a day



Eating balanced diet



Play sports/games



Eating correct portion sizes or optimum quantity of food



Get 8–10 hours of sleep a night



3. Teacher conduct to the point, short discussion and maintain a timeline.



TIME:
5 Minutes

SECOND SESSION: EATING HEALTHY

This session is meant to educate students about proper nutrition, different types of food groups and how to have a healthy diet. The model of 'Go Foods, Grow Foods, and Glow Foods' as a guideline for good nutrition (see Annexure 3) will be outlined in this session.

Short Discussion: Why do we eat food?

- The teacher informs the students that the second part of the session is on food and role of nutrition in the promotion of good health.
- Teacher asks the students to provide some reasons for eating food.

NOTE FOR THE TEACHER

1. Keep the discussion short and crisp.
2. Emphasise that food also helps to create bonding between people, family and members of the community.
3. Talk about special food items cooked during festivals and other occasions in the family, also discuss the different locally available food items.



TIME:
15 Minutes

What would I like on my plate? Food groups and their relevance

- Teacher, once again, divides the students into two groups, 'Group A' on the right and 'Group B' on the left. Group A will focus on 'Daily Food' and Group B will focus on 'Special Occasion Food'.
- Teacher instructs the students to list the food items that they would like to consume in their assigned group (daily and special foods).
- Teacher distributes a paper plate to two students in each group.
- Teacher instructs the other students to make smaller groups around the students, who have the plates in each group. (Note: there should be a total of four groups).
- Teacher gives one student in each group a sheet of paper and a sketch pen and the groups five minutes to discuss and write the healthy and unhealthy food items on the sheet of paper provided to them.
- Teacher then instructs the students to place the sheet of paper with food items written on it and make their presentation.
- Each group makes their presentation on healthy and unhealthy food items. Teacher appreciates all the students for their effort.



Short Discussion: Questions and Answers

Teacher gathers all the students and has a short discussion on the following questions:

1. Which kind of food do you all like to eat? Why?
2. Should you consume junk food on a frequently? Why?
3. What kinds of food items should you include in your diet every day?
4. What is the importance of each food group?
5. Should girls and boys consume the same kind and quantity of food?

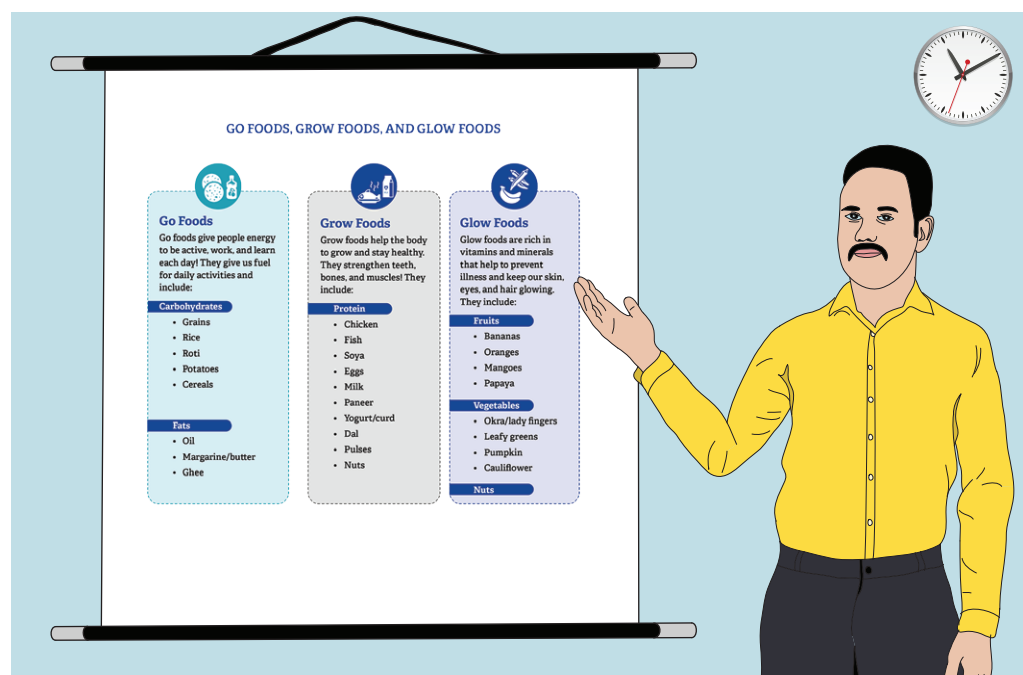


NOTE FOR THE TEACHER

Teacher needs to write on the board in advance the text of 'GO FOODS, GROW FOODS, AND GLOW FOODS' found below, prior to starting of the class. The teacher would read aloud to the students the key messages of 'GO FOODS, GROW FOODS AND GLOW FOODS'. Alternatively, the teacher may prepare a poster or chart indicating the 'GO FOODS, GROW FOODS AND GLOW FOODS'

Display Information Poster

Teacher asks the students for attention to the board/chart displaying 'GO FOODS, GROW FOODS AND GLOW FOODS' See Annexure 3 for more information. Teacher shares the following information—



GO FOODS, GROW FOODS AND GLOW FOODS



Go Foods

Go foods give us energy we need to be active, work, and learn each day! They give us fuel for daily activities and include:

Carbohydrates

- Grains
- Rice
- Roti
- Potatoes
- Cereals

Fats

- Oil
- Margarine/butter
- Ghee



Grow Foods

Grow foods help the body to grow and stay healthy. They strengthen teeth, bones, and muscles! They include:

Protein

- Chicken
- Fish
- Soya
- Eggs
- Milk
- Paneer
- Yogurt/curd
- Dal
- Pulses
- Nuts



Glow Foods

Glow foods are rich in vitamins and minerals which help to prevent illness and keep our skin, eyes and hair glowing. They include:

Fruits

- Bananas
- Oranges
- Mangoes
- Papaya

Vegetables

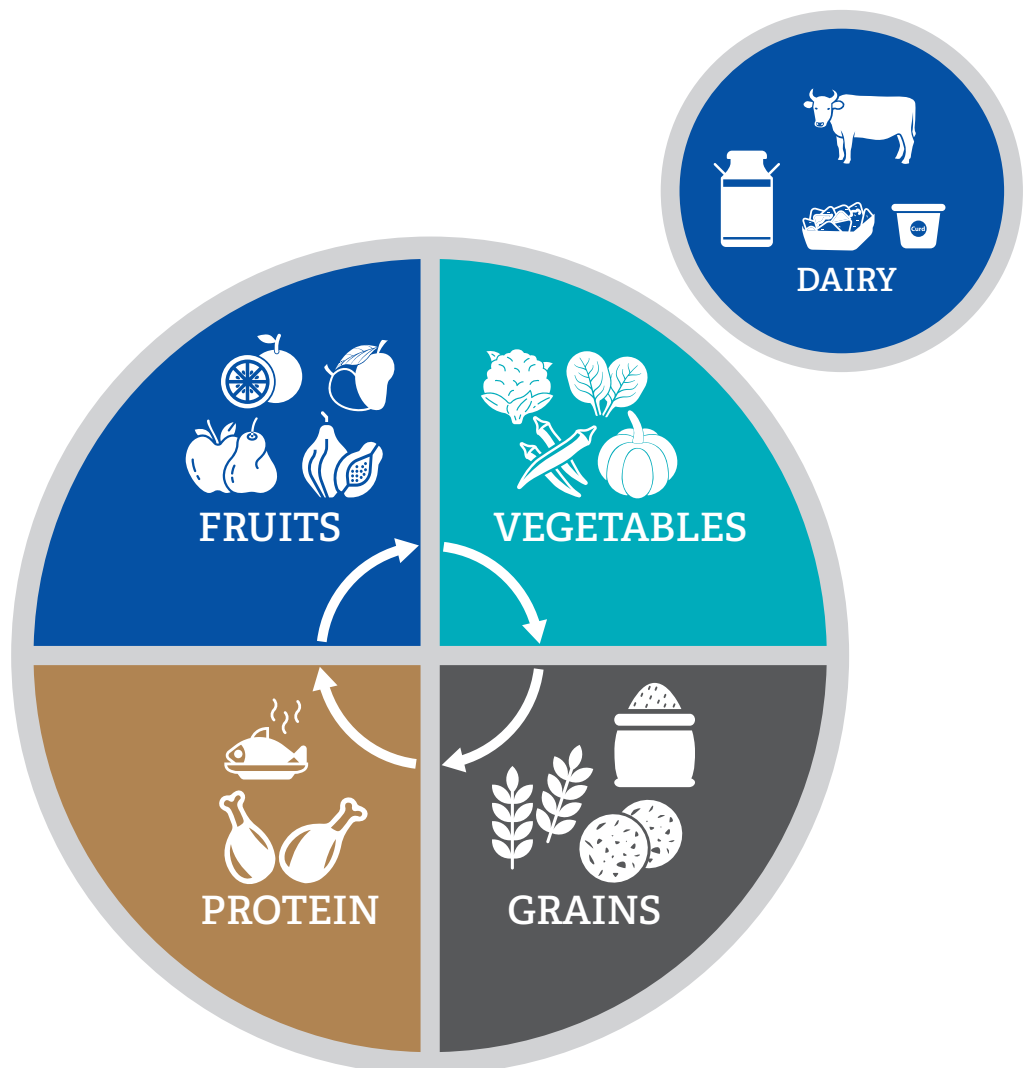
- Okra/lady fingers
- Leafy greens
- Pumpkin
- Cauliflower

Nuts

NOTE FOR THE TEACHER

Teacher should be mindful about the socio-economic and cultural beliefs and background of the students, while discussing the different food items.

TEACHER DRAWS THE FOLLOWING DIAGRAM ON THE BOARD



READS ALOUD

The picture is useful as you can see how much of each type of food you need! You can see that half of the plate is made of fruits and vegetables. The other half are grains (like rice, wheat, or millet) and protein (like meat or dal). Dairy products like milk, yogurt/curd, paneer and cheese are rich with vitamins and minerals like calcium which promote strong bones!

Teacher asks the students: What do you NOT see on this plate? Students can provide some answers.






ANSWER: No junk food! Remember not to eat too much fat, salt, or sugar!

NOTE FOR THE TEACHER

1. Please share that it is important to include food items from all food groups in our daily diet. Locally grown food items should also be included in the food items.
2. Emphasise that girls should not be discriminated against when it comes to food as some families may be following this wrong practice. In fact, both boys and girls require proper nutrition, as puberty is a phase of rapid physical, mental and sexual changes in the body.
3. Conclude with the following: junk food should not be consumed as it gives rise to poor health, weight gain and other ailments.

MODULE TWO

RECOGNISING RISKS, BEING SAFE AND PREVENTING CHILD SEXUAL ABUSE

MODULE-2		PAGE NO.
INTRODUCTION:		47
FIRST SESSION: RISK AND HANDLING RISKY SITUATIONS		48
SECOND SESSION: SAFE TOUCH VERSUS UNSAFE TOUCH	 	50
THIRD SESSION: REVIEW ON SMART WAYS TO STAY SAFE		53



MODULE TWO

RECOGNISING RISKS, BEING SAFE AND PREVENTING CHILD SEXUAL ABUSE



TIME
60 Minutes

INTRODUCTION

Adolescence is a stage when young people like to experiment with different things—their looks, style, friends, drugs, gadgets, and so on. This is an age when they like to indulge in activities and behaviours that could involve risks as it gives them a thrill and adrenaline rush. They are also vulnerable as they lack the relevant information and maturity to make proper and well-informed decisions. The focus of the module is to familiarise the students with some risky situations that are prevalent, so that they can handle them properly and protect themselves.



Objectives

By the end of this module, students will be able:

1. To identify risks in certain situations at school, home and in neighbourhood
2. To exercise assertiveness skills, especially refusal skills
3. To demonstrate appropriate decision-making skills
4. To understand, identify and know the difference between safe touch and unsafe touch
5. To feel empowered and establish ownership over their own bodies
6. To understand some smart ways to keep oneself safe, as well as know what to do if they find themselves in a dangerous situation



Life Skills Used

Critical thinking, Value clarification, Effective communication, Decision making and Self-awareness



Additional Materials Required for Teacher

- A box or bag to put the paper pices written with “risky situation”
- Printed sheet containing the “risky situations”
- Information about Safe Touch and Unsafe Touch
- Mobile phone for music (optional)

ADVANCE PREPARATION REQUIRED FOR TEACHER

- Teacher tear or cut a sheet of paper into squares. See Annexure 4 for list of ‘risky situations’ and prepare one square piece of paper for each situation. Fold each piece of paper in half and place them into a box or bag before the activity begins.
- If you feel that there is too much to be written on the board, prepare in advance, writing up some sections of information text on large pieces of paper. These can be taped to the wall or the board when required and appropriate. The information text on large pieces of paper can be kept and used again multiple times as and when the same session is conducted again for other students.
- Teacher can prepare a chart/poster indicating ‘SMART WAYS TO KEEP YOURSELF SAFE’ that can be used to conclude the session.



TIME:

5 Minutes

FIRST SESSION: RISK AND HANDLING RISKY SITUATIONS

Brainstorming

Teacher greets the students and informs them of an activity called ‘risk and handling risky situations’ that will be conducted.

Teacher introduces the word ‘RISK’ and asks them what does it mean to them when they hear or read this word?

Teacher writes all the responses on the board. Teacher can also refer to popular advertisements on TV and different media platforms related to taking RISKS in order to start a conversation with the students. Teacher provides a definition of RISK.

The teacher proceeds by emphasising that while risks provide a sense of thrill and

“ RISK IS A POSSIBILITY OF SOMETHING DANGEROUS OR UNPLEASANT HAPPENING. ”

adventure, but they also put children and young adults in vulnerable and risky situations. Sometimes the damage or injury to the body may be irreversible. For example, riding a two-wheeler, at a fast speed with no helmet and on a busy road with many other cars and trucks.

Teacher concludes by informing the students that in the next activity, they will become familiar with some undesirable or risky situations happening around them and will learn some ways to handle them appropriately



TIME:
5 Minutes



TIME:
20 Minutes

Understanding refusal skills

NOTE FOR THE TEACHER

Before the commencement of the session, the teacher must refer to Annexure 4—Risky Situations and write down each situation on a square piece of paper. Ensure that the text is clear and easy to understand for the students to read. Once this is done, fold each piece of paper in half and place them into a box or a bag. These pieces of written text on paper will then be selected by students as part of a game called 'Passing the Parcel'. The pieces of paper with risky situations can be kept by the teacher and may be used again as and when this game is played with other students.

Teacher should explain that peer pressure is often difficult to deal with but always remember that there is a way—how to say 'No' in challenging situations. Teacher should WRITE ON the board and READ ALOUD the following:

- a. N: No— Say 'No', not 'Maybe' or 'Later'.
- b. I: Use 'I' statements, like 'I am not interested'. Or 'I don't like that'.
- c. C: Change the subject or location, if you are still feeling pressured.
- d. E: Exit, leave the area/situation, if you don't like it.

Title of Game: Passing the Parcel

1. Teacher instructs the students to either sit or stand in a circle. Teacher explains the game to the students by stating that, when the music is switched on (or slow clapping of hands by the teacher), the box or bag should be passed from one student to another in one direction.

2. When clapping of hands is stopped by the teacher (or the music stops), the student who is holding the box or bag of square pieces of paper picks one inside from the box or bag, reads out aloud the text for everyone to hear and then proceeds to give a response to that situation. Other students and teacher may add information or give a different viewpoint after the student has said his/her response to the situation.
3. Teacher then collects the pieces of paper from the student and keeps it safely. Then the game starts again in the same direction by handing over the box or bag to the next student.
4. Continue this game till all the pieces of paper with written text have been answered.
5. Teacher concludes the session by emphasising that this game provides an opportunity for the students to recognise certain risks involved in everyday situations.
6. Teacher informs the students that by using thinking and good communication skills each student can have the skills to handle these situations with confidence as well as protect themselves from becoming a victim to personal threats.

NOTE FOR THE TEACHER

1. If a student lacks the reading skills to recite the text on the piece of paper, the teacher should intervene to assist the student in a way that does not embarrass the student.
2. Guide the students to recognise the risks involved in each situation.
3. Teacher can use their hands to clap, if other sources of music are not available.
4. If the room is not big enough to form a circle, let the students sit or stand as they normally do and let the box or bag be passed from one row to another.
5. Do not hold long discussion over written text found on the piece of paper—only short and crisp responses should be discussed.
6. The teacher may have to help the students with the techniques of saying 'NO'. Please refer to Annexure 5 for these techniques.

SECOND SESSION: SAFE TOUCH VERSUS UNSAFE TOUCH

This session is meant to educate students on how to identify the difference between a touch that is safe and acceptable and a touch that is unsafe and unacceptable, so that students can have a foundation and skills for recognising and protecting themselves from risk and harm.



TIME:
3 Minutes

- The teacher asks students whether touch by another human being is safe or unsafe or can it be both? Teacher then asks the students to write their answer and provide example/s of their responses of safe or unsafe touch in their notebooks.
- The teacher requests the students to share some of their ideas or thoughts on touch by another human being—safe, unsafe or both.
- Teacher WRITES two columns on the board. One heading with the title 'SAFE' and the other heading with the title 'UNSAFE'. In each column and under the headings, outline briefly and list out examples provided by the students.



TIME:
7 Minutes

NOTE FOR THE TEACHER

It should be noted for the students that gestures that appear normal or safe can become unsafe. For example, prolonged handshake, handshake with tight grip, groping (caressing) by hands on body parts, hugs and kisses. Anything unacceptable or forceful, which makes you uncomfortable, nervous and scared is unsafe.

When the activity is completed, teacher should be clear in explaining that touch can be unsafe.



READS ALOUD

SIGNS OF UNSAFE TOUCH

- It hurts you.
- It makes you feel—
 - Uncomfortable • Nervous • Scared
- It is in an area that is covered by your garments (typically chest, pelvic, under arms, thighs, bottom and genital area).
- Someone touches you where you do not want to be touched.
- Someone forces you to touch him/her.
- Someone threatens to hurt you, if you tell anyone or forces you to keep it secret.
- If someone offers you gifts to trick, you or motivate you to do or consent to something inappropriate.

ADDITIONAL INFORMATION FOR THE TEACHER TO SHARE WITH STUDENTS:

UNSAFE TOUCH in most of the cases is committed by known persons. Those involved in doing acts of UNSAFE TOUCH can be of wide-ranging ages. Any person (strangers or people you know, including family members and relatives), who touches you inappropriately is NOT okay, even if they are in a position of power, well-liked, a family member, relatives and known by many other people.

Teacher should also explain to students that students of all genders are at higher risk of sexual abuse as they are at an age, which experiences a high risk of sexual abuse.



TIME:
5 Minutes



READS ALOUD

The teacher **READS ALOUD** a series of possible situations and requests the students to discuss whether they are Safe or Unsafe. If they are in unsafe situations 'students' should think and suggest what they should do.

Situation One: Your friend gives you a high five when he sees you during lunch time. [SAFE Or UNSAFE TOUCH?]

Situation Two: You meet a new student at school and you two shake hands. [SAFE Or UNSAFE TOUCH?]

Situation Three: A staff member of the school brings you to a secluded area and asks that you touch him. [SAFE Or UNSAFE TOUCH?]

Situation Four: Your mom and dad hug you with love and affection. [SAFE Or UNSAFE TOUCH?]

Situation Five: An adult, who knows your name tries to grab your hand to bring you into their vehicle stating that they are taking you home today. [SAFE Or UNSAFE TOUCH?]

Situation Six: Your teacher taps you on the back and wishes you a safe journey. [SAFE Or UNSAFE TOUCH?]

Situation Seven: Someone you do not know at the park attempts to touch you in a way that makes you uncomfortable. [SAFE Or UNSAFE TOUCH?]

Correct answers to these situations can be found in Annexure 6 of this module.

NOTE FOR THE TEACHER

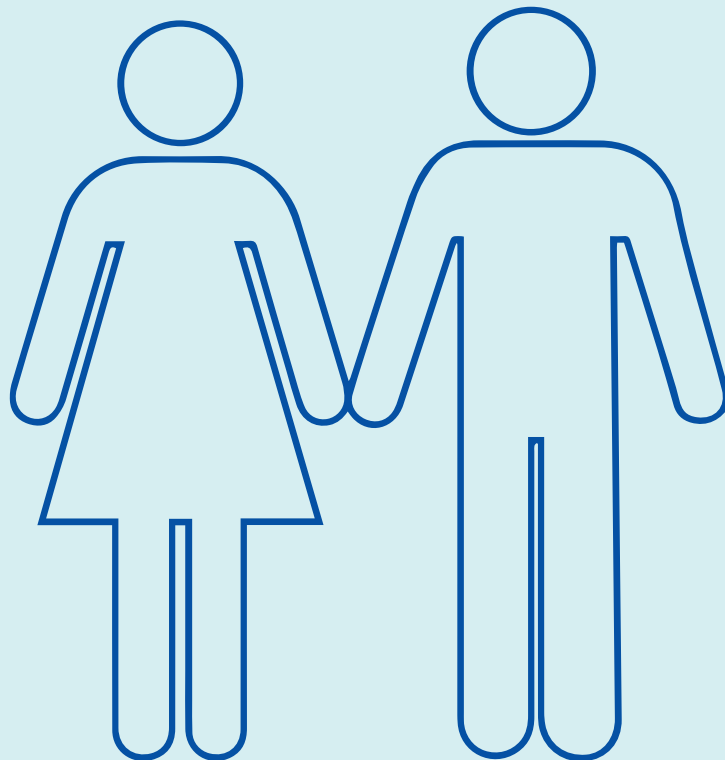
It should be conveyed to the students that gestures that appear normal or safe or good, can become bad. For example, unnecessarily prolonged handshake, a person tightens their grip on your body, or a person's hands freely move on, over or around your body, unacceptable or forceful hugs and kisses. All these unacceptable or forceful actions that makes you uncomfortable, nervous and scared are considered inappropriate, unsafe and bad.



TIME:
5 Minutes

- The teacher draws an outline of a boy or a girl on the board (dependent upon what kind of class they are teaching in).
- The teacher then has students volunteer to come up and mark with an X, places where others should not touch them.
- Examples of places with an X should be areas, such as chest area, pelvic area, under arms, thighs, bottom, as well as the mouth and face.

OUTLINE OF A GIRL AND A BOY

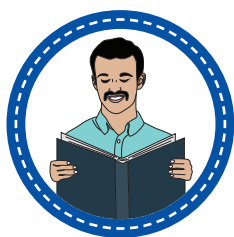


TIME:
10 Minutes

THIRD SESSION: REVIEW ON SMART WAYS TO STAY SAFE

This session is to engage students in thinking about what information is important to know for their own safety. This session will be a review of the content transacted earlier and give students an opportunity to start thinking about what they would do if they found themselves in one of these situations.

- Teacher should refer Annexure 7 of Smart Ways to Keep Yourself Safe and review the content.
- Teacher should highlight the KEY points given in the box below and read aloud the content listed.



READS ALOUD

Smart Ways to Keep Yourself Safe

Body: You are the boss of your body. No one is allowed to hurt you.

Private Body Parts: It is never okay for anyone to touch or look at or talk about your private parts.

Hugs and kisses: Hugs and kisses are not okay.

Gifts: Refuse gifts (sweets, money and others) in return for something that makes you uncomfortable.

Secret: Secrets about touching are not okay. Tell a trusted person.

Say No: Use refusal skills loudly when someone breaks the touching rules or asks you to do something that makes you uncomfortable.

Shout And Get Away: Practise shouting when someone tries to hurt you or touch in a way that makes you confused, scared or uncomfortable.

Tell: Tell trusted adults like parents, teachers or grand parents if you are worried, confused or scared by someone who tries to touch or touches you.

It Is Never Your Fault: It is never your fault when someone breaks the touching rule to hurt you. Even when you can't say 'NO' or get away or are afraid to tell an adult, you didn't ask to be hurt.

NOTE FOR THE TEACHER OR PARENT

- For more signs and indications of possible sexual abuse, as well as information about legal provisions and resources, see Annexure 8.

NOTE FOR THE TEACHER

- Be sure to emphasise the last three points given above ('Shout and Get Away', 'Tell' and 'It Is Never Your Fault')
 - During the 'Tell' review, be sure to encourage the students to think about one or two adults in their lives that they would talk to if anything happened to them.
 - Teacher should emphasise the importance of speaking up and talking to trusted adults. It requires bravery to speak about such things but students should think about how it helps themselves and others from becoming victims.
- Also, emphasise the first point in the box, that is, 'Body' and remind students that they should feel in charge of their own bodies.

MODULE-2**PAGE NO.**

FIRST SESSION:
WHAT ARE DRUGS?



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SECOND SESSION:
LICIT (LEGAL) AND
ILLICIT (ILLEGAL)
DRUGS



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THIRD SESSION:
LEARNING ABOUT
ALCOHOL



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FORTH SESSION:
LEARNING ABOUT
TOBACCO



64

FIFTH SESSION:
LEARNING ABOUT
VOLATILE
SUBSTANCES
(INHALANTS)



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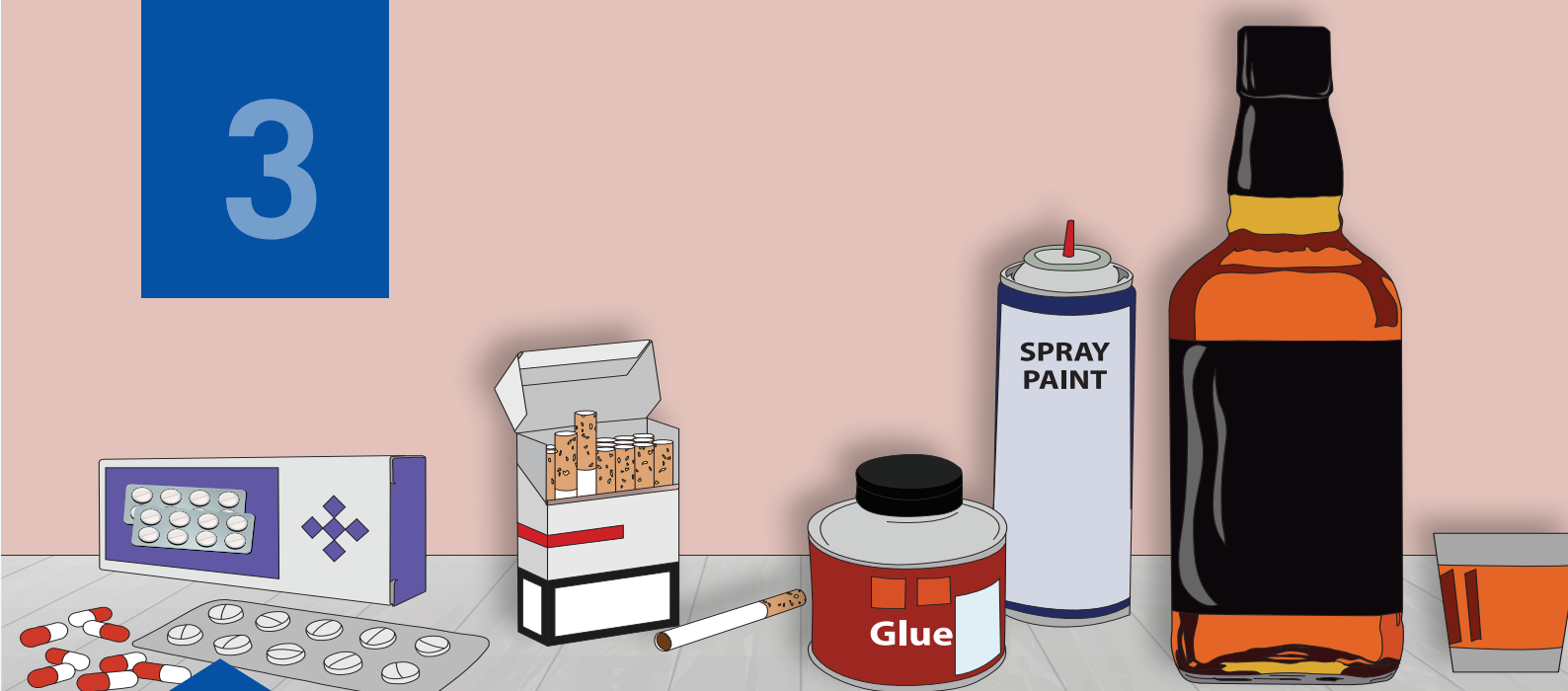
SIXTH SESSION:
QUIZ ON DRUGS—
WHAT HAVE YOU
LEARNT ABOUT
DRUGS?



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MODULE THREE

BASIC DRUG EDUCATION INFORMATION— PART 1



MODULE THREE

BASIC DRUG EDUCATION INFORMATION—PART 1



TIME
60 Minutes



Objectives

By the end of this module, students will be able:

1. To understand what are drugs, difference between licit and illicit drugs and be aware of three main categories of psychoactive drugs.
2. To understand about alcohol and its short- and long-term effect.
3. To understand about tobacco and its short- and long-term effects.
4. To understand about volatile substances (inhalants) and their short- and long-term effects.



Additional Materials Required for Teacher

- Pieces of paper (small and large), pens or pencils, crayons and marking pens
- White sheets of paper
- Tape and pins to display participants' group presentations if required



Advance Preparation Required for Teacher

If you feel that there is too much to be written on the board, prepare in advance, writing up some sections of information text on large pieces of paper. These can be taped on the wall or the board when required and appropriate. The information text on large pieces of paper can be kept and used again multiple times as and when the same session is conducted again for other students.

NOTE FOR THE TEACHER

Read the questions to be asked during the Quiz on Drugs so that some information from this module may be given with specific emphasis to assist the students to answer the questions correctly.

FIRST SESSION: WHAT ARE DRUGS?

Following the sessions on life skills, the school children will have a better understanding of what it means to be healthy, recognising risks and insights of 'safe touch and unsafe touch'. The teacher needs to inform the school children that sometimes children and individuals fall sick or become unhealthy, therefore the intervention of a medical professional is needed to give the person drugs to make them get better, recover and to be healthy again. To fully understand the topic of drugs, school children need to be educated on what are drugs, how they can affect the body, the different types of drugs based on classification and of the need to understand the basic difference between licit (legal) and illicit (illegal) drugs. This module will also include information about tobacco, alcohol and volatile solvents.



TIME
1 Minutes

The teacher requests the students to write down in their notebooks as to how they would define or explain to another person (friend, family member, etc.) what is a drug.



TIME
3 Minutes



WHAT IS A DRUG?

The teacher requests the students to share some of their ideas or thoughts as to how they define or explain what is a drug. Teacher **WRITES** on a board several answers stated by the students until there are no new theme or repeat action of other answers.

When activity is completed, teacher **WRITES** on the board (or highly recommended to save time has it written up in advance on large piece of paper to be displayed) the World Health Organization (WHO) definition of a drug.

“ A DRUG IS ANY SUBSTANCE, EXCEPT FOOD AND WATER, WHICH WHEN TAKEN INTO THE BODY, CHANGES THE WAY THE BODY WORKS AND CAN CHANGE OUR MOOD OR THINKING PROCESSES. ” — (WHO)

The teacher should highlight any similarities between the WHO definition and those expressed by the students.



TIME
10 Minutes

Before the session commences, the teacher should ask the students to gently tap on their body, where they believe their brain can be found and then ask the students to point, where in the body is the spinal cord.

Teacher highlights that knowing these parts of the body is important as it is in those areas, where drugs have their effect on the body, mood and thinking.

The teacher should explain the classification of drugs, which physically and psychologically (the mind and emotions) affect a person, are called psychoactive drugs.

The teacher is recommended to write up in advance on a large piece of paper to display the following message:



PSYCHOACTIVE DRUGS

Psychoactive drugs affect a person's central nervous system (brain and spinal cord), which controls most body movements and thinking. The drugs act on the brain and can change a person's mood, thought processes or behaviour.

Teacher explains that psychoactive drugs can be classified into three main categories according to the primary effect that the drug has on the central nervous system. Teacher gives emphasis that it's not the types of drugs (alcohol, tobacco, etc.) examined but categories of drugs. The teacher **WRITES** on the board the following Three Main Categories of Psychoactive Drugs:

- 1. DEPRESSANTS**—slow down the activity of brain
- 2. STIMULANTS**—increase the activity of brain
- 3. HALLUCINOGENS**—see, hear and smell things in a strange way

TEACHER READS ALOUD TO STUDENTS HOW EACH CATEGORY OF DRUG IS DEFINED



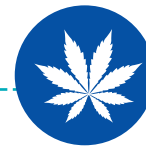
Depressants

Drugs that slow down the activity of the brain and decrease alertness. (For example, your speech can become slurred, or you lose balance as you walk). Some depressants are, for example, alcohol (legal), heroin (illegal), cannabis (illegal), or any analgesic (legal) that relieves pain or discomfort (Combiflam – paracetamol or codeine, such as that found in cough mixtures). People may think the word depressant means depressed or sad but in this context, it is about slowing down brain activity.



Stimulants

Drugs that have the opposite effect to depressants by increasing the activity of the brain. For example, caffeine (found in coffee, tea, cola or energy drinks–legal), nicotine (found in tobacco–legal), cocaine (illegal).



Hallucinogens

Drugs cause the user to see, hear and smell things in a strange way. In large doses, this can be cannabis.

Teacher will explain about the names of drugs later in the class.



TIME
5 Minutes



READS ALOUD

SECOND SESSION: LICIT (LEGAL) AND ILLICT (ILLEGAL) DRUGS

Teacher READS ALOUD the difference between licit and illicit drugs.



WHAT IS A LICIT DRUG?

Licit drugs are legal for people of a certain age, and for people with a relevant medical prescription. For example, alcohol, tobacco, caffeine or prescription/non-prescription drugs (for example, Combiflam – paracetamol for pain relief and bought without prescription) or cough mixture are all considered licit drugs.



READS ALOUD

TEACHER READS ALOUD THE FOLLOWING MESSAGE

Licit medicine—It is used for treating a health condition like cough, back pain, dental pain, etc. Ideally it should be purchased and used on the advice of a doctor. These medicine have positive effects but can have negative health consequences, if misused without the advice or prescribed by a doctor. Licit medicines can be addictive. **DO NOT SELF-MEDICATE.**

Alcohol and tobacco: Alcohol and tobacco are extremely harmful to the body. Both are used more for personal pleasure. They are advertised and made to look glamorous and cool. However, children should be aware of their addictive nature and negative health consequences.



READS ALOUD



What is an Illicit (Rather than a Licit) Drug?

Illicit drugs are illegal under all circumstances, and because of this, their use is classified officially in India as a crime that can be associated with punishment such as a fine or detention or both. Drugs classified as illicit, for example include, cannabis, heroin and cocaine.



TIME
5 Minutes

The teacher requests that the students name all the licit and illicit drugs that are the most commonly used in their community (that they are aware of) using official terms and street slang. Teacher writes the list of all drugs identified into two columns (licit and illicit) on the board.

It is important for the teacher to place a question mark next to any identified drugs (licit or illicit) named by students, when they are known to be clearly wrong. If for example a student states alcohol is illicit, it is important to explain that alcohol may not be culturally accepted for religious reasons in some communities, but in India alcohol is not classified as an illicit substance, and it is not against the law. However, in some States of India, alcohol can be illegal, but in other States, it is legal.

Teacher writes on the board a key message for children.

ALL DRUGS HAVE THE POTENTIAL TO CAUSE HARM



READS ALOUD

Many people think that prescribed medicines or over the counter drugs bought at a pharmacy are always safe because they are legal or doctor has prescribed them. This is **FALSE**.



THIRD SESSION: LEARNING ABOUT ALCOHOL

TEACHER READS ALOUD SOME COMMON NAMES FOR ALCOHOL IN DIFFERENT PARTS OF INDIA*

Daru, Sharaab, Lalpari, Whisky, Malta, Khamba, Santaraa, Gudki, Havaladar, Jugni, Rasila, Pawwa and Wine. [NAMES ARE NUMEROUS]

Ask students if they know any other names.

*Names from Delhi, U.P, Chandigarh, Punjab and Haryana



TEACHER READS ALOUD—WHAT IS ALCOHOL?

Alcohol is an ingredient found in beer, wine and spirits. Alcohol is found in the sugars of different foods. For example, wine is made from the sugar in grapes, beer from the sugar in malted barley (a type of grain), vodka as an example (is a spirit) made from the sugar in potatoes, or other plants. Alcohol is a depressant: it slows down messages between brain and body.

Teacher asks students the most common way of taking alcohol.

ANSWER: Swallowed

Teacher WRITES on the board some short-term effects of alcohol:

SOME SHORT OR IMMEDIATE-TERM EFFECTS

Pseudo Relaxation	Happy/sad depends on mood	Over confidence
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TEACHER READS ALOUD OTHER SHORT-TERM EFFECTS OF ALCOHOL

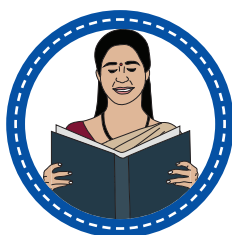
- Reduced coordination
- Trouble concentrating
- Slurred speech

Teacher highlights that the most short-term effects of alcohol use are not positive.

Teacher WRITES on the board some long-term effects of alcohol:

SOME LONG-TERM EFFECTS

Loss of memory/ confusion	Depression and sadness	Cancer: stomach, liver, mouth
---------------------------	------------------------	-------------------------------



READS ALOUD

TEACHER READS ALOUD OTHER LONG-TERM EFFECTS OF ALCOHOL

- Financial, professional, family and social problems
- Greater risk of lung and liver infections and heart disease
- Difficulty in reproducing (inability to have children)
- Weight gain and muscle weakness



READS ALOUD

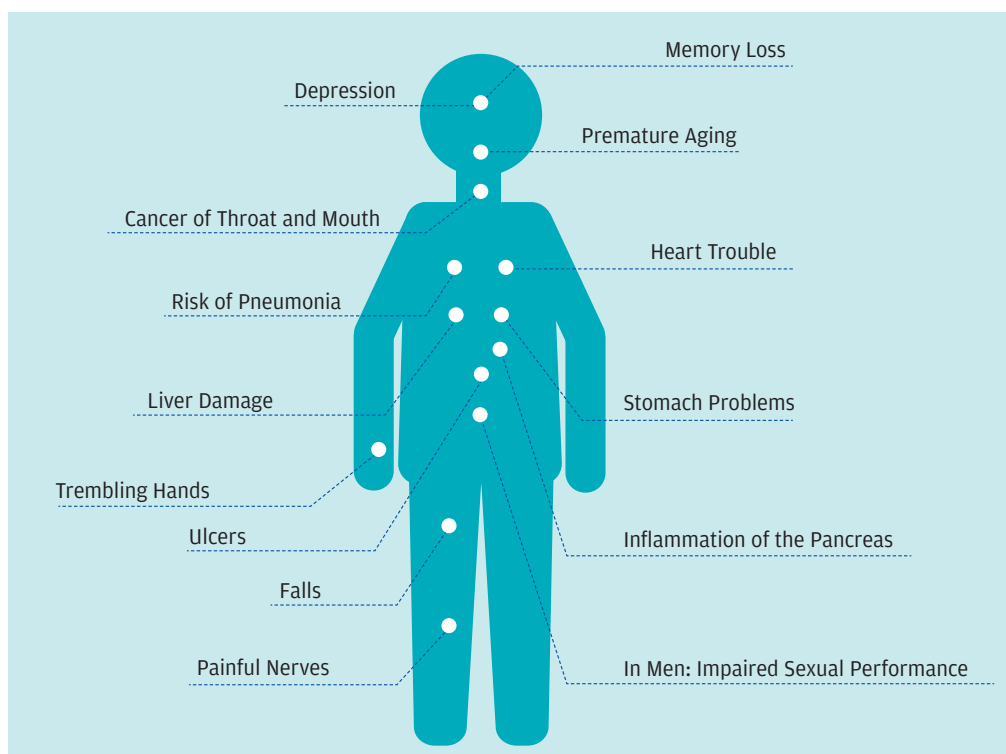
TEACHER READS ALOUD OTHER NEGATIVE EFFECTS OF ALCOHOL

- Mixing with other drugs (such as prescribed medications) can be unpredictable and dangerous sometimes leading to death.
- Need to drink more to get the same effect—leading to drug dependency.
- Alcohol use for under 18 years, adversely affects brain development.
- Person started drinking at an early age is likely to continue to do so as they get older.
- Drinking alcohol and driving can lead to injury or fatal accident (death).



TIME
5 Minutes

Teacher draws a rough outline of a human body on the board. Teacher ASKS THE STUDENTS to highlight the parts of the body in which alcohol can damage your health.



For the teacher's reference, some of the following can be used as a guide—

Parts of the body	Damage
Brain	Loss of memory, confusion, brain injury
Liver, mouth, throat, lips	Cancer, liver cyroshis
Lungs	Infections, greater chance of Tuberculosis
Heart	High blood pressure, heart attack, weak pulse
Sex organs	Infertile (inability to produce children)
Liver	Swelling and pain, hepatitis (inflammation of the liver), cirrhosis (liver not functioning properly)



TIME
7 Minutes

FOURTH SESSION: LEARNING ABOUT TOBACCO

TEACHER READS ALOUD SOME COMMON NAMES FOR TOBACCO IN DIFFERENT PARTS OF INDIA*

Bidi, Tambaku, Jarda, Cigarette, Khaini, Hukka, Yengo, Gutka, Chainee, Chilam, Coollip, Paat, Tali Sudhar, Ragda, Sonpatti and Peela Patti. [NAMES ARE NUMEROUS]

Teacher asks the students if they know any other names.

*Names from Delhi, U.P, Chandigarh, Punjab and Haryana



READS ALOUD

TEACHER READS ALOUD WHAT TOBACCO LOOKS LIKE—

Dried yellow-brown and curly leaves

TEACHER READS ALOUD—WHAT IS TOBACCO?

The leaves in tobacco plant contain NICOTINE (this is the main drug found in tobacco that is most easy to become dependent on. [GETTING THIS MESSAGE ACROSS IS ESSENTIAL], tar (causes cancer and stains people's teeth and fingers) and carbon monoxide (gas that comes from a lit cigarette, can cause heart to stop). Tobacco is a stimulant: speeds up messages between brain & body.

TEACHER ASKS STUDENTS—WHAT ARE THE COMMON WAYS OF TAKING TOBACCO?

ANSWERS: Smoked, chewed or sniffed

Teacher WRITES on the board some short-term effects of tobacco:

SOME SHORT OR IMMEDIATE -TERM EFFECTS		
More alert and relaxed	Bad breath	Weaker sense of smell and taste



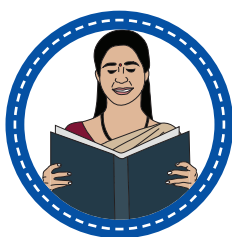
READS ALOUD

TEACHER READS ALOUD OTHER SHORT-TERM EFFECTS OF TOBACCO

- Dizziness
- Faster heart beat and increased blood pressure
- Reduced appetite

Teacher WRITES on the board some long-term effects of tobacco:

SOME LONG-TERM EFFECTS		
Shortness of breath	Coughing	Various cancers: throat, lung, stomach, bladder



READS ALOUD

TEACHER READS ALOUD OTHER LONG-TERM EFFECTS OF TOBACCO

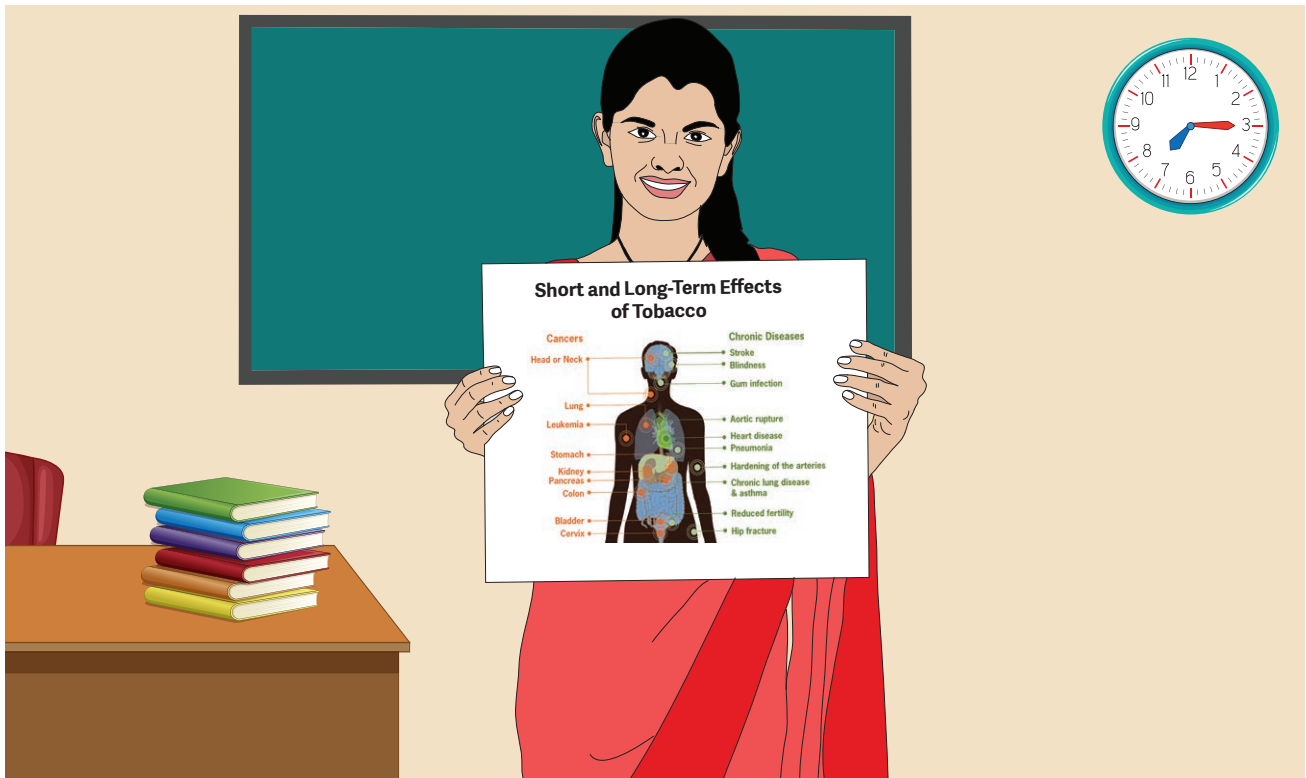
- Wrinkles on face, early sign of aging
- Yellow and rotting teeth
- Need more to get same effect
- Mood swings—happy, angry, sad
- Regular cold and flu
- Heart stops functioning



READS ALOUD

TEACHER READS ALOUD OTHER MAJOR NEGATIVE ASPECTS OF TOBACCO

- Tobacco reduces one's life span.
- For the years of being alive, many years can be spent suffering from various serious illnesses that could have been prevented.
- Nicotine is the drug in tobacco which causes high dependency. It is a highly toxic chemical and once inhaled (smoking), affects the body very quickly. Within seconds, nicotine reaches the brain.
- Passive or second-hand smoking of tobacco occurs when a non-smoker of tobacco, involuntarily breathes in smoke from other people's cigarettes, e-cigarettes, cigars or pipes. **PASSIVE SMOKING** can occur when you are in the same room, house, car or public place as smokers of tobacco. The smoke of tobacco contains toxic substances that can damage the health of anyone who breathes it in.



TIME
5 Minutes

TEACHER READS OUT THE FOLLOWING QUESTIONS AND STUDENTS WRITE DOWN THEIR ANSWERS IN THEIR NOTEBOOK

Answer— Yes or No

1. Does anyone in your family use any form of tobacco?
2. Does any of your friend use tobacco?
3. Are you often in places where other people use tobacco?
4. Do you believe that if your friends use tobacco, you will be influenced and do the same?
5. Are there times when you feel that others would like you to use tobacco?

Note that in India, tobacco can be smoked, chewed or sniffed.



READS ALOUD

Teacher informs the students DO NOT WRITE DOWN THE QUESTIONS. The answer is YES or NO. Student's responses are confidential and there is no need to share with others.

When students have completed the questions, the teacher will inform the class that if they answered mostly 'NO', they are at low risk of using tobacco. If students answered mostly 'YES', they may be vulnerable to experimenting with tobacco or becoming a regular user of tobacco.

NOTE FOR THE TEACHER

The teacher should make it clear to the students that if any student answered YES to any of the questions asked, they should feel free to approach the teacher or the school counsellor (if available) at some stage to discuss the issue further.



READS ALOUD

TEACHER READS ALOUD THE FOLLOWING MESSAGES

- Most people who use tobacco, never actually intended to do so.
- Tobacco users usually start by 'just giving it a try' but because nicotine is highly addictive, they quickly become DEPENDENT on it.
- Making a firm commitment not to use tobacco is a protection against future use.
- More someone is surrounded by tobacco users, the more likely they are to try using tobacco.



READS ALOUD

TEACHER READS ALOUD THE MEANING OF DRUG DEPENDENCE (THIS CAN ALSO BE WRITTEN UP IN ADVANCE ON BOARD OR LARGE PIECE OF PAPER)

Drug dependence is when a person needs to take a substance consistently and routinely in order to feel normal with day-to-day living. If a person stops or reduces taking the drug, they start experiencing a range of uncomfortable withdrawal symptoms that are physical (such as, stomach cramps, sweating and feeling sick) and psychological (such as, being nervous, angry, lack of concentration). Withdrawal symptoms are commonly relieved by resuming the use of the drug.



READS ALOUD

TEACHER READS ALOUD THE FOLLOWING MESSAGES

- If as a student, you are going to experiment with tobacco, it is worth knowing about and being aware of the short and long-term effects of tobacco-use decisions.
- The younger a person starts using tobacco, the more likely they are to become a lifelong and regular user of tobacco.



TIME
7 Minutes

FIFTH SESSION: LEARNING ABOUT VOLATILE SUBSTANCES (INHALANTS)

NOTE FOR THE TEACHER

Volatile substances (can also be called Inhalants and Solvents), such as paint, petrol, aerosol sprays, cleaning fluid, gases and glues fall under the category of depressants. Caution is required when including volatile substances as part of general drug education curriculum for school children due to the ease of access and the cheapness of such drugs that could lead to higher risks of experimentation.

However, in circumstances, where a group of students is particularly at risk from volatile solvent use, or where volatile solvent use is widespread (which in some places is not uncommon), a specific classroom or group response may be appropriate. To assist a teacher or counsellor to better understand about volatile substances, in case school children are using this substance, please refer to Annexure 9 for further information.



READS ALOUD

TEACHER READS ALOUD—WHAT ARE VOLATILE SUBSTANCES (INHALANTS)?

Volatile substances are divided into three key groups:

Solvents: glues, petrol, paint thinners, nail polish remover and paint remover (some examples).

Aerosols: insect sprays, body and room deodorant sprays and spray paints.

Gases: House hold or commercial products such as cigarette lighter fuel.



READS ALOUD

TEACHER READS ALOUD SOME COMMON NAMES OF VOLATILE SUBSTANCES (INHALANTS) IN DIFFERENT PARTS OF INDIA*

Fluid, Thinner, Nail Polish, Solution, Glue, Tube, Solvent, Whitener, Sniffer, Sulochan, Safeda, Petrol and Iodex.

[NAMES ARE NUMEROUS]

Teacher asks the students if they know any other names.

*Names from Delhi, U.P, Chandigarh, Punjab and Haryana

TEACHER READS ALOUD THAT 'THE MOST COMMON WAY OF TAKING VOLATILE SUBSTANCES IS BY INHALATION'.

Teacher WRITES on the board some short-term effects of volatile substances:

SOME SHORT-TERM OR IMMEDIATE EFFECTS		
Loss of coordination	Blurred vision	Dizzy and slurred speech



READS ALOUD

TEACHER READS ALOUD OTHER SHORT-TERM EFFECTS OF VOLATILE SUBSTANCES

- Vomiting
- Hallucination
- Runny nose

Teacher WRITES on the board some long-term effects of volatile substances:

SOME LONG-TERM EFFECTS		
Nasal bleeding	Memory loss	Weakness



READS ALOUD

TEACHER READS ALOUD OTHER LONG-TERM EFFECTS OF VOLATILE SUBSTANCES

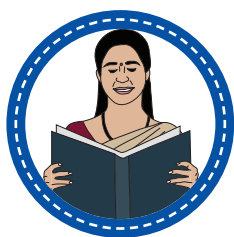
- Poor attention span
- Blood shot eyes and possible blindness
- Weight loss
- Sores around mouth and nose
- Aggression
- Brain damage

Teacher informs children that SUDDEN DEATH from heart attack or person stops breathing though rare, sometimes happen, due to the use of volatile substances. This is a major reason why it is best to avoid using or stop using this drug.

SIXTH SESSION: QUIZ ON DRUGS—WHAT HAVE YOU LEARNT ABOUT DRUGS?

Background

Upon the completion of Module Three, the teacher will conduct a short quiz on drugs. The quiz will help the teacher and the student find out what was learnt about drugs: understanding about alcohol, tobacco, volatile substances and associated side effects, and the difference between legal (licit) and illegal (illicit) drugs.



READS ALOUD

TEACHER SHOULD PROVIDE A PIECE OF PAPER OR THE STUDENT CAN TAKE A PIECE OF PAPER FROM THEIR NOTEBOOK TO UNDERTAKE THE QUIZ ON DRUGS.

The students should not write down the questions but only the number of the question. Students should write their answers on the piece of paper but not write their name.

Teacher **READS ALOUD** each quiz question. It is important to ensure that each student understands the question before moving onto the next question.



TIME
5 Minutes

1. Out of the three categories of drugs, write down the name of any one **[Mark: 1 Point]**
2. All types of drugs (legal and illegal) have the possibility of causing harm to a person. Circle one of the following:
(i) TRUE (ii) FALSE (iii) DO NOT KNOW **[Mark: 1 Point]**
3. The younger a person starts using tobacco, the more likely they are to become a lifelong, regular user of tobacco. Circle one of the following:
(i) TRUE (ii) FALSE (iii) DO NOT KNOW **[Mark: 1 Point]**
4. What is the drug that makes people dependent on tobacco? **[Mark: 1 Point]**
5. Alcohol use for those under 18 years can affect brain development.
(i) TRUE (ii) FALSE (iii) DO NOT KNOW **[Mark: 1 Point]**

Correct answers to the quiz on drugs can be found in Annexure 10 of this module

The teacher collects the pieces of the paper from the students. Once this is completed, the teacher will verbally provide the correct answer to each of the questions. With each correct answer, the teacher can ask among the students a show of hands, if students answered correctly. It is possible, some answers may require some discussion. Teacher may need to refer to this training module to highlight the correct answers or explanation behind the answers.

If many students do not get the correct answers, it would suggest some misunderstandings of the information was conveyed. Further explanations or rephrasing of the topic/s will need to be considered at a time convenient for the school or the teacher.

ANNEXURE

ANNEXURE

Annexure 1: List of State Level Coordination Agencies

S.No.	State Name	District Name	Name of NGO	Project Name	Project Location and Address	Name of Contact person	Number of Contact Person
1	Assam	Kamrup Metropolitan	Committee on Socio Economic and Health Development Assam	SLCA	House no 2, 2nd, NECHA Building, Opposite Om Shree residency, Six mile, Bholababa Path, Guwahati Opposite Om Shree Residency 781022	Anamriya Baruah	9706076864
2	Karnataka	Davangere	Sri Shakthi Association	SLCA	302, 4, Tapovana Building, Tapovana Medical College, Tapovana Doddabathi, Shugar Factory Road, Davanagere Tapovana Medical College 577566	Shaila Shree	9986408102
3	Manipur	Imphal West	The Galaxy Club	SLCA	SLCA, 1st & 3rd Floor, Building, Royal Enfield Shoe Room, Singjamei, Indo-Myanmar Road, Imphal Royal Enfield Shoe Room 795001	A. Basanta Kumar	9774271415
4	Odisha	Khordha	Association for Voluntary Action AVA	SLCA	16, Ground and 1st Floor, Building, Sisupalagarh, Gangotri Nagar Road No-1, Sisupalagarh, Bhubaneswar Sisupalagarh 751002	Sumitra Sahoo	7077268267
5	Tamil Nadu	Chennai	TT Ranganathan Clinical Research Foundation	SLCA	17, Ground Floor, TTK Hospital, Near Adayar Bus Depot, INDIRA Nagar, 4th Main Road, Chennai Near Adayar Bus Depot 600020	Solomon	9840821627
6	Andhra Pradesh	Visakhapatnam	Green Valley Foundation	SLCA	HIG 732, First floor, Green Valley Foundation, Kushi Shopping mall, Midhilapuri Vuda Colony, Revenue Layout, Visakhapatnam Kushi Shopping mall 530041	SL Raju	9247251126

S.No.	State Name	District Name	Name of NGO	Project Name	Project Location and Address	Name of Contact person	Number of Contact Person
7	Gujarat	Ahmadabad	Nasha bandhi mandal, Gujarat	SLCA	1, First, Nira Utkarsh Mandalsankul, Apnabazar Road, Opp. Jillapanchayat, Lal Darvaza, Ahmedabad Apnabazar Road 380001	Swami	9408420516
8	Haryana	Hisar	Ankush foundation	SLCA	Behind WW, Gangwa, Water Works Gangwa, Rajgarh Road Hisar, Hisar Water Works Gangwa 125001	Pardeep Dahiya	8572891960
9	Himachal Pradesh	Kangra	Gunjan	SLCA	Gunjan, Whole Building, Building, Tapovan Road, Sidhbari, Tapovan Road, Dharamshala Tapovan Road 176057	Sandeep Parmar	9736201105
10	Kerala	Kottayam	Chaganacherry Social Service Society	SLCA	601, First Floor, Charls Levinju Centre, Near Archbishops House, Atmata Kendram, Changanacherry, Changanacherry Near Archbishops House 686101	Giju Varghese	9455211827
11	Nagaland	Kohima	Kripa Foundation	SLCA	14-20, 2nd Floor, Red cross complex Kohima, Indoor stadium, Officers Hill Colony, Raj Bhavan Road, Kohima Indoor stadium 797001	Abou Mere	9436011066
12	Chattisgarh	Raipur	Sankalp Sanskritik Samiti	SLCA	18, 1st Floor, Building, Bottle House, Colony, Meera Datar Road, Raipur Bottle House 492007	Manisha Sharma	9827179103
13	Delhi	South West	SPYM	SLCA	SPYM Centre, Ground floor, SPYM Centre, Near CNG Station, 111/9 opposite Sector B-4, Vasant Kunj, New Delhi Near CNG Station 110070	Raushan Kumar	9891908889

S.No.	State Name	District Name	Name of NGO	Project Name	Project Location and Address	Name of Contact person	Number of Contact Person
14	Madhya Pradesh	Bhopal	Jila Nasha Mukti Abhiyan Sangthan Balaghat	SLCA	C-15, First Floor, Building, Narayan Bus Stand, Narayan Nagar, Hoshangabad Road, Bhopal Narayan Bus Stand 462039	Sawan Singh Hanwat	9406767188
15	Maharashtra	Palghar	Kripa Foundation	SLCA	3182, Building, Kripa Foundation, Near Urdu High School, Papdy, Papdy, Vasai West Near Urdu High School 401207	Mr Bruno Coelho	9822292588
16	Mizoram	Aizawl	Mizoram Social Defence Rehabilitation Board	SLCA	YD-24, 3rd Floor, Building, Tourist Lodge Road, Chaltlang, Chaltlang, Aizawl Tourist Lodge Road 796012	Lahlupuii Sailo	9436154348
17	Telangana	Hyderabad	New Hope Association	SLCA	16-11-20, Ground Floor, Building, Near Ganesh Temple, Saleem Nagar Colony, Dilsukhnagar, Hyderabad Near Ganesh Temple 500036	Mrs. Komali Krishna Reddy	9052033993
18	Uttarakhand	Udham Singh Nagar	Samagra Grameen Vikas Samiti	SLCA	MIG 143, Ground Floor, MIG 143, Near MRF Showroom, Avas Vikas Colony, Avas Vikas Road, Rudrapur Near MRF Showroom 263153	Prakash Chandra	8218228200
19	West Bengal	Kolkata	The Calcutta Samaritans	SLCA	40-B, Ground Floor, 40-B Garfa Main Road, SD 8 Bus Terminus, Kasba- Haltu, Garfa Main Road, Kolkata SD 8 Bus Terminus 700078	Suchandrima Bhattacharjee	8981190929
20	Bihar	Patna	Sister Nivedita memorial trust	SLCA	25 & 27, Ground & 1st floor, Mirdula Bhawan, Laxmi Market, New Jakkampur, Indira Lane, Patna Laxmi Market 800001	Nita Singh	7979711186
21	Jammu and Kashmir	Jammu	JK Society for the Promotion of Youth and Masses	SLCA	JKSPYM, 1st Floor, Near Purkhoo Migrant Camp, JKSPYM Centre Village Purkhoo, Jammu Near Purkhoo Migrant Camp 181206	Pallavi Singh	9596750390

Annexure 2: Slogans for 'Swachh Bharat Mission'

1. *Ek kadam swachhata ki ore*
2. Clean India, beautiful India
3. It's our Planet, don't throw it away
4. Be keen to keep India clean
5. Go green to get India clean
6. Cleanliness will be nationwide, but first you start from your side
7. Cleanliness is the soul of the nation, are you playing your role for the nation

Annexure 3: Go, Grow and Glow Foods Visual Aid

EATING A BALANCED DIET

Food Groups

Foods that give energy

Carbohydrates and Fats

Examples:

Rice, Wheat, Sugar (limit this), Corn, Beans, Bread, Potatoes, Fish, Cheese, Nuts, Coconut and Curd



Foods that make you strong

Growth Foods

Examples:

Milk, Curd, Eggs, Paneer, Meat, Lentils

Brightly coloured fruits and vegetables such as Carrot, Pumpkin, Sweet Potato, Tomato and Papaya



Foods that protect

Vitamins and Minerals

Examples:

Green Vegetables, Spinach, Cabbage,

Cauliflower, Carrots, Moong Dal, Fruits—All Varieties, Eggs, Chicken and Milk



Annexure 4: Risky Situations Sheet

RISKY SITUATIONS SHEET

1. You are returning from school one day and you meet somebody on the way. He requests you to deliver a packet to his friend, who stays some distance away. He says that, he has to take care of some other urgent work. He offers to pay you for the task. What will you do?
2. You are travelling by a bus or train to another city. A co-passenger, whom you have just met, offers you something to eat. What will you do?
3. You are waiting for a bus at a bus stand. A person from your neighbourhood rides by and sees you there. He is not your friend but offers you a lift. What will you do?
4. A group of students from your class want you to leave classes during school hours and go with them to the movies and generally hang out after that. What will you do?
5. You and your close friend are at a market. It's festival time and the market is very crowded. Suddenly your friend decides to steal some article from a shop and wants you to help him/her with it. What will you do?
6. You have recently shifted from a different state and are looking out to make new friends. You start interacting with a group that hangs around the park. Slowly you find out that some of them indulge in substance use. What will you do?

Annexure 5: Techniques for saying 'No'

Peer pressure is often difficult to deal with among children and adolescence. Here is a list of some strategies that students may use to say no in challenging situations.

TECHNIQUE TO AVOID RISKY SITUATIONS

- You can make an excuse as to why you don't want to or can't.
- You can ignore the suggestion to participate.
- Suggest a different activity.
- Give a reason why it's a bad idea.
- You should be repetitive. Don't be afraid to say 'No'.
- Take a minute to think about the consequences of whatever action you are being asked to take.
- If you are feeling pressured to do something you don't want to do, leave the area.
- Don't be afraid to be different.
- Don't do things you're not comfortable doing, just to fit in.
- Be yourself.

Annexure 6: Correct answers to situations of safe and unsafe touch

SITUATION ONE:

Your friend gives you a high five when he sees you during lunch time.

- This is an example of safe touch.

SITUATION TWO:

You meet a new student at school and you two shake hands.

- This is an example of safe touch.

SITUATION THREE:

A staff member from the school brings you to a secluded area and asks that you touch him.

- This is an example of unsafe touch.

You can ask the person where you are going and do not need to follow him. If he insists, you can yell for help and run away.

SITUATION FOUR:

You mom and dad hug you with love and affection.

- This is an example of safe touch.

SITUATION FIVE:

A stranger who knows your name tries to grab your hand to bring you into their vehicle stating that they are taking you home today.

- This is an example of unsafe touch.

If you do not know the person and your parents or guardian have not told you that someone will be picking you up, do not go with them. Find a trusted adult and ask to call your parents. If they follow you, yell for help “this person is not my parent or guardian” or “this person is trying to take me away”.

SITUATION SIX:

Your teacher taps you on the back and wishes you a safe journey.

This is an example of safe touch.

SITUATION SEVEN:

Someone you do not know at the park attempts to touch you in a way that makes you uncomfortable.

This is an example of unsafe touch.

Do not be in a secluded area alone. If they attempt to touch you, shout “this person is trying to touch me inappropriately” or scream and run away from them.

Annexure 7: Smart Ways to Keep Yourself Safe

Body	You are the boss of your body. No one is allowed to hurt your body in any way.
Private Body Parts	The parts of your body covered by your garments are your very own private parts. It is never alright for someone to touch, talk about or look at your body parts except for health reasons.
Hugs and Kisses	Hugs and kisses are not okay, if somethings happen, make sure to report a grown-up person that you trust.
Gifts	Sometimes people try to trick you by giving you sweets, money or gifts in return to make you do something that makes you feel uncomfortable, confused or unsafe. Refuse to do what they ask and do not take gifts they give you!
Secret	Secrets about touching are not okay. Always tell a trusted person that if someone tries to break the touching rules and asks you to keep it a secret.
No	If someone tries to break the touching rule, it is important to use the word ' no ' and loudly!
Shout and Get Away	Shout and get away when someone is trying to hurt you or touch you in a way you do not like or makes you feel confused, scared or uncomfortable. Practise shouting as that is what you need to do.
Tell	If you are worried, confused and scared by the way someone touches you, tell a grown up that you trust. If the person you tell does not help you, tell someone else and keep on telling until you get help that you need. Some examples of those you may wish to tell are parents, grandparents, teachers and government agencies.
It Is Never Your Fault	It is never your fault, if someone breaks the touching rules to hurt you. Sometimes even when you cannot say 'no' or get away or too afraid to tell, always remember to think 'no', that you did not ask to be hurt and it is NOT your fault. Think 'no' and tell someone when you can.

Source: Tulir - Centre for the Prevention and Healing of Child Sexual Abuse, Chennai, Tamil Nadu

Annexure 8: Indications of Possible Child Sexual Abuse: Legal Provisions and Resources

Indications of a child possibly being abused include—

- Acting out in inappropriate, sexual ways
- Becoming withdrawn or becoming very clingy
- Becoming unusually secretive
- Difficulty in sleeping or problems with bed wetting
- Sudden, unexplained behaviour or mood changes
- Talk of new, older friend and unexplained gifts or money
- Outbursts of sudden anger
- Unaccountable fear of particular places or people
- Not wanting to be alone with particular person
- Physical signs, such as, unexplained soreness or bruises around genital or mouth areas
- Giving clues about abuse without being outright
- Signs of self-harm

***There are many signs of possible sexual abuse in children. No one sign means that a child is or was sexually abused but the presence of many markers should prompt you to ask questions or seek help.*

Legal Provisions

POCSO Act of 2012 (Protection of Children against Sexual Offences) is a law that deals with sexual offenses of children below the age 18. The minimum punishment in the case of rape is now 10 years and can be extended to a life sentence. Rape of children under 12 years is punishable by death. This Act protects children in situations ranging from penetrative to non-penetrative assault as well as sexual harassment and pornography. The POCSO Act also makes reporting these situations mandatory, failure to report can lead to jail time or fines.

Resources

Childline: Dial 1098. **It's a toll-free number.**

If you suspect a child is in need of care or protection, call CHILDLINES 24/7 line.

Police: You can go to the police station to file a report of crime or abuse.

The Ministry of Women and Child Development (WCD)/NCPCR: You can send an email to the WCD to enter their online reporting system for any incidents of inappropriate touching or molestation. These reports are then received by National Commission for Protection of Child Rights.

Go to <http://ncpcr.gov.in/>. and push the button titled POSCO E-Box.

FIR (First Information Report):

You can learn more about how to file a First Information Report at <https://safecity.in/filing-of-a-first-information-report-fir/>

Annexure 9: Further Information About Volatile Substances

Volatile substances are commonly the first substance of use among the youth due to their easy availability, accessibility, (commonly purchased legally in a range of shops) minimal cost and ability to provide a rapid mood-altering effect.

Volatile substances commonly used by children are divided into three key groups: solvents, aerosols and gases. [there is a fourth group—nitrites such as amyl nitrite but use among children is not common]

Solvents

These are liquids or semi-solids, such as glues that vaporise at room temperature. The chemicals toluene and xylene are common components of these products. Some example products include: glues, petrol, paint thinners, nail polish remover, paint removal, degreasers and correction fluid.

Aerosols (containing propellants and/or solvents)

These often contain hydrocarbons. Some example products include: insect sprays, hair sprays, body and room deodorant sprays and spray paints.

Gases

These include medical anaesthetics and household or commercial products. Medical gases often include ether, chloroform and nitrous oxide. Household or commercial products may include refrigerants, cigarette lighter fuel, cylinder propane gas or fire extinguisher.

Effects of Volatile Substances

Effects of volatile substances occur and fade quickly, within one to five minutes of using. If a person stops inhaling, they start to recover in a few minutes. Repeated use is required to sustain the feeling of intoxication. People using volatile substances may feel and look like they are under the influence of alcohol. They can also experience hallucinations, which can be particularly vivid and in some cases, be long lasting.

Immediate and Short-Term Health Effects	Behavioural Effects	Long-Term Health Effects
<ul style="list-style-type: none"> euphoria and giggling runny nose hallucination loss of inhibition loss of muscular coordination slurred speech blurred vision feeling invincible unconsciousness drowsiness and dizziness confusion and incoherence vomiting sudden sniffing death death by suffocation death by accident 	<ul style="list-style-type: none"> unsteady walking aggression inappropriate and uncontrollable giggling slow responses disengagement from school irrational and bizarre behaviour risk taking and accidents 	<ul style="list-style-type: none"> recurrent nose bleeds oral and nasal ulcerations/wounds sinusitis diminished cognitive function and memory loss poor attention span lethargy tremors indigestion conjunctivitis and bloodshot eyes and blindness chest pains and constant coughing tinnitus (ringing in ears) depression anxiety and paranoia weakness and weight loss

Some Signs of Volatile Substance Use—

- Flu like symptoms, like runny nose and eyes
- Loss of appetite
- Anxiety, excitability and irritability
- Often there is an association between heavy inhalant use and anti-social behaviour, disengagement at school and social groups/activities where sniffing is not involved, and general apathy
- Sores around the mouth and nose
- Suspicious and secretive behaviour
- Big mood swings

Annexure 10: Answers to Quiz on Drugs

1. Out of the three categories of drugs, write down the name of any one.
Answer: Depressant, Stimulant and Hallucinogen.
2. All types of drugs (legal and illegal) have the possibility of causing harm to a person.
Answer: True
3. The younger a person starts using tobacco, the more likely they are to become a lifelong, regular user of tobacco.
Answer: True
4. What is the drug that makes people dependent on tobacco?
Answer: Nicotine
5. Alcohol use for those under 18 years can affect brain development.
Answer: True

Annexure 11: Bibliography

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Ministry of Social Justice & Empowerment
Government of India

NASHA MUKT BHARAT ABHIYAAN

IN 372 DISTRICTS