



सत्यमेव जयते

Government Of India

Ministry of Social Justice and Empowerment, and Ministry of Education



NAVCHETNA

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

TRAINING AND RESOURCE MODULES

SECONDARY STAGE: GRADES IXTH, XTH AND XITH



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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)



सत्यमेव जयते



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



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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 disorder.¹

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 is the increase 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, 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 Secondary Stage school children of Grades IXth, Xth and XIth, age group 14–16 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 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 (any 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 behaviour 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 five self-contained sessions designed for the age group 14–16 years. One session on drug use issues has been designed exclusively for parents and appropriate family members, and designed to be delivered in 60–90 minutes. The content of each session for the students is designed to be delivered in 60 minutes.

The content of this module aims to support and expand teachers, 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 five individual sessions of which three are specifically about life skills and the last two sessions are about drugs used in community—tobacco, alcohol and volatile/inhalant substances, cannabis, opioids, sedatives and cough mixtures. Alerted to the fact that many persons in India lack correct information and education about drug use issues, a session has been developed exclusively for parents and appropriate family members of a child: teachers are encouraged to share this information to this population group. Each session in this module has been designed to be delivered in 60 minutes. Except for the session for parents and family members, which has been designed to be delivered in 60–90 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 quizzes 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 commonly repeated for school children from Grades VIth–XIth. 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 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. Life-skills programme 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

³ Rajapati, Ravindra & Sharma, Bosky & Sharma, Dharmendra. (2016). Significance of Life Skills Education. Contemporary Issues in Education Research (CIER). 10. 1. 10.19030/cier.v10i1.9875.

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 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 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 while 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 a 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 reasons for people using various substances are 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 AND 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 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 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 glamorizing 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 staffs 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 programme 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 programmes.

Research show that teachers are best placed to provide drug education as part of an ongoing school program. 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.

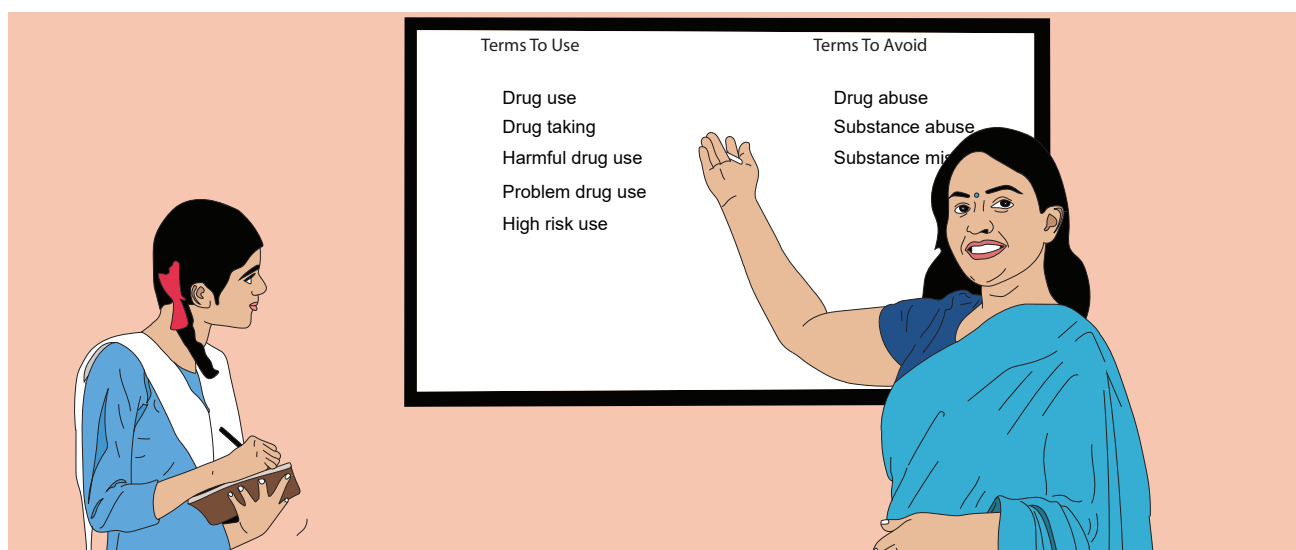
Inclusive and interactive teaching strategies are the most effective way to develop students' drug-related knowledge, skills and attitudes. Students need to be assisted to develop their problem-solving, decision-making and help, seeking skills. Ensure all students are actively engaged for the strategies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



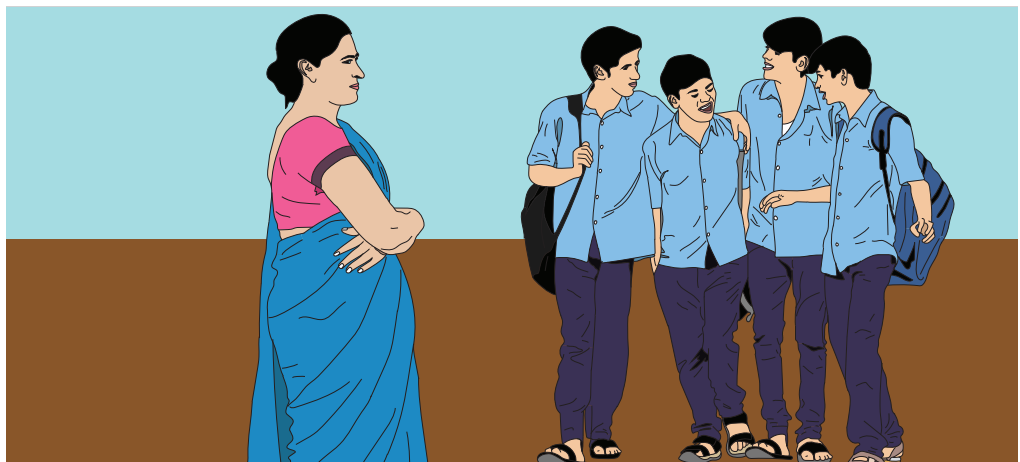
Terms to use	Terms to avoid	Reasons
Drug use Drug taking Harmful drug use Problem drug use High risk use	Drug abuse Substance abuse Substance misuse	All drug use has the potential to cause harm. Terms, such as drug use and drug taking are non-judgemental and less stigmatising.
Depressant drugs Stimulant 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 know 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 De-addiction Helpline run by the Ministry of Social Justice and Empowerment, 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.

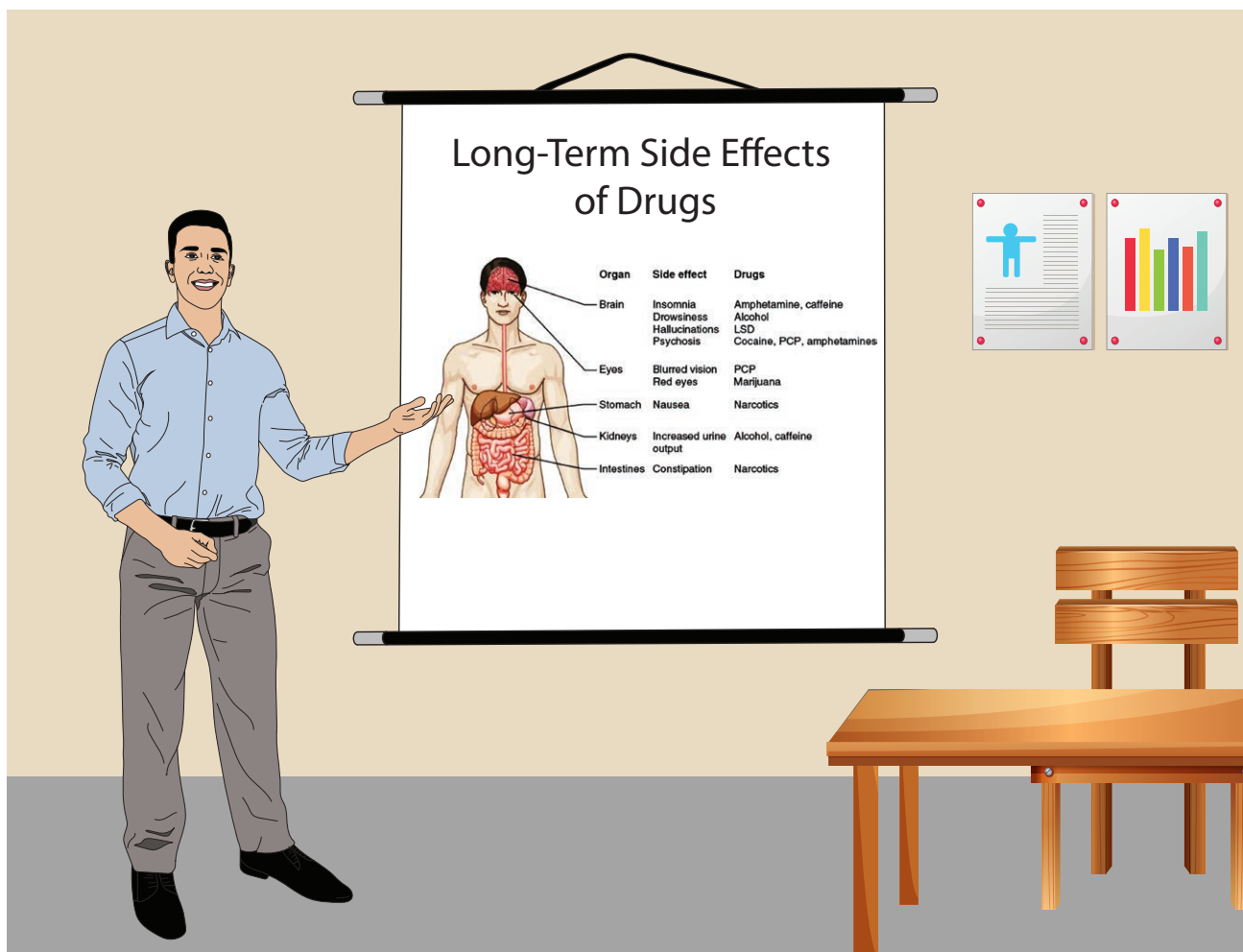
MATERIALS REQUIRED

- Whiteboard or blackboard (plus chalk for blackboard or erasable markers for whiteboard).
- Pieces of paper (small and large), pens or pencils, crayons and marking pens.
- 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 the teacher.
- Teacher should ensure to wear a watch or a clock should be 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, 3, 4, 5 (as well as online module for parents and family members) that cover various topics contained in 'Navchetna'.
- It is suggested that Module 1, 2, 3, 4 and 5 should be conducted once in two months.
- It is suggested that Module 6 should be conducted for parents and family members twice a year.





USE TIME WISELY

To reduce the time of writing text on the board during a class-room 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, in various topics, prepare in advance, write up some sections of 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 paper.

As part of the Education Information Kit, Power Point Presentations (PPT) of this Module for Grades IXth, Xth and XIth 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 the various topics physically, with all the techniques and guidance outlined in this book.

DELIVERING THE TRAINER RESOURCE MODULES

The module can be delivered as five single stand-alone sixty-minute sessions covering the information contained in Part One, Two, Three, Four and Five. Another single stand-alone session, Part Six is targeted specifically towards parents and appropriate family members of the child is to be conducted in sixty to ninety minutes. (Duration of time can be determined by interest and response of parents and appropriate family members). The table below outlines key topics for Part One, Two, Three, Four, Five and Six.

MODULE ONE TITLE: MANAGING PEER PRESSURE	MODULE TWO TITLE: MANAGING EMOTIONS	MODULE THREE TITLE: RECOGNISING AND HANDLING VIOLENCE
Understanding peer pressure	Understanding emotions	Understanding violence
Learning how to say 'no'	Understanding and managing anger	Reporting incidents of violence

MODULE FOUR TITLE: BASIC DRUG EDUCATION–PART 1	MODULE FIVE TITLE: BASIC DRUG EDUCATION–PART 2	MODULE SIX TITLE: BASIC DRUG EDUCATION INFORMATION SESSION FOR PARENTS AND FAMILY
What is a drug?	Learning about cannabis	India—Drug context
Knowing about licit (legal) and illicit (illegal) drugs	Learning about opioids	What is a drug?
Categories of psychoactive drugs	Learning about sedatives	Licit (legal) and illicit (illegal) drugs
Learning about alcohol	Learning about cough mixtures	Family factors for drug prevention
Learning about tobacco	Dealing with different drug-use situations	Why do people use drugs?
Learning about volatile substances (inhalants)	Quiz on drugs—What have you learnt about drugs?	How can I tell if someone is possibly using drugs?
Quiz on drugs—What you have learnt about drugs?		Suspecting your child is using drugs and not sure what to say or do?
		Getting support

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. There is no requirement to memorise any section. Avoid mistakes and ensure the information delivered is accurate by using and referring to this resource material.

MODULE ONE

MANAGING PEER PRESSURE

MODULE-1		PAGE NO.
INTRODUCTION		37
FIRST SESSION: UNDERSTANDING PEER PRESSURE		38
SECOND SESSION: LEARNING HOW TO SAY 'NO'		41



MODULE ONE

MANAGING PEER PRESSURE



TIME
60 Minutes

INTRODUCTION

Adolescence is a period of rapid physical, emotional, sexual and psychosocial changes. Adolescents form strong bonds with their friends or peers and are strongly influenced by them. While peer influence may motivate adolescents to get involved in activities that have positive outcomes like studying better or volunteering, it may also lead to indulging in negative behaviours like substance use, risky behaviours or criminal activities. Adolescents are better served by having friends that are loyal, caring, supportive and dependable, rather than seeking friendships with those, who are popular but lack commitment and trustworthiness. As adolescents grow in age, they need to learn life skills involving refusal skills when addressing issues of peer pressure, to deal with situations that may have negative outcomes.



Objectives

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

1. To understand the meaning of 'peers' and of the various ways peers can influence their life
2. To appreciate the importance and positive impact of 'real friends'
3. To identify some situations of positive and negative peer pressure
4. To demonstrate refusal skills, say 'NO' to resist negative peer pressure



Life Skills Used

- Self-awareness, critical thinking, effective communication, decision making, and building positive relationships



Additional Materials Required for Teacher

- To save time, the teacher can write text of various topics, some sections of information in advance on board or large pieces of paper, which can be taped on the wall when required and appropriate.



Advance Preparation Required for Teacher

- Draw and fill in the chart of 'Methods for Saying No' on the board before the class session begins. Alternatively, prepare a poster/chart beforehand.
- Prepare a chart/poster outlining the 'Ways to Resist Peer Pressure'.



TIME:
10 Minutes

FIRST SESSION: UNDERSTANDING PEER PRESSURE

Brainstorming

- Teacher greets the students and informs them of an activity that will be conducted to understand how to manage peer pressure.
 - Teacher announces the word 'peer' and then proceeds to ask the students what this word means to them.
 - Teacher WRITES the responses given by the students on the board.
 - After several students provide their understanding of the meaning of the word peer, the teacher READS ALOUD the definition of the term.



READS ALOUD

“ A PEER IS A PERSON WHO SHARES EITHER THE SAME AGE, SOCIAL POSITION, OR ABILITY, ETC. AS OTHER PEOPLE IN A GROUP. ”

- After defining the word 'peer', the teacher asks the students to give some examples of the way adolescents are influenced by their peers.
- Teacher WRITES some of the responses given by the students on the board.

NOTE FOR THE TEACHER

1. While writing the responses, the teacher may use keywords instead of full sentences.
2. Adolescents are influenced by their peers in a number of ways. Some of these include as follows:
 - Way of dressing—what is fashionable and what is not
 - Hairstyles
 - Hobbies and habits
 - Ways of behaviour
 - How to talk
 - Types of social activities
 - Selecting favourite singers, movie stars, musicians, etc.



TIME:
10 Minutes



READS ALOUD

Case Study

Sameer, Ali, Deepak, Anita and Monu are good friends. They study in the same school. Anita is Deepak's sister. One day, they all go to the market to buy things as the festival time is approaching. The market is very crowded.

While Anita is looking at some purses, Sameer decides to steal a pair of sunglasses from one of the shops. He tries to convince Deepak and Ali to join him and wants them to distract the shopkeeper, while he steals a pair of sunglasses. He tells Monu to stand guard while he steals. Monu agrees but says that he will run off, if Sameer gets caught.

Ali tries to discourage Sameer from going ahead with his plan and tells him that this kind of behaviour is not desirable. It may even land him in police custody. Anita points out at the CCTV cameras installed all around the market. Deepak says that we should support our friends always. Ali walks away in frustration. Monu stands guard. Deepak engages the shopkeeper. Anita is at a nearby shop buying a purse. Sameer is getting ready to steal.



READS ALOUD

Teacher conducts a short discussion based on the following questions found below:

1. In the case study that was read out, who do you think are the 'Real Friends' of Sameer? Why?
2. What do you believe are the characteristics of 'Real Friends' in this case study?
 - Teacher writes down some of the responses on the board.
 - Teacher concludes the activity by emphasising the characteristics of 'Real Friends' outlined in the NOTE FOR THE TEACHER BELOW—

NOTE FOR THE TEACHER

Some Characteristics of Real Friends are as Follows:

- Trustworthy
- Treat you as an equal
- Respect your point of view yet can also point out your mistakes and stop you from doing wrong things
- Provides help, remain loyal and will stand by you in difficult times
- Will admit their own mistakes
- Appreciates the friend and will inform others of this appreciation both privately and in public
- Honesty and dependable



TIME:
10 Minutes



Short Discussion

- Teacher starts a short discussion by asking whether the students have had experiences of feeling pressure by their peers / friends or not.

NOTE FOR THE TEACHER

While doing this activity, it is important to clarify that you do not want students to share or discuss any topics that include **drug use, sexual misconduct, or criminal activities**. This may be self-incriminating for the student, as well as increasing undesirable interest of other students.

- Teacher provides examples of possible situations, where students can be pressured by their peers to do something positive or indulge in an undesirable behaviour that they could not refuse.

- The teacher then draws a vertical line on the board and writes '**Examples of Positive Pressure**' on the left side of the line and the '**Examples of Negative Pressure**' on the right side of the line. The teacher will draw the chart below on the board with these examples.

Examples of Positive Pressure	Examples of Negative Pressure
<ul style="list-style-type: none"> Joining a study coaching centre Going to the gym Volunteering at a social services organisation Putting all rubbish in bins Respecting elders and others 	<ul style="list-style-type: none"> Fighting with your peers / siblings Lying to parents and teachers Missing school classes Not returning a borrowed item Making fun of someone with disability

- Teacher informs students that **positive** peer pressure motivates and encourages individuals to become better individuals, while **negative** peer pressure can cause stress, confusion and inability to make correct decisions among adolescents. It may further lead to certain undesirable and criminal forms of behaviour.
- Teacher informs the students that the next few activities will focus on learning refusal skills to resist negative peer pressure.



TIME:
10 Minutes

SECOND SESSION: LEARNING HOW TO SAY 'NO'

Techniques for saying 'NO'

- Teacher refers to the chart pre-written on the board or prepared beforehand.
- Teacher READS ALOUD the various techniques for saying 'NO' and explains them with appropriate examples.





READS ALOUD

Method of Saying 'No'	Example of the Method
Polite Refusal	"No, thanks."
Give a Reason	"No, I don't like x (Say, beer, smoking, using drugs)."
Be Firm	"No, thanks."
Walk Away	Say 'No' and walk away after you say it.
Cold Shoulder	Keep going as if you did not hear the person. However, this is not the best approach to use with friends.
Give an Alternative	"I'd rather stay here and watch TV."
Reverse the Pressure	"What did I just tell you? Were you listening?"
Avoid the Situation	If you know of people or a situation where people will pressure you to do things you don't want to do, then stay away from them.
Strength in Numbers	Be involved and befriend people who support your decision not to drink alcohol, use drugs, etc.
Own your own Feelings and be in control	"I am not comfortable doing this." "It makes me unhappy."



TIME:
15 Minutes

Role-Play Situation

In this activity, students will act out the following different situations and examine how students would demonstrate different refusal skills.

1. Teacher selects 3 volunteers to enact the first role-play situation.
2. Teacher briefs the students about the situation. Volunteers are provided 2-3 minutes to prepare for the role play.

SITUATION 1:

Being invited to go out without permission during school hours

Salma is friendly with a boy in her locality and wants to spend some time with him alone. Her parents do not know about this. She convinces her friends Dolly and Reshma to accompany her for a picnic during school hours to a nearby museum, where she can invite her special friend and spend some time with him. Dolly doesn't want to go but Salma is her best friend. She agrees reluctantly. Reshma wants to refuse but she doesn't know how to say 'NO'.

Being pressured to intimidate girls

Sandeep, Raju and Rocky are standing near a park. A group of girls are approaching who want to enter the park for taking a walk. Sandeep tries to convince his friends to intimidate the girls by blocking their way and passing comments. Raju is hesitant but agrees reluctantly as Sandeep is his best friend. Rocky knows that this behaviour is wrong but doesn't know how to say 'NO'.

- Teacher will point out the techniques used to demonstrate refusal skills.
- Teacher encourages the students to applaud all volunteers for their performances.
- If time permits, take another situation. For situation 2, the teacher will select 3 new volunteers to perform.
- The teacher will brief the students about the situation, then volunteers will have 2–3 minutes to prepare for the role play.

SITUATION 2:

Being invited to drive underage

Ashu's elder brother has bought a new motorcycle [two-wheeler], which he plans to use for office purpose. Ashu kind of knows how to drive a motorcycle but does not have license as he is only 16 years old. Most of the people in his village normally ride a cycle. Ashu's two friends, who are of the same age, want Ashu to take the motorcycle keys from his brother's room. They want to take the motorcycle and have fun on the road and go to the nearby town, which is crowded. Ashu is hesitant but unable to say 'NO'.

Being pressured to steal money from home

Rani, Sunita and Dolly are friends. Rani's sister's marriage is coming up soon for which she wants to gift her sister an expensive watch. Rani doesn't have enough money for the gift and asks her friends Dolly and Sunita to lend her money. When they say that they don't have that much amount of money with them, Rani asks her friends to steal money from their house and give it to her. She promises to return the amount soon. Dolly is in a dilemma as Rani is her good friend and she wants to help her. Sunita knows that this is wrong but doesn't know how to say 'NO'.



TIME:
5 Minutes

- Teacher will point out the techniques used to demonstrate the refusal skills.
- Teacher encourages the students to applaud all the volunteers for their performances.



Ways to Resist Peer Pressure

To conclude the session, the teacher will explain and outline the chart titled '**Ways to Resist Peer Pressure**'.



READS ALOUD

WAYS TO RESIST PEER PRESSURE

- Have high self-esteem (strong belief in yourself).
- Think about the consequences before you become involved in a negative activity with your peers.
- Socialise with positive people.
- Do not socialise with trouble makers.
- Do not be afraid to be different.
- Never go against your values and beliefs (beliefs about good behaviour and things that are considered important).
- Do not do the things that you are not comfortable doing just to fit in.
- Be yourself.






READS ALOUD

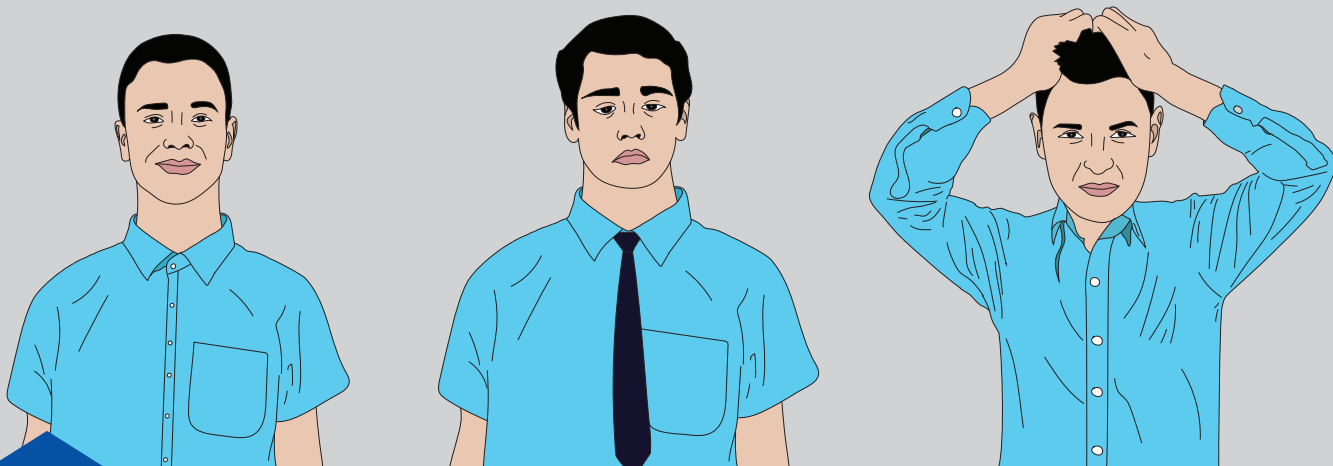
- Teacher reminds the students that it is okay to do their own thing and that they do not have to do the things that they do not want to do in order to make friends.
- Teacher concludes the session by stressing to the students that before they do something potentially risky, they should think about the consequences.

ITS BETTER TO WALK ALONE THAN WITH A CROWD GOING IN THE WRONG DIRECTION. DO WHAT YOU FEEL IS RIGHT.

MODULE TWO

MANAGING EMOTIONS

MODULE-2		PAGE NO.
INTRODUCTION		47
FIRST SESSION: UNDERSTANDING EMOTIONS		49
SECOND SESSION: UNDERSTANDING AND MANAGING ANGER		51



MODULE TWO

MANAGING EMOTIONS



TIME
60 Minutes

INTRODUCTION

Adolescents experience frequent mood swings due to hormonal changes occurring in their bodies. Adolescents tend to mask their emotions or experience several emotions at once which can make it difficult for them to express what they are truly feeling. As a result, others around them (parents, other family members and friends) might struggle to actually understand what they are feeling or trying to express. This module focuses on understanding the issues related to emotions, expressing various emotions, as well as learning to manage anger in particular.



Objectives

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

1. To identify emotions and how they can be expressed.
2. To appreciate different causes that trigger emotions, their effects, and common responses to various emotions.
3. To understand the implications of damage caused by anger .
4. To learn ways to reduce and manage anger better.



Life Skills Used

- Self-awareness, effective communication, critical thinking and dealing with emotions



Additional Materials Required for Teacher

- A box/bag containing folded pieces of paper
- Copy of the story titled 'The Fence'
- Chart titled 'How to Reduce Anger'
- Mobile phone to provide music (Optional)



Advance Preparation Required for Teacher

- Take a sheet of paper and make **6 smaller pieces** out of it by folding and cutting it.
- Write the names of various emotions as seen in the **NOTE FOR THE TEACHER** (Given below), such as happiness, sadness, disgust, fear, surprise and anger on the small pieces of paper. Then, fold the papers and put them in a box or bag.
- Prepare a chart/poster on 'Get 'Rid' of Anger'

NOTE FOR THE TEACHER

While there is currently no scientific consensus on a single definition of emotion there are many that believe it is a complex state of feeling that results in physical and psychological changes that influence thought and behaviour. Humans experience different types of emotions and these have an influence on how we live and interact with others. Emotions can have a major influence over the choices we make, the actions we take and the perceptions we have, and these can be experienced at any given moment.

For many years, it was believed there were only six types of basic emotions: **happiness, sadness, disgust, fear, surprise and anger.**

In recent years, further research has found that the types of emotions have expanded in number and can include some of the following: **pride, shame, guilt, embarrassment, excitement, joy, amusement and contempt.** Some researchers claim there are currently 27 various emotions.

Various emotions can result or be linked to other human conditions. For example, the basic emotion of fear can result in **anxiety.**



TIME:
15 Minutes

FIRST SESSION: UNDERSTANDING EMOTIONS

Game: Passing the Parcel

Teacher greets the students and starts the session by asking the students, the kind of feelings they experienced when they got up in the morning. Teacher **WRITES** some of the responses on the board. The teacher then informs the students that the session will be on understanding and managing emotions.

- Teacher selects 12 to 15 student volunteers to play the game titled 'Passing the Parcel'. The student volunteers will come forward and be told to make a circle or form a line. The remaining students should observe the student volunteers and respond when instructed to do so. Teacher explains the game.



READS ALOUD

INSTRUCTIONS FOR PASSING THE PARCEL GAME

1. The student volunteers in the circle or a line and will pass the box or bag from one person to another in one direction as the teacher claps their hands or as the music plays. When the clapping stops, the student volunteer holding the box will open the box, pick up a piece of paper and see the name of the emotion mentioned on the paper.
2. The student volunteer will then enact out the emotion using only non-verbal clues. Teacher can recommend students to think about auditioning for a school play or a movie when enacting the emotion.
3. The students observing the game will guess the emotion being enacted.
4. The game will continue until all of the emotions have been correctly identified by the student volunteers.

NOTE FOR THE TEACHER

1. The game will highlight only 6 emotions. Selecting 12–15 students will make the game exciting, though only 6 children will get the chance to enact.
2. Sometimes some student volunteer may require a little help to read and understand the emotion mentioned on the piece of paper. The teacher may help the student volunteer but in a way that the other students do not get distracted.
3. The teacher should make sure that the game proceeds in the same direction, each time it begins.
4. The teacher can clap their hands to make music.



TIME:
5 Minutes



Short Discussion on the Game

Teacher requests all the students to be seated after the game. The teacher will facilitate a short discussion among the students on the following questions—

1. Was it easy to guess the emotion being enacted? Why?
2. Was it easy or difficult to enact the emotions? Why?
3. Can some of these emotions be expressed in a different way?



READS ALOUD

- It is normal to feel and express emotions.
- However, feeling or expressing only negative emotions for a prolonged time or in greater frequency may indicate emotional disturbance and a call for help. For example, a prolonged state of sadness or excessive and frequent bursts of anger may indicate some kind of unresolved mental health issues or long-term problem at home that may need treatment or an intervention.



TIME:
15 Minutes

Large Group Exercise: Understanding Emotions

Teacher draws a table on the board comprising of 7 rows and 4 columns, then labels the rows and column as given below—(to save time, the teacher may prepare this table in advance on a large piece of paper and tape the wall or the board.)

Name of the Emotion	What caused it?	What was the effect?	What was your response?
Happiness			
Sadness			
Fear			
Disgust			
Surprise			
Anger			

- Teacher then selects 6 student volunteers and will assign one emotion as shown in the table above to each of the student volunteers.
- Teacher will ask each student volunteer to think about an incident which triggered that particular emotion. The teacher asks for their responses related to each column and will write the same in appropriate columns. Two examples are illustrated below:
 - Anita felt happy when she passed her exams with good grades. She was excited and shared the good news with all her friends. She then went to offer her gratitude to the almighty.

- Sonu was anxious a night before his final exam. He had been casual the whole year and had not attended classes regularly. He was not able to sleep or eat properly. He missed the exam.

The teacher quickly summarises the content written on the board.



READS ALOUD

- Emotions or feelings affect our minds and bodies in different ways. They also direct our actions and behaviour.
- We need to learn to respond to these emotions or feelings in a way that is not detrimental (causing harm) or damaging to our self or others.
- Gender norms also impact upon the way we respond to some incidents or situations in our lives. For example, girls have a tendency to cry and express their sadness, whereas boys would respond to a sad situation by withdrawing themselves or not communicating with others about their sadness.



TIME:
5 Minutes

SECOND SESSION: UNDERSTANDING AND MANAGING ANGER

Brainstorming: What Happens When You Get Angry?

Teacher informs the students that the focus of the session will be on an emotion that is felt and expressed very intensely during teenage or adolescence. This emotion is '**ANGER**'. The teacher will **ASK THE STUDENTS** the following questions:

1. When you are angry, what happens in your body?
2. What do you feel like doing when you are angry?

The teacher writes all the responses from the students on the board. The teacher informs the students that the next activity will highlight the impact of anger.





TIME:
10 Minutes



READS ALOUD

THIS STORY IS CALLED 'THE FENCE'

There was a little boy with a bad temper.

His father gave him a bag of nails and told him that every time he lost his temper, he should hammer a nail in the back fence.

The first day the boy hammered 37 nails into the fence.

Then the number of nails gradually reduced. He discovered that it was easier to hold his temper than to hammer nails into the fence.

Finally, the day came when the boy didn't lose his temper at all. He told his father about it and the father suggested that the boy now pull out one nail for each day, he was able to hold his temper.

The days passed and the young boy was finally able to tell his father that all the nails were gone.

The father took his son by the hand and led him to the fence.

He said, "You have done well, my son but look at the holes in the fence. The fence will never be the same."

When you say things in anger, they leave a scar just like this one. It won't matter how many times you say, "I'm Sorry", the wound is still there.

A verbal wound is just as bad as a physical one.

Source: 'Conflict Negotiation Skills for Youth, UN- New York- 2003

Upon completion of reading the story, the teacher will conduct a short discussion asking the students the following questions:

1. Why did the father give nails to his son?
2. What was the son's experience?
3. What lesson did the father want the son to learn?



READS ALOUD



TIME:
10 Minutes

- It's normal to get angry but anger should be handled properly.
- Words spoken in anger cause hurt and pain. It may even destroy relationships permanently with parents, other family members and friends.

Technique to Reduce Anger: Get 'RID' of Anger

Teacher will conclude the session by highlighting some techniques to reduce anger. The teacher explains each step to the students and provides examples by reading out techniques to reduce anger.



GET RID OF ANGER

R Recognise your anger signals and accept that you are angry.

- Examples might include:
 - sweaty palms
 - gritted teeth
 - shaking hands
 - feelings of impatience
 - upset stomach
 - flushed face
 - tight muscles
 - headache

I Identify a positive way to analyze the situation




- Depending on the situation, you might say to yourself:
 - “I am not going to take this seriously”
 - “My friends know I wouldn’t do that”
 - “I am not going to get upset about this”
 - “I know I can work this out without getting upset”
 - “I can stay calm in this situation”
 - “I will not take this personally”

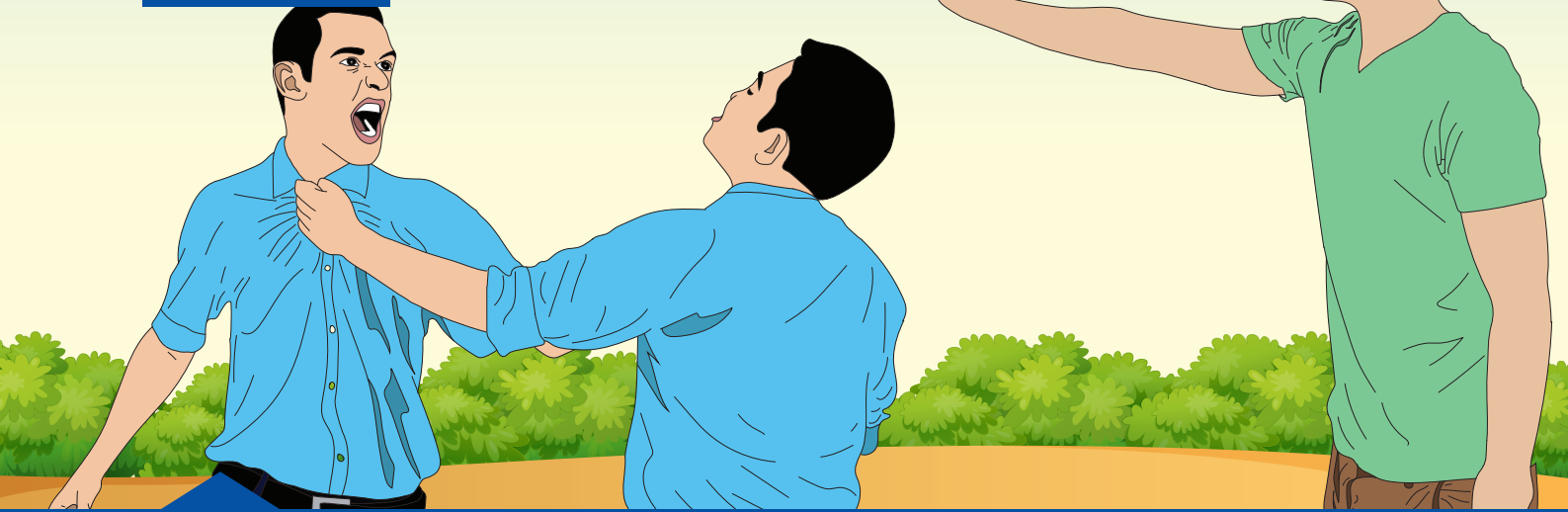
D Do something constructive to calm down

- Examples might include:
 - Reverse counting 100 to 0
 - Taking a deep breath
 - Asking for time to calm down
 - Leaving the scene
 - Talking about your feelings with someone not involved
 - Listening to music
 - Exercising or doing something else physical
 - Writing a letter to the person and then destroying it
 - Expressing how angry you are
 - Helping someone else
 - Watching a funny movie
 - Spending time on your favorite hobby
 - Doing something creative
 - Spending some time with a pet.

MODULE THREE

RECOGNISING AND HANDLING VIOLENCE

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SECOND SESSION: REPORTING INCIDENTS OF VIOLENCE		61



MODULE THREE

RECOGNISING AND HANDLING VIOLENCE



TIME
60 Minutes

INTRODUCTION

One of the important components of Child Rights is to protect children from various forms of abuse/violence in order to promote their healthy development. The first step in this process is to make them aware of the various forms of abuse that they are vulnerable to at school, home and in the community. Violence can cause physical and emotional harm, as well as leave the children with life-long scars. They are unable to trust people or form healthy relationships. Thus, it is imperative that they learn to report about abuse/violence and get required help and counselling.



Objectives

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

1. To recognise different forms of violence and how they may vary between gender
2. To understand the effects of violence on young people
3. To appreciate the traits of a trusted person
4. To report incidents of violence



Life Skills Used

- Self-awareness, critical thinking, effective communication, coping with stress and emotions, problem solving and building positive relationships



Additional Materials Required for Teacher

- Legal Provisions and Resources (Annexure 2)



Advance Preparation Required for Teacher

- Teacher can prepare in advance, writing up some information text on large pieces of paper, which can be taped to the wall or board when required and appropriate.
- Teacher may prepare a chart on 'Types of Violence' with examples.

FIRST SESSION: UNDERSTANDING VIOLENCE



TIME:
5 Minutes



Brainstorming

- Teacher greets the students and informs them that today, they will learn about recognising violence and differences in violence between girls and boys.
 - Introduce the word '**VIOLENCE**' and ask the students what it means to them. Also, ask what kinds of violence they know of.
 - Teacher **WRITES** the responses on the board.
 - After some students have provided an answer, the teacher **READS ALOUD** the definition of the term as follows:



READS ALOUD

“ VIOLENCE IS ANY ACT THAT RESULTS IN PHYSICAL, PSYCHOLOGICAL (AFFECTING THE MIND OR EMOTIONS) OR SEXUAL HARM OR SUFFERING AGAINST SOMEONE. IT RESULTS IN VIOLATION (ACTION THAT BREAKS OR ACTS AGAINST) OF HUMAN RIGHTS. ”

- Next, the teacher informs the students that they will be looking at some case studies to think about different types of violence.



TIME:
20 Minutes



READS ALOUD

Case Study and Discussion

- The teacher introduces the case study and tells the students that there will be a series of discussion questions that will follow each case study.
- **READ ALOUD** Case Study 1 : Mala's Story then Case Study 2 : Kapil's Story

CASE STUDY 1: MALA'S STORY

My name is Mala and I am 11 years old. I walk the same way to school every day. It is the only way I can walk to school safely because in the fields there are some bandits and I am afraid to walk through the fields alone, especially when the crops are high. So, each day I walk past the bus depot and a Liquor shop to get to school, and each day I am approached by an older man offering to buy me a drink. He says that he will give me whatever I want and says that a school girl needs a treat (gift) from time to time. One day, he gave me a pretty perfume bottle, and I took it. Last week, he asked me to go on a walk with him after school. I said no but every day he asks me the same thing and he is getting more and more persistent. Sometimes, he gets close to me and it's hard for me to get away from him without stepping into the traffic. Tomorrow, I am going to walk through the fields even though I am scared of the bandits because I am so scared of the man who has been harassing me.

Source: Doorways 1: Student Training Manual on School Related Gender Based Violence, Prevention and Response, USAID March 2009

CASE STUDY 2: KAPIL'S STORY

My name is Kapil. I come from a very large family. Last year, my mother passed away and my father is the only one at home. My father is often gone because he sells goods in the market. I am the oldest boy and have to help my father take care of my family. I get up very early in the morning to tend to our farm and to make sure all my brothers and sisters are properly fed. After I am sure that everyone is taken care of, I get ready for school, which is very far from my house. It takes me almost an hour to walk to school.

Sometimes, when I arrive at school, I am already very tired because I have been working since before dawn. My teacher tells me I am a very strong boy and he often makes me go to do the work in the garden at school, which causes me to miss some of the lessons. When I am present in class, I realise that I have fallen behind because I have missed the previous lesson. I do not want to go to school to do more work. I want to go to school to learn. How can I tell my teacher that I do not want to miss the lesson to work in the garden? I want to stay in the classroom and learn.

Source: Doorways 1: Student Training Manual on School Related Gender Based Violence, Prevention and Response, USAID March 2009

After the teacher reads the case studies aloud, they will proceed by asking the discussion questions ALOUD—

1. What type of violence are the young people in the scenarios experiencing?
2. Do you think that they are experiencing violence because they are a boy or a girl?
3. What are the effects of this type of violence on the students in the scenarios?
4. What are some possible consequences of this violence if it goes unchecked?
5. How will you handle such situation in real life?



TIME:
10 Minutes



READS ALOUD

Teaching through highlighting types of violence

Teacher **READS ALOUD** different types of violence to the students—

1. Psychological

All genders experience psycho-social abuse through:

- Making threats
- Verbal harassment or insulting
- Intimidating
- Bullying and teasing
- Abusive language
- Emotional manipulation and exploitation
- Labelling students lazy or stupid based on whether they are boys or girls
- Ignoring

2. Physical

- Hitting, slapping, punching or kicking
- Shaking
- Choking
- Painful body postures or excessive exercise drills
- Preventing use of the toilet
- Exploitive labour

3. Sexual

- Rape
- Defilement
- Groping, touching, etc.
- Aiming sexually explicit language at a child
- Indecent touching and exposure
- Exposing pornographic material to children

Discussion: Effects of Violence on Young People

The teacher starts the conversation by stating different effects that violence might have on young people. READS ALOUD.



READS ALOUD

“ VIOLENCE CAN AFFECT PEOPLE IN DIFFERENT WAYS. ”

EXAMPLES OF HOW VIOLENCE AFFECT YOUNG PEOPLE

- Have trouble concentrating, either in school or in their daily lives.
- Feel guilty or think the violence they experienced was their fault.
- Quit eating or trouble sleeping.
- No longer want to go to school.
- Feel confused or tricked when an adult abuse them, especially if it is a teacher or someone, they trusted.
- Feel afraid to be alone with certain adults.



TIME:
10 Minutes

SECOND SESSION: REPORTING INCIDENTS OF VIOLENCE

Brainstorm: Who is a Trusted Adult?

- The teacher READS ALOUD the second half of Mala's case study.



READS ALOUD

Case Study 1: Mala's Story (continued)

As I was turning to walk through the fields, I saw one of our village elders. He asked me why I was walking through the fields when all the students had been told to stay on the main road because the fields were unsafe. I was afraid to tell him the reason but decided it was better to tell him the truth. It was difficult for me to speak to this respected elder about my problem but I told him that a man had approached me, while I was walking through the bus depot. I told the village elder I was scared and wanted to avoid the man and that was why I was walking through the fields. The village elder asked me if I had taken any gifts from the man. I admitted that I had. He told me that I should not take gifts from strangers because sometimes people use gifts to get favours or to trick young girls. He also told me that in the morning he would send his older grandson to accompany me to school. Although, I was scared, I was glad that I had told one of the village elders about my problem because he listened to me and offered me help. I feel so relieved now that the situation has been resolved and I can walk to school safely.

Source: Doorways 1: Student Training Manual on School Related Gender Based Violence, Prevention and Response, USAID March 2009

- Ask the students, who the trusted adult in the story was. Then, ask them what makes someone a trusted person.
- After the students share their answers, the teacher READS ALOUD these traits if they were not stated.



READS ALOUD

TRAITS OF A TRUSTED PERSON ARE AS FOLLOWS

- Someone they know, who will help them if they need help.
- Someone they can talk to about anything, especially their problems, or if they are feeling scared, confused, or uncomfortable.
- Someone they feel happy being around.
- Someone who listens to them and cares about their problems.
- Someone who has helped them before.
- Someone who would help them solve a problem, be understanding, get help and work to keep them safe.



TIME:
7 Minutes

How to Report Violence

- The teacher will conclude the session by giving the students helpful tips for reporting in case they ever experience violence. READ ALOUD the following:

Tips for Students to Report Violence

1. Keep a record of incidents—where and when the incidents happened.
2. Share with a trusted person. Do not keep it a secret or tolerate it.

Tips to Avoid Abuse/Violence

1. Do not accept gifts or favours from strangers.
2. Confront the perpetrators (someone causing harm) by saying 'NO'.
3. Keep your parents/family informed about your engagements and routine.
4. Inform your parents, class friends or teachers, if you have been abused by someone in the school.
5. Never blame yourself, if you experience violence. Talk to a school counsellor or trusted adult and get some help.

MODULE-4**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



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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 FOUR

BASIC DRUG EDUCATION INFORMATION— PART 1



MODULE FOUR

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 effects.
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, write up some sections of information in text on large pieces of paper. These can be taped on the wall or the board when required and appropriate. The information in 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 notebook as to how they would define or explain to another person (friend, family member, etc.) what is a drug.



WHAT IS A DRUG?



TIME
3 Minutes

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 repeats 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)



TIME
10 Minutes

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

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

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 for 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. The teacher WRITES on the board the following Three Main Categories of Psychoactive Drugs:

1. DEPRESSANTS—slow down activity of brain

2. STIMULANTS—increase 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) and 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
3 minutes

The teacher requests that the students name all the licit and illicit drugs that are 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. This is **FALSE**.



TIME
10 minutes



READS ALOUD

THIRD SESSION: LEARNING ABOUT ALCOHOL

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

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

Ask students if they know any other names.

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

TEACHER READS ALOUD WHAT ALCOHOL LOOKS LIKE

It is a liquid in a range of colours.

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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READS ALOUD

TEACHER READS ALOUD OTHER SHORT-TERM EFFECTS OF ALCOHOL

- Reduced coordination
- Trouble concentrating
- Slurred speech

Teacher highlights 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

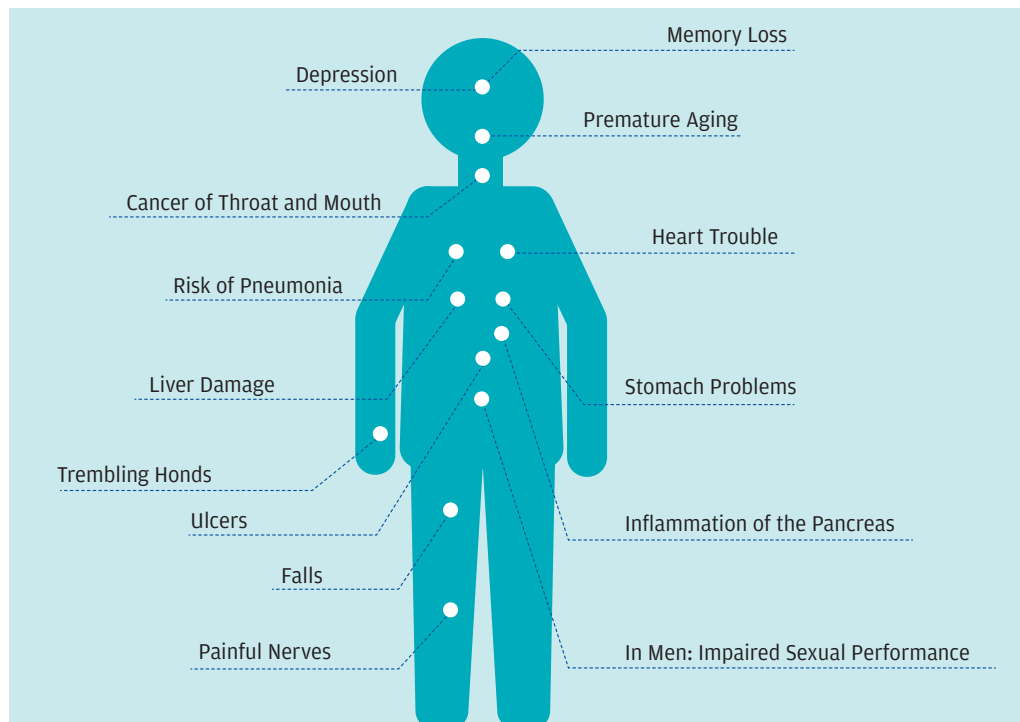
TEACHER READS ALOUD OTHER NEGATIVE EFFECTS OF ALCOHOL

- 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 that 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 one's 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



READS ALOUD

FOURTH SESSION: LEARNING ABOUT TOBACCO

TEACHER READS ALOUD SOME COMMON NAMES OF 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

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 and body.

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

ANSWERS: Smoked, chewed or sniffed

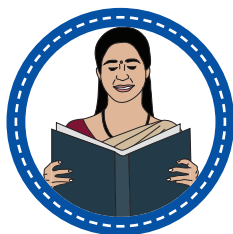
Teacher WRITES on the board some short-term effects of tobacco:

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

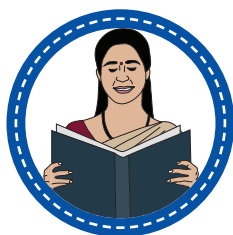
Teacher WRITES on the board some long-term effects of tobacco:

SOME LONG-TERM EFFECTS

Shortness of breath

Coughing

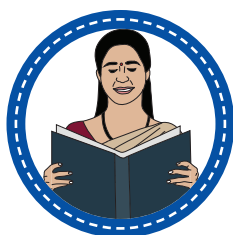
Various cancers: throat, lung, stomach, bladder



READS ALOUD

TEACHER READS ALOUD OTHER LONG-TERM EFFECTS OF TOBACCO

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



READS ALOUD

TEACHER READS ALOUD OTHER MAJOR NEGATIVE ASPECTS OF TOBACCO

- Tobacco can reduce 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



READS ALOUD

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.

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, more likely they are to try using tobacco.



READS ALOUD

TEACHER READS ALOUD THE MEANING OF DRUG DEPENDENCE (THIS CAN ALSO BE WRITTEN IN ADVANCE ON BOARD OR ON A 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. Person starts to once again feel what they consider to be 'normal' and less agitated.



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 (primarily used by children):

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: Household or commercial products, such as cigarette lighter fuel.



READS ALOUD

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

Fluid, Thinner, Nail Polish, Solution, Glue, Tube, Solvent, Whitner, 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



READS ALOUD

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 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 Four, 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.
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 4 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.

MODULE-5**PAGE NO.**

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LEARNING ABOUT
CANNABIS

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LEARNING ABOUT
OPIOIDS

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LEARNING ABOUT
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SIXTH SESSION:
QUIZ ON DRUGS—
WHAT HAVE YOU
LEARNED ABOUT
DRUGS

**91****MODULE FIVE**

BASIC DRUG EDUCATION INFORMATION— PART 2



MODULE FIVE

BASIC DRUG EDUCATION INFORMATION—PART 2



TIME
60 Minutes



Objectives

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

1. To have a general understanding about cannabis, the three main types, and short and long-term effects.
2. To have a general understanding about opioids and short and long-term effects.
3. To have a general understanding about sedatives, and short and long-term effects.
4. To have a general understanding about cough mixture and short and long-term effects.
5. To identify ways to reduce the potential harms from drugs, and to reflect on their learning about drugs.



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

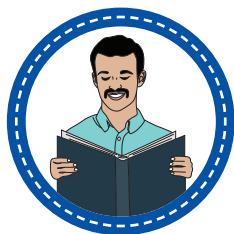
If you feel that there is too much to be written on the board, prepare in advance, write up some sections of information in text on large pieces of paper. These can be taped on wall or board when required and appropriate. The information in text on large pieces of paper can be kept and used again multiple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



TIME
10 Minutes



READS ALOUD

FIRST SESSION: LEARNING ABOUT CANNABIS

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

Ganja, Bhang, Dhatura, Charas, Sutta, Sukha, Joint, Suta, Sulfa, Mal, Bhola Batti, Gola, Bhola, HashMarijuana, Jai Bhole, Jahaj, Dhatura, Goli, Ragara and Puria. [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 THREE MAIN TYPES OF CANNABIS & APPEARANCE

MARIJUANA (dried leaves or flowers of the plant), HASHISH (dried cannabis resin that comes in small blocks) and HASH OIL (thick oily liquid).

TEACHER READS ALOUD—WHAT IS CANNABIS?

Cannabis are dried leaves from a plant called *Cannabis Sativa*. It is naturally grown. It is the most common illegal drug used in the world.

Bhang is made from the leaves of the plant (not the flowering tips of the plant).

TEACHER ASKS STUDENTS—WHAT ARE THE MOST COMMON WAYS OF TAKING CANNABIS IN INDIA?

ANSWER: Smoked or eaten and sometimes swallowed when mixed with fluid.

Teacher WRITES on the board the following short-term effects of cannabis:

SOME SHORT-TERM OR IMMEDIATE EFFECTS

Dullness, talk a lot and laughing	Increased hunger, red eyes, dry throat and mouth	Trouble in concentration
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READS ALOUD

TEACHER READS ALOUD—OTHER SHORT-TERM OR IMMEDIATE EFFECTS

- Sometimes worried, scared, see or hear things that are not there
- Reduced coordination
- Confusion

Prepare in advance, writing up information text on large pieces of paper to display the following long-term effects of cannabis:

SOME LONG-TERM EFFECTS

Smoked cannabis increases risk of lung and chest problems. Cannabis when smoked might cause cancer.	Short-term memory loss and learning difficulty.	Decreased motivation and concentration.
Suspicious of others.	Using a lot often less likely to complete school	[This box could be read out to save time]Schizophrenia* can be triggered by cannabis use if you have a family member or have a personal history of mental health problems. Some cannabis users do suffer mental health issues but the majority do not.

*NOTE FOR THE TEACHER: Schizophrenia defined as mental health disorder involving a breakdown in the relation between thought, emotion and behaviour.



READS ALOUD

TEACHER READS ALOUD OTHER LONG-TERM EFFECTS

- Possible lack of interest in studies or socialisation.
- Need more to get the same effect—leading to dependency on cannabis
- Heavy intake can lead to seeing or hearing things that do not exist or are distorted, as well as disturbed thinking or speech.

TEACHER VERBALLY EXPLAINS OTHER MAJOR NEGATIVE ASPECTS ASSOCIATED WITH CANNABIS USE

- Regular and heavy cannabis intake during adolescence is associated with more severe negative outcomes than those who started intake during adulthood.
- Person started consuming cannabis at an early age is likely to continue to do so as they get older.



TIME
10-15 Minutes

The teacher discusses the following questions about cannabis with the students:

1. What is one new thing that you now know about cannabis?

This provides the teacher an opportunity to explore what was earlier known and issues about facts and possible myths held by students. Some myths about cannabis are—

- It is completely harmless. (FALSE)
- It is not possible to become dependent on cannabis (some people do become dependent). (FALSE)
- There are no long-term consequences. (FALSE)
- Cannabis use will automatically lead to mental health problems such as schizophrenia. (FALSE)

(However, schizophrenia can be triggered by cannabis use if you or a family member have a personal history of mental health problems. Some cannabis users do suffer from schizophrenia but the majority do not.)

2. Most young people get information about cannabis and other drugs from their friends. Why do you think young people ask their friends for drug information?

This provides the teacher an opportunity to explore how the fear of the law, family and possible stigmatisation, are some factors as to why many young people seek out information, which may not always be accurate and create more harm to the individual.

3. Do you think that friends are always reliable source of information? Why?

The teacher should discuss the importance of accessing factual, evidence-based and reliable information when making decisions about drug use. It is important to emphasise that friends may not always have the correct answers and that there is much misinformation and misunderstanding about drugs in the community.

4. Why do you think most young people do not use cannabis?

The teacher can provide some examples if not mentioned by the students because most of their friends don't use cannabis; the legal consequences; impact on future education and employment opportunities; risk to travel goals as a person may not be able to travel out of India with a criminal record; potential risks to mental and physical health; effects on friendships and family relationships; financial costs and fear.

5. Why do you think people still use cannabis even when they know it is harmful?

Some issues to consider if not mentioned by the students: those who use cannabis often don't consider the possible long-term effects, such as lung and chest problems when smoked.



TIME
7 Minutes



READS ALOUD

SECOND SESSION: LEARNING ABOUT OPIOIDS

NOTE FOR THE TEACHER

There are three categories of opioids used in India: (1) Opium (including doda/phukki/poppy husk); (2) Heroin (including brown sugar/smack) and (3) Pharmaceutical opioids (variety of medications of the opioid group, such as Tramadol). Heroin is the most widely used opioid in India.

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

Afeem, Doda, Khatu, Buggi, Smack, Heroin, Puria, Chitta, Bhukki, Saman, Afim, Kala Maal, Nagni, Set, Post and Brown Sugar. [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—WHAT ARE OPIOIDS? (THIS CAN ALSO BE WRITTEN UP ON A LARGE PIECE OF PAPER AND PLACED ON THE BOARD)

Opioid is a class of depressant drugs, which slows down messaging between the brain and the body. Opium is hardened juice from opium poppy plant. Heroin is produced from poppy plant following a chemical process. Pharmaceutical opioids are artificial substances, often copying a natural product having similar properties as of the other opioids.

TEACHER READS ALOUD—WHAT OPIOIDS LOOK LIKE

OPIUM: Sticky or hard, dark brown material in any form or shape

HEROIN: White or off-white powder, granules (like sugar) or small rocks

PHARMACEUTICAL OPIOIDS: Commonly liquid or powder

TEACHER READS ALOUD—COMMON WAYS OF TAKING OPIOIDS

Injected but can also be snorted or smoked. In tablet form (for example, Tramadol) it is swallowed.

Teacher WRITES on the board the following short-term effects of opioids:

SOME SHORT OR IMMEDIATE-TERM EFFECTS

Slurred and slow speech

Reduced appetite and vomiting

Pseudo relaxation, dullness and drowsiness



READS ALOUD

TEACHER READS ALOUD OTHER SHORT-TERM OR IMMEDIATE EFFECTS

- False sense of intense pleasure and happiness
- Trouble in concentration
- Slower breathing

Teacher WRITES on the board the following long-term effects of opioids:

SOME LONG-TERM EFFECTS

Sadness

Constipation

Dependence



READS ALOUD

TEACHER READS ALOUD—OTHER LONG-TERM EFFECTS

- Damaged heart, lungs, liver and brain.
- Veins malfunctioning due to injecting the drug.
- Risk of HIV and Hepatitis (inflammation of the liver) due to sharing of needles or injecting equipments during the process of injecting heroin.

TEACHER VERBALLY EXPLAINS A MAJOR NEGATIVE ASPECT OF OPIOIDS

Mixing opioids with other drugs, such as alcohol greatly increases the risk of serious complications, which may lead to death as a result of stopping breathing.

NOTE FOR THE TEACHER

When heroin (or other pharmaceutical opioids) is injected into vein, it produces a surge of euphoria. This feeling is not as intense, when it is snorted or smoked. Over time, many heroin users transit from smoking or snorting to injecting of the drug as they wish to ensure they receive the maximum amount of the drug, with minimal loss (both financially and the drug itself).

THIRD SESSION: LEARNING ABOUT SEDATIVES

NOTE FOR THE TEACHER

In India, the primary sedatives used are called BENZODIAZEPINES and are developed for use as pharmaceuticals. They can vary considerably in their potency and duration of action: long, intermediate and short-acting. Benzodiazepines are known by their chemical (generic-G) name or their brand (B) name. In each case, the drug is exactly the same—it's just made by a different company. For example: Diazepam (G) and Valium (B); Lorazepam (G) and Ativan (B); Alprazolam (G) and Xanax (B); Clonazepam (G) and Klonopin (B). Other commonly used sedatives in India are antihistamines (chlorpheniramine, promethazine) along with non-benzodiazepine hypnotics (similar to benzodiazepines in nature, with many same effects on the body but different at the molecular level).



TIME
7 Minutes

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

Phenargan, Diazepam, Avil, Fortwin, Goli, Khaki, 10 numburi, Alprax, Neend ki dawai, Tidde, Badaam, Goli, Samaan, Tota, Choba, Buta, Lupigesic, Feed and Kaju. [NAMES ARE NUMEROUS]

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



READS ALOUD

TEACHER READS ALOUD—COMMON WAYS OF TAKING SEDATIVES

Swallowed or injected

TEACHER READS ALOUD—WHAT ARE SEDATIVES?

Sedatives are class of depressant drugs. They slow down messaging between the brain and the body. Commonly prescribed by doctors to relieve stress and anxiety and to help people sleep.

TEACHER READS ALOUD—WHAT SEDATIVES LOOK LIKE?

Tablets, capsules and some are liquids inside capsules.

Teacher WRITES on the board the following short-term effects of sedatives:

SOME SHORT OR IMMEDIATE-TERM EFFECTS		
Relief of stress and tension	Depression and confusion	Sleepiness
Feeling isolation	Headache	Dizziness



READS ALOUD

TEACHER READS ALOUD—OTHER SHORT-TERM OR IMMEDIATE EFFECTS

- Confused, unclear thinking
- Blurred vision
- Lack of energy

Teacher WRITES on the board the following long-term effects of sedatives:

SOME LONG-TERM EFFECTS

Dependence

Not able to think clearly

Behavioural change—irritated and short tempered

NOTE FOR THE TEACHER

If injecting sedatives, this can result in vein damage, infection, including Hepatitis B, Hepatitis C, HIV (human immunodeficiency virus) and damage to body organs



READS ALOUD

TEACHER READS ALOUD—OTHER LONG-TERM OR IMMEDIATE EFFECTS

- Memory loss
- Anxiety (feeling worried) & depression
- Difficulty in sleeping



TIME
7 Minutes

FOURTH SESSION: LEARNING ABOUT COUGH MIXTURE

TEACHER READS ALOUD COMMON NAMES FOR COUGH MIXTURES IN INDIA*

Phency, Corex, Torex, Syrup, Tonic, Sisi, Shishi, RC, Fancy and Sonpari. [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 COUGH MIXTURE LOOKS LIKE

It is a liquid in a range of colours and flavours.

TEACHER READS ALOUD—WHAT IS COUGH MIXTURE?

Medication to treat cough and related conditions. Many brands use Codeine in the form of cough syrups. Some cough and medicines are mind-altering at higher-than-recommended dose.

Codeine is an opiate and effective for cough but if misused can lead to dependency.

TEACHER READS ALOUD COMMON WAYS OF TAKING COUGH MIXTURE

Swallowed. Some people mix cough syrup with flavoured drinks or alcohol.

Teacher WRITES on the board the following short-term effects of cough mixture:

SOME SHORT OR IMMEDIATE-TERM EFFECTS

Sickness in stomach and vomiting	Dizziness	Diarrhoea
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TEACHER READS ALOUD—OTHER SHORT-TERM OR IMMEDIATE EFFECTS

- Allergic reaction
- Slurred speech and blurred vision

Teacher WRITES on the board the following long-term effects of cough mixture: (THIS CAN ALSO BE WRITTEN ON A LARGE PIECE OF PAPER AND PLACED ON THE BOARD)

SOME LONG-TERM EFFECTS

Psychosis—seeing or hearing things that do not exist	Depression	Physical and psychological dependency—needing more of the drug when not required
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TEACHER READS ALOUD OTHER LONG-TERM EFFECTS

- Stopping of heart and breathing
- Brain damage

TEACHER VERBALLY EXPLAINS FOLLOWING KEY MESSAGES

- Cough mixtures with codeine when used as prescribed and over short-term to reduce coughing is very effective and acceptable.
- When any medicine, such as cough mixtures with codeine are used without a doctor's prescription, negative effects arise and can lead to dependency.



READS ALOUD



READS ALOUD



TIME
10 Minutes

FIFTH SESSION: DEALING WITH DIFFERENT DRUG-USE SITUATIONS

The teacher reads out a situation with a couple of questions to the students. For the teacher, the learning intention of this activity is for students to identify ways to reduce the potential harms from drugs and to reflect on their learning about drugs.

Situation 1:

You and your friends are worried about a friend, who seems to smoke cannabis each weekend, and is also taking cough mixture with codeine during the week. You all know that your friend has been missing school, borrowing money and has dropped out of lots of activities (both in and out of school) that s/he used to do with you.

- What do you think are the possible harms to your friend in this situation?
- Think of three options/choices that would help you to manage the situation and reduce the possible harms to your friend.

Note for the Teacher: Some possible answers on harm could be: various health risks associated with the use of cannabis—short- and long-term negative effects; dependency, loss of education and becoming a school drop-out, loss of money; losing friends and becoming isolated; problems at home, etc. Options could be: alert friend to the risks of using drugs and negative impact; feeling the need to privately speak to the friend of the consequences of their use; providing support to friend; checking with the friend if agrees to get help; not rejecting the friend as this will likely encourage further use of drugs; explore if possible for friend to reduce their use of drug, etc.) seeking help from teachers, parents, medical professionals, counsellors, etc.

NOTE FOR THE TEACHER

If time permits the teacher can read out one or two more drug-use situations, (as seen below) with questions and possible responses. Drug-use situations are good interactive exercises for the teacher to gain insights of how students would respond to 'real-world' situations.



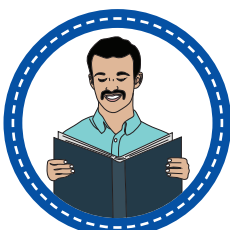
READS ALOUD

Situation 2:

You catch the same school bus as your brother's friend who is in Standard 12. The friend asks you to take some cannabis home with you for your brother. He asks you to come to the back of the bus so he can give it to you without the driver seeing.

- What do you think are the possible harms in this situation?
- Think of three options/choices that would help you to manage the situation and reduce the possible harms to your brother.

(Note for the Teacher: Some possible harms—getting involved in illegal behaviours with police involvement (possession of cannabis is illegal in India), possible curiosity to use the cannabis; changed relationship with the brother; obligated to



READS ALOUD



do this task again on a regular basis for brother and may be others, etc. Options could be: refuse to get involved and not be pressured; inform brother's friend that such activity is illegal; inform brother's friend of the negative effects of cannabis; best, the person speak to the brother directly and not involve others to do such activity, etc).



READS ALOUD

Situation 3:

You are walking home from school with your older sister. One of her friends drives up to you on two-wheeler and offers to drive you both home on their two-wheeler. You smell alcohol and think that your sister's friend looks drunk from alcohol. You know the person should not be driving and are worried about getting onto the two-wheeler.

- What are the possible harms in this situation?
- Think of three options/choices that would help you to manage the situation and reduce the possible harms to you and your sister.

Note for the Teacher: Some possible harms: there could be an accident and an injury may happen; it is likely, there will be no helmets, which could be dangerous and it is also against the law; the driver will be fined. Options: inform the person that you and your sister are happy to walk as its good for exercise; it is most unlikely that there will be helmets for all so as a safety precaution the offer for a ride =can be declined; be firm that you do not like riding on two-wheelers and cannot accept; inform the person that your parents have forbidden you and sister to ride on two-wheeler and do not wish to upset them or make them angry.

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

Background

Upon the completion of Module Five, 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 cannabis, opioids, sedatives, cough mixture and their associated harmful effects.



READS ALOUD

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

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. Mixing opioids with other drugs greatly increases the risk of overdose and may lead to death.
(i) TRUE (ii) FALSE (iii) DO NOT KNOW **[Mark: 1 Point]**
2. What is the commonly used illegal drug in the world? **[Mark: 1 Point]**
3. As a drug a sedative is classified as one of the following. Write down one name.
(i) DEPRESSANT (ii) STIMULANT (iii) HALLUCINOGENIC **[Mark: 1 Point]**
4. There are three main types of cannabis. Write one of them. **[Mark: 1 Point]**
5. When codeine-based cough mixtures are not used as prescribed, negative effects arise and can lead to dependency.
(i) TRUE (ii) FALSE (iii) DO NOT KNOW **[Mark: 1 Point]**

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 when they 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 may be due to some misunderstandings of the information. Further explanations or rephrasing of the topic/s should be considered by the school or teacher at a convenient time.

(Correct answers to the quiz on drugs is mentioned in **Annexure 5** of this module.)

MODULE-6	PAGE NO.
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DRUG USE



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SESSION TWO:
WHAT IS A DRUG?



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



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SESSION FOUR:
FAMILY FACTORS
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SESSION FIVE: WHY
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SESSION SIX:
HOW CAN I TELL
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SESSION EIGHT:
GETTING SUPPORT



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MODULE SIX

BASIC DRUG EDUCATION INFORMATION SESSION FOR PARENTS AND FAMILY



MODULE SIX

BASIC DRUG EDUCATION INFORMATION SESSION FOR PARENTS AND FAMILY



TIME

60-90 Minutes
(Duration of session is largely driven by responses of parents and family)

Target audience: Parent/s or family members of students in Grades VIth–XIth

NOTE FOR THE TEACHER

The use of drugs is widespread in India, and research shows that children are increasingly engaging in this behaviour, and at a younger age. For many parents or family members, there is general ignorance about drugs or overall denial. As a result, few children with drug-use problems come forward to receive counselling or treatment, despite the child missing school, commonly engaging in petty theft and gradually withdrawing from family and peers.

The information in this module is the beginning of a dialogue with parents or family members about drug-use issues. Teachers trained and with insights of this topic are encouraged to educate and share their knowledge with parents or family members of the child, and beyond the conventional classroom setting if needed. By engaging parents and family members, this will improve the overall response on drug-use issues in India. It shall also address the needs of children as they grow into adults to attain good health and reduce risks associated with drugs.

The venue for the educational class for parents or family members can be a local school, a community hall, non-governmental organisation site or any other location suitable for all. Best result for this information sharing exercise is for attendance to be limited to around 30 people per session. This allows for greater participation among parents or family members with a trained teacher in communicating about drug-use issues.

Many parents and family members will have many questions and tales throughout this session. It is important that the teacher be mindful of time management. Do not distract or deviate from the topics covered in this session. If the session is too long, participants may lose interest in the information being conveyed.



Objectives

By the end of this session, parents and family members will be able:

1. To have a general understanding of the drug-use context.
2. To understand what is a drug and difference between licit and illicit drug.
3. To understand the family factors for drug prevention.
4. To understand why people use drugs and to know some signs if someone is possibly using drugs.
5. To better understand what to say to the child that may be using drugs.
6. To understand ways of getting support for prevention and management when someone is using drugs in the family.



Additional Materials Required for Teacher

- Notebook and pen to write down responses by parents or family members.





READS ALOUD



TIME
5 Minutes

SESSION ONE: DRUG USE

Teacher **READS ALOUD** the following text passage:

Drug use can happen in any family. Throughout the world, including India, it has been found that no family, rich or poor, is fully protected against drug use. In India, drug use is found in every State and Union Territory, and in all ethnic, religious and social groups. In 2019, the Government of India reported widespread use of alcohol, cannabis, opioids, volatile substances (inhalants) and misuse of prescribed medicines such as sedatives. The number of Indians becoming dependent on various drugs is alarming and substantial in size⁴.

When drug use of a child member in a family is discovered, it can result in stress, arguments, worry and a sense of being helpless. It is normal for any parent or family member to have these feelings and when shame is associated with drug use, there can also be denial by the family and by the person taking drugs. Any child (or any person) who use drugs can have very unpredictable behaviour and it can be difficult to know how to act around them. The child (or any person) using drugs may become aggressive, angry and violent, or withdrawn and detached (emotionally removed from their surroundings and home). There are no simple solutions to these problems.



TIME
7 Minutes

SESSION TWO: WHAT IS A DRUG?

The teacher asks and encourages the parents (or other family members) to answer how they would define or explain to another person the following question:

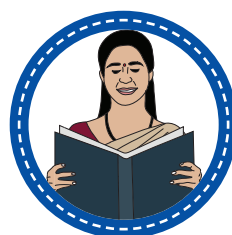


WHAT IS A DRUG?

Teacher notes all the answers provided by parents or family members.

Teacher **READS ALOUD** the World Health Organization (WHO) definition of a drug. It is as follows:

“ 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)



READS ALOUD

⁴Ambekar 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, Government of India

The teacher should highlight any similarities between the WHO definition and those expressed by parents or family members.

NOTE FOR THE TEACHER

In this session, the teacher will discuss with the parents or family members as to what they consider to be licit drugs and illicit drugs based on the drugs they are aware of and to highlight that there are many licit drugs that are beneficial to humans.

It is possible that throughout this session, participants will express names of licit and illicit drugs. It is important to acknowledge this. However, it is important for the teacher to know the difference in drug status: some drugs considered licit are actually illicit and banned.

[Some cough mixtures with dose-based codeine are banned by Government of India since 2016 but slight changes in combination of ingredients can still be available in the market].

Other drugs considered illicit are actually licit.

All drugs that are officially prescribed by a doctor (approved by government of India) are licit (for example, morphine for pain relief). However, some people may use morphine without prescription and buy but this is not accepted by the law.



TIME
10 Minutes

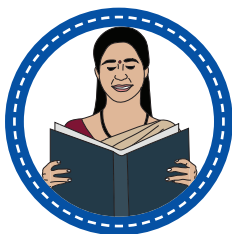
SESSION THREE: LICIT (LEGAL) AND ILLICIT (ILLEGAL) DRUGS

Teacher READS ALOUD the difference between licit and illicit drugs.

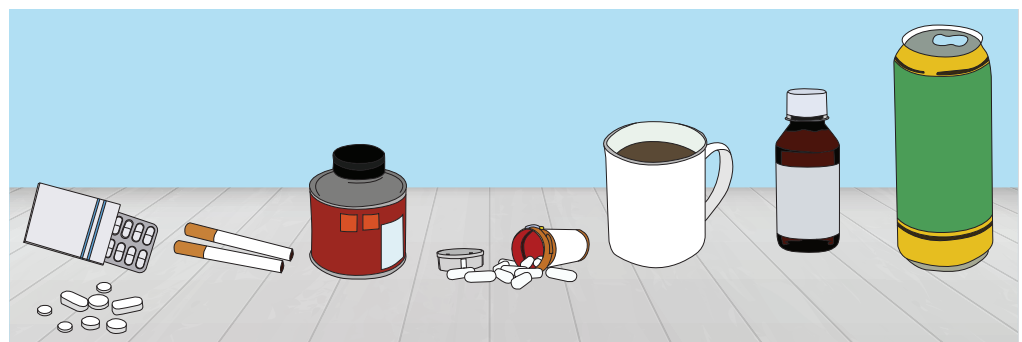


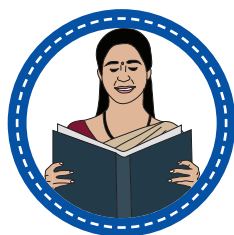
WHAT IS A LICIT DRUG?

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, paracetamol for pain relief and bought without prescription) or cough mixture are all considered licit drugs.



READS ALOUD





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 medicines have positive effects but can have negative health consequences, if misused without the advice or prescription 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.



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.

The teacher requests that the parents or family members name all the licit and illicit drugs that are most commonly used in their community (that they are aware of) using official terms and street slang. Teacher writes down in a notepad the list of all drugs identified into two columns (licit and illicit).

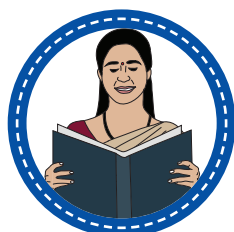
NOTE FOR THE TEACHER

It is important for the teacher to place a question mark next to any identified drugs (licit or illicit) named by parents or family members, when they are known to be clearly wrong. If for example, a parent 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 explains a key message for parents and family members:

ALL DRUGS HAVE THE POTENTIAL TO CAUSE HARM.

Many people think that prescribed medicines or over the counter drugs bought from a pharmacy are safer than other drugs because they are legal or doctor has prescribed them. This is FALSE.



READS ALOUD



TIME
15 Minutes

SESSION FOUR: FAMILY FACTORS FOR DRUG PREVENTION

PART 1: Teacher asks the parents or family members the question:

What are the family factors or approaches that help to protect and prevent children from using drugs that are harmful to their health?

Teacher notes down all suggestions by parents or family members for consideration.

Teacher READS ALOUD other additional answers, if these are not voiced by the parents or family members:



READS ALOUD

- Good parenting—engagement with the child by providing safe and secure environment of love to the child.
- Setting rules for acceptable behaviour.
- Parental supervision, monitoring of child's free time and friends.
- Effective discipline that is reasonable and not violent (avoiding verbal and physical violence).
- Healthy communication with the child and promoting positive social family values.
- Parental involvement and interest in the child's life.
- Be emotionally, socially and financially supportive parent and family member.

All of these factors are evidence-based and found to produce good results for the child.

PART 2: Teacher asks the parents or family members the question:

What are the main factors in a family that put children and youth at risk of using drugs that are harmful to their health?

Teacher notes down all suggestions by parents or family members for consideration.

Teacher READS ALOUD other additional answers, if these are not voiced by the parents or family members:



READS ALOUD

- Lack of bonding and insecure relationship with parents and family member.
- Lack of a healthy relationship with parents and family member.
- Ineffective parenting and lacking of any discipline with the child or youth.
- Chaotic and disorganised home environment.
- Parents or other family members, who are using drugs harmful to health, be suffering from mental illness or are involved in criminal behaviour.
- Child or youth is isolated from the family and community, including poor attachment to school.

TEACHER NEEDS TO EXPLAIN THAT NOT ALL RISK FACTORS FOR POSSIBLE DRUG USE IN CHILDREN ARE ALWAYS UNDER THE CONTROL OF THE PARENTS OR FAMILY MEMBERS; OTHER RISK FACTORS INCLUDE:

- Personality traits of the child—sensation seeking, aggressive, delinquency (general misbehaviour) impulsive behaviour (thoughtless and reckless).
- Mental health (or emotional) disorders of children (depression, anxiety and suicidal thoughts).
- Growing up in social environment with social disorder and widespread crime.



TIME
10 Minutes

SESSION FIVE: WHY DO PEOPLE USE DRUGS?

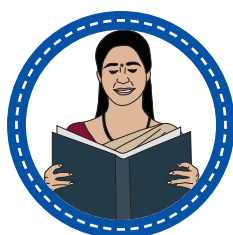
Teacher asks the parents or family members the question:

Why do people (including children) use drugs?

Teacher notes down all answers by parents or family members for consideration.

Teacher READS ALOUD other additional answers, if these are not voiced by the parents or family members:

Relaxation	Enjoyment	Social and financial pressures
Fun	Boredom	Avoid or reduce physical or psychological pain
Excitement	Curiosity	Dependence
Peer pressure	Experimentation	Confidence building
Rebellion	Mental health	Socialisation



READS ALOUD

TEACHER SHOULD INFORM PARENTS OR FAMILY MEMBERS THE FOLLOWING:

- There is no one reason as to why a person will use a drug as the reasons will vary from one person to another.



TIME
15 Minutes

SESSION SIX: HOW CAN I TELL IF SOMEONE IS POSSIBLY USING DRUGS?

As the effects of drugs vary from one person to another, it is not always easy to say with certainty, if a person (or your child) is using drugs. While it may be easy to say behaviour change or change of mood may be related to drug use, it is also possible that it may be a result of a personal problem that has nothing to do with the drug use. However, some behavioural signs will show that attention by the parent or



family members, is required even if these are not drug related. Some signs to be aware of includes:

- Moods swing (sudden and unexpected change of emotions)
- Tiredness
- Sudden emotional outbursts
- Minimal interaction with family
- Trouble with the police
- Changes in eating patterns
- Frequent absences from school/work
- Sudden change of friends
- Unexplained need for money; declining school/work performance
- Disappearing money and valuables
- Affected memory
- Decrease in other activities that may have been important to the person previously
- Poor concentration and focus
- Withdrawing socially



TIME
20 Minutes

SESSION SEVEN: SUSPECTING YOUR CHILD IS USING DRUGS AND NOT SURE WHAT TO SAY OR DO

Teacher asks the parents or family members for their answer to the following question:

How would you communicate to your child suspected of using drugs or becoming dependent on drugs?

Teacher notes down the responses by the parents or family members for consideration. It is important for the teacher not to be judgemental and let the parent or family member speak honestly of their views (even when they may be extreme and not produce good results).



READS ALOUD

It is important to be aware of what is going on and to explain how their (child's) drug use is affecting you as a parent or family member. It is important to manage your expectations as the child using drugs needs to be ready to change before they stop using them. Having a talk will not likely bring about instant change but it's a start of a process for further communications. Here are some suggestions to make the conversation easier:

- Let the person know you care for them and remind them of their good qualities. A person will more likely listen and take advice if they feel respected. Encourage them to share their thoughts, feelings and opinions as this will show you value what they think.
- Be trustworthy, supportive and aim for confidentiality (information not for sharing).

- Gather information and get the facts about drugs so you can share the most accurate information and not myths (something that people wrongly believe to be true).
- Arrange a suitable time and place to talk, where you have some privacy and won't be interrupted.
- Avoid attempting a talk, while the person is under the influence of drugs.
- Ask about their thoughts on drugs and if they are using.
- Be prepared for a negative reaction and stay calm and reasonable. Avoid to indulge into an argument.
- Do not be judgemental or tell them what to do as they will likely stop listening to what you have got to say.
- Let them know change is possible but it may take time and you will support them.
- Using 'I' statement allows you to talk to the person without seeming to blame them for your feelings. For example, instead of saying "You worry me when you use drugs", say "I worry about you using drugs".



SESSION EIGHT: GETTING SUPPORT

NOTE FOR THE TEACHER

When someone in the family (such as a child) is using drugs, have become dependent and unwilling to change their behaviour, it can be a very difficult time for the parents and family members. It is during these times that support from others becomes important and here, the teacher needs to provide some suggestions, and if possible, explore potential referral sites for parents or family members when approached for assistance. If a teacher is approached by a parent or a family member to talk about drug use in the family, it is critically important to maintain confidentiality with the shared information. If confidentiality is broken, parents or family members will not approach the teacher again for any advice as they are seen as not to be trusted with private information.



1. Sharing with a friend:

It may help to discuss the problem with a friend. Talking about how you feel may help clarify your thoughts and work out what you are going to do. Expressing your inner thoughts and feeling of helplessness may bring much emotional relief. It is easier to talk with someone you trust and are comfortable with. The friend may already be aware that something is wrong and may have a similar problem themselves as drug use is increasingly common in the community. People are usually very willing to help a friend. However, they often have to be asked before assistance is offered.

2. Talking with a professional:

Talking with someone outside your daily life and circle of family and friends, such as a professional counsellor can be a useful option. A professional has experience of dealing with similar situations and can help you to explore ways to deal with the problem. Professionals experienced in dealing with drug problems can be found for example, at the school itself, an NGO that focuses on drug-use issues (including treatment and rehabilitation), a local hospital or at some community health centre that understands the topic about drugs.

NOTE FOR THE TEACHER

Parents or family members may wish to know more information about where to seek help. The following information can be shared.

Parents, family members, schools and teachers with concerns of drug use among children and youth can access advice by calling the National Toll-Free Drug Deaddiction Helpline run by the Ministry of Social Justice and Empowerment, Government of India.

Toll-Free Telephone number: 1800110031

Teacher may also wish to guide parents or family members, and seek advice and the perspective from the State Level Coordination Agency (SLCA) that cover all States and Union Territories of India, 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).

3. Other alternative approaches to provide comfort:

- Talking to a religious leader may provide spiritual comfort. Religious leader may have links to those that can offer professional assistance.
- Many local communities and neighbourhoods offer meditation and yoga classes which can reduce emotional and physical tension.
- Use of Reiki (common in some parts of India), which is a relaxing treatment when healing vibrations are transmitted through the hands of a Reiki practitioner to the body of another person. One of the greatest Reiki healing health benefits is stress reduction and relaxation.

NOTE FOR THE TEACHER

Depending upon the response of that parents or family members, it is possible there may be interest to know more about drug-use issues. If this is the case, it is possible to share information found in Drug Education Module/ Part 4 and 5 that include the following topics:

- Understanding the three main categories of psychoactive drugs
- Learning about alcohol
- Learning about tobacco
- Learning about volatile substances (inhalants)
- Learning about cannabis
- Learning about opioids
- Learning about sedatives
- Learning about cough mixtures

Teacher can decide, if they wish to include activities and the quiz from these modules as part of adult learning for parents or family members.

ANNEXURE.

ANNEXURE

Annexure 1: List of State Level Coordination Agency

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 health Development Assam	SLCA	House no 2, 2nd, NECHA Building, Opposite Om Shree residency, Sixmile, Bholababa Path, Guwahati Opposite Om Shree Residency 781022	Anamriya Baruah	
2	Karnataka	Davangere	Sri Shakthi Association	SLCA	302, 4, Tapovana building, Tapovana Medical College, Tapovana Doddabathi, Shugar Factory Road, Davanagere Tapovana Medical College 577566	Shai-lashree	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	Ttranganathan 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
7	Gujarat	Ahmadabad	Nashadan dhimandal Gujarat	SLCA	1, First, Nira Utkarsh Mandal sankul, Apnabazar road, opp. jillapanchayat, Lal Darvaza, AHMEDABAD Apnabazar Road 380001	SWAMI	9408420516

S.No.	State name	District name	Name of NGO	Project Name	Project Location and Address	Name of Contact Person	Number of Contact Person
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
14	Madhya Pradesh	Bhopal	Jila Nasha Mukti Abhiyan Sangthan Balaghat	SLCA	C-15, First Floor, Buiding, 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	Lalhluipuii-Sailo	9436154348

S.No.	State name	District name	Name of NGO	Project Name	Project Location and Address	Name of Contact Person	Number of Contact Person
17	Telangana	Hyderabad	New Hope Association	SLCA	16-11-20, Ground Floor, Building, Near Ganesh Temple, SALEEM NAGAR COLONY, DILSUKH NAGAR, 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	Suchandri-ma Bhat-tacharjee	8981190929
20	Bihar	Patna	Sister Nivedita memorial trust	SLCA	25 &27, Ground & 1st floor, Mirdula Bhawan, Laxmi Market, New Jakkanpur, 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	

Annexure 2: Legal Provisions and Resources

Legal Provisions

POCSO Act of 2012 (Protection of Children against Sexual Offenses) 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. This is a toll-free number

- If you suspect a child is in need of care or protection call CHILDLINE's 24/7 line.

Women's Helpline:

- If you are a woman anywhere else in India, you can dial 181.
- If you are a woman in Delhi who needs help, you can dial 1091/1092.

Anti-Stalking:

- Incidents outside of Delhi should be reported by dialling 011-23219750.
- Report incidents of stalking or receiving obscene calls by calling 1096 in Delhi.

Cyber Crime Helpline:

- If you are experiencing harassment or other forms of crime online, you can call the Cyber Crime Helpline by dialing 155260 from 9:00AM–6:00PM.

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 3: Further Information About Volatile Substances (Inhalants)

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	Longer-term Health effects
<ul style="list-style-type: none"> • euphoria and giggling • runny nose • hallucinations • 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, 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, secretive behaviour
- Big mood swings

Annexure 4: Answers to Quiz on Drugs–Part 1

1. Out of the three categories of drugs, write down the name of 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 5: Answers to Quiz on Drugs–Part 2

1. Mixing opioids with other drugs, such as excessive drinking of alcohol greatly, increases the risk of overdose?

ANSWER: True

2. What is the most commonly used illegal drug in the world?

ANSWER: Cannabis

3. There are three main types of cannabis. Name one of them.

ANSWER: Marijuana Hashish Hash Oil

4. A drug sedative is classified as one of the following:

ANSWER: Depressant

5. When codeine-based cough mixtures are not used as prescribed, negative effects arise and can lead to dependency.

ANSWER: True

Annexure 6: Bibliography

Life Skills

'Padhai ka mazaa' 2015. For Today and Tomorrow: Life Skills Training Manual for Drug Dependent Adolescents. Project (SPYM) and Department of Development Communication (LADY IRWIN COLLEGE), Delhi University. India

United States Agency for International Development. 2009. Doorways 1: Student Training Manual on School Related Gender Based Violence, Prevention and Response. Office of Women in Development USAID. United States.

UNESCAP. 2003. Conflict Negotiation Skills for Youth. United Nations. New York. United States.

Nemours Foundation – Kids Health. 2017. Peer pressure. Grades 9 to 12/ Personal Health Series https://classroom.kidshealth.org/classroom/9to12/personal/growing/peer_pressure.pdf Accessed 8 April 2022

Nemours Foundation, Teens Health. 2022. Peer Pressure. <https://teenshealth.org/en/teens/peer-pressure.html> Accessed 8 April 2022

World Health Organization (WHO). 2013. Adolescent Mental Health Promotion-Trainers' Guide on Dealing with Emotions. Health and Behaviour Unit, Department of Sustainable Development and Healthy Environments/ WHO-Regional Office for South-East Asia, New Delhi. India

WHO. 2003. Adolescent Mental Health Promotion-Trainers' Guide on Handling Peer Pressure. Health and Behaviour Unit, Department of Sustainable Development and Healthy Environments/ WHO-Regional Office for South-East Asia, New Delhi. India

Drug Education

Ambekar A, Agrawal A, Rao R, Mishra AK et al. 2019. National Survey on Extent and Pattern of Substance Use in India—Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India.

Department of Education and Early Childhood Development. 2013. Get Ready: Research based education addressing drugs and youth, Year 9 Teacher Manual. Melbourne, Australia

Meyer L, Cahill H 2004. Principles for school drug education. Australian Government Department of Education, Science and Training

School Drug Education and Road Aware (SDERA). 2010. Getting it Together: A Whole-School Approach to Drug Education, Government of Western Australia.

School Drug Education and Road Aware (SDERA). 2016. A Resilience Approach to Drug Education: Challenges and Choices Year 9. Mental Health Commission, Government of Western Australia.

School Drug Education and Road Aware 2016. Challenges and Choices: A Resilience Approach to Drug Education Year 8 Teacher Resource. Mental Health Commission, Government of Western Australia.

The Centre for Adolescent Health. 2006. In Tune – Students Participating in Drug Education: A resource to assist students and teachers to work together towards a common solution to address drug issues within schools. Commonwealth of Australia.

United Nations Office of Drug and Crime (UNODC). 2004. SCHOOLS school-based education for drug abuse prevention. UNODC, Vienna, Austria.

United Nations Office of Drug and Crime (UNODC). 2019. Drug Education for School Children: Increasing Knowledge and Keeping Safe. UNODC, Nigeria.

United Nations Office on Drugs and Crime (UNODC). International standards on drug use prevention United Nations. Vienna; 2015.

UNODC 2016. Terminology and Information on Drugs Third edition. New York, United States

World Health Organization (WHO). 2006. Prevention of Drug-Use in Schools. Department of Non-communicable Diseases and Mental Health WHO, Regional Office for South-East Asia New Delhi, India.



Ministry of Social Justice & Empowerment
Government of India

NASHA MUKT BHARAT ABHIYAAN

IN 372 DISTRICTS