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Children Speak

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A Newsletter of the Organization for the Protection of Children's Rights

Message from the President

It is a constant battle; a struggle for those who use, a nightmare for their family and friends, an incessant need to escape reality, a temporary relief from emotional pain which quickly becomes a dreadful habit. So many aspects of a child's life can be ruined in an instant. We have dedicated this entire newsletter to the problem of drug abuse among children. In this issue, you will read articles about inhalant abuse and the controversy surrounding the prescribed drug, Ritalin.

When a child first uses drugs, he does not realize how deeply he and his loved ones will suffer. He may begin using drugs because of peer pressure or simply to experiment. Children might also want to show independence, but it is more likely that they will try drugs because they do not fully understand the serious consequences involved with doing so. All drugs are poisons and any drug can kill. Parents and child care professionals should focus on preventing drug abuse in children at an early age. It is only through knowledge and understanding that a child will be better informed and will then make the decision not to take drugs.

Few know that in marijuana, for example, there are over 400 chemicals. Out of the 400 chemicals, 60 cause cancer. Marijuana is the

most popular drug on earth. Already at 14 years old, 25% of students use cannabis once a month.

Fortunately, there is still hope because research

demonstrates that two-third of teens between 12 and 19 years old will not try drugs more than once. Approximately 90% of children know that it is very dangerous to take drugs.

Of course, my best advice would be never to use drugs at all, but knowing that 50% of high school teens will have tried an illicit drug before their graduation day, it would be unrealistic to believe that youngsters will never be tempted. Studies have shown that 30% start using drugs as early as 13 and 14 years old. It is very frightening to realize that this young generation would put their lives in jeopardy just to be accepted by their peers.

One of the best proven prevention strategies so far has been the help and support of family and the assistance of a community that is not afraid to explain and publicize the negative health effects of drug use. The most promising response is



Riccardo Di Done

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Confronting the truth

About Ritalin & ADHD

The use of Ritalin has skyrocketed over the last decade in Canada and the United States. In Canada, the number of prescriptions for Ritalin grew by 142% between 1994 and 2001.¹ The U.S. uses about 90% of the world's supply of Ritalin. The question is why are we drugging our children?

Doctors have prescribed Ritalin (methylphenidate) to treat Attention Deficit Hyperactivity Disorder or ADHD. Ritalin gets children to focus, become more methodical, pay better attention and complete school work. It is important to note that the Drug Enforcement

Administration in the United States as well as other drug enforcement agencies around the world classify methylphenidate (i.e. Ritalin) in the same Schedule II category as cocaine and the most potent opiates and barbiturates. Schedule II only includes drugs with the very highest potential for addiction and abuse. It is therefore not difficult to understand why the major controversy regarding ADHD continues to be the use of psychostimulants as the basis for treatment.

The principal characteristics of ADHD are inattention, hyperactivity and impulsivity. The American Psychiatric Association has published a list of criteria that need to be met in order to diagnose a person with ADHD. An individual will be considered to have ADHD if he or she exhibits a certain number of behavioral characteristics, (For example, often fidgets with hands or feet or squirms in seat, often has difficulty playing or engaging in leisure activities quietly, often blurts out answers before questions have been completed, often has difficulty awaiting his or her turn, often does not seem to listen when spoken to



It is important to point out that medications do not cure ADHD, they "only control the symptoms on the day they are taken...they can't increase knowledge or improve academic skills.

directly), which reflect either inattention or hyperactivity and impulsivity for at least 6 months to a degree that is "maladaptive and inconsistent with developmental level".

Since all children demonstrate some of these behaviors at any given time, the diagnosis also requires that the behaviors create a real handicap in a person's life such as at school, on the playground, at home, in the community, or in social settings.

Some would argue that children become diagnosed with ADHD because their behavior conflicts with the expectations or demands of parents and/or teachers. Dr Peter R. Breggin, a psychiatrist and Director of the International Center for the Study of Psychiatry and Psychology, explains that we shift blame for the problem from our social institutions and ourselves to the child:

"Instead of examining the context of the child's life – why the child is restless or disobedient in the classroom or home - the problem is attributed to the child's faulty brain. Both the classroom and the family are exempt from criticism or from the need to improve, and instead the child is made the source of the problem."²

It is important to point out that medications do not cure ADHD. They "only control the symptoms on the day they are taken...they can't increase knowledge or improve academic skills."³ Also, children who take Ritalin may still manifest a higher level of some behavioral problems than normal children. Furthermore, there are "consistent findings that despite the improvement in core symptoms, there is little improvement in academic achievement or social skills."⁴ Research to evaluate the long

term benefits of medication is still scarce in spite of the fact that ADHD is the most widely researched childhood disorder.

Behaviour therapy has been used to help children with ADHD and has worked quite well. Parents and teachers who are consistent and structured and closely supervise and provide children with feedback about their behaviour get the best results. Behaviour therapy and medication treatment are not the only methods to be pursued in dealing with children who exhibit the behavioural characteristics that are associated with ADHD. For example, there has been some promising research on the benefits of exposing children to nature, practicing yoga, making changes in children's diets and neurofeedback (a treatment that attempts to teach individuals to change and control basic aspects of brain functioning). More conclusive research is needed in these areas – we owe it to our children to find a method of intervention that will produce enduring changes in children with ADHD.

The sad news is that Ritalin has become a recreational drug used by young people. Many teenagers believe that Ritalin is safe because it is so widely prescribed and often used by classmates or siblings. Using Ritalin as a recreational drug can produce effects that are similar to cocaine. High doses of Ritalin can cause "serious malnutrition, tremors/muscle twitching, fevers, convulsions, headaches, irregular heartbeat, anxiety, restlessness, paranoia, hallucinations, and formication (a sensation of ants or worms crawling over the skin)"⁵ We must remain attentive to the fact that while Ritalin seems to be a socially acceptable way of dealing with ADHD, it is still a drug that can harm children. So, who is responsible for the well-being of our children?■

1. Canadian Council on Social Development, *The Progress of Canada's Children and Youth*, 2006, p. 57, www.ccsd.ca/pccy/2006
2. Peter R. Breggin M.D. Testimony, September 29, 2000 before the Subcommittee on Oversight and Investigations Committee on Education and the Workforce U.S. House of Representatives, www.breggin.com/congress.html
3. National Institute of Mental Health, *Attention Deficit Hyperactivity Disorder*, www.nimh.gov/publicat/adhd.cfm
4. Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder. NIH Consensus Statement Online 1998, Nov 16-18: 16(2); p.6. www.consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110html.htm
5. Canadian Council on Social Development, *The Progress of Canada's Children and Youth*, 2006, p. 57, www.ccsd.ca/pccy/2006

Inhalant Abuse

Inhaling fumes from household products is potentially deadly. Help your child understand the risks of sniffing, bagging and huffing. Deliberately sniffing or inhaling concentrated amounts of these products can produce a quick, powerful high, usually by depressing the central nervous system.

Would you recognize an inhalant if you saw one? Look for these chemicals:

- Acetone, Butane, Chlorinated Hydrocarbons, Fluorocarbons, Propane and Toluene.

- One or the other of the above mentioned chemicals are present in nail polish removers, permanent markers, gasoline, hairspray, deodorants, dry cleaning agents, spot cleaners or shoe polish!



- Kids who abuse inhalants often sniff them, either by snorting fumes from containers or spraying aerosols directly into their noses or mouths. Kids also may huff these products, soaking rags in inhalants and pressing the rags to their mouths. Sometimes fumes are inhaled from products poured into plastic or paper bags.

- Once hooked, kids who abuse inhalants face additional health risks, including: depression, depletion of oxygen in the blood, which leads to weakness and fatigue, loss of feeling, hearing and vision, damage to the brain, bone marrow, liver and kidneys and lastly cardiac arrest.

Look for these warning signs of inhalant abuse:

- Hidden rags, clothes or empty containers of products that may be abused
- Chemical odors on breath or clothing
- Paint or other stains on face, hands or clothing
- Slurred or incoherent speech
- Drunk or dazed appearance
- Nausea or loss of appetite
- Inattentiveness, lack of coordination, irritability or depression

If inhalant abuse is a problem, seek professional help. Start with your child's doctor, a school counselor or a local drug rehabilitation facility. The support of a mental health professional may be valuable as well. With help, your child can learn how to make healthy choices for a lifetime.■

De-Addicting Street Children

A Case Study in Mumbai

Maitry Porecha and Roshni Udyavar

Kiran means a ray of light in the Hindi language – precisely what the team comprising of members from O.P.C.R. (Organization for the Protection of Children's Rights), Mumbai and the volunteers of N.S.S. (National Social Service) unit of Kirti College have set to achieve for the destitute and runaway children working along the railway corridors of Mumbai in their joint venture named "Project Kiran". A project to revive hope in the lives of these children.

Railways are the lifeline of Mumbai. And it is here that the runaway children and adolescents end up in search of survival. Project Kiran began with a survey conducted by the N.S.S. volunteers of Kirti College through the stretch from Churchgate (the down town area of Mumbai) to Virar (the last station for a Mumbai Local train). The survey included details about their age, gender, educational level, occupation and monthly income, area of migration, as well as information about their parents – occupation, income and employment status.

The survey provided an insight into the life of these children. Completed in August 2005, the Report will be released shortly. Following this were the series on Education and Recreation sessions conducted every Sunday at the Kirti college premises. The project is now in the process of setting up permanent learning modules for the children as well as their subsequent rehabilitation and relocation.

There were several barriers to the success of the Education and Recreation Sessions designed by the Team, most prominent being that the batch of children attending each session varied for each session, which made the efforts ineffective. Eventually however, the faces started looking familiar. Now, the batch of children is regular and voluntarily join each Sunday for the sessions.



Members of O.P.C.R. Mumbai and N.S.S. Volunteers engage in counseling with the runaway working children during their weekly interactive sessions

During the course of the survey, and further in close interaction with the children during the training sessions, it was revealed that a major barrier to their upliftment is the fact that the children are all invariably drug addicts, severely addicted to a wide range of potentially harmful drugs like Cannabis and Garda. However, the most rampant drug abuse are with inhalants, the use of which is rising alarmingly amongst these children. There are various reasons why children abuse drugs: these include biological factors (Genetic Vulnerability), Social Factors

(peers imposing or developing the habit) and Psychological Factors (Depression and Insecurity or simply an antidote to their pathetic living conditions). Drugs promise a relief – a transition to another world elevated in many ways from their dire reality!

'Inhalants' are "slow killers". They cause damage to the upper respiratory system, making the addict susceptible to throat, bronchial and lung infections. Over time, there is a requirement for increased dosage to fulfill one's craving.

The Government hospitals in Mumbai have De-addiction centers that require addicted individuals to be admitted for a period of 8 to 10 days depending on the severity of the addiction. During this period, a team of Psychiatrists, Psychologists and Medical Social Workers (MSW), conduct a de-addiction program which includes medication for detoxification, yoga therapy, individual and group counseling as well as complete medical check. If required, the patients are referred to other specialists to treat ailments other than substance abuse. They are also provided with wholesome food and nutritive supplements during the course of the treatment. All these services are available at nominal costs in Government hospitals. Another option is to treat the drug addicts on a regular basis



Anamika Lad, an N.S.S. volunteer, conducts a yoga session for the street children

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Adolescent Drug and Alcohol Abuse

By Nikki Babbitt

What could be the reason a teenager opts for dangerous and addictive drugs? Is it defiance of a normal separation from parents? Is it breakup with a girlfriend or boyfriend? Or just adolescent hormones kicking in? Millions of teenagers experiment with drugs, at an average age of 13. Many go on to abuse or become dependent on alcohol or drugs, with potentially tragic consequences.

Adolescent Drug and Alcohol Abuse offers parents clear information, support, and guidance for understanding the disease model and how drug abuse impacts a family; getting help for your child; and finding serenity for yourself.

Adolescent drug abuse and chemical dependency can

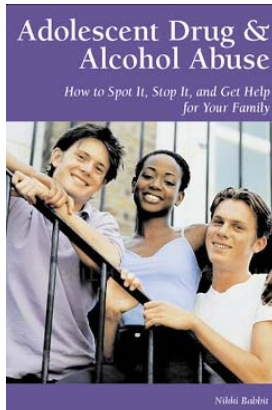
happen to any teenager, whatever their drug education, economic level, neighborhood, school, or church attendance. Parents are often the last to know about their children's involvement with alcohol or drugs. Chemical abusers do whatever they can to conceal their use.

Adolescent Drug and Alcohol Abuse offers parents clear information, support, and guidance to:

- Understand the disease model of drug abuse, and that it's not your fault;
- Overcome family confusion, denial, and excuses to get your child the help he needs;
- Find allies in the community to help your child feel the appropriate consequences of his actions;
- Know what to look for in chemical assessment facilities;
- See what kind of help can be given to your child in treatment;
- Gain serenity and happiness for yourself, apart from the outcome of your child's drug abuse or dependency;
- Listen to the voices of dozens of parents and recovering teens and learn that you are not alone in how this problem profoundly affects your family.

Author Nikki Babbitt has counseled thousands of parents and teens about drug abuse, and includes stories from dozens of parents. Her message, and the message of the families whose stories fill this book, is one of encouragement and hope for the future.

(www.amazon.com)



Book Review

International Day Against Drug Abuse & Illicit Trafficking

United Nations Office on Drugs and Crime's "Let's talk about drugs ..." campaign encourages parents, grandparents, other relatives, teachers, peers, etc., to talk to children and young people about the dangers of drug use and to get them more involved in open discussions about drugs.

The campaign is being launched in conjunction with *The International Day against Drug Abuse and Illicit Trafficking*, which is celebrated every year on 26 June to commemorate the signature of the Declaration adopted at the International Conference against Drug Abuse and Illicit Drug Trafficking on that day in 1987. Civil society organizations are particularly involved in relating their activities to the celebration of the International Day.

Every year, a theme is established and thousands of people around the world are mobilized through UNODC's field office network to celebrate the day.



Events

"Let's talk about drugs" underlines the need for children, families, peers, teachers and communities to talk about drug



abuse, admit that it is a problem, and take responsibility for doing something about it. The support of caring and listening parents has proven to be one of the most important protective factors against drug abuse. But for the many young people around the world who do not have the advantage of a supportive home environment, we all have a special responsibility."

- Kofi Annan, United Nations Secretary-General

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De-Addicting Street Children

over a period of time, at the Out Patients Department (O.P.D.) of the hospital.

The drug addicts addicted to inhalants do not require specific medication for detoxification. They are treated symptomatically. However, all treatments require the patient to be accompanied by either a family member or a guardian. Several NGOs such as the Don Bosco Shelter in the city, enroll groups of 3 to 4 children ranging from 7 to 18 years into these centers. Once the patient goes through a complete de-addiction program, he/ she is then moved into a Rehabilitation Center by the NGO. During the process of de-addiction, the volunteers of the organization constantly accompany the children. The Rehabilitation is done over a period of one month in a location remote from the place of stay/employment initially associated with the patient. After the rehabilitation, the children are then sent to schools or given training for alternative sources of employment. Throughout the de-addiction process, the children are motivated to free themselves of the drug habit and to relocate themselves in new environs.

In the case of the runaway working destitute children involved in Project Kiran, it is very essential to consider the rehabilitation and the shift to a completely new setting – both in terms of stay and employment. Also, since they are independent working children, one needs to motivate them to a great degree to be part of mainstream society after their rehabilitation. This requires a continued outreach program, and motivation by peers or group leaders from amongst the children. ■

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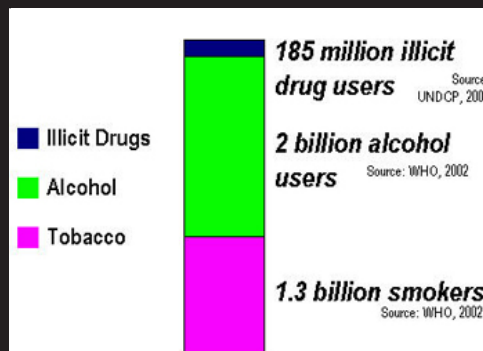
Message of the President

still to reduce the grace period of a new drug by immediately associating it with its adverse consequences. The grace period is the phase when a drug is only known for its satisfying effects since it has not been thoroughly tested.

Communication and prevention are very effective tools in the battle against drugs. It is undeniable; children need to be guided until adulthood. Youngsters need structure and they need to be able to distinguish between good and bad. Kids need to understand the real risks of taking drugs. Knowledge is power. Parents have to be attentive and listen to their children. The involvement of parents, the extended family and society in the life of a child is the most important foundation for a healthy future. We will elaborate on this subject in the next issue of Children Speak. ■

THE GLOBAL BURDEN

Psychoactive substance-use poses a significant threat to the health, social and economic fabric of families, communities and nations. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users.



World extent of psychoactive substance use

In an initial estimate of factors responsible for the global burden of disease, tobacco, alcohol and illicit drugs contributed together 12.4% of all deaths worldwide in the year 2000. Looking at the percentage of total years of life lost due to these substances, it has been estimated that they account for 8.9%.

The global burden of these three psychoactive substance categories varies across the WHO Regions. The disease burden in Disability Adjusted Life Years (DALYs) is significantly higher in Europe and the Western Pacific than in Africa and the Eastern Mediterranean. Also the share of the burden for the different substances varies - tobacco is the largest burden in Europe and South-East Asia while alcohol poses the largest burden in Africa, the Americas, and Western Pacific.

The level of economic development in countries also plays an important role. The burden from psychoactive substance use is higher in the developed countries than especially in the high mortality developing countries. The sex ratio for the attributable deaths of psychoactive substance use varies from 80% male for tobacco and illicit drug use and 90% for alcohol. With regard to DALYs it is between 77 and 85% for all substances. The largest proportion of DALYs is on males in the developed countries, where psychoactive substance use accounts for 33.4% of all DALYs.

One of the differences between these three categories of psychoactive substances is the fact that they inflict their disease burden on different age groups. Illicit drug use inflicts its mortality burden earliest in life, alcohol also mainly (65%) before the age of 60, while 70% of the tobacco deaths occur after the age of 60. For more data on the global burden of psychoactive substance use and other risk factors please see the homepage of the World Health Report 2002 or visit <http://health.nih.gov>; <http://www.drugabuse.gov>; http://www.who.int/substance_abuse/facts/global_burden/en/index.html

(World Health Organization)