

Indian Academy of Pediatrics (IAP)



GUIDELINES FOR PARENTS

When to Suspect Drug and Substance Abuse?

Convener: Jeeson Unni

Members: Abraham K Paul,
Lt Col Abhishek,
Alok Gupta

Reviewer: Om Shankar Chaurasia



10 FAQs on WHEN TO SUSPECT DRUG AND SUBSTANCE ABUSE?

1. Why should we parents be aware about substance abuse?
2. How do teens get introduced to drugs?
3. What are appropriate parental actions that should be initiated on finding that your child is using drugs?
4. Are there any laws, which prohibit drugs and substance use in India?
5. Doctor, who do you feel most influence my children's life?
6. Doctor, we feel that our child consumes some drugs. How do we get our child to let us know if it is true?
7. Doctor, now that we know that our child uses drugs with some of his friends while partying. Can you suggest some experts who could be of help in getting rid of this habit?
8. Doctor, how can we help our child to recover during and after the treatment? Should we seek support from some community or a support group which can help us and our child?
9. What are the risk factors for developing addiction to drugs?
10. Explain myths regarding substance abuse.

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IAP President 2021

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GV Basavaraja
IAP HSG 2020–2021

Deepak Ugra
National Co-ordinator

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When to Suspect Drug and Substance Abuse?

Q1

Why should we parents be aware about substance abuse?

Despite all efforts to keep children off drugs, it could become a reality. In India, it is not uncommon in children in urban and rural areas from all socioeconomic strata.

It is important that parents be aware about child and adolescent substance abuse facts because they are an important influence on their child's decisions regarding drug use. Parents can and do make a difference. Early detection and intervention is the mantra—longer the duration of drug use—greater the difficulty in managing the problem.

Common Drugs Abused by Children and Adolescents

A 1998 study by the National Institute on Alcohol Abuse and Alcoholism reports that if the experience with alcohol begins at age of 15 years, then chance of alcoholism or alcohol dependence as an adult is nearly 40%. Tobacco smoking, alcohol, marijuana, cocaine, hashish, and heroin are being abused by children and adolescents. Other drugs of abuse include propoxyphene, lysergic acid diethylamide (LSD), 3, 4-methylenedioxy methamphetamine (MDMA) (ecstasy), mephedrone, and other party drugs, ketamine, diazepam and related sedatives, pentazocine and many more. Children were also chewing tobacco and using inhalants such as erazex (solution), adhesives, paints, thinners, petrol, whiteners, nail-polish removers, and shoe polish as quick and cheap "fixes".

The various street names for these drugs are listed at https://www.scoopwhoop.com/names-of-commondrugs/?ref=page_search.

Q2

How do teens get introduced to drugs?

Usually, substance abuse has innocent beginnings. With age, the parents' influence diminishes, and friends become most important in their life, and their influence becomes paramount. In India, the majority of addicts are introduced to drugs by their peers. Around one-third of addicts, initially try drugs for fun and out of curiosity. Easy access to substances, frequent use at home and at family functions by elders and in some states, introduction to alcohol by parents and other family members are other sources to be aware of.

Tell-tale Signs

- Recent onset of deterioration in scholastic performance; school absenteeism in a child who was doing well in studies
- Finding of injection marks called as “track marks” which are dark linear marks more commonly on the non-dominant hand which the adolescent will usually try to hide by wearing full sleeves shirt.
- Increased secrecy about possessions or activities
- Recent onset of excessive use of scents or perfumes in the room
- Using “coded” language to communicate with friends
- New friend circle, change in clothing styles, hairdo and cosmetics to suit the new company
- Increase requirement for money
- Money or other articles of value going missing
- Finding pipes, rolling papers, hairspray, nail polish, correction fluid, paper bags and rags, and bottles of eye drops used to mask bloodshot eyes or dilated pupils
- Recent use of mouth fresheners or mints
- Missing prescription drugs—especially narcotics and mood stabilizers
- Change in time at home, late nights, sleep-overs, etc.

Hurdles to Suspicion

- It is difficult to assess changes in behavior, if parents' communication, rapport and care for the adolescent is lacking.
- Difficult to understand whether the changes in mood or attitude, sleep patterns, hobbies or other interests and the temper outbursts are part of normal adolescent behavior.
- Fear that they would push their children away by talking about their suspicions and concerns.
- Worries that the child could get jailed or have difficulty with pursuing education or finding a job.
- Family members—even parents—sometimes introduce kids to drugs and do not feel it is wrong till the problems get out of control.
- Difficulty in acknowledging own problem with addiction while trying to address the child's engagement/trial with substance abuse.
- Anger, guilt, or the feeling of having “failed” because the child is using drugs.

Q3

What are appropriate parental actions that should be initiated on finding that your child is using drugs?

- First, learn as much as one can about drug and alcohol use in children.
- Overcome fears about tackling the problem.
- Once the shock is dealt with try to sit down and talk with the child.
- Tell the child concerns regarding specific changes that were observed.
- It is most important to remember that it is never too early or too late to take action regarding a child's drug use.
- Stay involved—children would then more likely stop drugs and make positive choices.
- Keep a tab on activities.
- Keep in touch with friends—host them at home.
- Provide a comfortable environment to discuss the problems, if any, that the child is facing.
- Set clear ground rules about drug and alcohol use, e.g., "Smoking is prohibited".
- *Remember:* A parent is not helping her/his child by covering up for the child when you know the child is missing school or avoiding family functions stating reasons such as "not feeling well", especially when you suspect something else is at play.

Communicating with the Child/Adolescent

- It is important to understand that talking/initiating communication about substance abuse with children has no particular established guidelines. A lot depends upon the child's temperament and personality, and the parent is the best judge of character of their children. Start discussing, as early as pre-puberty, about drugs and common substances of abuse and their adverse effects—as and when they are portrayed in social media such as television or movies.
- Let the discussions be as natural as possible and turn it into session in which the child/adolescent does most of the talking. Do not interrupt; try to understand his/her perspective about substance abuse and in the process, assess the child's vulnerabilities.
- There are few pointers you should keep in mind while discussing drugs, if he/she is actively using drugs.
 - Never be confrontational or too direct/blunt about it/or dismissive.
 - Do not lose emotional control while discussing.
 - Avoid blaming/physical punishment.

- If child accepts drug intake, ask whether he/she considers it a problem or not—unless willing to acknowledge it as a problem every effort of rehabilitation would be futile.
- Offer unconditional support and help, whenever needed.
- Always leave an opening for the child to take the initiative to discuss drug issues on his own.
- Do not discuss it in front of siblings/any outsider.
- Any life-threatening issues should be discussed on emergency basis.
- Do not discuss if child or yourself are agitated and not in control of oneself. Physical violence is a Big No.

When to seek professional help?

If you are sure that your child is taking drugs the earliest you can consult a professional is better because the more your child is trapped in this vicious circle the more it becomes difficult to deal with it.

Q4

Are there any laws, which prohibit drugs and substance use in India?

Drug Laws in India

The Drugs and Cosmetics Act and Rules, The Drugs and Cosmetics Act, 1940 (23 of 1940) (as amended up to the 31st December, 2016) and The Drugs and Cosmetics Rules, 1945 (as amended up to the 31st December, 2016). This law governs the import, export, production of raw material, final product, selling, buying and storage of the raw as well as the final product.

Alcohol Laws

Alcohol is a subject in the “State List” under the “Seventh Schedule of the Constitution of India”—so the law is different for each state.

- *Liquor sale* at liquor stores, restaurants, hotels, bars, pubs, clubs, and discos but not online. Some states such as Kerala and Tamil Nadu, prohibit private parties from owning liquor stores making the state government the sole retailer of alcohol. In some states, liquor may be sold at groceries, departmental stores, banquet halls and/or farmhouses. Some tourist areas have special laws allowing the sale of alcohol on beaches and houseboats.
- Home delivery of alcoholic beverages is illegal, though beer and wine home delivery is permitted in Delhi.

- *Legal drinking age*: Varies in states from minimum 18–25 years.
- *Drunk driving law*: The blood alcohol content (BAC) legal limit is 0.03% or 30 mg alcohol in 100 mL blood. 1st March 2012, Union Cabinet approved changes to the Motor Vehicle Act—higher penalties, including fines from Rs. 2,000 to Rs. 10,000 and imprisonment from 6 months to 4 years. Penalties are assessed depending on BAC at the time of the offense.
- *Dry days*: When the sale of alcohol is not permitted—major national festivals/occasions such as the Republic Day, the Independence Day and Gandhi Jayanti and election days, and the 1st of every month.

Tobacco Laws in India

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Act, 2003 or COTPA, 2003—Act of Parliament of India enacted in 2003.

- Prohibits smoking of tobacco in public places and open spaces.
- Advertisement of tobacco products is prohibited.
- Sale is prohibited to persons below 18 years of age; and in places within 100 meters radius of educational institutions.
- Fine up to Rs. 200/- for smoking in public place, selling to minors, or selling within a radius of 100 meters from an educational institution.
- Places where products are sold must display appropriate messages such as “Tobacco Causes Cancer” and “Sales of tobacco products to a person under the age of 18 years is a punishable offense under law”.

Q5

Doctor, who do you feel most influence my children’s life?

Parents are the ones who influence their children the most. They should be made to feel most safe and least stressed in your presence despite teens yearning for increasing privacy, which should be allowed with set limitations. They are confident that their parents will keep them away from any harm or threat. Children also confide with their parents the most, especially if effective communication and encouragement and satisfactory response of curiosity has been inculcated with children from early childhood. They learn appropriate moral and social behavior from their parents on day-to-day basis. In fact, parents are the first role models and first teachers for their children.

In fact, it is always best, if possible, to resolve issues within the family before involving outside, even professional, help.

Q6

Doctor, we feel that our child consumes some drugs. How do we get our child to let us know if it is true?

- Check whom the child trusts and feels comfortable with.
- All who participate in the session need to know their respective roles and be mature enough to understand the ground realities.
- Involve those who would actively participate in the decisions and follow-up activities.
- Never forcefully or slyly (without getting the child's consent) take the child for a consultation of the professional regarding substance abuse.
- The professional would screen the child for drugs and alcohol by counseling and/or by testing urine or blood.
- A good doctor-patient-parent relationship is required when suggesting tests for drug levels.
- Share all concerns with the health professional to get appropriate advice and assistance.
- Be calm when facing an agitated child during the deliberations, and try not to blame the child for the transgression.

Q7

Doctor, now that we know that our child uses drugs with some of his friends while partying. Can you suggest some experts who could be of help in getting rid of this habit?

- May be useful to get consent and cooperation of child when seeking external help.
- School counselors
- Family doctors or pediatricians
- Nurses
- Religious leaders
- Adolescent medicine professionals
- Local community of anti-drug forums and support groups and family-based therapies
- Dedicated de-addiction/rehabilitation centers in the locality

Q8

**Doctor, how can we help our child to recover during and after the treatment?
Should we seek support from some community or a support group which can help us and our child?**

- After the treatment ends, parent's role starts as it is the time when the child needs parent most. Provide "no stress" or "least stressful" home environment. Stop alcohol or tobacco use at home in front of child. Best if use is stopped altogether. A disciplined family environment is must.
- Provide transportation so that they do not miss any of their appointments. Talk to the doctor for random drug tests for the whole family.
- Pre-agreed contract for reinforcement of approved behavior.
- The school and workplace counselors and peer groups should be involved during the recovery period.
- Identify support groups after making sure of their commitment toward each other.
- Joining sports clubs, youth groups, and community service activities have positive influence on a recovering child.

Handling Relapse

- Prepare for a relapse rate of 30%—usually within first 3 months of ending therapy. Adolescent and even adults have compulsive behavior and urge to break rules. A loving, affectionate and patient, but firm handling is required to reduce/prevent relapses.
- Remember that relapse is not a failure on anybody's part. Warning signs of relapse are mostly same as that of substance abuse. Restart therapy under guidance.
- Addiction may have a genetic predeposition. Do not feel guilty or ashamed of having an addiction or your child having it. In such a case, you need to work harder and longer, maybe life-long, to keep away from drugs. Always be truthful with each other and work together to overcome this situation.

Q9

What are the risk factors for developing addiction to drugs?

Though no one is immune to drug use problems, the risk for addiction depends on one's genes, mental health, family, and social environment and include:

- Family history of addiction
- Abuse, neglect, or other *traumatic experiences*
- Mental disorders such as depression and anxiety
- Early use of drugs
- *Method of administration*: Smoking or injecting a drug may increase its addictive potential

Q10

Explain myths regarding substance abuse.

Myth 1: *One can easily overcome addiction, if she/he wants to.*

Fact: Prolonged drug exposure alters the brain resulting in powerful cravings and a compulsion to use; making it extremely difficult to quit—requires sheer force of will.

Myth 2: *Addiction being a disease; nothing can be done to prevent or treat it.*

Fact: The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments. It is not a hopeless condition.

Myth 3: *Addicts have to hit rock bottom before they can get better.*

Fact: Recovery can begin at any point in the addiction process, and earlier, the better. Longer the drug abuse continues, stronger the addiction becomes and harder it is to treat. Do not wait to intervene, until the addict has lost everything.

Myth 4: *You cannot force someone into treatment; they have to want and be ready to accept help.*

Fact: Treatment does not have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.

Myth 5: *Treatment did not work before, so there is no point trying again.*

Fact: Recovery from drug addiction is a long process that often involves setbacks. Relapse does not mean that treatment has failed or that sobriety is a lost cause. Rather, it is a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

READING MATERIAL FOR PARENTS

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*Those who do not lose hope, win. Have trust in yourself and your child.
Together you all will be winners!!*