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Government Of India

Ministry of Social Justice and Empowerment, and Ministry of Education

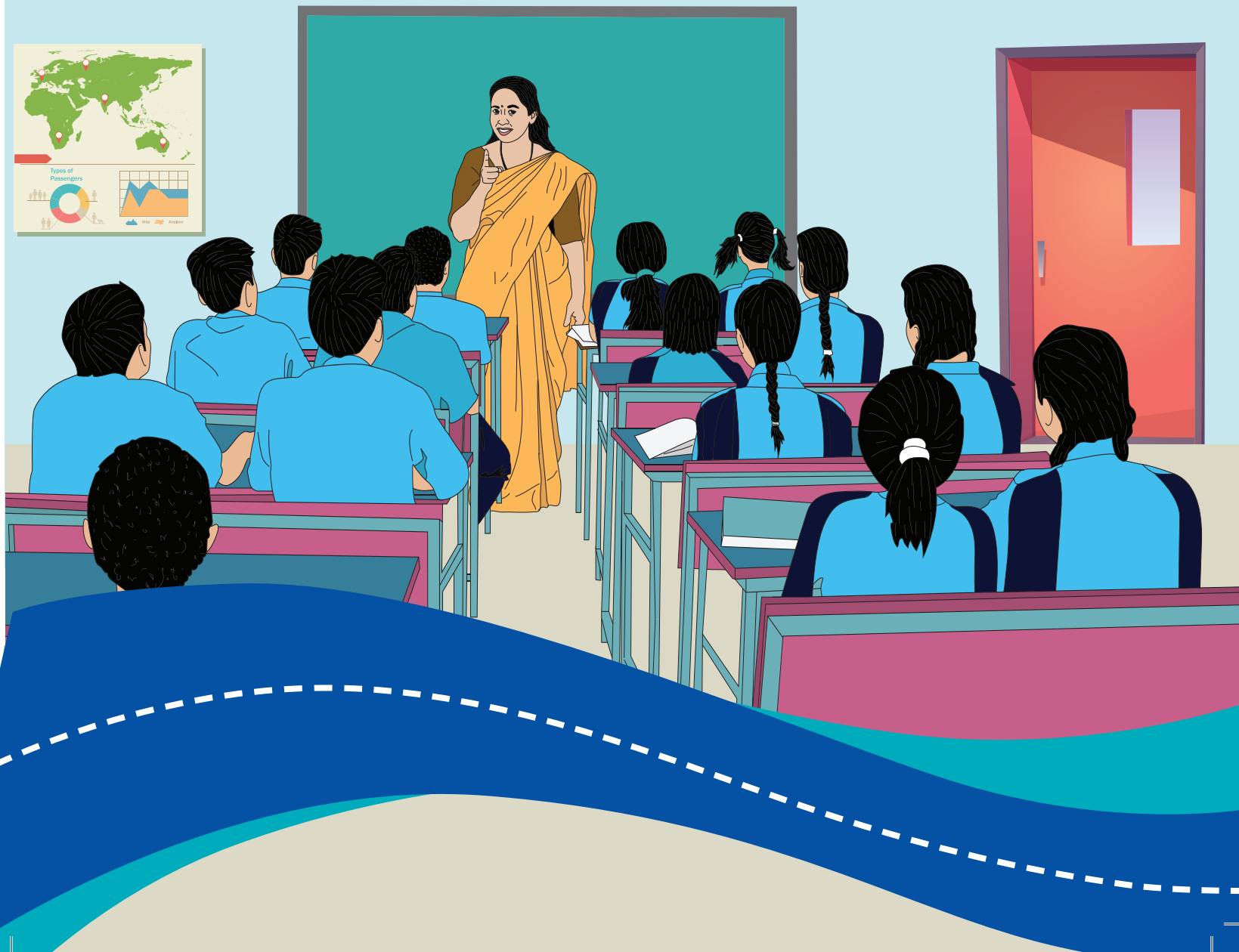
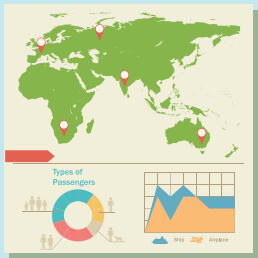


NAVCHETNA

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

TEACHER TRAINER RESOURCE MODULES

UPPER PRIMARY: STANDARD 6TH, 7TH AND 8TH



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The drug education component of this module has been expanded upon from the following source: United Nations Office of Drug and Crime (UNODC). 2019. Drug Education for School Children: Increasing Knowledge and Keeping Safe. UNODC, Nigeria. (Gary Reid is the lead author of this publication)

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MINISTER OF
SOCIAL JUSTICE AND EMPOWERMENT
GOVERNMENT OF INDIA



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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)

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R. Subrahmanyam, IAS
Secretary



Ministry of Social Justice and Empowerment
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FOREWORD

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

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

Under "Nasha Mukht 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 Reid and, Ms. Kalyani from SPYM for their substantial contributions as authors of the NAVCHETNA training package.


(R. Subrahmanyam)

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Secretary



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भारत सरकार
Department of School Education & Literacy
Ministry of Education
Government of India

01st July, 2022



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 the substance abuse among the 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.


(ANITA KARWAL)

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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
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MoSJE

OVERVIEW FOR TEACHERS		PAGE NO.
BACKGROUND		17
INTRODUCTION		18
BACKGROUND INFORMATION FOR TEACHERS		20
WHAT ARE LIFE SKILLS?		20
WHAT IS SCHOOL DRUG EDUCATION?		20
WHAT IS THE ROLE OF SCHOOLS IN DRUG PREVENTION AND AWARENESS?		21
WHAT IS UNLIKELY TO “WORK” WITH DRUG EDUCATION IN SCHOOLS?		22
WHAT ARE THE PRINCIPLES FOR SCHOOL DRUG EDUCATION?		24
RECOMMENDED TERMS TO AVOID USING DURING SCHOOL-BASED DRUG EDUCATION		27
BEST TO AVOID DRUG USE DISCLOSURES IN A SCHOOL SETTING		29
INTERRUPT AND PROTECT A SCHOOL STUDENT THAT IS DISCLOSING THEIR DRUG USE AMONG OTHER STUDENTS		29
STEPS TO TAKE WHEN PERSONAL CONCERNS OF A STUDENT ARE RAISED		30
MATERIALS REQUIRED		31
USE TIME WISELY		32
DELIVERING THE MODULE		33

MODULE 1,2 AND 3		PAGE NO.
MODULE-1: LIVE HEALTHY AND EAT HEALTHY		35
MODULE-2: RECOGNIZING RISKS, BEING SAFE AND PREVENTING CHILD SEXUAL ABUSE		45
MODULE-3: BASIC DRUG EDUCATION INFORMATION-PART 1		55

ANNEX		PAGE NO.
ANNEX 1: LIST OF STATE LEVEL COORDINATION AGENCIES		73
ANNEX 2: SLOGANS FOR "SWACHH BHARAT MISSION"		76
ANNEX 3: GO, GROW, AND GLOW FOODS VISUAL AID		77
ANNEX 4: RISKY SITUATIONS SHEET		78
ANNEX 5: TECHNIQUES FOR SAYING "NO"		78
ANNEX 6: CORRECT ANSWERS TO SITUATIONS OF SAFE AND UNSAFE TOUCH		79
ANNEX 7: SMART WAYS TO KEEP YOURSELF SAFE		80
ANNEX 8: INDICATIONS OF POSSIBLE CHILD SEXUAL ABUSE: LEGAL PROVISIONS, AND RESOURCES		81
ANNEX 9: FURTHER INFORMATION ABOUT VOLATILE SUBSTANCES		82
ANNEX 10: ANSWERS TO DRUG QUIZ		84
ANNEX 11: BIBLIOGRAPHY		85

OVERVIEW FOR TEACHERS





BACKGROUND

The Ministry of Social Justice and Empowerment (MSJE), 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 for alcohol use disorders. For cannabis use it is 3.1 crore users, of which 72 lakh are problem users 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 are problem users and 28 lakh are dependent users. Among some of the other drugs reported an estimated 77 lakh were found to be users of volatile/inhalant substances, of which 8.5 lakh were dependent users: up to half the estimate are children in need of help for volatile/inhalant use. Collectively it is estimated that at least 7.5 crore people need help for alcohol, cannabis and opioid use disorder¹.

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

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

Prevention of drug use and providing help and support to people affected by drug use is one of the key mandates of the MSJE, and a range of responses are being implemented following the release of the report 'Magnitude of Substance Use in India'. Training packages for adults have been developed and are in use, but they are not appropriate to match the specific needs of teachers to educate school children to link strengthening of life skills with the inclusion on drug use issues. With this understanding, there is a need to address this educational gap and develop a training module titled Navchetna targeted towards Upper Primary school children of 6th, 7th and 8th standard, age group 11 – 13 years. This training module is developed by Society for Promotion of Youth and Masses (SPYM) in consultation and with inputs by MSJE. This training module provides an opportunity 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.

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 around 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 in awareness and prevention about drugs—emphasis is given to meaningful approaches to enhance the educational process of evidence-based principles of a school drug education program. This training module aims to develop students' awareness of the possible harmful effects of various drugs, to acquire skills needed to help them make informed decisions, and to better manage drug-related situations.

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

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

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

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

Information about drugs should not be delivered to school children only as a one-off session on an annual basis. It would be more meaningful to schoolchildren to implement this training module as part of 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 a drug quiz are found 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 Standard 6 – 11. 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 of the learning benefits of receiving ongoing evidence-based education about drugs will remain relevant as school children mature into adulthood.

BACKGROUND INFORMATION FOR TEACHERS

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

WHAT ARE LIFE SKILLS?

Life skills education assists individuals to gain appropriate knowledge on risk taking behaviours and in the process helps to develop various core skills as follows: decision making; problem solving; creative thinking; critical thinking; effective communication; interpersonal relationship skills; self-awareness; empathy; coping with emotions and coping with stress.³ Life skills programs aim to develop the abilities and motivations of 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 the knowledge, attitudes, and skills for healthy and safe living.

WHAT IS SCHOOL DRUG EDUCATION?

School drug education is not just focused about the delivery of information to increase students' knowledge and understandings, but can also contribute towards the development of skills and attitudes that can help young people to make safer choices in their life. The most effective school drug education programs 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 minimize 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

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

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 will 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 when 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 ok” response. 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 OK so there are no real major long-term effects of using drugs in the mind of a child or young person.

JUST GIVE THEM THE FACTS

Behaviour is not based just on the information and knowledge we receive and have. Many people are smoking, drinking alcohol to excess and using various other drugs despite their knowledge and available information that there can be negative outcomes. The reason for people using various substances is far more

complex. There is a need to know how to use the information and apply it in the reality of the situations that young people experience. If a young person is invited to smoke tobacco or drink alcohol for the first time it is unlikely facts about tobacco and alcohol will be key to their response. Commonly the young person will be thinking “how do I handle this situation?”; “how do I keep my friends and appear cool and still refuse?”; “how do I assert myself in this situation?” and so on.

JUST SAY NO TO DRUGS!

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

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

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

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

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

USE OF THE MEDIA CAMPAIGN

Research shows that on its own it will not have long term impact on behaviour. Media does raise awareness and place the issue on the public agenda but the effects

are commonly 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 SCHOOL DRUG EDUCATION?

The features of effective drug education programs 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 need to ensure the staff are using relevant and current theory and research to guide education programs 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 wellbeing.

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 wellbeing for all students.

Principle 3: Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimizing 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 wellbeing 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 program 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, 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 recognize 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 wellbeing 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 programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education.

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

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

Research shows that teachers are best placed to provide drug education as part of an ongoing school program. Teachers should be provided with current and accurate information and resources about drug use issues. Visiting presenters such as those from a non-governmental organisation 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.

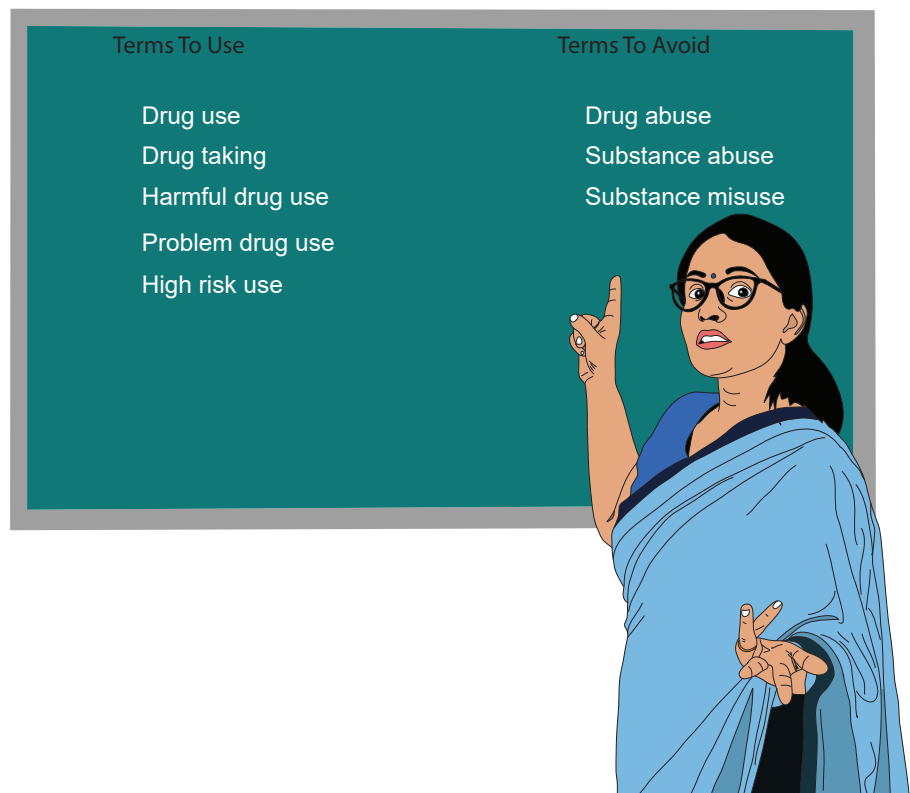
Principle 12: Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.

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 stigmatizing.
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 sends 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 known to be judgemental, stigmatizing, 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 the teacher 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 telling of risky, compelling stories that may glamorize drug use and become a secretive form of peer pressure to experiment and use drugs.



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

It is important that each teacher knows when to interrupt and protect a student when they are disclosing their personal drug use among other students during the class. If a student discloses personal or private information during a class or in a public forum, the teacher should calmly but firmly stop any further disclosure. This teaching strategy is designed to protect the student telling 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, that 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 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 SCLA 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 organizations (focused on drug use issues) that may address the personal concerns of children and adolescents with drug use problems (see Annex 1).

**Schools and teachers with concerns of drug use among school children can access advice by also calling the National Toll-Free Drug Deaddiction Helpline run by the Ministry of Social Justice and Empowerment (MSJE), Government of India.
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 does require others to know, then it is important that a student provides **consent** for this

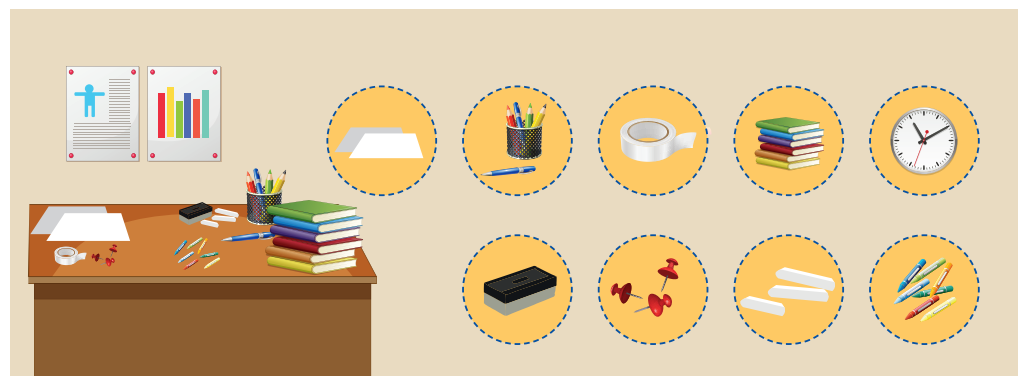
information to be shared with another person/s or agency. When confidentiality is broken by the teacher, other students will have no trust in speaking to the teacher about their personal concerns. Additionally, if confidentiality is broken a student's education potential may be ruined if the school administration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

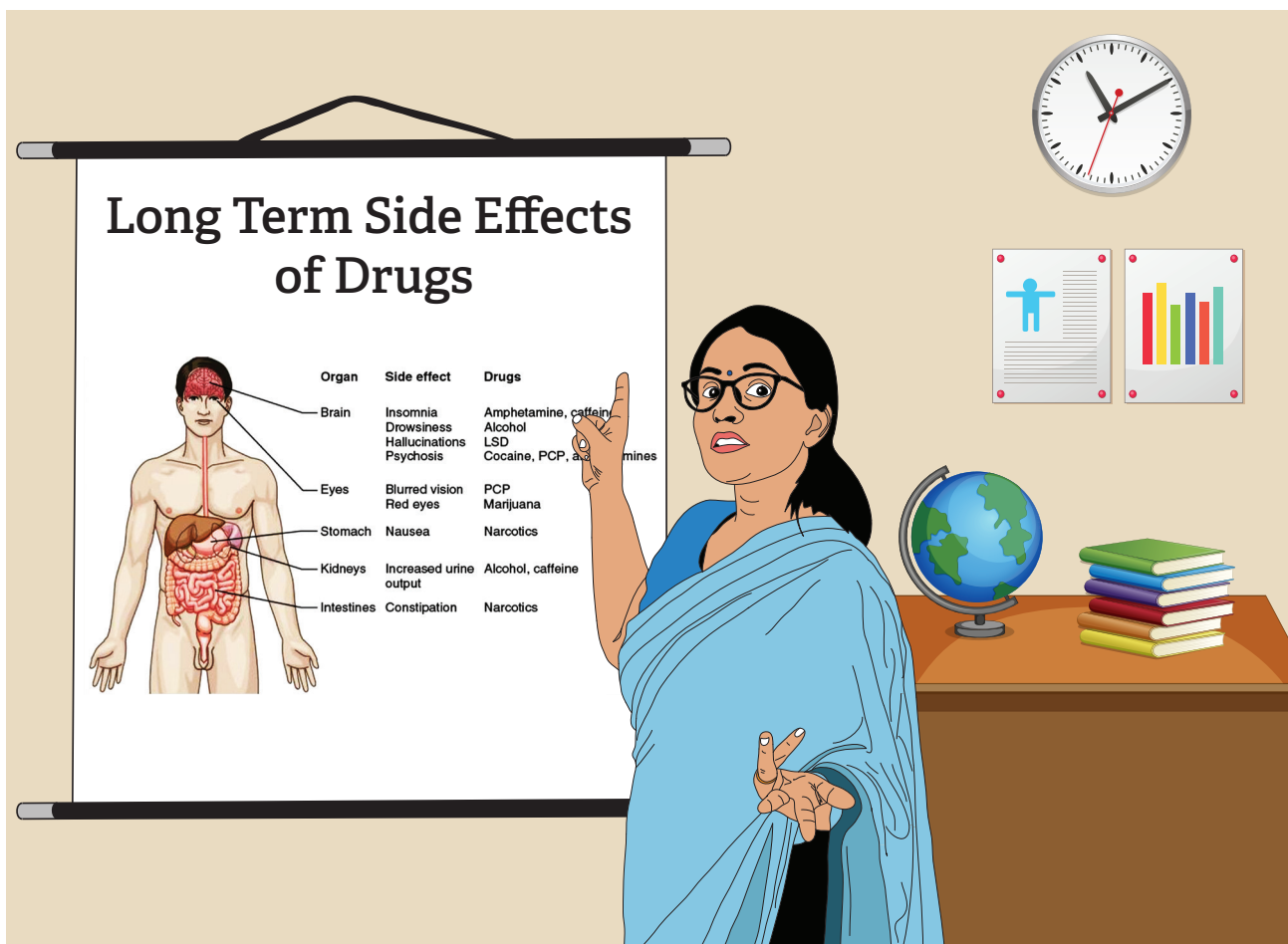
MATERIALS REQUIRED

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

NOTE FOR THE TEACHER

- Familiarize oneself with the contents of this education training module before entering the classroom.
- Familiarize 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.
- Utilize the teaching aid tool of the on-line modules that provide valuable insights of Part 1,2 and 3 that cover various topics contained in Nachetna.
- It is suggested that lessons for Part 1,2 and 3 be conducted once a quarter (3 months)





USE TIME WISELY

To reduce the time of writing text on the board during a 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 onto 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, during various topics, prepare in advance, the writing up of some information 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 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 Standard 6, 7 and 8 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 three single stand-alone sixty-minute sessions covering the information contained in Part One, Two and Three. The table below outlines key topics of covered in Part One, Two and Three.



SESSION TIME
60 minutes

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

TIME MANAGEMENT

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

WATCH THE CLOCK

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






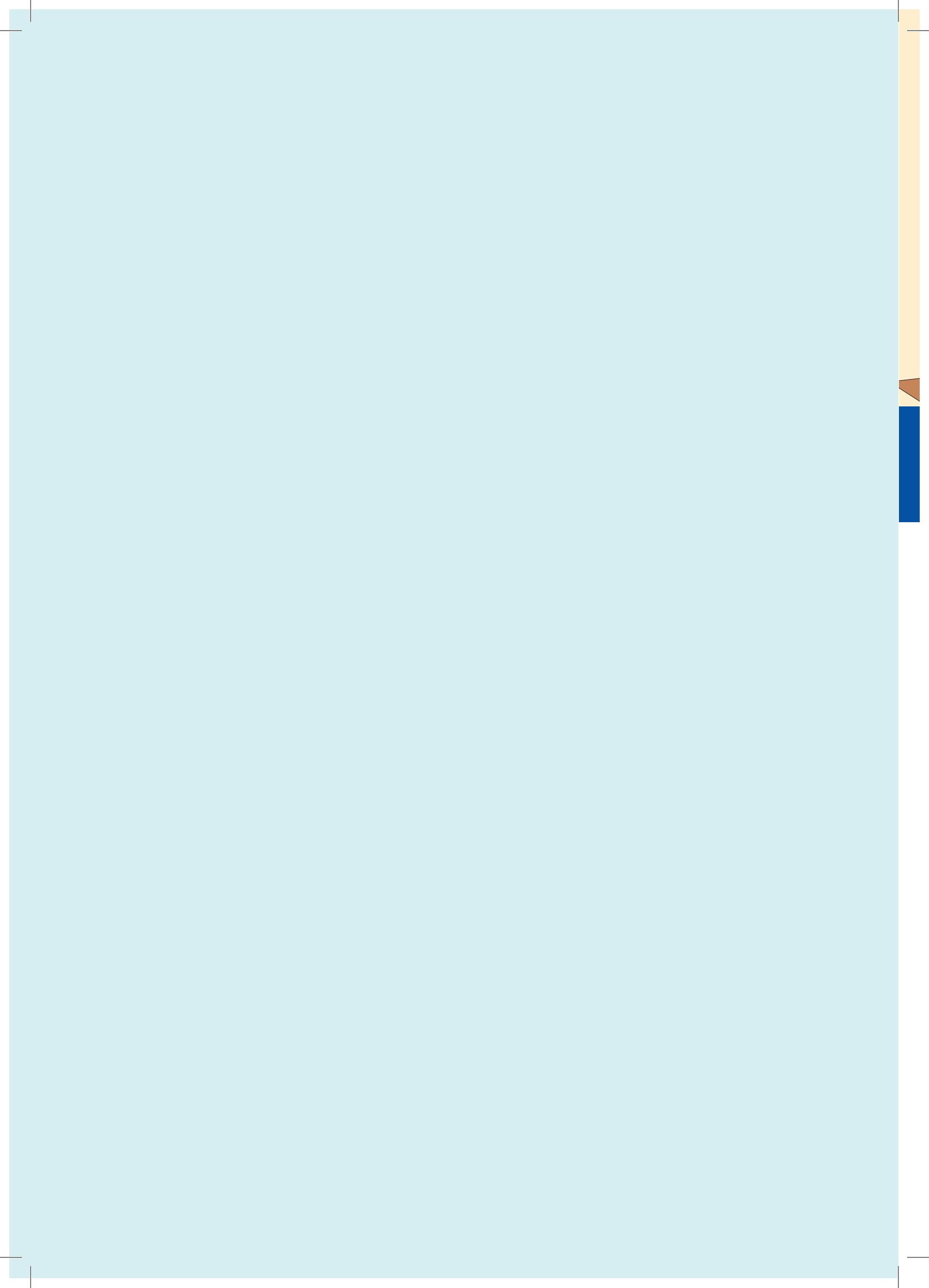
USE THE BOOK WHEN DELIVERING THE MODULE IN THE CLASSROOM

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

MODULE ONE

LIVE HEALTHY AND EAT HEALTHY

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



1



MODULE ONE

LIVE HEALTHY AND EAT HEALTHY



SESSION TIME
60 minutes

INTRODUCTION

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



Objectives

By the end of this session students will be able:

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



Life Skills Used

Critical thinking, Decision making, Value clarification and Self awareness



Additional Materials Required For Teacher

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



Advance Preparation Required for Teacher

- Compile a list of slogans related to hand washing and “Swachh Bharat Mission”(Some are offered in Annex 2)
- Prepare a chart/poster indicating Go Foods, Grow Foods, And Glow Foods

FIRST SESSION: LIVING HEALTHY

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



ACTIVITY ONE
TIME:
5 Minutes

TITLE OF GAME: Stomp your Feet or Clap your Hands

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

“

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

”

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



TIME:
15 Minutes

Quiz for students

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

NOTE FOR THE TEACHER



1. Before taking the sessions, please compile a list of slogans related to hand washing and “Swachh Bharat Mission” displayed in your school, community, or the neighborhood. See Annex2 for some slogans
2. List of examples that teacher can refer to of habits and practices that promote good health are as follows:



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



Eating less junk food



Bathing daily



Drinking clean water



Coughing and sneezing into elbow



Exercise at least an hour a day



Eating a balanced diet



Play a sport



Eating correct portion sizes



Get 8-10 hours of sleep a night



3. Teacher is not to conduct any discussion but to ensure that the activity is short and to the point.



ACTIVITY TWO

TIME:
5 Minutes

SECOND SESSION: EATING HEALTHY

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

Short Discussion: Why do we eat food?

- The teacher informs the students that the second part of the session is on food, and how nutrition promotes good health
- Teacher asks the students to provide some reasons for eating food

NOTE FOR THE TEACHER

1. Keep the discussion short and crisp.
2. Emphasize that food also serves to create bonding between people, family, and members of the community.
3. Special food items are cooked during festivals and other occasions in the family.



ACTIVITY THREE

TIME:
15 Minutes

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

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



ACTIVITY FOUR
TIME:
10 Minutes

Short Discussion: Question and Answers

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

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



TEACHING SESSION
TIME:
10 Minutes

NOTE FOR THE TEACHER

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

Display information poster

Teacher directs the student's attention to the board/chart displaying "GO FOODS, GROW FOODS, AND GLOW FOODS" See Annex 3 for more information. Teacher shares the following information

The poster is titled "GO FOODS, GROW FOODS, AND GLOW FOODS" and is divided into three columns. Each column has a title, a description, and a list of food items under sub-headings.

Go Foods	Grow Foods	Glow Foods
Go foods give people energy to be active, work, and learn each day! They give us fuel for daily activities and include:	Grow foods help the body to grow and stay healthy. They strengthen teeth, bones, and muscles! They include:	Glow foods are rich in vitamins and minerals that help to prevent illness and keep our skin, eyes, and hair glowing. They include:
Carbohydrates <ul style="list-style-type: none">• Grains• Rice• Roti• Potatoes• Cereals• Pasta Fats <ul style="list-style-type: none">• Oil• Margarine/butter• Ghee	Protein <ul style="list-style-type: none">• Chicken• Fish• Soya• Eggs• Milk• Paneer• Yogurt/curd• Dal• Pulses• Nuts	Fruits <ul style="list-style-type: none">• Bananas• Oranges• Mangoes• Guava• Apples• Pears• Peaches• Raisins• Dates• Figs• Grapes• Pineapples• Watermelons• Mango• Citrus fruits• Citrus• Nuts

GO FOODS, GROW FOODS, AND GLOW FOODS



Go Foods

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

Carbohydrates

- Grains
- Rice
- Roti
- Potatoes
- Cereals
- Pasta

Fats

- Oil
- Margarine/butter
- Ghee



Grow Foods

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

Protein

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



Glow Foods

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

Fruits

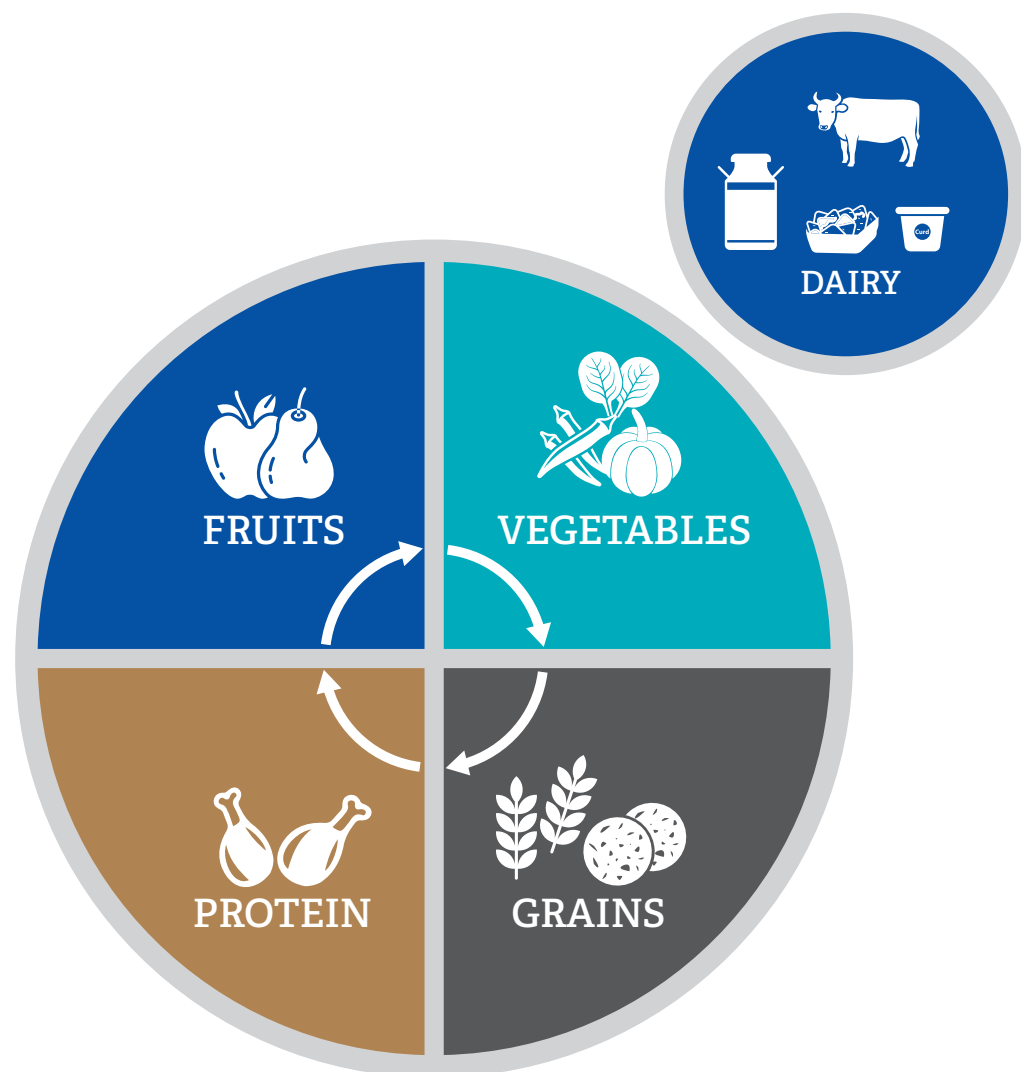
- Bananas
- Oranges
- Mangoes
- Papaya

Vegetables

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

Nuts

TEACHER DRAWS THE FOLLOWING DIAGRAM ON THE BOARD



READS ALOUD

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






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

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

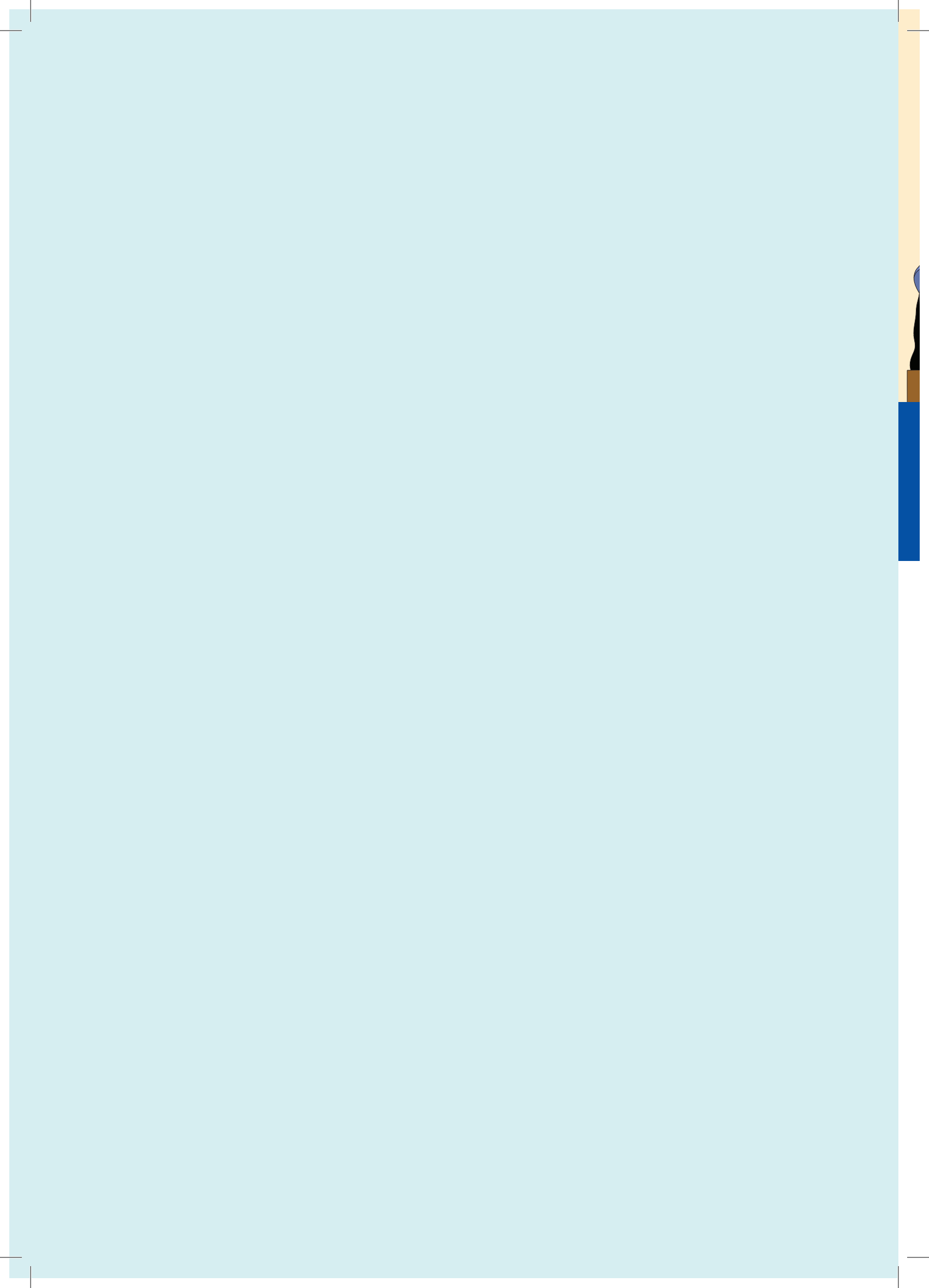
NOTE FOR THE TEACHER

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

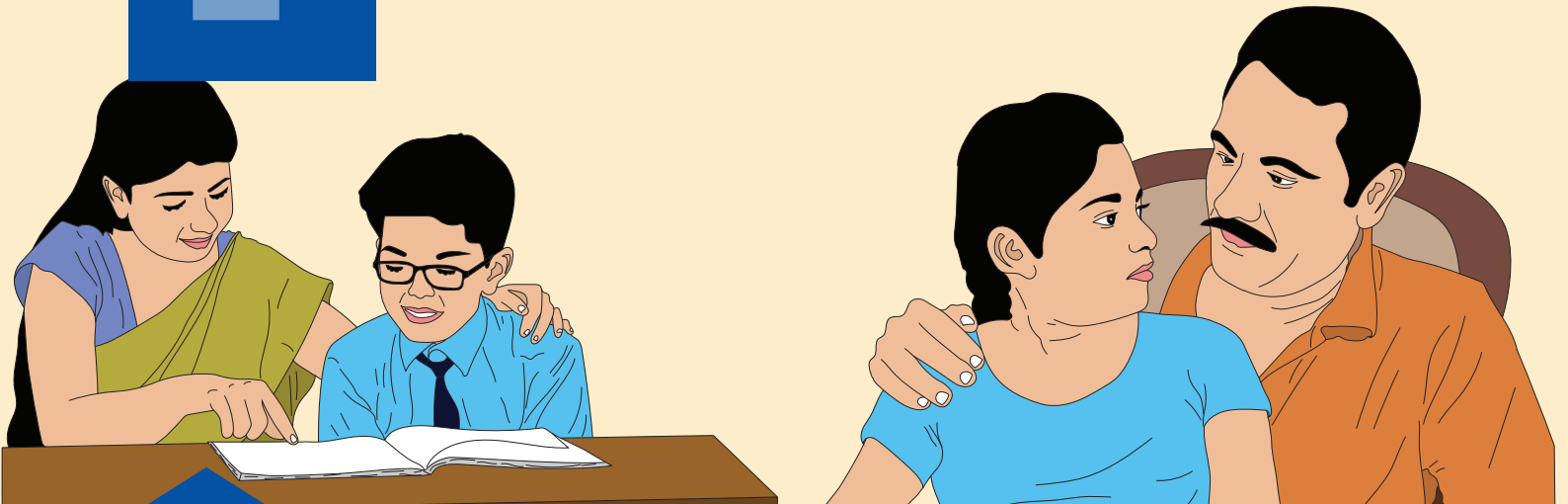
MODULE TWO

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

RECOGNIZING RISKS, BEING SAFE AND PREVENTING CHILD SEXUAL ABUSE



2



MODULE TWO

RECOGNIZING RISKS, BEING SAFE AND PREVENTING CHILD SEXUAL ABUSE



SESSION TIME
60 minutes

INTRODUCTION

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



Objectives

By the end of this session students will be able:

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



Life Skills Used

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



Additional Materials Required For Teacher

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

ADVANCE PREPARATION REQUIRED FOR TEACHER

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



ACTIVITY ONE

TIME:
5 Minutes

FIRST SESSION: RISK AND HANDLING RISKY SITUATIONS

Brainstorming

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

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

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

The teacher proceeds by emphasizing that while risks provide a sense of thrill and adventure, they also put children and young adults in a vulnerable position,

“

RISK IS A POSSIBILITY OF SOMETHING DANGEROUS OR UNPLEASANT HAPPENING

”

sometimes the damage or injury to the body maybe irreversible. For example, riding on a two-wheeler, at a fast speed with no helmet and along busy road with many other cars and trucks

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



**TEACHING
SESSION
TIME:
5 Minutes**

Understanding refusal skills

Teacher should explain that peer pressure is often difficult to deal with and that this is a way to remember how to say “No” in challenging situations. Teacher WRITES ON the BOARD and READS ALOUD the following:

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



**ACTIVITY TWO
TIME:
20 Minutes**

NOTE FOR THE TEACHER

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

Title of Game: Passing the Parcel

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

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

NOTE FOR THE TEACHER

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

SECOND SESSION: SAFE TOUCH VERSUS UNSAFE TOUCH

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



ACTIVITY THREE

TIME:
3 Minutes

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



TEACHING SESSION

TIME:
7 Minutes

NOTE FOR THE TEACHER

It should be noted to the students that gestures that are traditionally normal or safe can become unsafe. For example, if a handshake is prolonged for some reason or the grip is too tight it is unsafe. Again, if a hug becomes too forceful or their hands are groping (caressing), it is unsafe. Another example is if a kiss is prolonged or involves biting it becomes unsafe. Touches that are normal when they are light and brief become unsafe when they are prolonged, are forceful, or hurt.

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



READS ALOUD

SIGNS OF UNSAFE TOUCH

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

SIGNS OF SAFE TOUCH

- You are comfortable with it
- The touch is in an appropriate area
- The touch is light and brief

ADDITIONAL INFORMATION FOR THE TEACHER TO SHARE WITH STUDENTS:

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

Teacher should also explain to students that girl students are at higher risk of sexual abuse. However, both girls and boys are at risk, and that they are at an age in which experience of risk is high.



ACTIVITY FOUR
TIME:
5 Minutes



READS ALOUD

The teacher READS ALOUD a series of possible situations. Teacher requests the students to discuss whether or not they are Safe or Unsafe. If they are unsafe situations students should think and suggest what they should do.

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

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

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

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

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

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

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

Correct answers to these scenarios can be found in Annex 6of this module.

NOTE FOR THE TEACHER

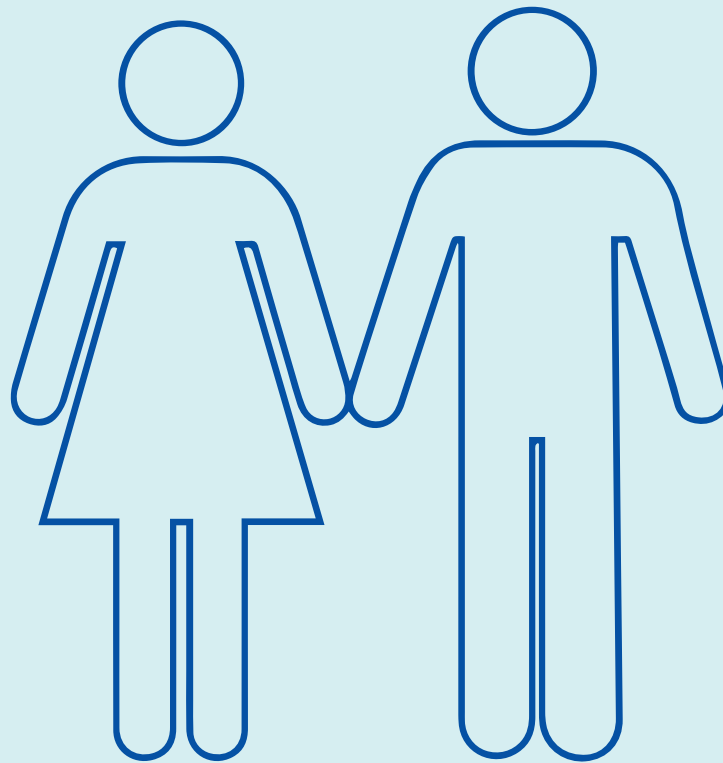
It should be conveyed to the students that gestures that are traditionally normal or good, can become bad. For example, if a handshake is unnecessarily prolonged, a person tightens their grip on your body, a hug becomes too forceful, or a person's hands freely move on, over or around your body. These are all actions to be considered inappropriate and bad.



ACTIVITY FIVE
TIME:
5 Minutes

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

OUTLINE OF A GIRL AND A BOY



TEACHING SESSION
TIME:
10 Minutes

THIRD SESSION: REVIEW ON SMART WAYS TO STAY SAFE

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

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



READS ALOUD

Smart Ways to Keep Yourself Safe

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

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

Hugs: Hugs and kisses are nice from people you like. Should be gentle and short

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

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

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

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

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







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

NOTE FOR THE TEACHER OR PARENT

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

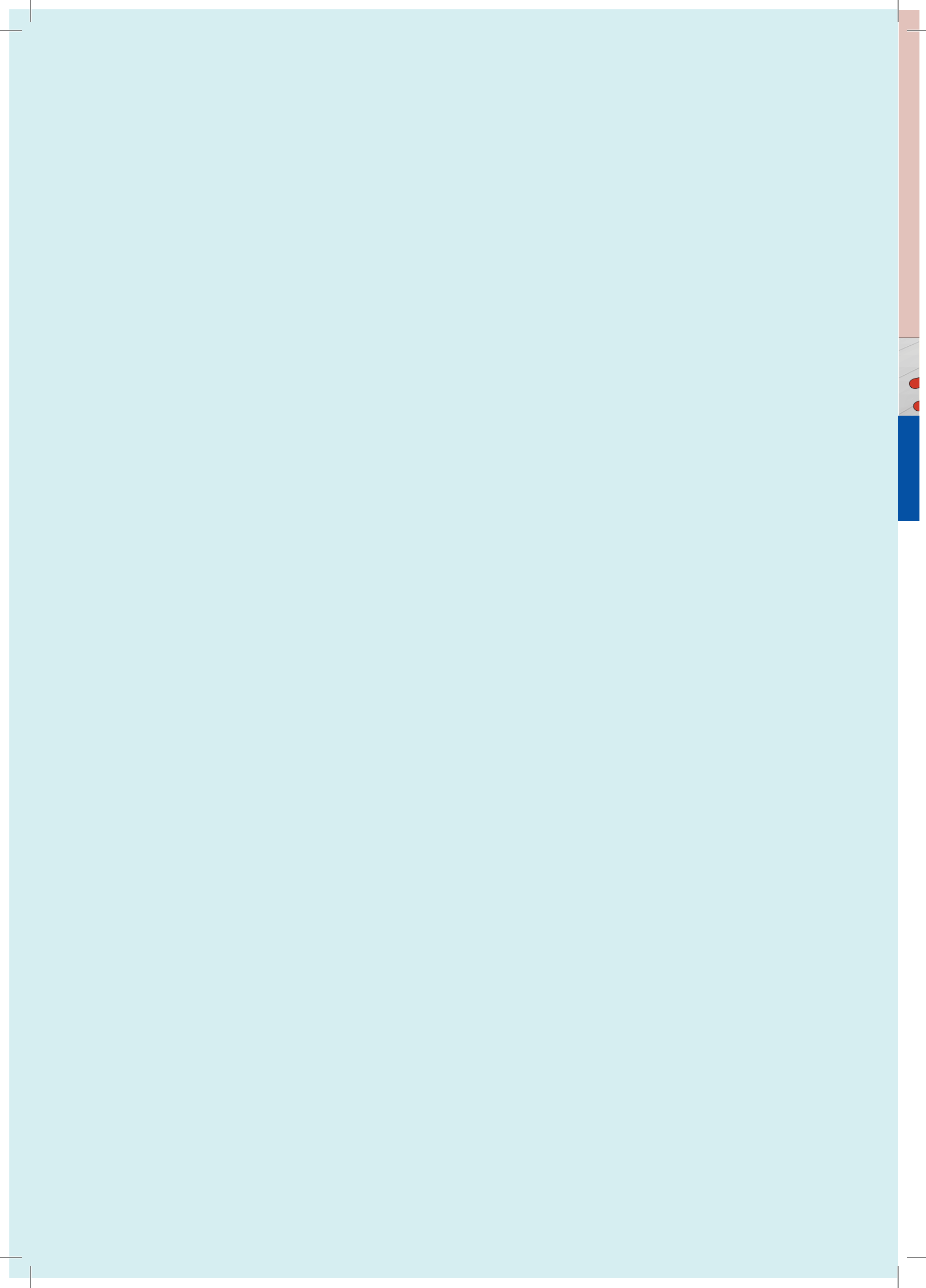
NOTE FOR THE TEACHER

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

MODULE-2		PAGE NO.
FIRST SESSION: WHAT ARE DRUGS?		58
SECOND SESSION: LICIT (LEGAL) AND ILLICIT (ILLEGAL) DRUGS		60
THIRD SESSION: LEARNING ABOUT ALCOHOL		62
FORTH SESSION: LEARNING ABOUT TOBACCO		64
FIFTH SESSION: LEARNING ABOUT VOLATILE SUBSTANCES (INHALANTS)		68
SIXTH SESSION: DRUG QUIZ - WHAT HAVE YOU LEARNT ABOUT DRUGS		69

MODULE THREE

BASIC DRUG EDUCATION INFORMATION— PART 1



3



MODULE THREE BASIC DRUG EDUCATION INFORMATION—PART 1



SESSION TIME
60 minutes



Objectives

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

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



Additional Materials Required for Teacher

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



Advance Preparation required for Teacher

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

NOTE FOR THE TEACHER

Know about the questions asked during the Drug Quiz so that some information from this module is given 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, recognizing risks, and insights of 'safe touch and unsafe touch'. The teacher needs to inform the school children that sometimes children and adults do become unhealthy and sometimes there is need to intervene by giving the person drugs to make them get better, recover and to be healthy once 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.



ACTIVITY ONE
TIME
1 minutes

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



ACTIVITY TWO
TIME
3 minutes



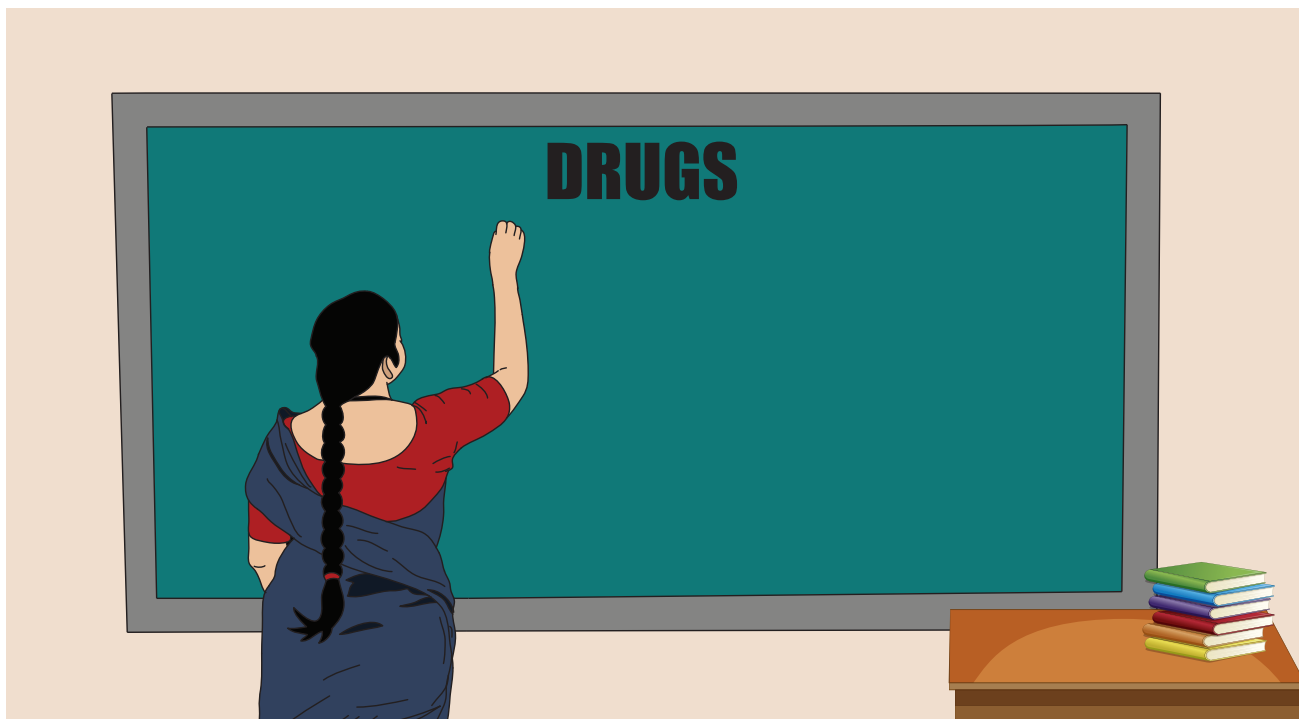
WHAT IS A DRUG?

The teacher requests the students to share some of their ideas or thoughts as to how they defined or explained 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)

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



**TEACHING SESSION
TIME
10 minutes**

Before the session commences the teacher should ask the students to gently tap on the part of the body where they believe the brain can be found (yours or the person next to you), then ask the students to point as where in the body is the spinal cord.

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

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

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



PSYCHOACTIVE DRUGS

Psychoactive drugs affect a person's central nervous system (brain and spinal cord) which control 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 sorted into three main categories according to the primary effect that the drug has on the central nervous system. Teacher gives emphasis that it's not the types of drugs (alcohol, tobacco etc) examined but categories of drugs. The teacher WRITES on the board the following Three Main Categories of Psychoactive Drugs:

1. DEPRESSANTS – slow down 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), 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



ACTIVITY THREE
TIME
5 minutes



READS ALOUD

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

Alcohol/tobacco: Alcohol can be harmful if misused and tobacco is extremely harmful to the body. Both are used more for personal pleasure and an individual does not need to go to a doctor for these. 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.

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

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

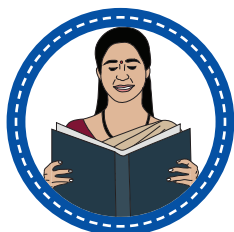
Teacher writes on the board a key message for children



ACTIVITY FOUR
TIME
5 minutes

ALL DRUGS HAVE THE POTENTIAL TO CAUSE HARM

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.



READS ALOUD



TIME
10 minutes

THIRD SESSION: LEARNING ABOUT ALCOHOL

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

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

Ask students do they know any other names?

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



READS ALOUD

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: slows down messages between brain and body.

Teacher asks students of 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

Relaxation	Happy/ sad depends on mood	Increased 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

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



READS ALOUD

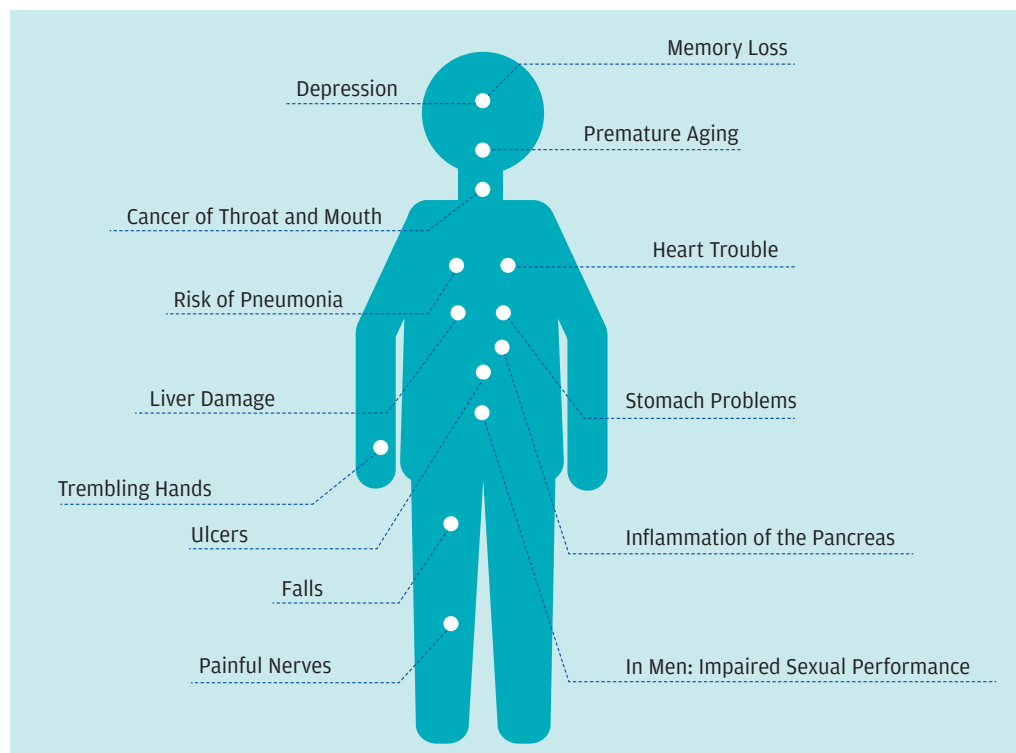
TEACHER READS ALOUD OTHER NEGATIVE EFFECTS OF ALCOHOL

- 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 those under 18 years can affect brain development.
- Younger a person is when drinking alcohol, the more likely they will continue to do so as they get older.
- Drinking alcohol and driving can lead to injury or fatal accident (death)



ACTIVITY FIVE
TIME
5 minutes

Teacher draws a rough outline of a human body on the board. Teacher ASKS THE STUDENTS to roughly highlight the parts of the body in which alcohol can damage your health, particularly heavy alcohol drinking over time.



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
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 function properly)



TIME
7 minutes

FORTH SESSION: LEARNING ABOUT TOBACCO

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

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

Teacher asks the students do they know any other names?

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



READS ALOUD

TEACHER READS ALOUD WHAT TOBACCO LOOKS LIKE

Dried yellow-brown and curly leaves

TEACHER READS ALOUD WHAT IS TOBACCO

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

TEACHER ASKS STUDENTS WHAT ARE THE COMMON WAYS OF TAKING TOBACCO

ANSWERS: Smoked, chewed or sniffed

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

SOME SHORT OR IMMEDIATE TERM EFFECTS

More alert and relaxed	Bad breath	Weaker sense of smell and taste
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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

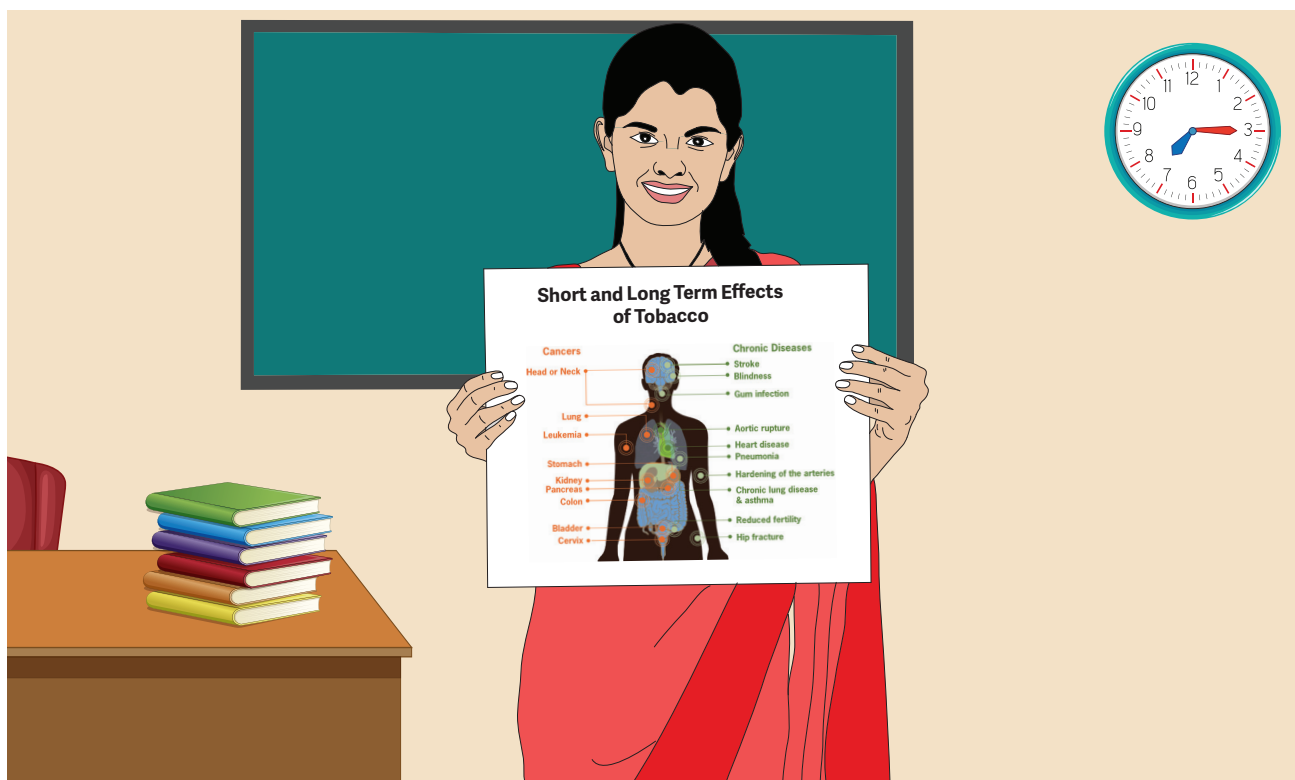
- Facial wrinkles
- Yellow and rotting teeth
- Needing more to get same effect
- Mood swings – happy then angry, sad,
- Regular cold and flu
- Heart stops functioning



READS ALOUD

TEACHER READS ALOUD OTHER MAJOR NEGATIVE ASPECTS OF TOBACCO

- Tobacco can reduce many years off your life.
- 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.



ACTIVITY SIX
TIME
5 minutes

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

Answer - Yes or No

1. Does anyone in your family use tobacco?
2. Do any of your friend's 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 do the same?
5. Are there times when you feel that others would like you to use tobacco?

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



READS ALOUD

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

When students have completed the questions, the teacher is to 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.

The teacher should make it clear to the students that if any student answered YES to any of the questions asked that 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.
- The more someone is surrounded by tobacco users the more likely they are to try using tobacco.



READS ALOUD

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

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



READS ALOUD

TEACHER READS ALOUD THE FOLLOWING MESSAGES

- If as a student you are going to experiment with tobacco, it is worth knowing about and being aware of the short and long-term effects of tobacco use decisions.
- The younger a person starts using tobacco, the more likely they are to become a lifelong, 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, aerosols sprays, cleaning fluid, gases and glues fall under the category of depressant. 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 Annex 9 for further information.



READS ALOUD

TEACHER READS ALOUD WHAT ARE VOLATILE SUBSTANCES (INHALANTS)?

Volatile substances are divided into three key groups:

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

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

Gases: House hold 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, Whitener, Sniffer, Sulochan, Safeda, Petrol, Iodex

[NAMES ARE NUMEROUS]

Teacher asks the students do they know any other names?

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

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

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

SOME SHORT OR IMMEDIATE TERM EFFECTS

Loss of coordination	Blurred vision	Dizzy and slurred speech
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READS ALOUD

TEACHER READS ALOUD OTHER SHORT-TERM EFFECTS OF VOLATILE SUBSTANCES

- Vomiting
- Hallucinating
- Runny nose

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

SOME LONG-TERM EFFECTS

Nose bleeds	Memory loss	Weakness
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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, has sometimes happened 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: DRUG QUIZ – WHAT HAVE YOU LEARNT ABOUT DRUGS

Background

Upon the completion of Module Three the teacher will conduct a short drug quiz. The quiz is to 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 TAKES A PIECE OF PAPER FROM THEIR NOTEBOOK TO UNDERTAKE THE DRUG QUIZ

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

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



ACTIVITY TIME 5 minutes

1. Out of the three *categories* of drugs, write down the name of any one **[Mark: 1 Point]**
2. All types of drugs (legal and illegal) have the possibility of causing harm to a person. Circle one of the following:
TRUE FALSE 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:
TRUE FALSE 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.
TRUE FALSE DO NOT KNOW **[Mark: 1 Point]**

Correct answers to the drug quiz can be found in Annex 10 of this module

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

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

ANNEX

ANNEX

Annex 1: List of State Level Coordination Agencies

S.No.	State Name	District Name	Name Of NGO	Project Name	Project Location 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, Six mile, Bholababa Path, Guwahati Opposite Om Shree Residency 781022	Anamriya Baruah	9706076864
2	Karnataka	Davangere	Sri Shakthi Association	SLCA	302, 4, Tapovana Building, Tapovana Medical College, Tapovana Doddabathi, Shugar Factory Road, Davanagere Tapovana Medical College 577566	Shaila Shree	9986408102
3	Manipur	Imphal West	The Galaxy Club	SLCA	SLCA, 1st & 3rd Floor, Building, Royal Enfield Shoe Room, Singjamei, Indo-Myanmar Road, Imphal Royal Enfield Shoe Room 795001	A. Basanta Kumar	9774271415
5	Orissa	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
6	Tamil Nadu	Chennai	TT Ranganathan Clinical Research Foundation	SLCA	17, Ground Floor, TTK Hospital, Near Adayar Bus Depot, INDIRA Nagar, 4th Main Road, Chennai Near Adayar Bus Depot 600020	Solomon	9840821627
6	Andhra Pradesh	Visakhapatnam	Green Valley Foundation	SLCA	HIG 732, First floor, Green Valley Foundation, Kushi Shopping mall, Midhilapuri Vuda Colony, Revenue Layout, Visakhapatnam Kushi Shopping mall 530041	SL Raju	9247251126

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

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

Annex 2: Slogans for “Swachh Bharat Mission”

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

Annex 3: Go, Grow, and Glow Foods Visual Aid

EATING A BALANCED DIET

Food Groups

Foods that give energy

Carbohydrates & Fats

Examples:

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



Foods that make you strong

Growth Foods

Examples:

Milk, Curd, Eggs, Paneer, Meat, Lentils,

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



Foods that protect

Vitamins And Minerals

Examples:

Green Vegetables, Spinach, Cabbage,

Cauliflower, Carrots, Moong Dal, Fruits – All Varieties, Eggs, Chicken, Milk



Annex 4: Risky Situations Sheet

RISKY SITUATIONS SHEET

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

Annex5: Techniques for saying “No”

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

RISKY SITUATIONS SHEET

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

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

SITUATION ONE:

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

- This is an example of safe touch.

SITUATION TWO:

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

- This is an example of safe touch.

SITUATION THREE:

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

- This is an example of unsafe touch.

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

SITUATION FOUR:

You mom and dad hug you with love and affection.

- This is an example of safe touch.

SITUATION FIVE:

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

- This is an example of unsafe touch.

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

SITUATION SIX:

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

This is an example of safe touch.

SITUATION SEVEN:

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

This is an example of unsafe touch.

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

Annex 7: Smart Ways to Keep Yourself Safe

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

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

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

Indications of a child possibly being abused include

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

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

Legal Provisions

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

Resources

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

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

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

The Ministry of Women and Child Development (WCD)/NCPR: 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/>

Annex9: Further information about volatile substances

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

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

Solvents

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

Aerosols (containing propellants and/or solvents)

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

Gases

These include medical anaesthetics and household or commercial products. Medical gases often include ether, chloroform, and nitrous oxide. House hold 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, 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, 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

Annex 10: Answers to drug quiz

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

Annex 11: Bibliography

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सत्यमेव जयते

Ministry of Social Justice & Empowerment
Government of India

NASHA MUKT BHARAT ABHIYAAN

IN 272 DISTRICTS