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## CASE COMPETITION

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Collaborating, learning, and adapting (CLA) have long been a part of USAID's work. USAID staff and implementing partners have always sought ways to better understand the development process and USAID's contribution to it, to collaborate in order to speed and deepen results, to share the successes and lessons of USAID's initiatives, and to institute improvements to programs and operations. Through this case competition, USAID and its LEARN mechanism seek to capture and share the stories of those efforts. To learn more about the CLA Case Competition,

# Empowering Drug-Abusing Juveniles in Conflict with Law

*Mridula Seth, Society for Promotion of Youth and Masses (SPYM)*

### What is the general context in which the story takes place?

Adolescent drug-abusing boys in conflict with law are sent by the Juvenile Justice Boards (JJBs) for treatment and rehabilitation to the Juvenile Drug De-addiction and Rehab Center (JDC) Delhi for a period of 90 days. The non-governmental organization Society for Promotion of Youth and Masses (SPYM) started this center in 2011 for drug-abusing boys aged 10 to 18. The activities after detoxification include a 12-step program guided by Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These include yoga and meditation, Just for Today, child parliament, counselling, sports, and vocational training.

A majority of them are 15 to 18 years old, belong to lower socio-economic groups, and are school dropouts. The drugs most commonly used are cannabis, opium and inhalants. Peer pressure is the most prevalent reason for indulging in drugs. Nearly half of the boys started taking drugs when they were 10 to 14 years old; more than half were involved in anti-social activities to meet drug expenses. Most of the boys were charged with theft, robbery, and murder.

Project *Padai Ka Maza* ("Learning is Fun") was started in 2012 to help the juveniles treat this three-month period as an opportunity to improve themselves through reflection, literacy, and life skills development using the 4-H (Head, Heart, Hands, and Health) model of experiential learning for youth development.

An award was given by the President of India last year for best research and innovation project in the field of prevention of drug abuse.

### What was the main challenge/opportunity you were addressing with this CLA approach or activity?

The problem of drug abuse among youth has been increasing over the years. Not only has the problem grown in magnitude, the profile of users now includes children under 10. Substance abuse can ruin the fabric of society and is dangerous, as it often results in crime and violence. Can the problem be prevented? Can children addicted to drugs be reformed? These are challenges facing parents, teachers, and development professionals working with children and youth.



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- Even though Indian law for juveniles is soft and provides opportunity to children under 18 to reform themselves, in actual practice, facilities for drug-addicted juveniles do not exist. The Delhi High Court started a pilot experiment in 2011 to address this problem. Can we bring about change in the attitude and behavior of adolescents within a short period of three months mandated by the Juvenile Justice Board?
- The needs of early (10-13 years), middle (13-16 years), and late adolescents (16-19 years) vary considerably. Planning a comprehensive program to meet the needs of boys belonging to different age groups requires understanding their socio-psychological background, counselling needs, and problems associated with vulnerability. How can a difference be made in the lives of juveniles living on the streets, most of whom belong to dysfunctional families?
- Building life skills of vulnerable adolescents is essential for empowering them. Literacy is an important component for enhancing self-esteem and self-confidence. How can they be motivated for literacy and learning? Some of those who have discontinued education due to their involvement in drugs are motivated to continue education. How can they be enabled to continue through the distance learning mode?
- Capacity building of field-level functionaries working with drug-abusing juveniles is not easy. Highly qualified people find it difficult to sustain their motivation to work with this group. Adults in recovery, even those who are not well-qualified, are role models and valuable assets for the organization. How can the capacities of the staff and the volunteers be developed to help rehabilitate the adolescents?
- Resources available with the nonprofit organizations are meagre. How can private-public partnerships be operational at the grassroots level?
- Assessing the impact of interventions related to attitudinal and behavioral change is difficult. Indicators are not readily available. Methodologies for assessment require training and specific skills that are difficult to access. How can the available tools be used and adapted for demonstrating changes due to interventions?
- The rate of relapse among the drug-addicted adolescents after treatment is high. Going back to the same environment, they are unable to stay drug-free for a long time. Family and societal values influence the children. How should this be addressed?
- Building vocational skills for leading an independent and honest life is important for empowerment. How can these adolescents be equipped with these skills to ensure they are employable after leaving the center?

### **Describe the CLA approach or activity employed.**

The expected outcome of the pilot project was to use the 90-day period of confinement in JDC as opportunity for empowering juveniles by building their life skills and motivating them to stay away from drugs after leaving the facility. SPYM has been actively working in the area of prevention and treatment of substance abuse for the past three decades. However, its work had been with adults, not necessarily young people involved in criminal activities. Using SPYM's experience, the center was started to adapt the approach in the context of drug-abusing adolescents involved in anti-social activities. It was expected that the learning would help to replicate and scale up the model in similar situations, with more partners joining to take the process forward.

The main strategy was to adapt the globally accepted 12-step approach used by AA and NA. Key assumptions of juvenile drug addiction treatment include the understanding that a juvenile cannot be effectively treated in isolation; each course requires local cultural adaptation and assumes a "systems approach" to managing juvenile addiction; every juvenile's health and safety in treatment must be protected; delivering effective treatment may mean redefining "family"; and drug use and trauma are often related and must be addressed. Meditation, yoga, counselling, participation in management of the activities in the center (e.g., cooking, cleaning), sports, and recreation were considered essential components of the program. Literacy and life skills components were introduced to build their self-esteem and self-confidence. A library was established with reading materials reflecting their interests and linguistic capability. Vocational training has also been planned for plumbing and household electricity. The most popular activity reported has been the daily session "Just For Today" (JFT), in which the boys share their feelings and resolve to stay away from the thought of drugs for that day. Children's parliament (*Bal panchayat*) provides the opportunity for the boys to take responsibility and make decisions based on complaints and feedback received from their peers. Participatory methodologies are used to provide



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experiential learning for reflection, contemplation, and empowering them to enhance their thinking, social, and self-management skills.

The boys have generated valuable teaching-learning materials based on their real-life stories in the form of case studies, grassroots comics, games, and photo books. Comics have been printed using Multimedia Print Reader technology in the form of a “Talking pen” for facilitating reading by neo-literates. Some of the volunteers and staff have performed street theatre for advocacy on substance abuse. Interacting with the audience and narrating their own experiences has had a powerful impact.

Adults and volunteers in-recovery play an important role in managing the center. After completing their three-month period in the center, some of the boys opt to continue staying on to work as “volunteers.” They feel vulnerable and do not trust themselves to face the pressure of their peer group. The rate of relapse is very high after leaving the center. The volunteers are paid honorarium and are engaged in managing the canteen, the kitchen, discipline, and taking the juveniles to the JJB for review of their progress.

This year, the first contact program was organized when the alumni participated and shared their success stories with the residents. It was encouraging to see some of the parents describing the change in behavior of their wards after being in the center. It is hoped that the contact program will become a regular biannual event. Three magistrates from the JJBs also participated in the event.

An institution from Delhi University provided technical support for development of materials and research.

**Were there any special considerations during implementation (e.g., necessary resources or enabling factors)?**

Several challenges have been faced related to literacy and life skills interventions. While the approach of involving all the juveniles in the meditation and counselling programs is non-negotiable, in case of literacy, we had to take a decision whether to work with all the boys or only with those interested in learning. Assuming that learning is a lifelong process, we wanted to provide opportunities to all; therefore, groups were made according to their linguistic capabilities. However, we soon realized that the serious learners were disturbed by the non-serious boys who were more aggressive and less achievement oriented. With only two teachers for a group of about 50 boys with mixed abilities, varying aspirations and achievement levels, the task of teaching was very challenging. We soon realized that creating a learning environment was important and non-academic activities were essential to keep them engaged. Thus, the need for developing a curriculum and teaching-learning materials for life skills education was realized. We did not have readily available resource materials and had to evolve the curriculum, methodology, and tools for conducting the sessions. The materials were initially developed for neo-literate and literate boys, but need was felt for a broader curriculum for all the boys. With limited resources, involvement of an academic institution was useful in developing research-based materials through participatory processes.

Showing the impact of interventions in community-based development programs is not easy. For literacy testing, it was easy to create a tool and methodology. A system is followed wherein each juvenile is administered a literacy test at the time of admission and discharge. Thus, progress made can be recorded. However, we are still struggling to develop a methodology for assessing the impact of life skills education. Change in the boys’ communication skills, self-confidence, and self-esteem is evident, but we are not in a position to do a test to document results.

Gender sensitization is important, knowing the juveniles’ family backgrounds. They have witnessed mothers and sisters being subjected to domestic violence and discrimination. Some of the boys have been charged with sexual harassment and rape. The life skill modules incorporate messages in a very subtle way through stories, games, and role plays.

Boys aged 10 to 18 have different needs and aspirations. Ideally, separate age groups should be made for activities, but it is not possible and the negative influence of older boys is evident. Some of the younger boys learn a lot about drugs from the older boys.



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Follow-up after discharge is very important. Unfortunately, due to lack of resources, this is not done adequately and satisfactorily. The telephonic method in place is not an ideal way to follow up and, in most cases, cooperation of the families is not forthcoming. Most of the boys belong to dysfunctional families who disowned them because of their behavior. Family counselling is limited. Generally, only the mothers and sisters visit the boys. Fathers, who are negative role models, cannot be contacted.

### **What have been the outcomes, results, or impacts of the activity or approach to date?**

More than 700 boys have undergone the treatment and rehabilitation process in the past three years. In March 2015, SPYM *Parivar Milan* ("Family Reunion"), a contact program, was organized for the first time. The boys in recovery were invited to share their experiences and achievements. The magistrates of the three JJBs who attended released publications, comics and stories of change generated through the project. They remarked that, compared with the other Observation Homes, there was a visible change in the boys' self-confidence and behavior after being in the center.

- Even though some progress is evident, the rate of relapse is very high. A few of the boys feel vulnerable and do not trust themselves to face the pressure of their peer group. More than 80 boys have opted to continue staying on as "volunteers." More than 25 of those in recovery are working with the organization.
- A training package has been developed for facilitators and peer educators for life skills education.
- The library activities became more streamlined through regular interactions with librarians of other Aseem libraries.
- Advocacy activities using street theatre based on real-life stories are impressive. After the performance, self-disclosure and discussion make a significant impact on the performers in boosting their self-confidence and self-esteem. The activities are also an effective edutainment tool for advocacy on drug awareness.
- Capacity building of students and field-level functionaries working with drug-using adolescents has been done through workshops.
- Research has been promoted in collaboration with the Lady Irwin College. Three dissertations were submitted to Delhi University in partial fulfilment of master of science in development communication and extension.
- Case studies presented by the staff have provided opportunities for learning and in-depth understanding of the problems for reflection and joint action.

### **What were the most important lessons learned?**

- Advocacy is needed for issues related to substance abuse in youth and showing the impact of treatment and rehab interventions. Research is needed for evidence-based advocacy.
- There is need for expanding and strengthening the volunteer program for creating role models and using them as assets in the program.
- Building capacities of field-level functionaries is important. It is a challenge to get trained and empathetic staff to work with juveniles. They need mentoring and skills upgrading. The boys' stories reveal insensitivity of the teachers in formal schooling systems. It is important to sensitize teachers and educational authorities to the problem of drug abuse, identify vulnerable boys, and take timely action to avoid their getting addicted to drugs.
- Recognition of boys who show progress sustains their motivation to continue learning and inspires others. While progress in literacy skills is easy to assess, it is difficult to measure improvement in life skills because of absence of readily available tools and methodology. There is need to develop indicators and methodologies for assessing the impact of life skills education interventions.
- There is tremendous scope for engaging boys and field staff in generating materials for promoting literacy, advocacy on the implications of drug abuse, and the interventions for juvenile rehabilitation and reform.



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- Illiteracy is a big handicap for vocational training. Teaching-learning materials for non-literate boys are not available.
- Follow up of boys in recovery is crucial for avoiding relapse. SPYM *Parivar Milan* (“Family Reunion”) is a good initiative. This kind of event should be organized at least twice a year.
- There is need for formulation of standard operating procedures covering various aspects of the Juvenile Drug De-addiction and Rehab Program. This will ensure quality control and that an effective monitoring and evaluation system will be in place.

### **Is there any other critical information you would like to share?**

For an effective grassroots program, partnership is required among various stakeholders. In this project, efforts have been made to collaborate, learn, and adapt for optimizing results to establish a model that has potential of replication with vulnerable drug-abusing children and youth. The stakeholders and their contributions are:

- *Non-governmental organizations*—being close to the people and understanding the ground realities (SPYM)
- *Government*—to provide basic infrastructure, support replication, and upscaling of successful models. (Government of India, Department of Women and Child Development, Ministry of Human Resource Development)
- *Academic and training institutions*—for research, training, and generating teaching-learning materials (faculty and students from Delhi University and Interns from six Universities in India and abroad)
- *Civil society*—for advocacy on issues of concern and raising voices to highlight issues requiring attention (parents and community groups)
- *Judiciary*—for ensuring the child/human rights perspective is not overlooked (JJB and the Police Force)
- *Corporate sector*—to encourage innovation and skill-building activities
- *Social media*—to highlight success stories and create a ripple effect (national television that documented success stories)
- *Health sector*—for ensuring healthy children (LNJP Hospital, which provided check-ups and treatment)
- *Philanthropists*—to add quality in terms of enrichment of values (Fred Foundation, Netherlands, gave a startup grant for three years for the literacy and library project)