

STREET CHILDREN AND DRUG ABUSE

By
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Programme of Street and Working Children
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Paper presented at the Expert Forum on Demand Reduction in South
and Southwest Asia, United Nations International Drug Control
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Street Children:

The children of South Asia share a common fate. They come from primarily an agro-based economy with marked rural poverty, a populace with low literacy (excepting Sri Lanka) and a high dependency ratio; children below 16 years constitute over 40 percent of the population; a significant number of unemployed and underemployed, an increasing breaking down of family structures with the result that children are either being abandoned or leaving homes and living on streets in cities trying to eke out a livelihood.

By the turn of the century, more than a third of India's population is likely to live in the cities. Today 217.2 million or 25.7 percent of the total population live in urban areas (1991 Census, Government of India). The number of urban agglomerations having a population of one million and above, increased from 12 in 1981 to 23 in 1991. These cities between them accommodate nearly half of the urban population of India. [Nearly one out of every three persons living in an urban area is below the poverty line. As of 1984-85 the urban poor numbered over 50 million - 68% of them women and children.

In a scenario so depressing one could only imagine the status of poor marginalised children. They are the street children. They live and are growing up on the margins of society often without education, without affection, care and guidance from adults. The street children live, work and sometimes die on the streets unnoticed.

UNICEF in collaboration with Ministry of Welfare, Government of India conducted Situational Analyses of Street Children in 10 cities in India. It is estimated that there are anywhere between 4,25,000 to 4,74,000 street children in these cities.

Their struggle for survival and growth:

As compared to developed countries where you have older children on the streets, in developing countries street children are much younger - as young as six and seven years. Therefore, their survival on the streets becomes much harder and their vulnerability is tremendous. They live on the margins of society trying to survive. They are usually seen and labelled as anti-social elements, thieves, drug peddlers, part of criminal gangs, etc. However, majority of the children in South Asia work very

hard and long hours and most often are involved in "honest" work. But by virtue of being children and living without adult protection, they are more likely to be exploited and marginalised; used as cheap and expendable labour for sex and for criminal acts.]

Street children have always been vulnerable to sexual exploitation but now their bodies and minds are further ravaged - by another menace i.e. drugs. To us, who work with these children, share a part of their lives on the streets and are witness to the exploitation and oppression these children face everyday, we hesitate to call them drug addicts or prostitutes but rather victims of drug peddlers and pimps. They are children with money to be exploited. The drug peddler's modus operandi is to befriend the children when they seem low and stressed. Most of these children go through stress, violence and pain everyday - of being unfairly treated by the police, juvenile and criminal justice systems and street peers. For these children, drugs help them to erase the pain and escape realities, at least temporarily. As Anna, Raju, Bilkis and Alamgir say - " it dulls the pain and of every blow and beating we get." It also helps to numb hunger pangs. The easy availability of drugs and its low prices are also reasons for the increase in children taking to drugs. In India, the most common drugs used by children are smack, brown sugar, glue, gasoline, paint thinner and kerosene sniffing; sedatives such as mandrax and codeine are also popular.

In developing countries, street children who use drugs do not fit the typical image of an "addict" or "junkie" as in developed countries. The children of the former countries who use drugs present a much more cheerful image, inspite of their difficulties and stress, they are generous, resourceful and helpful to each other.¹

Girl Street Children:

The life of a street girl is as difficult as a boy. But, she is more vulnerable than a boy because of her gender. Her life on the street is twice more oppressive and exploitative than a boy. Girls also experience specific problems related to adolescent female development and reproductive health. On the streets, risks are considerable for girls as they are forced into prostitution; unplanned pregnancies create additional problems of having no access to antenatal care, poor nutrition and hygiene, sexually transmitted diseases, no access to counselling clinics, no shelter and the risk of being induced to drugs. Girl children as young as ten and eleven are forced into consuming drugs and when the child is intoxicated, she is sexually abused. In other circumstances, the girl child takes drugs to make her forget the pain of being sexually used. The whole situation is like a web in which the poor

¹WHO/PSA/193.7:Paper on Street Children and Drug Abuse, Pg.16

girl is the victim who ends up scarred and traumatized for life. Girl children are also used as couriers by drug peddlers because they are rarely suspected or bodily searched by cops on the street.

Sex Tourism:

Tourism development and promotion are seen as foreign exchange earners and therefore efforts are made by national governments to project an image that would attract foreign tourists to various touristic spots and regions.

This "unchecked growth and expansion of tourism" has resulted in the growth of sex tourism within the region - especially in Sri Lanka, India and Nepal. The beach boys of Sri Lanka and India and the street children of Nepal are a reflection of the major problem posed by tourism to earn foreign exchange at the cost of the lives of our children. Twenty years ago, one never heard of little boys and girls being sexually abused by tourists in Goa, Kerala and Rajasthan in India. The laxity of the law in tourist areas, zones and regions results in these areas becoming a haven for drug syndicates and paedophiles.

In Goa, with the onslaught of tourism, there has been a tremendous increase in the numbers of bars and beach restaurants permitted to operate and sell alcohol. So much so, it has resulted in an increase in alcoholism in Goa thereby posing a threat to family life. Alcoholic parents are known to physically and sexually abuse their children which has resulted in children moving out of their homes to the streets.

Alcoholism and other forms of substance abuse are on the rise in Goa. A recent study done by a group of NGOs on the "Situational Analysis of Children in Goa State" shows there is a significant increase in the number of children taking drugs. Majority of these children spend most of their time on the streets and are initiated into smoking and alcohol consumption very early in life. The atmosphere created by a superficial westernised structure, complemented by "demonstrative" effects of tourism, create an environment that is alcohol-friendly. The average age of a drug addict is getting lower every day.² Children are used by the drug mafia to courier as well as peddle drugs. Children are sometimes induced into taking drugs prior to being sexually abused by a paedophile.

Key issues for consideration:

1. The vulnerability of street children to be induced to taking drugs and peddling drugs.

² INSAF, Situational Analysis of Children in Goa State, 1995

2. The easy availability of drugs at affordable prices.

3. The use of children by drug mafia to be couriers and to be expended with when placed in a sticky situation with the law.

4. As stated earlier, ^{the vulnerability of girl street children to sexual and drug abuse, ~~the link with drug between street & sexual abuse is the~~} girl children as young as ten and eleven are forced into consuming drugs and when the child is intoxicated, ^{he/she} is sexually abused. In other circumstances, the girl child takes drugs to make them forget the pain of being sexually used. The whole situation is like a web in which the poor ^{child} girl is the victim who ends up scarred and traumatized for life.

5. ^{we have also come across a phenomenon where children who are habit-} The growth of sex-tourism within the region - i.e India, Sri Lanka and Nepal. The beach boys of Sri Lanka and India and the street children of Nepal are a reflection of the major problem posed by the "unchecked growth and expansion of tourism" to earn foreign exchange at the cost of the lives of our children. The laxity of the law in tourist areas, zones and regions results in these areas becoming a haven for drug syndicates and paedophiles. Sex and drugs are the two scourges of tourism. What is of deep concern is that national governments have yet to take up this challenge in a substantial manner.

6. Generally, street children rarely have access to health care facilities in the cities. Therefore access to information, counselling and de-addiction is practically nil. Whenever children are referred to specialist agencies for treatment, they are treated as "mini-adults" rather than children with special needs. This also helps to reinforce a special and usually a "negative image" of drug users and discourages health workers and street educators from developing special skills to deal with this problem. "Denial" becomes a major factor while approaching this problem - both by children who have problems, denial of a capacity by street educators and health workers to respond and denial by society at large of its role in creating an environment which accentuates the difficulties of drug using street children and the part it can play in developing useful responses."³

7. Resistance of NGOs to take up this issue seriously both because of lack of insensitivity and incapability to address the issue and also the fear of involvement with drug syndicates.

8. Given, scarcity of resources in most developing countries, street children who are drug users get a very low priority. The problem is viewed as something to be dealt by law enforcement authorities and police.

9. Street children fall an easy prey to drug pushers. They are children who go through stress, violence and pain everyday of being unfairly treated by the police, juvenile and criminal systems and

repay the amount in cash the money lender forces child to have sex with him in loan of repayment.

X | street peers. For these children, drugs help them to erase the pain and to escape realities.

7 10. Street children are identifiable links in the drug rackets. They bear the pressure while the real operators go scot free. Thus, they are more easily punishable.

11. Government of India, Ministry of Welfare have done some excellent studies on the magnitude of the drug problem. However, the age group covered under the study are 16 years and above. Perhaps this is indicative of the bias of the researchers that only adolescents, youth and adults are vulnerable to drugs. Therefore, there is a great need to study the drug problems related to children, especially street children.

8 12. There is a total lack of preventive interventions for street children as they are completely away from school systems and community programmes.

9 13. Legislations related to children especially the Juvenile Justice Act speaks of apprehension but does not comment on treatment. Similarly, legislation related to drugs, i.e. the Narcotics, Drugs and Psychotropic Substances Act of 1985 is more punitive than protective and rehabilitative.

10 14. The ratification of the UN Convention on the Rights of the Child by most countries poses a new challenge to policy, legislation and programmes that focus on services for prevention, protection, de-addiction and rehabilitation.

11 15. Presently within the ^{country} region, all actions are focussed on adolescents, youth and adults and not children.

Suggestions For Approaches to Address the Issues of Drugs Amongst Street Children:

11 1. A holistic approach sensitive to extreme vulnerability of street children, especially to health related problems.

✓ 2. To incorporate education of drugs in non-formal education as street children do not have access to school education and community services.

✓ 3. Special attention to street girl children - general vulnerability, who need protection of night shelters and easy access to health clinics.

~~2 4. Legislations related to children, especially in the aspect of drugs to be protective rather than punitive. One needs to do a thorough review of this law.~~

27 ✓ 5. Sensitisation of judiciary and police to look at children affected by drugs more as victims rather than drug abusers and deviants.

✓ 5. To initiate and support NGOs to manage de-addiction treatment and rehabilitation services especially for children.

✓ 6. Empowering street children to be health workers among their peers.

✓ 7. Induct^{ed} street children into NGOs as street educators for they are the most effective advocates. *the org*

✓ 8. Orientation programmes to health personnel in the hospitals to handle children. *Maulana Azad Medical College & Hospital*

✓ 9. ~~It is part of the non-formal education curriculum~~
10. Municipal Corporation's health services should include drug counseling and treatment services. No "special" services to be initiated in isolation as availing them would imply stigma.

✓ 10. Quite a few de-addiction health centres have fixed rules and admission criteria which exclude unaccompanied minors from receiving services. Since many of the children are below the "age of consent" and do not have parents or guardians nor do they know a trusted adult to accompany them for treatment, it is imperative that street children have some kind of documentation - perhaps an identity card that will allow the child to have access to health and counselling services.

Nirmala type as it is.
✓ 11. Orientation to street educators of NGOs in skills in early detection, preventive education, counselling (and supportive rehabilitation measures). *Need to develop training modules with communication materials, teaching aids and manuals for street educators.*

✓ 12. Sensitisation of teachers to handle drug problem among children, as common response is dismissal of the child from school rather than a sympathetic approach. *is going to be an uphill task*

✓ 14. Incorporating this concern in community health programmes especially among urban poor. *organise meetings on regular basis. especially since some of the members of the syndicate have a lot of influence in the community.*

✓ 13. Education of parents and building community pressure as quite often parents and community condone it for the sake of money - especially in tourist frequented areas.

✓ 16. More effective use of media to sensitise the public on the effects of drugs on children. *state in the community*

✓ 15. Stricter legislation prohibiting dispensing of drugs to children without a prescription - a common practise among street children. *we have identified a couple of medical stores where we have spoken to the shop owner. Legal action.*

✓ 16. Finally, the need for more committed eradication of drug trafficking that involves mafia with powerful links - political, administration and police. The children are only the symptoms and not the cause and the visible links of a more serious malaise. *The community*

Nirmala : type this same conclusion
with the corrections

48
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determination

Conclusion:

When we discuss the status of children in any developing country, it has to be with reference to the majority who are poor, disadvantaged and marginalised. These children, although form the majority, do not enjoy the benefits of their Constitutional Rights. Most of the countries have rights guaranteed to children in their Constitution but without strong consensus and political will to enforce them.

It is a sad commentary till now as to how developmental and welfare programmes have not had any impact on the real poor, marginalised children, their families and communities. It is imperative then to take a critical look at current policies and programmes and seek out reasons as to why these have not delivered the goods. There is a need to create a political will and generate a greater commitment in bureaucracy so that development and welfare interventions get effectively focussed on target families and communities that need them the most.

I have often been accused of being emotional and over reactive when it comes to the question of street children and their problems. I wonder how can I not be emotional when persons like me who work with street children and are witnesses to their daily struggle to stay alive? To be confronted with the sight of swollen red welts on the back of a ten year old due to the brutal beatings he got from the police on the street for being in possession of drugs or of the child whose legs had been broken by the drug mafia for telling on them or the sight of an eleven year old bleeding from sexual violence?

Everytime we carry a child to the hospital or bury one that has just died - to us they are not just sterile numbers or words written on a paper that tell the world of the magnitude of the problem. To us they are children, yours, mine and ours. They are ~~victims~~ ^{products} of an unjust society, victims of adult irresponsibility. ~~They are not surplus commodities to be expended with. These children are our tomorrow, without them there will be no future.~~

~~products~~

Should our social conscience be so blunted that we continue to look at these children as commodities that can be expended with.

* Nirmala
type footnote here!