

**Sahil Quarterly Magazine
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Sahil
against Child Sexual Abuse

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EDITORIAL

In recent years illegal drug consumption has increased throughout the world, and despite the lack of reliable data, there is enough information to show most of the countries in the Asia are following this rising trend. The prevalence of heroin abuse and serious related health effects are particularly worrisome in the region as is the recent rapid rise in the abuse of synthetic drugs.

Abuse problems are most apparent among socially and economically disadvantaged groups including unemployed youth, street children, the homeless, ethnic minorities, prisoners, migrant and commercial sex workers. Drug abuse is also becoming increasingly diverse in terms of the substance used, the characteristics of the user, and the situations in which drug abuse occurs.

Studies show that by age 14, about 35% of youth have engaged in some form of illegal (illegal) drug use in the United States. By the end of high school, more than 50% will have tried at least one illegal drug. Teens who begin using illegal drugs before the age of 15 are more likely to develop a lifelong dependence on illegal substances. And if we take the instance of Pakistan, as young as 8 years old street children have been involved in abusing drugs.

Parents may not realize just how easily drugs are available to their children. They may not realize how very young children can begin to experiment with different types of drugs. Statistics can be sobering, and can alert parents to the need to communicate with their children about the dangers of substance abuse and help them develop strategies to cope with peer pressure.

We are trying to suggest ways that young people can adopt to prevent themselves from getting into this menace, by presenting the statistics of some researches done on this issue. This issue focuses specifically on drug abuse among adolescents to give an insight not only to parents about what their children are doing, but also to children who are using drugs just for fashion sake or to keep up with their social friends.

Adolescents at Risk: Illegal Drug Use

By: *Rubina Shams*

It is important to teach students about drugs, for their own good. Drugs can cause nothing more but a death at a younger age. We are in charge of our lives so we have to be very careful in choosing what is right for us.

Studies world over show that with the onset of puberty, nearly 35% of youth have engaged in some form of illicit (illegal) drug use. Teens who begin using illicit drugs before the age of 15 are more likely to develop a lifelong dependence on illegal substances. Below are a few of the most common drugs used by youth.

- **Marijuana** is the most prevalent illicit drug used by teens because it is easily accessible. In fact, most of the teenagers who use it state that obtaining marijuana is virtually trouble-free, and nearly 40% of 10th and 12th graders reported smoking marijuana. Teens who use this drug are more likely to initiate the use of other drugs (e.g., cocaine and heroin).
- **Ecstasy** is also a prevalent drug that is highly accessible and used at teen parties. Over the past few years, ecstasy use by teens has increased: one in thirty 8th graders and one in twelve 12th graders reported using ecstasy.
- **Heroin** is primarily injected into the vein but can also be inhaled nasally and smoked. While 8th graders' overall use of the drug is

declining, 12th graders' use by means of inhaling is increasing.

- **Cocaine** has been a serious drug problem for almost a century.
- According to the National Institute on Drug Abuse (2001), 5% of 12th graders reported using cocaine in 2000.

Teens at Risk

Factors associated with increased risk for any type of illicit drug use include at least one or more of the following:

- **Poor parent-child relations.** Studies show that living in a stressful home environment with relatively little parental support and monitoring places adolescents at greater risk for drug use.
- **Low self-esteem.** Adolescents who do not have positive views of themselves, or who lack support and encouragement from others are more likely to use drugs.
- **Poor school achievement.** Teens who have negative attitudes toward school and low expectations of academic success are at increased risk of drug use. Also, teens who use drugs typically exhibit declines in grades, and inconsistent attendance at school.
- **Peer drug use.** During adolescence, peers become a

major influence because of the increased time spent with them outside of the home. Some teens feel pressured to fit in and do what their friends are doing. Consequently, teens that have friends who use drugs are more likely to use drugs themselves.

- **Family environments that model drug use.** Adolescents are more likely to use drugs if someone in their home uses drugs. For example, parents who use drugs may practice poor parenting which may increase the risk of drug abuse for adolescents. Also, parental or sibling drug use sets a model of acceptable inappropriate behavior for teens, makes it seem like a normal part of life, and may encourage its acceptance by youth.
- **High risk communities.** Living in communities where drug use is widespread not only makes drug accessibility easier, but also normalizes the act of using drugs.

What Are the Consequences?

The effects of drug use vary by type of drug and frequency of use, however, some consequences may include the following:

- **Mental and physical health problems.** Teens who use drugs are at greater risk for developing a number of health problems including attention deficit disorder, anxiety disorders, phobias, and depression.
- **Increased likelihood of drug use later in life.** Early drug use has been linked to positive attitudes toward drug use. Consequently, teens who begin drug use early are at risk for

continued drug habits into and through adulthood.

- **Involvement in other illegal activities.** Drug use has been linked to higher tolerance of deviant behavior among adolescents. This results in increased criminal activity for drug users compared to non-drug using peers.
- **Increased likelihood of death.** Drug use increases the odds of death from accidental or intentional drug overdoses as well as engagement in other unsafe behaviors (e.g., driving under the influence).

What Can Parents Do?

Communication is key in dealing with any type of risk taking behavior during the teen years. The hectic pace of work and school can sometimes estrange family members, especially parents and teens. But make the effort to keep in touch with your teen. Find out what is going on in your teen's life. During adolescence, parents may feel that their influence over their teen's life is waning, but in fact, you have more power than anyone to prevent your child from using drugs.

Here are some things that you can do to encourage your child to "Just Say No."

- Stay connected with your teen. Keeping up to date with your teen's interests and friends is an important step in creating a warm, communicative, and open environment. If your teen feels that you are available and easy to talk to, then he or she will be more likely to share concerns that might lead to risk taking behavior.

- Begin an ongoing conversation with your teen instead of giving a one time speech. Make it clear that drug use is not an acceptable behavior in your family and be sure to talk about the reasons why. Talk about the consequences of drug use. Help your teen visualize two futures, one that includes drug use and one that remains drug free. Where do these paths lead? Discuss your teen's life goals and how drug use can hinder them from reaching them.
- Empower your teen. Teens tend to want to rebel against their parents' standards or advice. Rather than dictate what your child should or should not do, remind him or her that they have the power of choice and that you trust that they can and will make good decisions.
- Teens sometimes abuse substances as a way of alleviating stress. Some experiences in life (e.g., not winning the match, poor performance in schools etc.) are both stressful and painful. Drugs are often sought as a means of temporarily easing pain or stress. Talk to your teen about any stressful events that are going on in his or her life and ways they can effectively handle them.
- Know your teen's friends. You can influence your teen's choice of peers by talking with them about the qualities that make a good friend.
- Encourage your teen's self-esteem by praising their efforts and achievements. Help them to master the things that they are good at. Show them you care through your involvement in their lives/activities.
- Take advantage of teachable moments. These include talking about scenes in movies or news headlines that deal with drug associated topics. Explain your position on these topics and ask your teen how they feel about what they are viewing.
- Encourage healthy activities that promote the use of your teen's interests and talents. Most teens are curious and are eager to try something new and challenging. High school is the peak time for both beginning substance use and beginning lifetime habits that include using illegal substances. Your parental example, support, and monitoring has a great influence on your teen's behavior. Talk early and often about the consequences of and alternatives to using illicit drugs.

Treatment & Prevention of Drug Addicts

**By: Mr. Arbab Kashif Noor
Treatment Coordinator, Dost Welfare
Foundation**



TREATMENT AND PREVENTION

Treatment is seldom necessary for young people who are experimental or social drug users. They either stop taking drugs of their own will or use ways that do not get them into psychological difficulty. Medicinal and addictive use of drugs, on the other hand, typically interfaces with normal development and calls for professional intervention.

The treatment of drug-abusing adolescents focuses on the particular personal, social and family factors associated with an individual young person's drug taking. Various forms of individual and group psychotherapy, family counseling, and community action programs have been developed to help these adolescents improve their coping skills, attach themselves to drug free models and life styles, find a supportive climate at home, and resolve whatever psychological concerns have contributed to their drug abuse.

Medicinal drug users who are seeking escape from feelings of anxiety or depression often respond well to treatment programs of this kind that are aimed at easing their tensions and helping them manage difficult situations in their lives more effectively. Addictive drug users however, like character logical delinquents, are manifesting more of a life style than a reaction to currently troubling circumstances. Hence drug addiction often presents the same kinds of obstacles to effective treatment. Addicts

like psycho paths, have difficulty admitting to any psychological problems; typically they deny needing help and resist close or trusting relationships with psychotherapists and counselors. In many cases, only a residential rehabilitation program, in which a therapeutic environment can be provided over an extended period of time, holds any promise for directing addicted young people to a satisfying life style that is not drug dependant

Because the chronic nature of addictive drug use makes it so difficult to modify, most experts in the field believe that the only really effective way of overcoming it is to prevent it from occurring in the first place. With this in mind, enormous resources have been poured into programs of drug education over the past 20 years or so. These programs were based initially on the expectation that adolescents who were informed about the hazards of using drugs would not use them. However, no evidence ever emerged that participating in a drug education program deters adolescents from drug use. To the contrary, may investigators found that providing adolescents with information about drugs was producing a boomerang effect that increased rather than decreased their level of drug involvement.

The early efforts at drug education were unsuccessful not because they were ill conceived but because they were too little and too late. Most adolescents who

are going to have drug-related problems have already begun drug use by the time children enter their teens; hence, providing factual information about drugs to children of 14 years or more cannot be expected to accomplish very much. Likewise, scare tactics or moralistic preaching aimed at teenagers, when their value systems have already been largely shaped by family and peer influences, cannot be expected to find receptive ears.

With this in mind, drug education in the schools was gradually shifted to the lower grades, and focusing on the hazards of using drugs has been replaced by focusing on the benefits of avoiding them. At the same time, programs of drug-abuse prevention paid special attention to helping young people become sufficiently assertive and decisive to resist social influences that will get them into trouble; that is, to be able to say “NO” to drugs. Programs of this kind aimed at junior high and especially elementary school students are showing promise for increasing knowledge about the implications of drug use, generating negative attitudes toward becoming involved with drugs and reducing the subsequent frequency of drug use.

Drug Abuse Treatment

Drug treatment is composed of the following stages:

- Detoxification
- Primary Rehabilitation
- Secondary Rehabilitation
- Follow up & Aftercare.

1. Detoxification

Detoxification is the term used to describe the process your body goes through to get rid of toxins.

Detoxification symptoms—both physical and mental—may appear when you alter your lifestyle by starting something new, such as changing your diet or exercising, or by discontinuing a current habit, such as eating chocolate or drinking coffee. The symptoms may be of short duration and slight irritation, or they could last longer and cause you considerable discomfort.

Because these symptoms are the same as those that show up in certain illnesses, changing your diet or lifestyle can result in misunderstanding: If I am doing something that is supposed to be good for me, why do I have these symptoms? Why do I feel worse, and not better? Understanding this apparent contradiction is perhaps the first, and most important, hurdle you must get over when making a dietary or lifestyle change.

The hardest thing for many people to do is accept that they are not sick and realize that the body is cleansing itself. Once you get beyond this psychological barrier, the process becomes easy. The most important thing to do can be summed up in one word: Rest.

Rest, and let the body do what it needs to. If you have the luxury of staying home, do so! If not, cut back on social engagements and perhaps even cut back on any exercise you are getting. Give your body as much energy as possible to do its job. Eat light foods that are easy to digest—consume fruits and vegetables and drink plenty of water.

Detoxification is the first phase in the treatment process, and lasts for 10 to 15 days, during this period physical withdrawal of the drug takes place and the patient feels very uncomfortable during this stage. He might attempt to commit suicide and can cause injury to himself.

The main features of detoxification therapy include;

- Symptomatic Medical Treatment. (Treatment for symptomatic problem)
- No Substitute Drugs. (Never use substitute drugs, if situation is very severe, we can)
- Hydro Therapy. (Giving patients a shower)
- Individual Counseling.(counselor takes session with the patient)
- Peer Support. (Old patient gives time to new patient and encourage him)

Detoxification process can be very painful and can cause the following effects:

- i. Severe pain in the body
- ii. Skin problems (rash)
- iii. Nervous system
- iv. Temperature
- v. Insomnia (Loss of sleep)
- vi. Vomiting
- vii. Bleeding from Nose or mouth
- viii. Anxiety
- ix. Gastro Intestinal problems
- x. Loss of Appetite
- xi. Absent mindedness

2. **Primary Rehabilitation:**

When a patient goes through detoxification, he is referred to a Primary Rehabilitation Area. Primary Rehabilitation phase lasts for 08 weeks and includes;

- Individual Treatment Plans.
- Individual & Group Counseling.
- Drug Abuse Education.
- Behavior Shaping.
- Therapeutic Duties.
- Peer Support & Social Learning.
- Recreational & Sport Activities.
- Family Program.

3) **Secondary Rehabilitation**

➤ Main features of this phase include.

- Skill Training according to individual needs.
- Regular training sessions.
- Micro enterprise development.
- Job placement and follow-up on job.

4). **After Care /Follow Up**

- Relapse Prevention Program.(RPP)
- Narcotics anonymous meetings.
- Letters and telephone calls.
- Home visits of ex-clients.
- Follow up on street sites and at Drop in centers.

Prevention of Drug Abuse

Primary prevention:

- Drug abuse prevention at the outset by information dissemination
- Developing self esteem and enhancing decision making skills.
- Problem solving and resistance skills.
- Recognizing risk factors and providing healthy alternative to drugs abuse.

Secondary Prevention

Early intervention by early identification and solution of drugs problem in the initial stages

- Support to prevent recurrence.
- Family involvement in the Treatment process.

Tertiary prevention

- Treatment and rehabilitation of drug dependents and their families.

- Establishing a community network of self help /NA groups to provide extended after care and support to the recovering addicts.

Important points to follow during the treatment process;

- 1) Appreciate the patients for accomplishments and efforts
- 2) Criticize action not the child
- 3) Give responsibility
- 4) Show love and affection
- 5) Freedom to make decisions instead of following the crowd.
- 6) Respecting your body and desiring for a good life
- 7) To be in control of your own behavior
- 8) Make children understand the problem
- 9) Teach children to value individuality
- 10) Explore the meaning of friendship to your child
- 11) Make rules at home for everyone
- 12) Use positive peer pressure

Preventing your child from focusing on drugs out of boredom or ideal curiosity

As we are working with drug addicts, and according to our experience a lot of adolescents fall into drug addiction out of boredom. Therefore as adults, it is our responsibility to create healthy alternatives for our children like sports, hobbies, school activities with out pressuring to always win or excel.

Do creative activities with them yourselves. Children appreciate the time spent with them even if doing household chores are involved.

If parents and teachers take interest and play an active role in the drug prevention then the child is likely to take an interest.

**PSYCHO SOCIAL
CORRELATES OF DRUG
ABUSE IN ADOLESCENTS
(AGED 16-21, IN KARACHI)**

By: Wajeaha Anwar

South-Asia has centuries old history of use of opium and cannabis use sanctioned by society. Pakistan, according to the World Drug Report 2000 of the United Nations Drug Control Program, is one of the countries hardest hit by narcotics abuse, in the world.

An examination of social and demographic factors revealed that 71.5 % of drug abusers were less than 35 years of age with the highest proportion in the 20-30 years age group. Of all the drugs abusers almost 50% were illiterate and surprisingly similar percentages were un-employed. In Pakistan the youth comprise more than 20% of the population and unfortunately they are the worst target.

In **Pakistan** the rates of substance abuse by teens are rising steadily, thereby resulting in serious health and social implications. A recent survey conducted in the affluent class of **Karachi** shows that almost 90% of the boys belonging to the elite class as young as 10 years old, admit to having experimented with drugs and drink, at some point of their lives. Approximately four in ten indulge themselves regularly.

An investigative study was done to determine the psycho-social correlates of smoking and drug abuse among adolescents in Karachi, a sample of 300 high school and college students between 16-21 years were taken randomly. These participants were from different educational institution of Karachi. Out of these 64% were males and 36% females. Relationships with parents, peer relations, self-control and coping skills of participants were assessed.

Prevalence statistics of drug abuse and smoking:

The prevalence rate for drug abuse was 34% and cigarette smoking was 52%. The percentage of males & females who smoked cigarettes was 33% and 19% respectively. 21 % of males and 12.3 % of females reported drugs abuse. 10% students at school level and 25% students at college level reported drug abuse. 67 students reported their parent's indulge in drugs and 68 students reported that their best friends abuse drugs.

The findings of present study revealed that the prevalence rate of drug abuse was 34% among adolescents. Nearly 35% of students from college and school level reported drug abuse.

➤ **Type of drugs:**

The most common drug abuse reported by students was alcohol, ecstasy and hashish. In most of the cases students reported more than one drug abuse. Teens who use drugs at a younger age are more likely to initiate the use of other drugs through the journey of their lives (e.g., cocaine and heroin)

➤ **Demographic variables of participants:**

Highly significant positive correlations exist between adolescent's drug abuses with parents' marital status. Significant positive correlation is also present between students' education level and drug abuse. The correlation value is not highly significant for gender differences. A research identified various personality characteristics that correlated with substance use. These included self-indulgence, impulsivity, aggressiveness,

insufficient coping ability, and antisocial, neurotic, and sensation-seeking characteristics.

➤ **Comparison of drug abusers and non-abusers:**

Comparison of drug abusers and non-abusers (Relations with parents, peer relations, self-control and coping skills) showed significant differences.

As expected, we found that non-abusers have better coping abilities than drug abusers as indicated by their responses on coping skill items. In this study 61% of non-abusers reported having good techniques to cope with stressful situations, 74% participate in sport activities, 83% have hobbies to keep themselves busy and 74% reported stability in their behaviors.

Among adolescents, we observed that students who endorsed more proactive self-control responses predicted less substance use. (45%) who abused drug affirmatively replied that they have little/no control over important things that happen in their life. 58 % were not confident that things will go well in their life and 67% think that their life was generally not peaceful or calm for them.

➤ **Comparison of smokers and non-smokers:**

Comparison of scores of students who smoke cigarettes and non-smokers revealed that most of the smokers scored low on the subscales of parental relations, self-control and coping skills than non-smokers. The differences are statistically significant.

Drugs offer an escape from social and family problems, although their long-term consequences can be harmful which is not perceived and apprehended at this stage of life. Conversely, drug abusers in this survey belonged to the privileged class only but possessed poor coping skills. The finding of the study showed that 50% of frequent drug abusers reported positive family history for psychiatric illnesses.

➤ **Relationship between drug abuse and positive parental relations, peer relations, coping skills and self-control:**

Studies have revealed that lack of parental support, monitoring, and communication have been significantly related to frequency of drug abuse and drinking. Negative correlation, students who abuse drugs are likely to have poor relationship with parents, poor peer relations, poor self-control and poor coping ability. In present survey 17% of the drug abusers belonged to broken homes.

Children often acquire substance using behaviors through modeling of the parent's own behaviors as well as the quality of the parent—child relationship. Parents who maintain a warm, nurturing relationship with their children are most likely to influence their children's values and behaviors positively.

The findings also elucidates that good relations with parents were lacking for most of the abusers. Specifically, 75% of frequent abusers reported that they do not go to their parents for advice, 49% reported they were not close to their parents, 64% said they cannot freely converse with their parents and 43% reported they have family arguments most of the time.

➤ **Validations and motivational factors for abusing drugs/smoking:**

Almost 32% of the students reported that they try drugs when forced by their friends and 68% started drugs or smoking on their own. Nearly 66% of students identified that it “helps in improving concentration” and “helps to forget about problems”. 54% reported that they use drugs “to socialize with friends”. 73% abuse drugs as “they become habitual of using drugs”. Most of the students reported more than one motivational factor. Some other motivational factors for drug abuse were

identified through open-ended question. 23% of students abuse drugs “just for fun”, 22% took drugs as “they felt like trying drugs once”, 14% abuse drugs for “relaxation” and 18% started taking drugs for interpersonal problems.

➤ **Guilt feelings about using drugs:**

Nearly 41% of students who abuse drugs or smoke cigarettes reported “guilt feeling for abuse or smoking”. Most of the abusers who feel guilty reported that their guilt feelings were related to forbiddance of drug abuse by religion (16%) and parents (10%) or both (15%).

RECOMMENDATIONS:

Sustained involvement on the part of the educational institutions to provide counseling services to students and to create an environment in which a dialogue can take place between the students, teachers and the administration. Parents can play an important role in preventing and dealing with drug abuse. They can do so by fostering healthy and responsible attitudes in their children.

Reference: A survey of Psycho social correlates of drug abuse in young adults in Karachi: Identifying ‘High Risk’ Population to Target Intervention Strategies by The Psychiatric Clinic & Stress Research Center, Karachi, 2005

SOLVENT ABUSE AMONG STREET CHILDREN IN PAKISTAN

By: Rubina Shams

Street children are defined as children who have to work on the streets because their families need money to survive, children from poor families who sleep on the streets, orphan and abandoned children whose parents have died because of illness or war or for whom it was simply impossible to look after their children.

An emerging problem of solvent abuse among young people particularly in street children is a new concept as studies indicate street children to be one of the most vulnerable populations to be affected by various deviated behaviours such as substance abuse.

Solvent Abuse

Solvent Abuse or more accurately called Volatile Substance Abuse (VSA) has been defined as the deliberate inhalation of gases, chemical fumes for mind-altering and recreational purposes in order to get a high similar to the intoxication produced by alcohol. Solvents are available in many common products and from adhesives such as glues, typewriter correcting fluids and thinners, hydrocarbons found in cigarette lighter refills, petrol products, fire extinguishers and gases such as nitrous oxide are among the compounds or products which may be abused in this way.

A study was therefore designed in order to get a better understanding on the prevalence, patterns and trends, consequences, knowledge of HIV/AIDS and associated risk practices of solvent abuse among street

children in Pakistan by United Nations Office on Drug Control.

A sample of 416 street children using solvents from Karachi, Lahore, Peshawar, Quetta, ranging from 9 to 19 years, male and female who had been regularly using solvents in the past 6 month for not less than 3 times a week was selected for data collection.

Main Findings of the Study

The maximum proportions of children were between 15 to 16 years of age. Seventy two percent of the respondents were not currently living with their families. One third of the children interviewed belonged to single parent families with large family size. Almost three quarters of the children were not currently living along with their families.

Family information and Educational background:

Children complained about their family as dysfunctional and parent's attitudes as indifferent towards them. The apathetic attitude of parents made them irritated and frustrated which was further amplified by the teacher's attitude who beat them for being undisciplined, and impossible to learn lessons properly.

Lack of interest (35%) followed by non availability of finances (23%), detestation for teacher (22%), required to work (10.5%) and a non-interest of parents in the child's education (6%) were the main reasons reported for the discontinuation of education.

Types of Solvents used

Adhesive glues is the primary drug of choice consumed by 90% of the interviewed street children.

Frequency & Quantity used

Analysis has shown that on an average 80 gms of adhesive glues is being used each day. A substantial portion of the children (15%) reported that using solvents round the clock. These children use the solvent through a cloth, which always stays with them.

Effects of Solvent abuse

According to children feelings after using solvents are described as mixed feeling of euphoria and contentment and a relaxed mood followed by a sound peaceful sleep, making them forget their worries and tensions.

Treatment

When asked if they ever tried to break the habit of solvent use, and how it could be done, only 20.7% reported to have undergone any sort of treatment, and that too was a self-treatment. Approximately 70% of the children were unaware of any organization / institution where they could be treated and rehabilitated.

HIV Knowledge & Risk Practices

Hashish is the most common drug of abuse among drug users with involvement in other drugs i.e., Bhang, Opium and Synthetic drugs (produced inorganically). Drug use among street children is responsible for the growing incidence of HIV/AIDS and other risk-taking behaviours such as prostitution, **sexual exploitation** and unsafe sex practices.

More than half of the street children had heard about HIV/AIDS but information regarding its prevalence was inadequate.

HIV Risk practices

Several risky sexual practices were highlighted for contracting HIV. High proportions (53.4%) of the children were found to be sexually active. The average age reported at the initiation of sexual activity was less than 8 years. A high number of sexual partners both males and females were found. More than 80% of the children reported they had never ever used a condom.

Conclusion:

A dichotomous strategy should be designed collectively which aims to minimize and to prevent the probability of occurrence.

Efforts should be made to raising the general public awareness about this emerging problem including information on drug abuse among street children.

Drug treatment & rehabilitation services to the children especially street children involved with solvents or other drugs should be provided.

References:

Solvent abuse among street children in Pakistan, United Nations Office on Drugs and Crime – UNODC, 2004

www.wikipedia.org/wiki/Volatile_substance_abuse

SHEESHA...Yes or No!

By Wajeaha Anwar

Sheesha also known as hookah is a single or multi stemmed (often glass-based) water pipe devise for smoking. Originating in India, it has gained popularity especially in the Arab world; hukkah operates by water filtration and indirect heat. Sheesha can be used for smoking herbal fruits. This article of mine discusses and gives an insight about different myths regarding sheesha.

I was very young and residing in Jeddah, Saudi Arabia when I saw sheesha in my neighbor's house (Pakistani) for the very first time in my life, but then I witnessed sheesha off and on in every house of Jeddah as it became very popular in the Middle East.

I came back to Pakistan in year 2004 and it was more or less at the same time that the sheesha craze started in Pakistan, although traditionally prevalent in rural areas as, hukkah. Now many clubs and cafes are offering this form of smoking as it has become very popular with young people for social gatherings, functions and events. There are a large number of cafes and restaurants offering a variety of sheeshas.

There are many questions which might come to one's mind regarding sheesha as why do people have sheesha? Why is it appealing? Is it injurious to the health? And last but not the least should we say "yes" or "no" to sheesha?

First of all let's see what is sheesha made up of?

Sheesha is smoked with herbal flavors. These contain Sugar Cane Bagasse with no tobacco, nicotine or tar. The popular brands are Soex, Highlife and Black label. This new method of smoking is aimed at replacing tobacco and thus eliminating its negative health effects.

- *cancer risks, though studies are not conclusive (hoffman, rakower, salem 1983, gupta dheeraj 2001, tendon 1995, lubin 1992, hazelton 2001 and stirling 1979). The levels of carbon monoxide produced during a hookah session varies widely depending on the type of coal used, Japanese charcoals are thought to produce lower amounts of carbon monoxide.*

The younger generation argues that sheesha is not as frequently used as cigarette it cannot be carried with you all the time, and smoking sheesha occasionally would not be as harmful as frequent smoking of cigarettes.

With the passage of time as sheesha gained popularity in Pakistan so did the criticism against it. On one hand critics started writing articles against it while on the other medical opinion was stating that sheesha was dangerous for the health.

- *One of the **myths** related to ‘sheesha’ smoking is that it is less dangerous than cigarette smoking because the nicotine content is lower and the tobacco toxins get filtered out by the water in the pipe.*

The reality is that even after it has passed through water, the smoke produced by a ‘sheesha’ contains high levels of toxins, including carbon monoxide, heavy metals and carcinogens. A ‘sheesha’ session lasts for 20-80 minutes, during which the smoker may take anywhere between 50 to 200 puffs. **The ‘sheesha’ smoker may, therefore, inhale as much smoke during one session as a cigarette smoker would while consuming 100 or more cigarettes.**¹

- *It is a well-established fact that tobacco smoke contains a range of harmful ingredients such as **carbon monoxide (CO), carcinogens like tobacco specific nitrosamines, and the notorious drug nicotine that is responsible for causing addiction to smokers.** A research carried out at the Atomic Energy Medical Centre in Multan and published in Journal Pakistan Medical Association in 1993 indicates that the amount of carbon monoxide in smoke from the Sheesha varies from the type of the Sheesha and can be as high as **1.40 per cent compared to 0.40 per cent in cigarettes.** Even the least harmful of the Sheesha, it was found, contained a minimum of **0.38 per cent carbon monoxide.** The results indicate that at best the Sheesha*

smoker is exposed to the same amount of CO as any cigarette smoker and most often he/she is exposed to significantly higher levels of CO.

- ***A research conducted at Department of Medicine, King Abdul Aziz University in Saudi Arabia concluded :** “Sheesha smoking as well as cigarette smoking will produce similar harmful effects on the function of ventilator capacity of both male and female subjects and increase the risk of developing obstructive airway disease, with Sheesha smokers being at a greater risk.”*
- ***Another research carried out at the American University of Beirut** involved simulating the smoke produced by the Sheesha by a specialized machine it proved that the smoke contains **significant amount of nicotine (the addiction agent) along with other toxic heavy metals such as arsenic, cobalt, chromium and lead.** As for tar, the research stated that under normal conditions, smoke produced by a single Sheesha contains approximately the same amount of tar (dry particulate matter) as 20 cigarettes.*

When we asked a 14 year old boy his reason for smoking sheesha the same question he said, **“It’s more acceptable. In fact, it’s trendy and ‘cool’. My parents won’t complain, as it is not harmful at all and I cannot to carry it with me all the time.”**

¹ www.bio-medicine.org/

Anything new that hits the market creates a wave of fascination which produces a counter-wave of discovery. It is probably the single most contributing factor resulting in scores of young and old Pakistanis having a crack at smoking the Sheesha with the majority of them continuing to do so as a habit.

It should never be forgotten that smoking the Sheesha (similar to smoking cigarettes) involves smoking tobacco, regardless of the flavor that gets into the mouth. A time bomb in a gift-wrap is nevertheless a time bomb and is designed to explode.

END WARNING:

The dangers of smoking sheesha are as great as cigarettes.

We Can All Make a Difference

By: Rubina Shams

An estimated 5000 young people live and work on the streets of Lahore.

These homeless young people are often the casualties of an economic crisis, displacement due to war/conflict, poverty, loss of traditional values, domestic violence, broken homes, physical and mental abuse.

Every young person living on the streets has a reason for being on the streets.

In addition to problems associated with living on the streets like substance abuse, violence and crime, young people on the streets and in particular young women are exposed to situations that make them highly vulnerable to sexual exploitation, and consequently reproductive health problems. This further increases their vulnerability to HIV/AIDS.

Of the 138 million people in Pakistan 36 million (or 6 million households) fall below the poverty line. With a high population growth rate, illiteracy, high un-employment and 30 million young people between the ages of 10-19, Pakistan is faced with daunting challenges in the social development sector.

Poverty is a major contributing factor to the spread of HIV/AIDS, and particularly among young people from poor families as it limits their access to information, health care and social services. Poverty also limits their ability to protect themselves from HIV infection, and, once infected, limits their ability to access care.

Gender inequality plays a significant role in the spread of HIV in Pakistan. In general Pakistani women have lower socio economic status, less mobility, less education and less decision making power than Pakistani men. Young women living on the streets are often economically and socially dependent on (or exploited by) men. It is difficult for these young women to access general health and basic reproductive health care and other social services. All of these factors increase their vulnerability to HIV/AIDS.

Homeless young people are at risk to drug use, sexual exploitation, physical abuse, and crime on the streets of Pakistani cities. Their continuous exposure to the harsh environment of the streets and the lack of a safe place and visible means of support increases exponentially their risk of contracting HIV.

Faced with these facts it is essential to act now. As it is our responsibility as adults to provide a safe place and opportunities for all children (including homeless street children) and enable them to express their ambitions and improve their quality of life.

This is also the visualization of an organization (NGO) Nai Zindagi who is working with disfranchised groups of people affected by the use of drugs and associated harms to help them move from margins of society to centre stage. One initiative pioneered by Nai Zindagi was the SMILE Project which was a street based program for homeless young people in Lahore.

Project SMILE provided free services to young street people below 18 years of age.

Services were provided by a team of trained health and social care professionals and range from on-street medical care, food and nutrition, clean clothes, counseling, informal education and training, referral for advanced medical care and drug abuse treatment.

Project Smile particularly focused on assisting and supporting families of these young people to rehabilitate them, improve their quality of life and reduce risk related to living on the streets.

Smile made a difference to the lives of these young people.

Project SMILE was grown out of close consultation with homeless young people. It also focused on combating HIV/AIDS by providing a safe place, access to information, basic health care, drug harm reduction and treatment services and legal aid to ensure and protect the basic human rights of these young people.

Such initiatives are a positive sign of change for our society and are encouraging examples which not only gives hope of a better future but also provides incentive for all of us to make efforts in our own individual and collective capacity to make a difference.

Courtesy: www.naizindagi.com

CRUEL NUMBERS JAN-DEC 2008

Compiled by Rubina Shams

A total of 1838 children sexually abused in the year 2008.

Acquaintances involved in more than 75 percent of the cases.

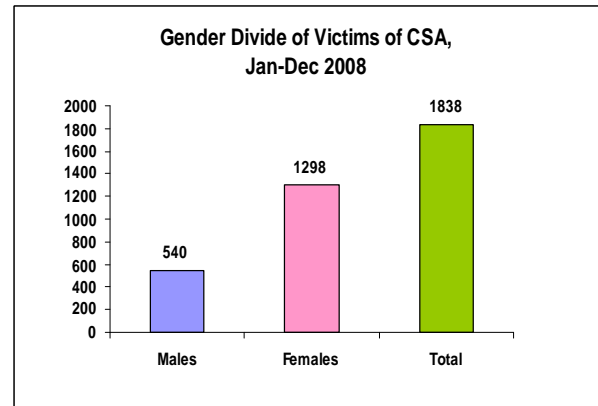
Children from 11 to 15 years of age more vulnerable.

Sexual abuse touches every life when it leads to losses of trust, decreases in self esteem, and development of shame, guilt and depression. Sexual abuse touches every life when it leads to psychological disorders, substance abuse, suicide, promiscuity/prostitution, and other psychobehavioral issues.

Child sexual abuse is not just an individual or family problem. The effects of sexual abuse on victims are devastating and life-long, and on society pervasive.

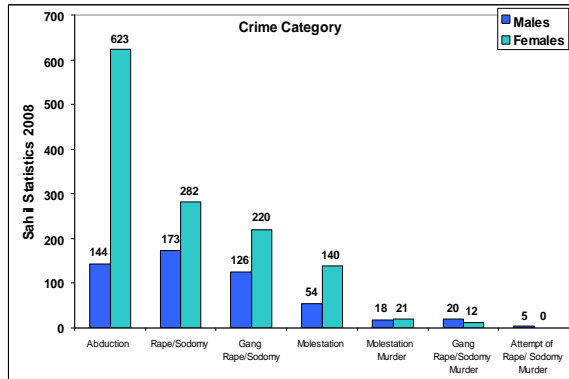
Sahil collects data of child sexual abuse through newspaper monitoring and compiles into a report called "Cruel Numbers". The purpose of collecting child abuse figures reported in the press is to educate parents on the vulnerability of their children to sexual abuse and ways and means for their protection.

Child sexual abuse (CSA) cases are on the rise in the country, as in 2007 the number of such cases was 5 per day, which rose to average 5.4 cases daily during 2008 including kidnapping for sexual purposes. However if we only consider sexual abuse cases, then 3 children per day are being sexually abused in Pakistan.



The actual figures could be much bigger than the reported cases as many such incidents go unreported due to involvement of children's acquaintances and other pressures. It is difficult to measure the prevalence of CSA in our society because many incidents are not reported, especially those committed by the children's family members. According to the statistics gathered, 1838 children were sexually abused in the year 2008 and of them 70 percent (1298) were girls. The number of boys subjected to child sexual abuse was 540.

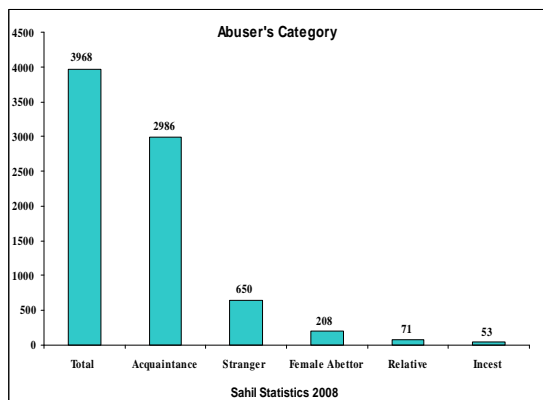
The girls were reportedly abused for a longer period of time as compared to boys. The major categories of the crimes were abduction and gang rape of girls and sodomy and gang sodomy with boys.



A total of 3968 persons involved in sexual abuse belonged to different sections of the society, out of which more than 75% were known to the children.

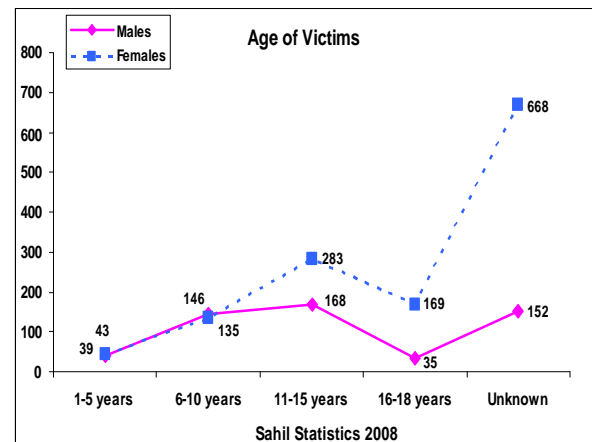
Aquaintances:

Statistics showed that 75 percent of such children were targeted by acquaintances and 16 percent by strangers. The acquaintances included neighbors, relatives, clerics, immediate family members, teachers, friends, security guards, employers, shopkeepers etc. The strangers included robbers and taxi drivers. Shockingly, around 5 percent female abettors were also involved in this heinous crime.



Age group:

The children, both girls and boys, between 11 to 15 years of age group are more vulnerable to sexual abuse. Thirty percent boys and 21 percent girls victimized by sexual abuse were from the same age group.



Province wise cases:

Sixty eight percent of such cases were reported from Punjab, the most populous province of the country, followed by Sindh 24 percent, Islamabad 4.5 percent, the NWFP 2 percent, Balochistan 0.5 percent and Azad Jammu and Kashmir cases 0.2 percent. Rural and urban divide shows 70 percentage cases from rural areas and 30 percent from the urban areas.

Place of abuse:

Mostly, abuser's home and victim's place were reported to be places where sexual abuse occurred the most. Other than that, schools, markets, under-construction houses, hospitals, madrasas, deserted places, mosques, shrines, workshops, graveyards, hotels, guest houses, police stations, jail, parks, poultry farms, factory, canals, farm houses, hostel, train, bank are all the places from where CSA cases have been reported this year. This shows that no place is safe for children.

In some reported cases, an abuser committed sexual crime as a form of punishment or for the sake of revenge. Some girls were raped by those who were interested in marrying them but their proposal was declined either by the girls or their families. Surprisingly, unlike the past when the stigma attached

with sexual abuse prevented families from reporting such cases to police, parents of 81 percent victims of child abuse approached law-enforcers for relief. With some cases settled out of court, police and courts processed majority of these cases. Abusers got death sentence, life imprisonment and fine depending on the nature of child sexual abuse.

We should all individually and collectively try to provide children self protection guidelines so that they can protect themselves when parents or no one is around them. However, god forbids if ever a child is victimized by this gruesome act then we should first of all trust him/her instead of blaming them and try to help the child in every possible way to overcome the intense trauma, which might be life long, instead of blaming them for the unfortunate happening.

*By: Liaqat Ali Awan,
A Subscriber of Sahil Magazine*

They are only eight!
*Some have, Some never will
Every body is the same
Yeah, some are poor, some are rich
Some have a home, other do not
Some go to school, some never will
But this is not fair
Is it?
Life is already hard
Do not make it even harder
Kids in third world countries
They are the same
Give them a chance
Just like we get
They need a school, not a job
When they are only eight*

WHAT'S ON AT SAHIL

ACTIVITIES AT HEAD OFFICE

Sahil organized a one day training session with all its volunteers from different parts of Pakistan on 25th March 2009.

CHILD FRIENDLY NEWSPAPER & BEST VOLUNTEER AWARD 2008

Media department organized Child Friendly Newspaper CFN and Best Volunteer Award 2008 on 25th March 2009. Daily Express, Daily Din Lahore and Daily Kawish Hyderabad won the CFN award and Sahil volunteer Mr. Hidayatullah Laghari won the Best volunteer award 2008 as he conducted following activities on voluntary basis:

- Networking with 10 local organizations, dissemination of Sahil IEC material.
- He introduced Sahil in local organizations and schools and disseminated the IEC material.
- Display of 10 FIR posters in police stations and other awareness posters in parks and public places.
- He arranged a successful rally in November 2008 for children in Sanghar.

LAUNCHING CEREMONY OF REPORT ON VIOLENCE AGAINST WOMEN

Media department participated in the launching ceremony of the report; Violence against women; Reflections in Print Media & Documentary; Prisoners of Circumstances organized by National Commission on the Status of women.

TRAINING ON MEDIA RELATIONS

Media department attended a four days training workshop on Media Relations organized by Institute of Media Sciences.

LAUNCHING CEREMONY OF MUSICAL ALBUM ON CHILD RIGHTS

Media department participated in the launching ceremony of musical audio album on child rights organized by SPARC.

TRAINING DEPARTMENT ACTIVITIES

Training department conducted Meri Hifazat trainings in the following areas of Shekhupura, Kasur and Kala Shah Kaku;

- Idara Taleem-o-Aagahi in Sheikhupura; in which 27 participants from 14 schools took part.
- Thirty seven schools of Kasur which was attended by 45 participants.
- Shaheen Public School, Kala Shah Kaku, in which 33 participants from 14 schools participated.

ACTIVITIES AT JHC DEPARTMENT

Reiki Healing Sessions at JHC:

Jeet healing centre Organizes free Reiki healing sessions on every 1st and 3rd Fridays at JHC from 4-5 pm. Mr.Sarfaraz Hussain is the Reiki Master. A total of 4 plus last time walay Reiki sessions have been conducted so far.

Workshops conducted

Executive Director and JHC Psychologist conducted a training session at Modern Age School, Abbottabad which was attended by 43 students of class 9th to 12th grade.

JHC Psychologists conducted a two one day training workshops on “Stress Management” in “Women’s Leadership Programme” organized by NRSP – Institute of Rural Management, Islamabad.

JHC Psychologist conducted an Inn-House TOT workshop on “Care giver’s Empowerment by GD-Sanjog at Sahil for Sahil staff.

Bhaid Training was conducted by JHC Psychologists for children at Child Protection and Welfare Bureau, Rawalpindi.

JHC Psychologists attended PRHN-Islamabad meeting organized by at SACHET, Islamabad.

JHC Psychologists attended Child Rights Movement meeting organized by Idara-e-Taleem-o-Agahi.

A session on Counseling Strategies was given to JHC Psychologists by Ms. Jane at JHC.

ACTIVITIES AT RU SUKKUR

Orientation Workshop:

Mr. Fawad Usman gave one day orientation to Unit Coordinator and field researchers in RU Sukkur office on how to conduct “Transport Research study with Drivers, Helper boys & hotel owners”.

Commercial Sexual Exploitation of Children (CSEC) Research: Sahil RU Sukkur conducted five days CSEC research with Truck/Bus/Traveller Drivers, Helper

boys and Hotel owners from 13-19 January 2009. Total 91 persons interviewed by the field researchers supervised by UC Sukkur.

Media Campaign in Sukkur & Khairpur on Cable.

Sahil RU Sukkur started one month media campaign for awareness raising on child protection issues through Cable TV networks in Sukkur and Khairpur districts.

Media Campaign in Daewoo Bus

Karachi: Unit Coordinator Sahil RU Sukkur monitored Sahil media campaign in Daweoo Bus from Sukkur, Hyderabad and Karachi. UC monitored Daweoo terminals and recorded the passengers views regarding the messages.

Marie Stopes Seminar: Officer counseling attended a seminar organized by Mother and Child Health centre Rohri & Salehpat of Marie Stopes Society on; “Stakeholders Seminar”.

Meeting with Baanh Beli: Unit Coordinator RU Sukkur held an experience sharing meeting with Director Baanh Beli (a friend forever) Mr. Younis Bandhani and possible collaboration in Thar, Mithi districts of Sindh.

Men Engage Training with Youth Group

Lahore. Unit Coordinator Sahil RU Sukkur facilitated in two days training organized by Sahil RU Lahore on Men Engage (Gender based violence) with youth groups in Lahore.



Sukkur Men Engage Training Workshop with Volunteers.

ACTIVITIES AT RU JAFFARABAD

Experience sharing meeting Unit Coordinator Jaffarabad participated in a one day experience sharing meeting organized by Mercy Corps District Office Jaffarabad.

Experience Sharing workshop:

Unit Coordinator participated in an experience sharing workshop organized by Social Aid, Jaffarabad.

ACTIVITIES AT RU LAHORE

Unit Coordinator and Legal Advisor RU Lahore attended the “Inaugural workshop for the Children Complaint Office” organized by Federal Ombudsman /UNICEF.

UC RU Lahore participated in consultative meeting with NGO’s arranged by SPARC.

UC and POC Sahil RU Lahore participated in Plan Pakistan’s launching ceremony of campaign “Learn Without Fear” in Lahore.

POC RU Lahore attended a consultative meeting on; “Testing Teachers Competency Frame Work Tool Designed For Gauging The Effectiveness of Primary School Teachers” organized by Voluntary Services Organization in Lahore.

RU Lahore conducted 2 days training workshop on “Engaging Men and Boys to End Gender Based Violence” in Lahore.