ALCOHOL AND TOBACCO USE AMONG YOUNG PEOPLE

A participatory youth-led research in 5 slums of Delhi

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Thanks and regards

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3. ACRONYMS:

YHP	Youth Health Programme
MRP	Maximum Retail Price
NFHS	National Family Health Survey
NGO	Non-governmental-non-profitable organisation
FGD	Focus Group Discussions
KII	Key Informant Interviews
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
COTPA	Cigarettes and Other Tobacco Products Act
ST	Schedule Tribe
SC	Schedule Caste
WHO	World Health organisation
SRH	Sexually reproductive health
NCD	Non Communicable Diseases

4. EXECUTIVE SUMMARY

This report is a result of a youth led participatory assessment of the prevalence of tobacco and alcohol abuse among young boys and girls in 5 selected slums of Delhi. The study also looks into understanding other dimensions associated with harmful use of tobacco and alcohol among young people. The study commissioned by Nav Srishti specifically aims to identify and understand:

1. the pattern of tobacco and alcohol use among young boys and girls in the study communities
2. factors responsible for using tobacco and alcohol by young people
3. the perception on the risk factors among young people associated with use of tobacco and alcohol
4. potential Programme areas that can be strengthened and mainstreamed under the existing YHP

Participatory research techniques constituted the core methodology for this Youth led research. Focus group discussions with young boys and girls from the community and key informant's interviews from selected key stakeholders were also undertaken in each of the 5 study sites.

The major findings of the study could be stated through following:

1. Tobacco and alcohol consumption was found to be prevalent among both young boys and girls. Chewing tobacco was more common among women, whereas men indulged in both smoking and chewing tobacco. It was found that while tobacco is the most pervasive gateway drug among both boys and girls, *meethi supari* and *gutka* (preparation of crushed beetle nut, tobacco, lime) were seen to be more common among women and girls. 'Gul' or creamy snuff is another tobacco based substance, often packaged into tubes and readily available at local departmental stores; it is a common addiction among girls, who often use it as a dentifrice along with other adult family members. Gutka and Cigarette were found to be most common forms of tobacco consumption among boys.
2. Peer influence plays a major factor which pulls and retains the status of many young people as alcohol and tobacco user. Adolescents often begin by experimenting use of substances under the influence of their friends in school and their neighbourhood who indulge in drug use. Parties and similar social gatherings too are often the place for excessive alcohol consumption and initiation
3. Parents, neighbours and other adults within the community who indulge in the use of tobacco, alcohol and other harmful substances, influence children and adolescents in internalising the practice. Parents often instruct young children in their family to procure tobacco from vendors in their vicinity and hence, these products are easily accessible to young people. Curiosity and experimentation leads young people to

turn into active consumers and slowly become regular users of alcohol and tobacco products.

4. Use of alcohol and tobacco were widely associated as a coping mechanism with stress and is therefore common among young people battling various problems who are living in these areas.
5. Tobacco and alcohol consumption was also cited as a means to showcase masculinity and strength among boys and girls opine eating tobacco makes them feel as grown up adults.
6. Young boys are encouraged to consume during “free”, “unsupervised time and space”. School going boys can often be seen smoking early in the morning, sometimes even on their way to school. Post school hours i.e roughly between 1 and 3pm, tobacco consumption is high. In the evenings, around 5-6pm, young boys can be seen in dimly lit parks and abandoned areas in the community, smoking cigarettes and/or using other harmful substances.
7. School going girls, carry their tobacco pouches and pop it in whenever they have free periods in schools. Girls also consume tobacco products in houses as well.
8. In addition to government authorised alcohol shops , alcohol is also sold illegally in houses , corners , kiosks, mom and pop shops. These home-based shops sell alcohol throughout the day and late into the night at prices higher than the Maximum Retail Price (MRP).
9. Alcohol, tobacco and drugs were said to be available throughout the year in the community. However, consumption is highest between September and January, owing to the wedding season and a number of festivals.
10. Cancer as a life threatening consequences was identified as one of the serious health consequences of tobacco consumption.
11. There are no dedicated health facilities near the study areas. At the same time young people are also unaware of the availability of services and de addiction centres to help them overcome dependency.

Recommendations:

1. Focus on Behaviour Change Interventions with school going and out of school adolescents and young people through Peer Led approach. Provide need based counselling services in schools and at YHP Centres for out of school young people.
2. Capacity building and sensitisation of teachers on needs of the vulnerable young people in the study sites
3. Creating community level awareness through sensitisation of parents, community influencers and vendors on harmful effects of tobacco and alcohol.
4. Creating spaces for young people where life skills education focuses on behaviour change communications and coping up strategies to challenge peer pressures. Additionally providing market based skill building trainings to young people to increase their employability and reduce vulnerability.

5. Focus on Key opinion leaders to mobilise community to maintain and use community properties like parks and roads and advocate with relevant government departments.
6. Advocacy for youth friendly health services and strengthening of existing outreach systems by government medical institutions. Additionally working towards development and integration of curriculum on harmful use of substances with the Department of Education.

INTRODUCTION

Alcohol and tobacco use among young people in Delhi:

Tobacco use is prevalent in Delhi cutting across all economic strata, gender and in a wider age range starting from as low as within 6-10 years of education[1]. Being the capital city, it is the gateway to all sorts of globalisation including technology, goods and food products that affect living and standard of living of the residents. Communities are flooded with all sorts of harmful and illegal drugs; however in such a situation, alcohol and tobacco pose perhaps the greatest threat to young people. These two forms of drugs are the earliest that young people start with[2].

As per Stigler (2010), among school students of Delhi in both government and private schools, young people's identification with western influences may increase their risk for tobacco use, while their maintenance of traditional Indian ways of living confers some protection. Hence for interventions to curb tobacco use by young people, it's good to pay closer attention to cultural preferences of these young consumers. Stigler (2006) also informs that younger age cohort between 10-12 years are more vulnerable to use or begin to use tobacco as well as to any external influence that may encourage use[3]. Role of media in encouraging tobacco use is highly acknowledged and the use of such scenes in Indian movies has also been banned for the purpose in May 2005. However the majority of factors that lead young people to smoking is yet to be studied.

There is a concerning increase in the social acceptance of alcohol even for frequent self-induced intoxication and easier access is now responsible for driving adolescents toward substance use and a trend is being noted toward lower ages of onset of alcohol use[4]. Alcohol use is widely accepted. Changing social norms, urbanization, increased availability, high intensity mass marketing and relaxation of overseas trade rules along with poor level of awareness related to alcohol has contributed to increased alcohol use[5].

Based on the National Family Health Survey (NFHS II) data analysis, researchers inform that poor socioeconomic status and young demographic cohort correlate highly to the likelihood of drinking and using tobacco products. The positive association between lower socioeconomic status and the prevalence of smoking and drinking is likely to increase the disease burden among the poor, who may not be able to afford the costs involved in the treatment of these avoidable lifestyle-related diseases (Mini 2007)[6].

Young people have additional and different needs, challenges, and opportunities from adults. Research shows that drug use is common among Indian youth. For example,

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[1] http://www.ncbi.nlm.nih.gov/pubmed/20104970
[2] A semi-qualitative research study supported by the United Nations Office on Drugs and Crime, Regional Office, Barbados
[3] http://www.ncbi.nlm.nih.gov/pubmed/16723678
4 Saddichha S, Manjunatha N, Khess CJ. Clinical course of development of alcohol and opioid dependence: what are the implications in prevention? Indian J Community Med. 2010;35:359-61.
5 http://www.addictionindia.org/images-ttkh/alcohol-related-harm-in-india-a-fact-sheet.pdf
[6] Mini G K. Socioeconomic and demographic correlates of tobacco use and alcoholic consumption among Indian women. Indian J Community Med 2007;32:150-1;

analysis of the 2005-2006 (NFHS-3) found that 40% of young men (15-24) and 5% of young women (15-24) use tobacco. Of the male smokers, 87% are regular smokers, and more than one-fifth reported smoking more than 10 cigarettes per day. Use of chewing tobacco is also common. In Delhi, 18% of young people consume alcohol.[7] Also now recently there is a ban on chewing tobacco in Delhi imposed by government of India in March 2015.

Research rationale

The Young Health Programme (YHP) is a partnership between AstraZeneca, Johns Hopkins Bloomberg School of Public Health, and Plan International, which seeks to positively impact the health of adolescent girls and boys in marginalised communities worldwide through research, advocacy and on-the-ground programmes. The (YHP) in India began in November 2010 aiming to make a meaningful difference to the health and wellbeing of adolescent girls and boys (aged 10-24) from five marginalised areas of Delhi known as resettlement colonies. The current programme objectives are:

1. Capacity building and support for adolescents by providing relevant information, knowledge and skills on lifestyles and better choices, that will help enhance responsive health-seeking behaviour.

2. Building community understanding and engagement in key adolescent health and protection issues.

3. Improving awareness of and access to youth-friendly healthcare systems and services.

4. Addressing the immediate needs of the community in issues relating to health care, hygiene and sanitation.

Tobacco use, and harmful use of alcohol and other drugs (such as glue sniffing) has been identified as an issue affecting adolescents in the communities where the YHP works, and the highest is in Holambi Kalan. “The YHP midterm evaluation found that cigarette smoking was reported by13.8%, and alcohol usage was reported by 8.3% of young people surveyed” From implementation experience over the first four years of the YHP in India, Plan feels that the numbers may be higher than this. Across India, nearly 20% of young people report using tobacco.[8] Data collection on drug use can be difficult as this is a highly sensitive topic. There is a need to learn more about the drinking and smoking habits of adolescent girls and boys living in the communities where the YHP works around Delhi, and to respond to these through the programme interventions.

Research findings will be used to directly inform local YHP health education messages and campaigns, in addition to informing any further programme activities which may be needed to respond to the issues identified by this research. In addition, the findings are expected to

[7]Parasuraman, S., Kishor, S., Singh, S.K. & Y. Vaidehi. (2009). *A Profile of Youth in India*. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro.
[8]IARC Working Group

inform local advocacy activities for Plan India, and international advocacy activities conducted by the YHP partnership and led by AstraZeneca.

YHP-India seeks to reduce harms related to drug use; as such, research that enables a better understanding of the harms young people who use drugs face, as well as their risk and protective factors, will strengthen YHP India's programming, and allow Plan India to better meet the health and psychosocial support needs of adolescents who use drugs.

5. STUDY OBJECTIVES AND METHODOLOGY

This study was a Youth Led Research and therefore the participation of young people was ensured at all the key stages of the research process. Young researchers belonging to the study sites were identified by Plan's Partner organisation. A three days training was organised to take feedback from the identified youth researchers on the queries and build their capacities on facilitating discussions and use of participatory tools to capture information on harmful use of substances. Youth participation in this research process facilitated an insider's perspective as more reliable data were generated and better analysis were conducted as they could relate to the issues in question as well as it facilitated greater ownership of the process

Participatory research methods[9] were used integrated with qualitative tools in five slums of Delhi, namely Holambi Kalan, Dwarka, Mangolpuri, Madanpur Khadar and Badarpur, to understand the status, causes and consequences of use of tobacco and alcohol among young people. Conforming to the call for proposal from the donor, Focus group discussions and Key informants' interview[10] along with participatory research tools were used to explore the study themes.

Study objectives

The objective of this study was to understand

1. the pattern of tobacco and alcohol use among young boys and girls in the study communities
2. factors responsible for using tobacco and alcohol by young people
3. the perception on the risk factors among young people associated with use of tobacco and alcohol

Additionally, this research seeks to identify the needs of young people and recommend possible programmatic interventions to increase protective factors, reduce risk factors, and reduce harm related to tobacco and alcohol use, and increase the prevention of tobacco and alcohol use.

[9] Participatory research methods are geared towards planning and conducting the research process *with* those people whose life-world and meaningful actions are under study. See annexure for details
[10] refer annexures for the tools used in this study.

Table: Research objectives and research questions		
Research objectives	**Key research questions**	**Participatory tools[11] used**
General	• What type of alcohol and tobacco products do young people use? • What are the sources/supplies to get the alcohol and tobacco (within community/outside community)?	• Social / Resource mapping • 24 hours mapping, ranking • Seasonality
Causes	• Why do young people use alcohol and tobacco? • What social, economic, familial, or personal factors increase likelihood of alcohol and tobacco use?	• Force Field Analysis • Venn Diagram
CONSEQUENCES	• What are the primary consequences (physical, financial, social, legal etc…) associated with alcohol and tobacco use for young people and how do these affect their well-being?	• Lifeline sketch
GAPS / NEEDS	• What do young people who use alcohol and tobacco identify as their most important health needs? • What gaps can YHP fill related to harm reduction and/or prevention of alcohol and tobacco use programming? • What can YHP do to increase protective factors and/or reduce risk factors for adolescent alcohol and tobacco use?	• Focus group discussions

The need to use Participatory tools such as seasonality or Venn diagram was felt as unlike conventional forms of enquiry it is not extractionary in nature. All these tools use visualisation combined with checklist of queries that guide the FGDs. This form of interaction demolishes the power structures and dynamics between an interviewer and interviewee. Hence, young people who might feel intimated by questions get engaged in reflecting their thoughts and perspectives through diagrams and pictures freely and enjoy the process.

[11] Check annexes for the details of the tools

Social / **Resource** map helps to build social profile of the communities like age, gender, economic activities of people residing in the community etc. It also identifies what young people consider as resources and where these resources are located in their communities.

24 hrs. Map helps to understand the various activities and tasks commonly undertaken by an individual in a day.

Seasonality as the name suggests maps the trend of any item throughout one year.

Force Field analysis visualises all factors (+ve , -ve , others etc.) that influence the occurrence of a phenomena.

Venn Diagram depicts the intersecting areas of issues, factors and the magnitude of the issues

Lifeline Sketch helps an individual to reflect on the specific milestones and or period in one's life that have played significant role in the context of issue in discussion.

Ranking helps you identify top reasons and identify priority areas

Study population

The youth-research team have been identified from the community itself where the study sites were located. A team of 5 youth researchers were allocated to each study site with almost equal number of young boys and girls in the age group of 13 to 17 years. Since the YHP has been operational in these communities for more than a year, the implementing partner organisations were better positioned and thus helped in identifying the young researchers. Additionally, they were also instrumental in identifying other stakeholders who were part of the study as respondents.

A total of 119 young boys and 121 young girls participated in discussions conducted in all the 5 study sites. Nearly all respondents were enrolled in the neighbourhood government schools. Each focussed group discussion had 7-10 respondents with separate groups of male and female. Mixed groups of young people who use and who do not consume alcohol / tobacco or any other substance were formed to avoid any form of targeted stigmatisation and discrimination. In addition to young people, other adult stakeholders like teachers, health workers were identified in each community through local contacts in the community. The larger criteria applied while identifying them was that they had considerable influence over the community. Check annexures[12] to know more about study sites.

[12] Check annexure for know more about study sites

Data collection Tools						
Target group	**Holambi Kalan**	**Dwarka**	**Mangolpuri**	**Madanpur Khadar**	**Badarpur**	**Total**
Focus Group Discussions						
Male Youth	3	3	3	4	3	16
Female Youth	3	3	3	3	3	15
Total FGDs	6	6	6	7	6	31
Key informants' interviews						
Teachers	√ (1)	√ (2)	X (0)	X (0)	√ (1)	4
Malaria Inspector	√ (1)	√ (1)	√ (2)	√ (1)	X (0)	5
ICDS worker – AWW	√ (1)	√ (1)	√ (3)	√ (1)	√ (2)	8
Community Leaders	√ (2)	√ (1)	√ (1)	√ (2)	X (0)	6
Health worker - ANM/ ASHA	√ (2)	√ (2)	√ (2)	√ (2)	X (0)	8
Other NGO Workers	√ (2)	√ (2)	X (0)	X (0)	X (0)	4
DJB Staff	X (0)	X (0)	√ (1)	X (0)	X (0)	1
Total KIIs	9	9	9	6	3	36

Gender disaggregation tool wise				
	FGD (Male)	**FGD (Female)**	**KII (Male)**	**KII (Female)**
Holambi Kalan	28	28	6	3
Dwarka	21	24	5	4
Mongolpuri	27	25	4	5
Madanpu Khadar	22	22	3	3
Badarpur	21	22	1	2

Ethics and data collection

The youth researchers were from the community itself and hence it was an easy task for them to mobilise groups of young people for discussion. Each participating respondent's consent was taken prior to initiating every FGDs and administering KIIs. The youth researchers were sensitised during the training programme on the issue of maintaining confidentiality and being non- judgemental towards individuals who did consume alcohol/ tobacco and other substances.

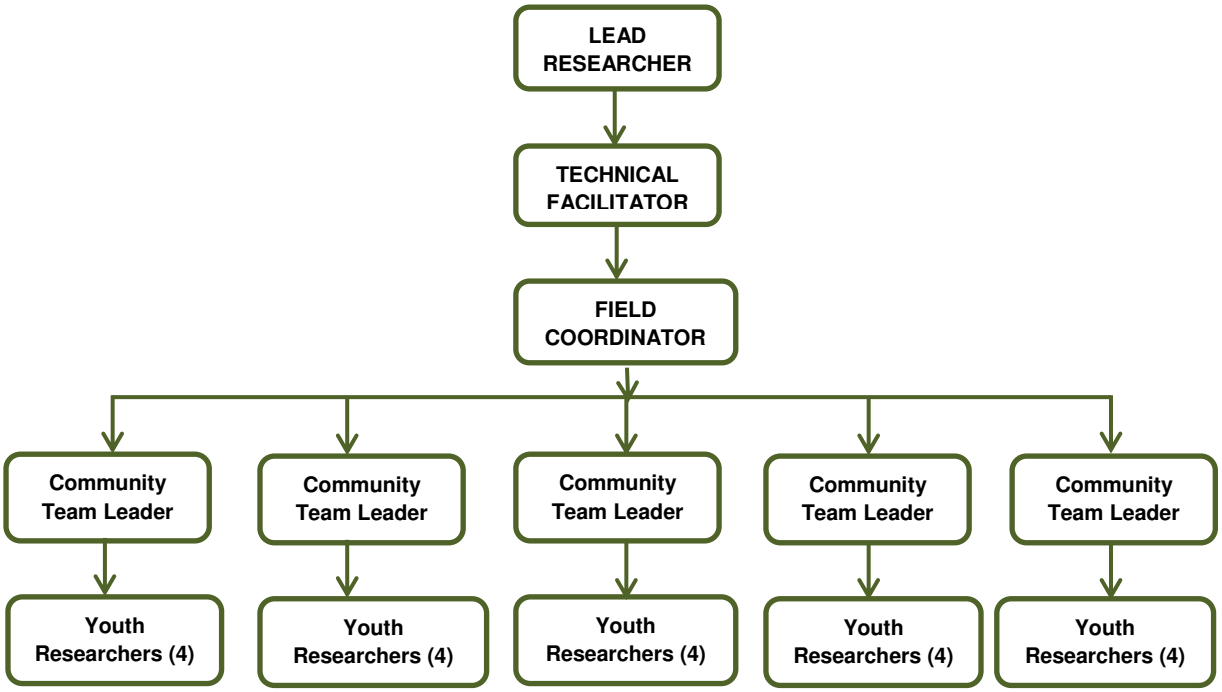
Participants were told in detail about the study so that they were clear on the objectives and the expectations from them. This was to ensure that they were able to make informed decision regarding their participation in the following focussed group discussion. The consent forms were translated into Hindi and verbally communicated to the study respondents. Since some of the participants were a little hesitant to sign hence verbal consent was sought from each of the participants to ensure that they were able to share information and their views freely on the research issues.

Photographs of the participants were not taken maintaining a complete anonymity of their identity. No other identifiers were collected from participants.

The current legislation COTPA 2003[13], lays down the prohibition and regulation for tobacco business in India. The research team did not approach the study as an opportunity to identify cases of current violation of law in the study sites.

Study team and its structure

The concept of youth-led study is to have young people at the core of the research exercise; including designing the study, data collection, data analysis and data interpretation.



Five team were assigned to 5 study sites. Each team consisted of 4 youth researchers; 2 boys and 2 girls belonging to each of the study community. They were in the age group of 18 to 25 years who had completed their graduation level education and were closely associated with the partner organisations in community development activities. As mentioned earlier the partner organisations were instrumental in identifying these youth researchers.

[13] Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (check annexure for more information on the act)

Due to extremely short period allocated to conduct this youth-led study, team leaders who were who were more experienced than the youth researchers were identified by the partners organisations. Their roles was to supervise the operationalisation of the daily data collection plan in the study sites, assist and guide the 4 youth researchers while facilitating focussed group discussions.

Three-day training was provided to team-leaders and young researchers from the community. The training included developing;

i) conceptual understanding on harmful use of substance , advantages and rationale for using participatory techniques;
ii) building skills to undertake data collection through FGDs, KII and participatory tools;
iii) sensitisation on biases that are more likely to manifest and ethical principles that needs to be followed during data collection.

The researchers were provided with a copy of the tool translated in local language - Hindi. These tools were pre-tested during the training sessions. Since the team leaders and researchers have been working in the study sites, it enabled them to easily build rapport with the youth participants during the study.

These researchers showed a lot of interest in the study as they felt that the issue is very relevant and pertinent to their lives. The researchers themselves were aware on the micro details of the community which is an advantage of engaging in community based youth-led research. This enables one to probe and delve into detailed information about the study subject from the community. Additionally identification of relevant stakeholders and engaging with them during the study was efficiently handled.

Data management and analysis

Focus group discussions and key informants' interviews were undertaken in local Hindi language and recorded in note books. Each team began and ended their day with a debrief session. There was a daily recording by the Team Leaders on key findings and challenges. Discussions were held to understand the issue and set plans.

The research team analysed the data manually to explore and highlight emerging themes and conceptual categories. A three-day data analysis exercise was undertaken by the research team. Team leaders contributed towards the analysis process for one day.

The manual process included, organising data by each study site and type of respondents. Then on the basis of research questions, each of the response note -books were individually read and labelled/coded. On the basis of the labelling and codes, the responses were discussed to identify the trends that are appearing throughout the data. Team leaders were also encouraged to share their experiences of the data collection process and talk about some of the findings in details. On the basis of the trends the data was structured for the report writing purpose. It was identified easily that there is no difference between the

responses of boys and girls regarding knowledge and practice and also there are no variation in responses across the five study sites.

Assessment of the study methodology

It is important to note that given the relatively small scale the results from this study are not statistically reliable nor can they be freely generalised to the experiences of alcohol and tobacco users, both male and females across the community or entire state of Delhi. All young people and stakeholders included in the study were identified by the NGO staff working in those communities. The analysis and results are not necessarily representative of every young user or non-user in the community.

The study is based on qualitative methodology specifically to understand the issue in-detail. Selected participatory tools were used to ensure in-depth discussion and open sharing by young people keeping their interest levels high throughout the exercise. Participatory methodology was well accepted among youth people, both male and female groups. The team leaders of each study site were well acquainted with tools like social and resource map and had facilitated the process earlier. Some of the youth researchers did struggle initially but through trainings and the support of peers they gained confidence in administering the tools. The youth researchers did find the exercises interesting and it helped in keeping the respondents more engaged , active in sharing their views, opinions and information. The study used very simple tools for data collection, which were easily facilitated by youth researchers from the community.

Limitations

The allocated duration for the participatory study was extremely short. Initially only two days were allocated for training of young researchers selected from the study site. However one more day was added to build their confidence and capacities in using participatory tools.

At the same time for one of the groups , the participating Team Leader was a senior staff from a partner organisation and therefore this would not necessarily tantamount to youth led. During data collection, due to the sensitive nature of the issue and abiding by the child protection policies, it was not possible to study very young age group, who could be at the highest point of vulnerability to start becoming users.

The selection of study respondents was purposive and solely undertaken by the Plan India's partner implementing organisations, hence there is a possibility of missing out of cohorts like addicts or active users who have dropped out of education system.

6. STUDY FINDINGS AND DISCUSSIONS

This section shares the findings of the study in the 5 study slums with young people and key stakeholders.

Social and Behavioural Practices among young people

Types of Substances available for harmful use

Findings from the Focus Group Discussions and Key Informant Interviews revealed that young people from the 5 communities under the study, are using a variety of drugs and harmful substances. The study shows that majority young females use chewing tobacco, whereas young men smoke and chew tobacco. It was found that while tobacco is the most pervasive gateway substance among both boys and girls, *meethi supari* and *gutka* (chewing tobacco) were seen to be more common among women and girls. 'Gul' or creamy snuff is another tobacco based substance, often packaged into tubes and readily available at local departmental stores. It is a common addiction among girls, who often use it as a dentifrice along with other adult family members. Gutka and Cigarette were found to be most commonly consumed among boys.

List of alcohol and tobacco products used by young people in the study sites:-

Drugs	Boys	Girls
Alcohol		
• **Beer**	**Y**	**Y**
• **Whisky**	**Y**	**Y**
• **Desi / Kachi Sharab**[14]	**Y**	**N**
• **Cough Syrup**	**Y**	**N**
Tobacco		
• Gutka[15]	**Y**	**Y**
• Cigarette	**Y**	**Y**
• Bidis (handrolled cigarettes)	**Y**	**N**
• Paan[16] with Tobacoo	**Y**	**Y**
• Khaini[17]	**Y**	**N**
• Hookah / Pipe	**Y**	**N**
• Gul[18] (Liquid)	**Y**	**Y**
• Naswar[19] (smokeless)	**Y**	**Y**
• Meethi supari[20]	**Y**	**Y**

[14] DESI means home-made and SHARAB means spirit. "Desi sharaab" refers to "country liquor"
[15] Gutka is a powdery, granular, light brownish to white substance. Within moments of chewing mixing with saliva, the gutkha begins to dissolve and turn deep red in color. It may impart upon its user a "buzz" somewhat more intense than that of tobacco chewing, snuffing and smoking. en.wikipedia.org/wiki/Gutka
[16] betel quid
[17] smokeless chewing tobacco popular in India which is mainly used in place of cigarettes
[18] Gul is an oral tobacco powder which is rubbed over the gum and teeth. Being a tobacco preparation it is addictive in nature. It is popular among rural women in the south Asian countries. http://journalmc.org/index.php/JMC/article/view/7/29
[19] Naswar is a moist, powdered tobacco snuff consumed mostly in central and south Asian region. Naswar is stuffed in the floor of the mouth under the lower lip, or inside the cheek, for extended periods of time. It is similar to dipping tobacco and snus. http://en.wikipedia.org/wiki/Naswar

In the 3 FGDs conducted with young girls in Holambi Kalan's focussed group discussion 20 out of 28 young girls reported that women and girls did consume alcohol whereas the all the respondents reported of women and girls chewing tobacco. Here they few young people stated that "*there is more inclination to buy locally brewed alcohol as it is easily available at cheap price* ". Even on the days when the government restricts the sales of alcohol like 15th August and 26th January, people can purchase alcohol. "*It is an open secret*".

Young people in these areas are also reportedly using a variety of inhalants. The most commonly used among these are whitener solvents and paint thinners that are either directly inhaled from a container or through a piece of clothing on which the substance is sprayed. Sometimes they are sniffed from a bag, into which the substance is poured which young people believe to enhance their concentration for completing tasks at hand. Few groups did reported sniffing of kerosene, petrol and a locally made/procured rubber adhesive among young boys. Substances like pain relievers (like *iodex*), cough syrups (like korex) and shoe polish are also used by young people in these communities as they are easily available in stores. "*These are day to day utility items that you can buy from any shop and nobody will give you questionable looks*" . Many young people consume marijuana in the form of tablets and other medications. As one of the respondent said " *Didi (reference as elder sister) one can easily get this at a local grocery store or in a local pan shop.*" The study also revealed the use of other expensive drugs like cocaine, opium and heroin, although they were not referred as commonly used drugs by young people. However few Doctors through the KIIs reported heavy users of heroin and smack within the community.

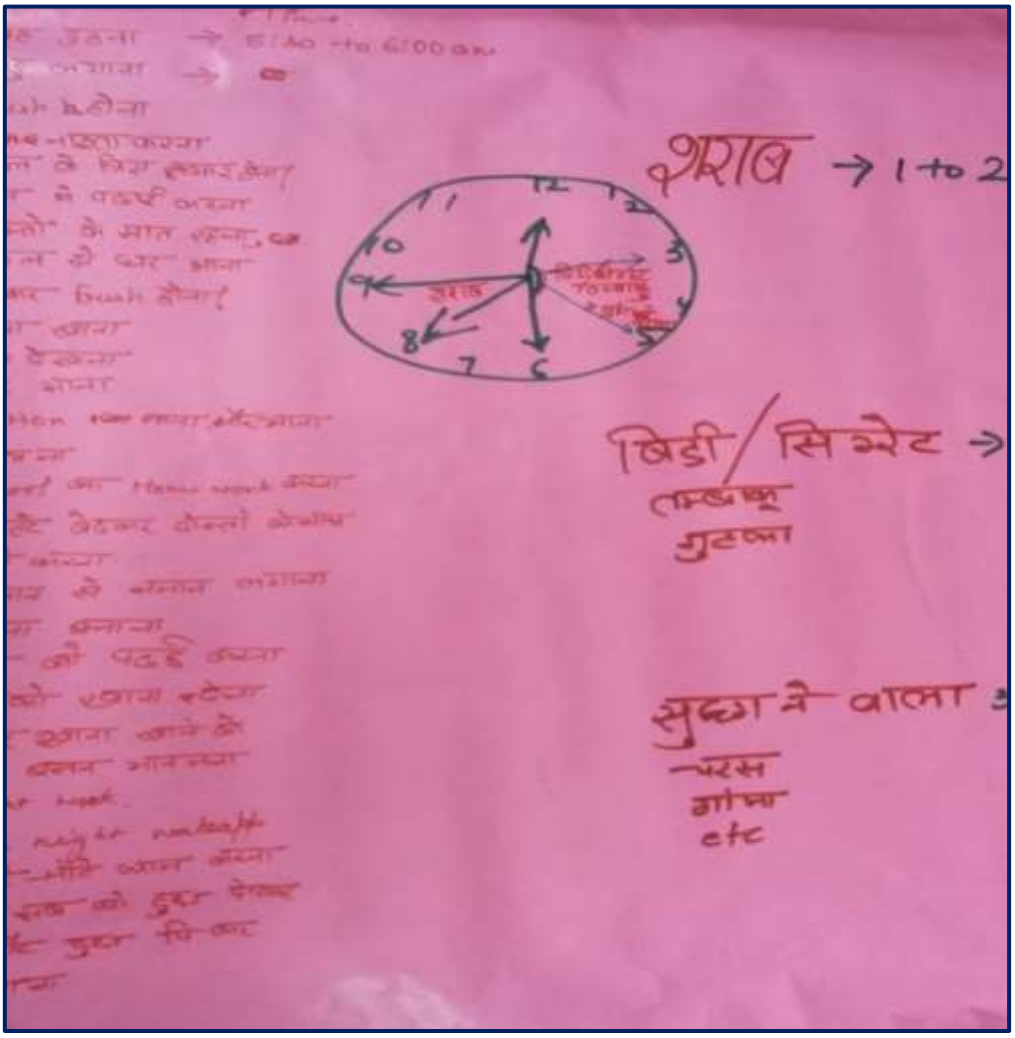
Source: Community map Holambi Kalan March 2015

[20] sweet betel nut

Pattern of use

Findings from FGDs and KIIs reveal that there is use of a variety of substances by young people in the areas where research was conducted. Most frequently used among these substances are tobacco and alcohol. Given that there is almost a 24 hour supply of alcohol in the community, it is appropriate to assume that there is a similar demand for the same. *" I know many aunties (reference used for women who are married and have children) who brew and sell alcohol in the premise of their house and you can buy even when it is very late in the night*". Cheap and easily available, inhalants like whitening solvents and paint thinners are frequently used by young people predominantly among boys. "*Boys like try different things*."

By drawing a life sketch and analysing daily schedule of young people, FGD participants identified the initiation points for using tobacco and alcohol . They also highlighted parts of their daily when substance use is high. The data indicates that both young boys and girls are initiated into using tobacco and/or alcohol by the age of 10 and the frequency of use increases with age, particularly in the age group of 15-20 years. The initiation is 1-2 years earlier amongst boys. This is also the time when young people are willing to experiment and indulge in the use of different kinds of drugs.



Source: Girls group 24 hr. mapping and FGD Mangolpuri March 2015

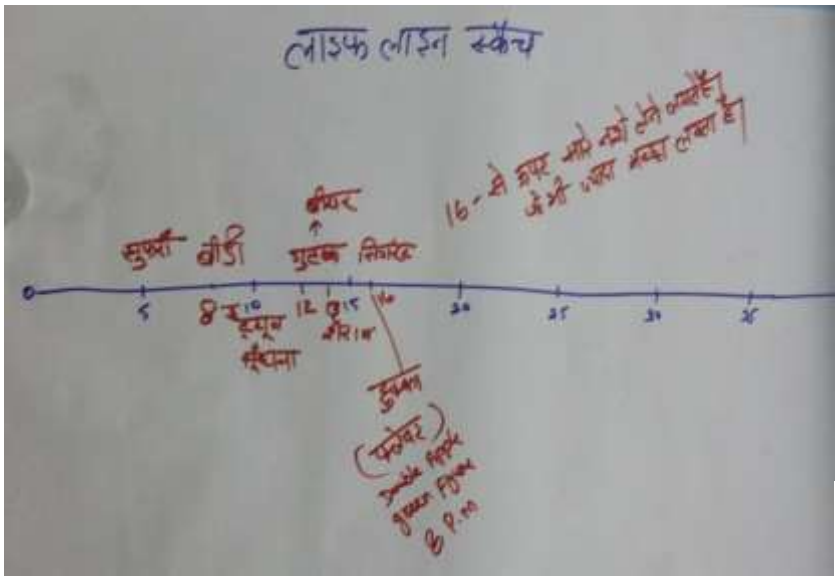
In terms of chewing gutka , smoking cigarettes and bidis , it is commonly consumed by adults, children including adolescents and young people in the community throughout the day, every day. Participants reported that school going boys can often be seen smoking early in the morning, sometimes even on their way to school.

Post school hours i.e roughly between 1 and 3pm, tobacco consumption is high. In the evenings, around 5-6pm, young boys can be seen in dimly lit parks and abandoned areas in the community, smoking cigarettes and/or using other harmful substances. FGDs conducted in Dwarka and Mangolpuri reported " *During the evenings parks are empty and nobody can see you. There is less disturbance*".

Girls prefer chewing tobacco and is done generally the during day time. Meethi supari is popular among them and by the age of 14 years many young girls have start consuming it. The spaces where alcohol are sold are generally considered spaces for men. "*Girls can buy tobacco easily from shops close to their houses*." Young girls prefer chewing tobacco during 12 – 2 p.m. when they are away from home.

The consumption of alcohol is mostly seen during the evening and night hours that can go on till early hours of the morning. Young girls who drink alcohol generally do so during 8-9 p.m. "*One generally finishes the household work by then.*" "*..during the day people can see you and they will judge you.*"

Generally school going children consume tobacco products during their way to or while returning from school. As per some of school representatives, the window sills of the classes are found to be filled with wrappers of tobacco products, reflecting the high percentage of tobacco consumption by students during school hours. "*I have seen and confronted 9th and 10th class students while they were chewing tobacco and smoking cigarettes.*" Such students tend to miss classes or schools and then drop out from education in mid-year. Parents of most of these children are away working and remain clueless of the whereabouts of their children. Most of the self-disclosed users shared of having studied only till maximum class 8th or 9th.



Source : Life Line sketch Boys group FGD Dwarka , March 2015

Tobacco and alcohol consumption among both boys and girls, including one time using generally happens by the age of 12- 14 years, starting with them observing elders in family or neighbourhood or being par in early age. During 5- 9 years age both boys and girls are involved in fetching the products for the users from shops. Neighbourhood or the community of residence have been identified as one of the biggest pushing factor for young people to get into initiation of use of alcohol and tobacco products. However, it's the same community and family who reject them as users.

Access to tobacco and alcohol products by young people

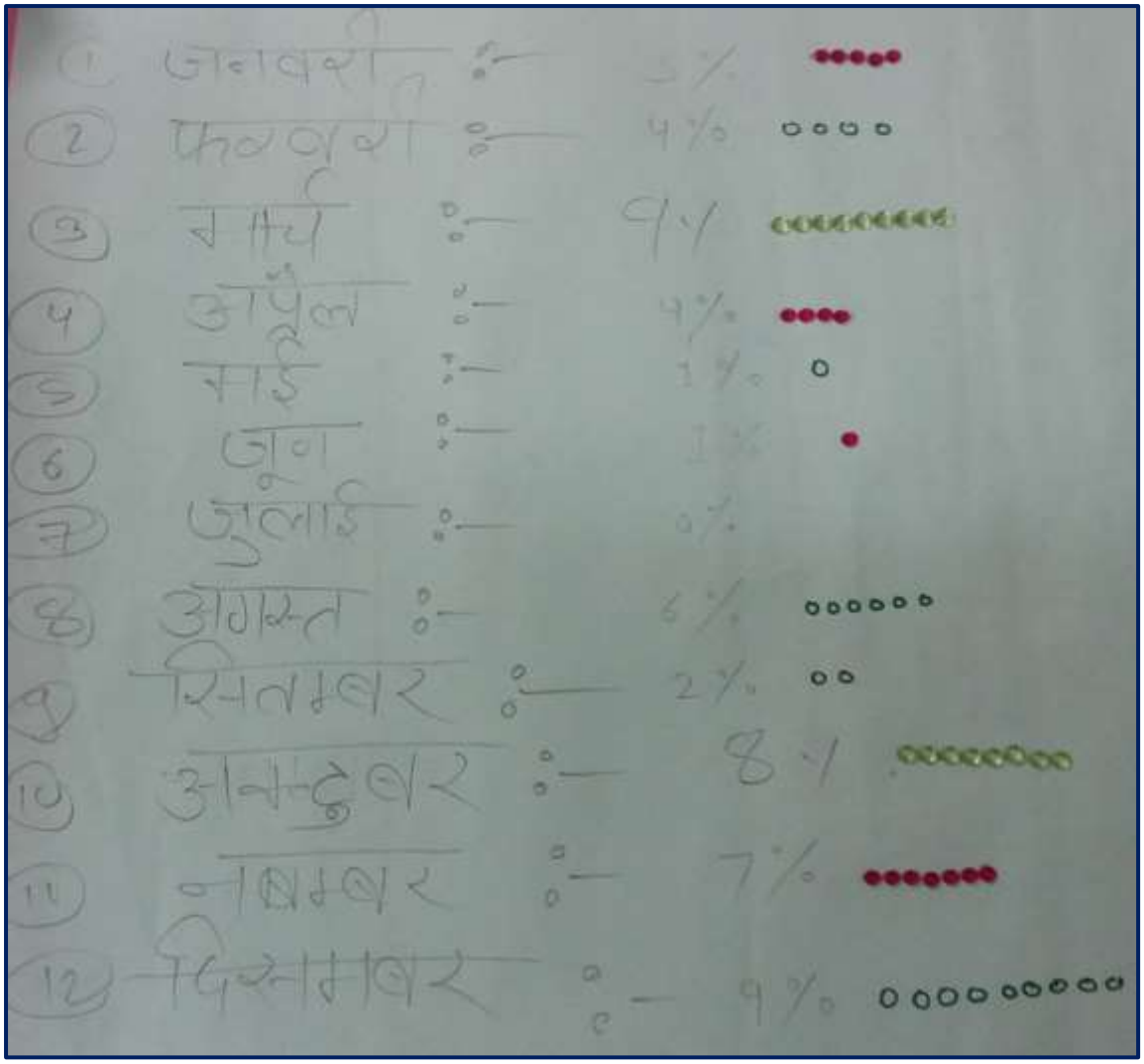
Alcohol and tobacco products are most easily available in the study community. Tobacco products like cigarettes, 'bidis' and gutka are available almost everywhere, in the community in small shops and kiosks besides lanes and roads. Children too who helps their parents in managing these shops are seen in the sale of tobacco based products.

Alcohol is available at government authorised alcohol shops as well as also sold illegally in houses and other illegal alcohol shops/kiosks. These home-based shops sell alcohol throughout the day and late into the night at prices higher than the Maximum Retail Price (MRP). Such shops are present in nearly every other residential block in the community. Both branded as well as locally brewed alcohol are sold; locally brewed is common in these areas because of its low cost and easy availability.

Small quantities of locally brewed alcohol are sold in small packets at extremely low prices. The Sansi and Valmiki communities were also identified as groups that most often engage in the sale of illicit alcohol and drugs. FGD participants from Dwarka and Madanpur Khadar stated that alcohol is also sold in non-functional and broken down public toilets in their areas. It was also pointed out that these small shops, located in isolated streets are largely run by women accompanied by sale of marijuana. However this areas needs to further explored.

With regard to marijuana, the study shows that in all the study sites there are local suppliers who supply it to young people all the time. The drugs are sold and consumed at specific locations such as near isolated parks and abandoned buildings. They also stated that it is not uncommon for young boys to travel 2-4hours away from the area, in order to procure marijuana and other drugs. Mangolpuri and Sultanpur are two such areas identified in the discussions. Participants were however mostly unaware about where drugs like heroin and cocaine can be procured from. Cough syrups, iodex and shoe polish are easily available at all departmental stores and thinners and diluters at stationary shops. Girls use products which are locally available within the community.

Alcohol, tobacco and most other harmful substances used in the community were said to be available right through the year. However, consumption is highest between September and January, owing to the wedding season and a number of festivals. Consumption also peaks in March, around the festival of Holi when 'bhang' (a cannabis leaf preparation) is commonly available and sold in the community.



Source : Seasonality and scoring Mangolpuri Girls Group , March 2015

The study findings revealed that it is possible for men, women and children alike, to buy most of these harmful substances from within the community. Children frequently purchase inhalants like thinners and diluters from the local stationary shops and can also easily buy all tobacco based products. It was found that while women also purchase tobacco based products, they often prefer to send their brothers or other known males to buy gutka and/or alcohol for them due to the stigma attached to women engaging in such activities. 16-17 year olds however, were identified as the most frequent buyers of these illicit substances.

Few shop keepers have boards that state prohibition of selling tobacco products to individuals less than 18 years of age; however no one really follows the law. Respondents felt that due to fear of police such boards are hung in these shops. However young people were not aware if there are any other provisions in the law to stop alcohol and tobacco use.

Factors leading to harmful use of Substance:

Peer influence

Research findings suggest that young people use drugs for a number of reasons. Most FGD and KII respondents agreed that young people are initiated into drug use by their friends who are heavy users or users. From the FGDs conducted in Mangolpuri and Holambi Kalan young boys and girls stated "*..friends challenge and instigate you to try tobacco or alcoh*ol." "*We spend more time with friends, you do not want to them to think less of you*." Children often learn such behaviour from their friends in school and the neighbourhood who indulge in drug use.

Parties and similar social gatherings are often the place for excessive alcohol consumption and initiation into the use of drugs and other harmful substances. Young girls specially stated that " *we drink to be awake and dance during jagaran (a night of prayer and singing done at a community level).* " At the same time a number of FGDs stated girls consuming alcohol "*.. to remove hesitation and dance when the DJ plays music in parties. We are able to enjoy more*." The respondents also referred that "*some young people like to start it out of curiosity which later becomes a habit*." Use and consumption of illicit substances in community areas like parks often sparks the curiosity of younger children who then wish to indulge in the same activities.

Family influence

Parents who use alcohol or drugs are a huge influence on young children who often imbibe such behaviour from their parents and/or siblings. Parents, neighbours and other adults within the community who indulge in the use of tobacco, alcohol and other harmful substances, make negative role models for children who are of an impressionable age. Parents often ask young child in the family to get the products from the vendors and hence, such products are easily accessible to young people. "*If parents are busy with some work they generally asks us to buy a packet of bidi from the shop* ." Slowly they tend to use it themselves and slowly become regular users of alcohol and tobacco products. The FGDs conducted in Mangolpuri stated that *" Girls do not go buys alcohol but secretly drinks whatever is left over*". Such products are also kept in houses in secret places, "..we can get alcohol at home itself hidden in some corners." which also lures young people to use it themselves who slowly become a regular user.

Young people during focus group discussions opined that lack of support, love and affection from the family also often drives young people to drug use. "..parents shout at you and leave you , friends give you comfort" . In one of the FGD conducted in Mangolpuri statements such as " *..parents constantly nag you that you do not study and you do not earn any money and you feel sad and lonely*." Children are often neglected and left alone by their family members who are usually out to earn a livelihood. Many parents also use offensive language with young people, which also make them feel neglected. Left alone and without any parental guidance, these children take to drugs to forget their household problems and because of loneliness, among other reasons was cited by the young respondents. "*..elderly after drinking alcohol create fuss over small things and hit people at home. There is no peace at home*." This may be viewed as a mechanism to deal with stress and emotional upheaval.

Lack of attention from the family and difficult circumstances at home also translates into anger and sadness, which is another one of the reasons for abusing drugs, alcohol and other harmful substances, as identified by the participants during the study. Broken families and unstable families with constant fighting are also a precursor to the use of alcohol and other harmful substances.

Both young boys and girls have quoted *"sometimes you need to be bold to fight with neighbours and so you need alcohol to help you get through it*"

Individual Stress and emotions

Adolescents often fall prey to drugs and alcohol as they are at a vulnerable age, often characterised by emotional ups and downs. Without parental, peer or professional support, they find solace in the use of alcohol and drugs. Coping up with stress was identified as major reason behind consuming alcohol and tobacco products "*we need something to reduce the tension in our lives* "and is therefore common cause among young people battling various problems in these areas. Respondents shared that they go unconscious on using such products and thereby forget their problems and thereby feel relieved of tension.

Stress and anxiety may be induced by economic factors as few boys group during the FGD stated "… *When we do have enough work we drink to forget pressure.*" like inadequate financial resources to support the family, unemployment, rising expenses, debts and loans. Unstable economic conditions further compound the problem, especially for those who don't go to school or aren't engaged in any constructive activity. Interestingly, the participants also stated that improvement in economic conditions does not necessarily lead to decrease or discontinuation of substance use, but may even aggravate it given that the individual has more financial resources at his disposal.

Attraction to opposite sex is a part of adolescence. Therefore reasons such as break up *"when girls cheat on you "* or fighting with the girlfriends or wives was cited as another stress inducing issue that leads young people to drug usage. Among girls chewing tobacco in some form was identified of being entering into adulthood 'sense of grown up' among peers. Both boys and girls stated during the discussion that alcohol and tobacco gave young people "*a new experience*" and sometimes you wanted to feel special like "*hero*"

Wider influences

A social environment where drug use, tobacco and alcohol consumption is prevalent was identified as the most significant factor that leads to an increased likelihood of young people adopting such behaviours, along with personal factors.

Young people not only learn such behaviour from their peers, but often adopt such behaviour to attract people and attention towards them. Tobacco and alcohol consumption was also cited as a means to showcase masculinity and strength " ..*to make people in community to do as you say you need something extra..*" In FGDs conducted in Madan pur Khadar the male groups stated that *"..it helps in initiating sexual relationship*"

Weddings, parties and other social gathering are potential occasions where such young people use tobacco or alcohol that is socially sanctioned.

Majority of the young people in the communities identified for this research belong to lower socio economic strata and often look to imbibe these as they consider these as behaviour of people who are elite "…*depends upon the financial condition and what image you want to portray. Eating is considered lower in scale , smoking and drinking alcohol are higher."*

The findings affirmed that young people often indulge in consumption of alcohol and other harmful substances as they view it as a practice or trait of the rich and affluent as shown in through media – movie, TV serials and advertisements.

Most people in these areas are engaged in wage labour or other low paying jobs, mostly in the informal sector. FGD participants identified the local 'dafli-walas' (folk musicians) and 'papad-walas', and other such people engaged in odd jobs (making a very small amount of money) as suppliers of illicit substances, particularly marijuana, possibly to augment their income.

Interviews with Aanganwadi and health workers within the community suggested that a large proportion of children who use drugs, alcohol and/or tobacco frequently, are young people who have dropped out from school. These children are often attracted towards consuming harmful substances given that there is absence of any constructive activity for them to engage in and have a lot of free time at their disposal. "..*to time pass karne ke liye*." Similar is the case with those who are unemployed.

Some respondents also claimed that young people indulge in drug use or alcohol consumption in order to induce sleep, relieve pain, clear the stomach or simply pass their time. Anganwadi workers as well as a few participants in the FGDs also stated that media, films and television often sway young people towards harmful use of substances.

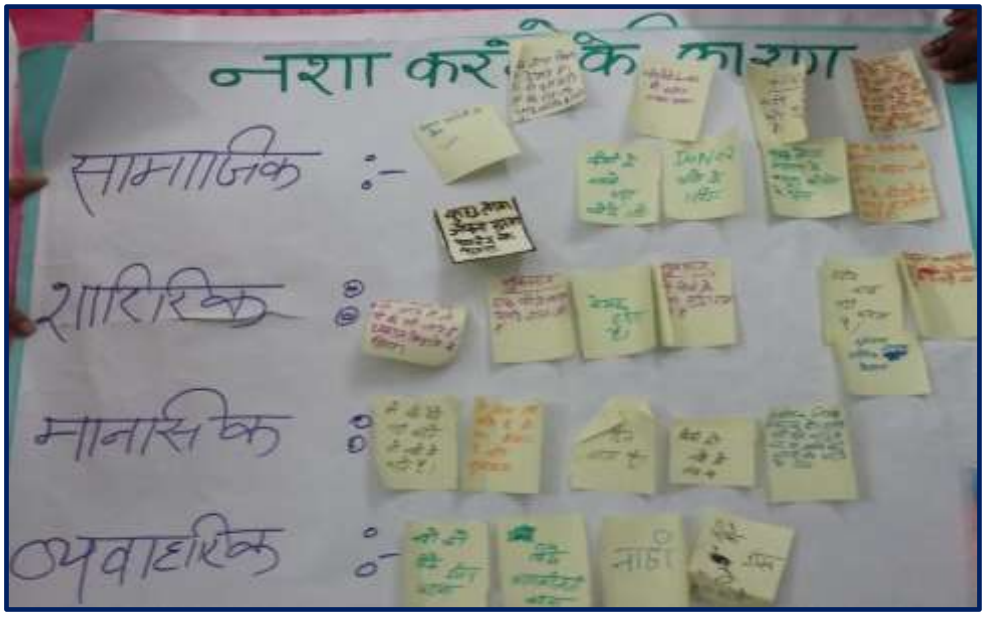
Perceptions on the Consequences of tobacco and alcohol use

During data collection, it was observed that many young people in the study communities had consumed alcohol or tobacco, irrespective of their gender. The perception of the consequences identified by both male and female respondents was similar. Due to inhibitions of disclosing themselves as consumers most of the respondents shared their opinions as if they have observed someone else having such consequences.

Positive Consequences:

The respondents did observe and perceive benefits of consuming alcohol and tobacco. The flow of responses for positive consequences contained:

Consequences - POSITIVE:		
Physical consequences:	• Stress reliever • To induce sleep when you are tired • Reduce fatigue • Feel energetic • Cleanses stomach • Gets rid of pain • Relief from cough and cold	• Relaxes • Contributes to blood requirement in the body • New Feeling Feels like being in heaven Strength to beat up somebody • Get relief from dental pain • Helps to work hard
Emotional consequences	• Feeling of being grown-up or adult (for girls) • Removes hesitance to dance(especially for girls) • Builds and gives more confidence • Builds a strong image (especially for boys) • Reduces anger	• You can impress girls “Girls like boys who smoke” “helps you to have girl friends” (especially for boys) • Relief from sadness • Relief from loneliness • Feels like being in heaven • Can easily make friends • To enjoy and have fun
Other	• Helps to steal things • Time pass silly • For entertainment	



Source: FGD Boys Mangolpuri March 2015

Relief from stress in personal, family or community life was identified as one of the top most positive results of consuming alcohol and tobacco. Young people felt that it helped them to deal with their emotions towards the conflicts in their personal, family and in neighbourhood. Respondents also opined that such users can make friends very easily and hence get rid of their loneliness.

It is also observed that young people perceive that one can have fun and pass-time easily when you indulge in consuming alcohol and tobacco. Due to lack of any space or forum for socially constructive activity, young people feel that tobacco and alcohol consumption with peers fulfils that needs. Additionally parties and marriages like social occasions sanction consumption of alcohol and tobacco and help them to enjoy as it removes all forms of inhibitions.

Creating and having an image is critical for every adolescent, especially for boys the image of being Macho and manlike is important for social acceptance. Boys and girls both have shared that users feel they like grown-up, adults. For boys tobacco and alcohol boosts their self-confidence and they feel powerful. Respondents feel that such boys do attracts girl and girls prefer these men as partners who demonstrate their masculinity through smoking and drinking. Such boys easily pair up and have girlfriends. These boys are also identified to be quite popular among their peer groups.

Interestingly both boys and girls have stated that consuming tobacco and especially alcohol physically transports them into a different realm, away from reality. Not only do they find relief from sadness and loneliness but physically too it gives them a different and new feeling.

Due to nature of lesser mental effect of tobacco on human body as compared to alcohol in a given period of time, young people felt that consequences of alcohol consumption are much stronger and harder as compared to effects of consumption of tobacco. With tobacco use, people have more self-control and hence do not engage in violence.

Source: Force Field analysis reasons for harmful use of substance Girls Group Dwarka, March 2015

Negative Consequences:

Young people's perception ranked social consequences as the highest on the negative results of consuming alcohol and tobacco.

Consequences - NEGATIVE:		
Physical consequences:	• Getting in violent altercations and assaults • Domestic Violence, including wife beating • Getting into high-risk sexual activities and contracting HIV/AIDS • Lungs Liver and kidney damage • Road accidents due to unconscious state of mind • Sexual violence including rape • TB • Cancer • Heart attack • Feel weak and dizzy	• Getting to a semi-conscious state for a varied period of time • Lips turn black due to smoking • Teeth discolour or turn red • Person start smelling of tobacco • Loose physical fitness • Cancer - oral and lungs • Become old before age • Memory loss • Addicted • Accident • Get hurt • Death • Inability to eat food • Anaemic
Financial consequences	• Severe financial loss, including losing all income, selling domestic items and selling wives and daughters of household for money • Loss of Jobs and employment	• Spending all pocket money or day's income in buying products • Become less productive • Disinterest in work • Steal
Social consequences	• Stigmatised • Loosing respect from members in the community • Left isolated from family • Loose friends, including girl friends for male • School dropout (rusticated from school) • Get into stealing/robbing people • No marriage • Turn irresponsible	• Loss of respect in the society • Social stigma • Missing schools/bunking periods • People's perception changes • Perception about life changes • Start misbehaving • Asked to leave house • Mentally unstable • Create ruckus in the community • Domestic violence • Misappropriation of time • Gets irritated • Feel lonely • Eave teasing
Legal consequences	• Get engaged in criminal activities • Police punishes	• Get penalised for smoking in public places

Further during the discussion, young people particularly identified that tobacco leads to cancer especially oral and lung cancer. Cancer has life threatening consequences was identified again one of the serious consequences of tobacco consumption.

Referring to the table above, it is clear that young people are aware of the major negative consequences of the consequences of substance use. They are aware of the range of risks associated with these including cancer to contracting HIV/AIDS and getting into a police case.

Discussions with young people revealed that people do identify separately alcohol and tobacco users. There is no high degree of exclusion and discrimination towards individuals who consume alcohol and many consider them as problem maker “they create problems in the community.” “They wrongly influence the good children.” Family members also behave in similar manner and this is when young people limit their world, distancing themselves from family, peers and lose all communication channels.

Health Needs of users

The respondents were not aware about the health services available for individuals who were addicted to smoking and alcohol and hence reported that they did not have much options. Mostly they had their peers for any health related discussions. *“The nearest health clinic or government dispensary is not easy to access for service due to limited time and unfriendly attitude of the service providers.*” “We have to keep standing in the queue for long hours”. Judgemental and unfriendly behaviour meted out to these young people by the service providers makes the available services unwanted. Other than local NGOs working on the issue, there are no facilities available for counselling or help the young people. They are aware of the negative consequences of taking tobacco, alcohol and drugs; however they are not clear on how on how to deal with it. Anganwadi workers or local health workers were not so aware of ways to help such families and young people; however they do want their communities to be free of this issue. Lack of awareness among users as well as family and community members regarding ways to deal with the issue is one of the reasons that this issue remains neglected inspite of being a burning concern in the community.

Conclusion

The overall findings from the study in the 5 slums demonstrate that there is a strong prevalence of consumption of alcohol and tobacco products among young people. It is high among both boys and girls. The study did find age wise variation, such as the period of experimentation and initiation to being a regular user of alcohol and tobacco. Within this environment programmes like YHP show a lot of potential and hope among young people and the larger community to bring about a change.

Roles played by family members and neighbourhood have a great role to play in determining whether a child starts harmful use of substance. Consuming alcohol and tobacco products before children or asking them to procure it from the vendors increase the propensity for them to consume these products. In certain communities like Koli or Saasi, girls chewing

tobacco (meethi supari or gutka) was found to be socially acceptable. Presence of groups , peers who indulge further triggers young boys and girls towards continuous consumption.

Young people when start consuming alcohol and tobacco early in their lives get into higher risk of addiction. The World Health Organization (WHO) has identified four main NCDs—heart disease/hypertension, chronic respiratory diseases, diabetes, and most cancers—all of which are primarily caused by four key risk factors. These include tobacco use, immoderate alcohol use, physical inactivity, and unhealthy diet—patterns that are typically initiated during adolescence or young adulthood and set the stage for unhealthy behaviours and diseases later in life. Habitual users of alcohol and tobacco tend to have high blood pressure.

Study reveals that the consequences of the consumption of alcohol and tobacco products are much more detrimental at all level - personal, family, community and larger society. While when we are planning to economise on our youth bulge demographics, detrimental consequences of alcohol and tobacco consumption is going to push us way back in the development process and adds to the vicious cycle of poverty. Such a ill-health youth bulge will become a burden to the national economy and would eat out larger resources rather than contributing to develop the resources further.

Complete lack of awareness and availability of tobacco and alcohol de-addiction facilities or support system in the community also leaves this issue un-addressed. Further a severe lack of mechanisms to make young people participate and engage in constructive activities is one of the prime reasons for harmful use of substances. Dysfunctional rehabilitation systems also make it challenging for young people to seek services to get out of harmful substance abuse.

7. RECOMMENDATIONS FOR INTERVENTION

The findings indicate the severity of harmful use of substances present among young people in the communities and support the need for an integrated intervention strategy.

I) Direct intervention with young people

a) School based interventions

A young person who consumes alcohol or tobacco is at high risk of being dependent on them. Hence, there is a need for working with school going children and adolescence. The school interventions should include of raising awareness on physical , economic , social and legal consequences.

School teachers should be trained to provide counselling service to help students deal with stress and increase health seeking behaviour to reduce their dependence on varied substances. The stressful environment of homes have been cited a reason which pushes young people to consume substance leading to disinterest or inability to perform in studies. Thus with low motivation for studying further many drop out from schools early. Space and time needs to be provided so that young people receive special attention and tuition classes to help them cope with the demands of the curriculum.

b) Community based Interventions:

The YHP already has centres and spaces in the communities where a young person is free to drop in and gather information. These structures are important especially for the school drop out children and youth. Counselling services is an important aspect that needs to be focussed upon to enable young people deal with the stress in their lives. Life skills education becomes important so that a young person develops a positive self image and has necessary skills and makes an informed decision to handle peer and family pressure. “Having free time” has also been cited as a common push factor therefore these YHP Centres can be extended to provide market based skills to young people that will help them to seek employment.

Youth clubs and groups can mobilise young people and key stakeholders to regulate the sale of alcohol and tobacco.

The study informs absence of knowledge on the legal aspects. The project could liaise with the national tobacco control project of Government of India and implement its guidelines

c) Referrals of cases:

The Peer Model approach can be used to identify cases that require medical attention. The youth peers can be instrumental in referring these cases to nearby hospitals or medical institution that provide specialised assistance.

Highlighting positive role models, who have rejected continuing alcohol and tobacco use, would encourage user young people to get into positive role model behaviour in their own live

II) Create enabling environment along with family and community based stakeholders

a) Community Groups can be formed, sensitised and encouraged to work actively on community development issues. These groups can influence

- Maintenance and Use of parks for sports and community activities
- Maintenance of school building
- Making community lanes more safe and friendly

Young people also could be member of community groups. It is essential for the larger community to trust young people and their ability to take leadership in community development issues. Young people need the support of elders in the community to prove they can be constructive and positive. Young people should be welcomed to be part of decision making processes and be mandatory members of such platforms. Positive role models could be invited in community meetings and talk and share about their previous and current lives and experiences. They should give motivational talks to other young people in the community.

b) Working with Parents : Parents need to be sensitised on issues of tobacco and alcohol use. There is a need for sensitisation on communications skills especially with children and adolescence.

c) Sensitisation of vendors:

Mom and Pop stores need to be sensitised and made aware on the legal consequences of selling tobacco.

Advocacy with government departments

a) Health Service providers:

   Health service providers need to be trained to provide youth friendly health services in the communities. They should be equipped to provide referral services as and when required. Outreach activities to these communities by staff of medical institutions that provide specialised service to individuals who are dependent on substances needs to be influenced.

b) Advocacy activities with government departments to attend to maintenance ensure street lights, proper maintenance of parks so that people can use it and repair of buildings so that they are adequately used. Such increase in use and presence of general communities in such places will discourage alcohol users to use such areas and create any disturbance in the community.

8. ANNEXURES

Crisis Management/Drugs de-addiction centres in Delhi

Government Managed

1. National drug dependence treatment centre, AIIMS, Kamla Nehru Nagar, C.G.O. Complex, Ghaziabad.
2. De-Addiction Clinic, Department of Psychiatry, G. B. Pant Hospital, New Delhi
3. De-addiction centre, Department of Psychiatry, Dr. Ram Manohar Lohia Hospital, Park Street, New Delhi
4. Institute of Human Behaviour and Allied Sciences, Shahdara, Delhi

Private Sector Health

1. Nasha Mukti Samaj Kalyan Samiti Society, Pkt.I, DDA Market, Dilshad Garden
2. Samaj Sewa Sangh N-69/10 Gali No 16 Brahmpuri Delhi-53
3. Manav Paropkari Sanstha K-27,A, Main Road, Mahipalpur, New Delhi.
4. Bhartiya Parivardhan Sansthan, D I, Basti Vikas Kendra, Nand Nagri,
5. Society for Promotion of Youth & Masses (SPYM)
6. Muskan Foundation, WZ-A1/1, Shop No. 04, Bodhela Market, Vikas Puri
7. URIDA- Urbo Rural Integrated Development Association
8. Rashtra Nirman Samiti,
9. Urivi Vikram Charitable trust, UVNAC Building
10. Indian Nari development Avam Improvement & Advancement of Nation
11. Aditya Educational & Social Welffare society
12. Door Drishti, House No. 365, Bank Colony, Devli Village, N
13. Human development Society, 26 C Pocket 6, Mayur Vihar Ph-3, Delhi.
14. Manav sewa Charitable Society
15. Love Faith & Action Trust,
16. Priyanka Welfare Society
17. Sehyog Charitable Trust, 187, Lower Ground Floor, Hari Nagar Ashram
18. Nai Kiran Society, Khasra No. 678/2, Village Mundka, Delhi.
19. Sai Sahara, WZ-76 A, Todapur, New Delhi
20. Vinmr Educational & Charitable Society
21. Olympian Dharamveer Kalyan sewa Samiti
22. Sahyog- care for You,

23. Association of National Brotherhood for Social Welfare,
24. Muskan Foundation, WZ-A1/1, Shop No.04, Bodhela Market, Vikas Pur
25. Turning Point Foundation, A-528, Near Dayal Market, Narela Road, Alipur
26. Mahila Kalyan Evam Sewa Samiti, 267/10, Joshi Road, Karol Bagh
27. SAWERA Foundation
28. Ambpali Handloom & Handicraft Multi State Co-operative Society Ltd
29. Turning Point Foundation

Some Definitions

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of legal and illegal psychoactive drugs. Harm reduction accepts that, for better or worse, drugs are part of every society and it seeks to support people who are unable or unwilling to stop their drug use. This is a compassionate and rights-based response which seeks to provide care and support in a non-judgemental environment. [21]

Prevention of NCD-risk behaviours: An identified common issue for adolescents' health is that of the onset or reinforcement of behaviours such as tobacco use, harmful use of alcohol and other drugs, physical inactivity, and unsafe sex that may increase both their short and long term morbidity and mortality odds. Prevention of behavioural risk factors in adolescence is an efficient approach to achieving multiple health goals including the improvement of sexual and reproductive health (SRH) outcomes and the reduction of the growing epidemic of non-communicable diseases (NCDs).

Participatory Research is a method for involving community members at every stage of the research. All partners contribute their expertise to the process, and share ownership and decision-making. The method requires on-going reflexivity and sensitivity, and it is often considered to be an ethical approach to research as it involves a high degree of accountability and responsibility towards participants.

Youth-led Research is a research process where young people are involved in deciding the study objectives, in deciding the methodology, developing tools, doing analysis and report writing'.

STUDY SITES

Holambi Kalan:

[21] IHRA (2012) What is harm reduction? A position statement from the International Harm Reduction *Association*. International Harm Reduction Association, London. http://www.ihra.net/Assets/ 2316/1/IHRA_HRStatement.pdf.

Holambi Kalan is small village located in Narela Tehsil of North West Delhi district, Delhi with total 8157 families residing. The Holambi Kalan village has population of 42392 of which 22933 are males while 19459 are females as per Population Census 2011.

In Holambi Kalan village population of children with age 0-6 is 6091 which makes up 14.37 % of total population of village. Average Sex Ratio of Holambi Kalan village is 849 which is lower than Delhi state average of 868. Child Sex Ratio for the Holambi Kalan as per census is 903, higher than Delhi average of 871.

Holambi Kalan village has lower literacy rate compared to Delhi. In 2011, literacy rate of Holambi Kalan village was 67.50 % compared to 86.21 % of Delhi. In Holambi Kalan Male literacy stands at 76.09 % while female literacy rate was 57.27 %. Caste Factor: Holambi Kalan village of North West Delhi has substantial population of Schedule Caste. Schedule Caste (SC) constitutes 30.10 % of total population in Holambi Kalan village.

The village Holambi Kalan currently doesn't have any Schedule Tribe (ST) population. Work Profile: In Holambi Kalan village out of total population, 14285 were engaged in work activities. 92.18 % of workers describe their work as Main Work (Employment or Earning more than 6 Months) while 7.82 % were involved in Marginal activity providing livelihood for less than 6 months. Of 14285 workers engaged in Main Work, 202 were cultivators (owner or co-owner) while 206 were agricultural labourers.

Mangolpuri:

Mangolpuri comprises of 23 Blocks of resettlement colonies with a population of more than 2.5 lakhs. the community is surrounded by factories on three side. the residents main occupation is working in these factories for meagre pay.

Madanpur Khadar (2 sites):

Madanpur Khadar as an area is remarkable for its visual contrast with the richer neighbourhood of Sarita Vihar.

Shiv Vihar (Dwarka):

It's a resettlement colony near to Dwarks and VIkas Puri in Northern West Delhi. People living in and around different localities of Delhi in slum conditions were shifted to such resettlement colonies. However the shifting(s) have completely shattered their socio-economic life. Parents have lost their livelihoods or have to spend good amount of time to reach to job. This has made the families totally ripped apart. Children have lost their regular schools, teachers and friends.

COTPA 2003

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 or COTPA is an Act of Parliament of India enacted in 2003 to prohibit advertisement and regulation of tobacco business in India. The Act put restriction on tobacco products including cigarettes, gutka, panmasala (containing tobacco), cigar, cheroot, Beedi, Snuff, chewing tobacco, hookah, tooth powder containing tobacco. The Act prohibits smoking of tobacco in

public places, except in special smoking zones in hotels, restaurants and airports and open spaces. Advertisement of tobacco products including cigarettes is prohibited. Tobacco products cannot be sold to person below the age of 18 years, and in places within 100 metres radius from the outer boundary of an institution of education, which includes school colleges and institutions of higher learning established or recognized by an appropriate authority. Tobacco products must be sold, supplied or distributed in a package which shall contain an appropriate pictorial warning, its nicotine and tar contents. A person who manufactures tobacco products fails to adhere to the norm related to warnings on packages on first conviction shall be punished with up to 2 years in imprisonment or with fine which can extend to Rs. 5000, in case of subsequent conviction shall be punished with up to 5 years in imprisonment or with fine which can extend to Rs. 10000. A person who advertises tobacco products shall on first conviction shall be punished with up to 2 years in imprisonment or with fine which can extend to Rs. 1000. The owner/manager/in-charge of a public place must display a board containing the warning “No Smoking Area - Smoking here is an offence “ in appropriate manner at the entrance and inside the premises.