



## SITUATIONAL ASSESSMENT OF ADOLESCENT SUBSTANCE USE IN SELECTED SLUMS OF DELHI

### Social Science

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### ABSTRACT

Abuse of drugs and alcohol is a universal phenomenon which affects almost every country in the world, both in developed and developing countries. India is also experiencing the critical issue of substance use specially among the adolescent children, the future citizens of India. This has become significant more among the marginalized communities including urban slums. The present study is an effort to assess and understand the nature of substance use in two selected slums of Delhi. Purposive random sampling with snowballing technique has been adopted to elicit information from adolescents abusing substances. Results show that a majority of age group of 14 to 17 years with initiation of substance use as early as 10 years. Curiosity, experimentation, peer pressure, family history of substance use and easy availability of substances were some of the reason for substance use. The paper highlights the risk vulnerability and suggested a few preventive measures.

### KEYWORDS:

#### Introduction:

With the rapid increase of population growth, urbanization and modernization, has resulted in the growing menace of substance use globally. According to the World Health Organization (WHO), substance abuse is "persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice". The miasma of urban slums makes adolescents vulnerable to this multi-dimensional problem. The rising magnitude of the problem has brought significant attention in most of the developing countries, most specifically in India, in view of its significance, both as a transit country for illicit trafficking of substance, as well as, the increasing trends and patterns of substance use in the country. In the recent past, substance abuse has been increasing among adolescents as sizeable proportions of them experiment with drugs quite early in life.

Adolescence is the time for the change and time of metamorphosis. The word "adolescence" comes from the Latin verb "adolescere" which means "grow to maturity." Adolescence is generally characterized by rapid growth and development. Many mental and emotional adjustments occur due to physiological and psychological changes, and adolescents are liable to both risks and opportunities. Thus, adolescence is a period of physical and psychological changes. This is an important period for laying the foundation for adulthood through socialization. The onset of puberty and reaching responsible sexual behavior usually occurs in this phase. Adolescent groups are likely to be tempted to emulate their role model character in mass media due to various psychological changes and mood swings.

Nearly, 20% (236 million) of the India's population is in the age group of 10-19 years. Adolescents are the future citizens of a country, and it is imperative to systematically to address their needs. In India, the current technological advancement and industrial growth have led to innumerable social changes and to a need for more education and training before placement for a job or entry into any profession. The prolonged period of adolescence in an ever-increasing adolescent population seems to have led to a new range of psychopathology. The prevalence of abuse including physical and sexual by these adolescents as well against them have been increased recently. Drug abuse, alcoholism, violence, and delinquency are the social problems, which are surfacing more frequently

Globally, 320 million young people between ages 15-29 years are dying from alcohol related causes. Child line foundation survey report showed that 13.1% of the people involved in drug and substance abuse in India, are adolescents. India's 1.2 billion populations contain the largest number of street children of the world who are at risk of substance abuse.

Drug use and dependence are a major public health problem globally. While tobacco and alcohol are most commonly used drugs in India,

cannabis and opioids top the list of most commonly used illicit substances. As per the findings of a national survey in India, there are 62.5 million users of alcohol, 8.7 million users of cannabis, and 2 million users of opioids.

Substance use refers to the use of any psychoactive substances or drugs, which include licit and illicit drugs, other than which are medically indicated. Psychoactive substance use poses a threat to the health and social and economic fabric of families, communities and nations. Drug dependence is a growing problem, consequences of drug dependence cost the community heavily and they form a major health problem. This habit not only affects health, education and occupational career, but it also incurs a huge financial and social burden on the society.

Urbanization is a phenomenon that has become increasingly important for developed as well as developing countries over the last century. Consequently urban environment becomes important as a potential determinant of both health and health behavior. Urban resettlement colony represents economically disadvantaged locality in the urban areas. People who live in economically segregated communities are likely to have disproportionately high exposure, susceptibility, and response to toxic substances and hazardous conditions.

The migrants residing now in slums face a higher level of stress as they need to cope with new living conditions, social and cultural contexts and competition. Isolation from home and the lack of social support, along with unstable living and employment conditions may induce a high level of stress among slum dwellers which ultimately increases the likelihood of substance abuse to reduce stress and anxiety. Slums in rapidly urbanizing countries are generally featured by poor housing, overcrowding, poor environmental and healthcare services, and other risk factors related to unhealthy lifestyles.

It was also projected that more than half of the Indian population would live in urban areas due to rapid urbanization by 2020 and nearly one third of the urban population would be slum dwellers which is a major concern. Rural-based push factors as well as urban-based pull factors lead to migration to urban areas particularly among the youths and adults. The uncontrolled growth of slums put enormous strains on the urban infrastructure and environmental sustainability, thereby influencing the health of slum population in general and slum male youths in particular.

The adolescent youth represents the future of the country. This demographic fact is compounded by increasing urbanization which leads to a concentration of adolescent children in cities and towns. Many of them are compelled to settle and eke out a living in congested slums. The situation of urban youth and children poses a host of challenges, particularly in terms of providing shelter, education and

employment opportunities. At present, the visions and aspirations of young people appear beyond their reach, thus causing frustration and anger.

In the present study, smoking and alcoholism were the common paternal habits. This could be because of lack of knowledge of ill effects of these habits owing to their poor literacy. The parental habits influence the adolescents' behavior and attitude toward the substance abuse. According to the 2001 Census, India is estimated to have more than 449 million children below the age of 18 out of which 35 million children are in need of care and protection. A large proportion of these children suffer in the quagmire of apathy and alienation, suffering from the worst forms of deprivation and abject poverty and are victims of various forms of exploitation and abuse. Substance abuse is one of the most serious problems among these children.

From the studies reviewed, we come to know that children mainly use six categories of substances:

- A) Stimulant: These drugs, excites or speed up the central nervous system. Both smoke and smokeless forms of tobacco products belong to this category.
- B) Volatile Solvents: These are most cheaply available drugs particularly for the street based children. Correction Fluid, paint, thinners, petrol and glue are the commonest forms abused. The correction fluid is highly used by the street based children ,it contains a lethal chemical called toluene
- C) Depressant: These substances depress or slow down the function of the central nervous system. All type of alcohol products belong to this category. Usually the children tend to use the cheapest forms liked brewed liquor, beer etc
- D) Cannabinoid: Cannabis drugs are made from Indian hemp plant-Cannabis sativa. This plant has mind altering properties. The main products under this category are Bhang, Charas and Ganja. These substances are 7 illegal. Street based and slum based children are used for peddling these drugs by mafias sometimes. Significant number of street children found to be addicted to these drugs.
- E) Narcotics: 'Narco' means 'to deaden' or benumb. The narcotic products have the property of numbing and thus relieving pain. Narcotics of natural origin (eg.opium, morphine, codeine), semi synthetic (eg,heroin) are referred to as opiates. The synthetic narcotics known as opiods ( eg. Buprenorphine). A significant number of street children get addicted to narcotic substances like heroin, opiods and codeine.
- F) Prescription Drugs: It has become a common phenomenon, due to easy availability of these pharmaceutical drugs; it is purchased and used by children. Cough syrups, pain killers and sleeping pills are commonly abused by children.

Thus immediate intoxication effects and the adverse health consequences are created. All the substances creates a short term euphoric feeling, a sense of pleasure and relaxation. These short term effects may hinder the user to perceive the long term consequences. However, with more regular use tolerance and need for using substances regularly develops this creates several health problems. The health consequences are quite severe; these substances act as a slow poison which kills a person as the quantity and period of intake of substances increases.

Thus, theory and theoretical frameworks in the substance use prevention field evolving over time. has been a focus on risk/protective factors as a unifying descriptive and predictive framework. Risk and protective factors exist at every level at which an individual interacts with others and the society around him or her. The table below describes in a nutshell, how risk and protective factors affect people in five domains, or settings, where interventions can take place.

Risk Factors	Domain	Protective Factors
Aggressive and experimental Behavior	Individual	Promotion of self-esteem and control
Neglect and abuse of parents and family members	Family	Parental Support and Direction
Substance use behaviour	Peer	Academic Competence
Access and Availability of substances	School	Drug free policies and programmes
Poverty and deprivation	Community	Community support and resource availability

Risk factors can influence drug abuse in several ways. just as some protective factors An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors.

**Methods:**

There are a number of approaches developed and many designs were created to carry on researches. An attempt has been made for understanding the profile of adolescent substance user, the nature and patterns of substance abuse among adolescents, their vulnerability, and for providing certain insights of substance abuse prevention among adolescents in slums. The specific objectives of the study are (i) to study the profile of substance use among adolescents in slums, and (ii) to provide certain insights/recommendations for prevention of substance abuse among adolescents in slums.

In order to get into fathoms of investigation, “lets have a birds eye view”, on what exactly are the issues of adolescent substance use. The study is a descriptive research designed to depict the profile and patterns of the substance users (participants), the factors responsible and implications for intervention to prevent substance abuse among adolescents. In order to realise the objectives of this particular study, it necessitates for gathering the kind of information, using a qualitative approach to complement information from the quantitative research.

The information gathered for the study obtained through the use of structured interviews from participants (substance users) on their profile, types and patterns of substance use, factors towards peers, families, school, etc. vis-à-vis substance abuse. The sample of present research comprises of N=60 respondents (adolescent substance users), the age range of the adolescent substance users. was 10 to 19 years. Adolescent residing in two slums i.e. Jahangirpuri and Daryaganj of Delhi.

The sample technique thus adopted for the purpose of the study is purposive random sampling of the slums selected deliberately of those slums having high prevalence of substance users from sources of information obtain through secondary sources including NGOs and treatment centres. In the second phase, the respondents (adolescents' substance users) were identified and selected through snow balling technique. After the interviews are completed, the researcher based on the data caught a glimpse of common issues were identified in the participants' responses. These responses was then compiled and common attributes were identified and then related to the data / information obtained through other sources for appropriate interpretation of the findings. Informed consent from the respondents and other concerned were taken for the purpose of the study

**Results and Discussions:**

The data collected from the two slums of Delhi i.e. Jahangirpuri and Daryaganj with the help of local NGO running treatment centre obtained information on substance use practices and their profile of 50 respondents for which the results and discussion points are given:

**Table 1-Age Group of the Respondents:**

Age Group	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
10-14 Yrs	3	6	10	20	13	26
14-17 Yrs	14	28	17	34	31	62
18-20 yrs	3	6	3	6	6	12
<b>Total</b>	<b>20</b>		<b>30</b>		<b>50</b>	<b>100</b>

**Table 2: Family Size of the Respondents**

Family Size	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
3 & Less	3	6	5	10	8	16
4 to 6	16	32	21	42	37	74
7 & above	1	2	4	8	5	10
<b>Total</b>	<b>20</b>		<b>30</b>		<b>50</b>	<b>100</b>

**Table 3 Educational status of the Respondents:**

Educational Status	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Illiterate	5	10	8	16	13	26
Primary	9	18	12	24	21	42
Middle	5	10	8	16	13	26

High School	1	2	2	4	3	6
<b>Total</b>	20		30		50	100

**Table 4- Dropout rates of the Respondents:**

Educational Status	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Regular/Continuing schooling	8	16	11	22	19	38
Drop out (Out of schooling)	7	14	11	22	18	36
Illiterate (No schooling)	5	10	8	16	13	26

**Table 5- Reason for Dropout from school:**

Reason for Dropout	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Loss if Interest	3	6	7	14	10	20
Poverty	3	6	4	8	7	14
Informal Working sectors	7	14	10	20	17	34
Beggary	4	8	6	12	10	20
Not Available	3	6	3	6	6	12

**Table 6- Living Patterns of Respondents:**

Living Patterns	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
With both parents	14	28	22	44	36	72
With single parent Guardian	3	6	4	8	7	14
Alone	2	4	2	4	4	8
	0	0	2	4	2	4

**Table 7- Occupational Status of Respondents:**

Occupational status of Respondents	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Students	8	16	11	22	19	38
Rag picking	6	12	9	18	15	30
Vendors	2	4	3	6	5	10
Helpers in Hotels	2	4	3	6	5	10
Others including begging	2	4	4	8	6	12

**Table 8- Occupational Status of Parents of Respondents:**

Occupational status of Parents	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Unemployed	1	2	2	4	3	6
Rag pickers	2	4	4	8	6	12
Unskilled Workers	8	16	13	26	21	42
Vendors	2	4	3	6	5	10
Skilled/ technical workers	4	8	5	10	9	18
Not Known	3	6	3	6	6	12

**Table 9- Family Income (Monthly):**

Family Income (in Rs.)	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Less than 3,000/-	2	4	4	8	6	12
3,001/- to 6,000/-	10	20	14	28	24	48
6,001/- to 10,000/-	5	10	7	14	12	24
10,001/-15,000/- and above	3	6	5	10	8	16

**Table 10- Types of Substance Use:**

Types of Substance Use	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Tobacco	10	20	16	32	26	52
Alcohol	7	14	10	20	17	34
Cannabis	8	16	10	20	18	36
Inhalants/ Solvents	10	20	13	26	23	46
Heroin	2	4	4	8	6	12
Pharmaceutical Drugs	4	8	7	14	11	22
Others	2	4	5	10	7	14

**Table 11- Age of Initiation of Substances:**

Age of Initiation	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
10 Yrs and below	2	4	4	8	6	12
11-13 Yrs	5	10	9	18	14	28
14- 17 Yrs	11	22	14	28	25	50
18- 20 Yrs	2	4	3	6	5	10

**Table 12- Reason for Substances Use:**

Reason for Substances Use	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Curiosity & Experimentation	7	14	10	20	17	34
Easy Availability	2	4	4	8	6	12
Peer Pressure & Popularity	6	12	12	24	18	36
Family History of Substance Use	2	4	4	8	6	12
Media & TV	2	4	2	4	4	8

**Table 13- Source of Money for Purchase of Substances:**

Source of Money	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Stealing money from home or others	8	16	13	26	21	42
Pilfering goods and sale of articles	4	8	9	18	13	26
Borrowing	5	10	7	14	12	24
Earning	8	16	10	20	18	36
Other illegal source i.e. begging, pickpocketing	2	4	5	10	7	14

**Table 14- Effects of Substances Use experienced by respondents:**

Effects of Substances Use	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Drink & Drive	7	14	8	16	15	30
Sexual activity under effects of substance abuse	2	4	4	8	6	12
Fight after Intoxication	6	12	12	24	18	36
Physical & psychological problems	2	4	2	4	4	8
Legal problems/incarcerated due to substance abuse	3	6	4	8	7	14

**Table 15- Response towards reduction of Drug Use:**

Response towards reduction of Drug Use	Jahangirpuri		Daryaganj		Total	
	No.	%	No.	%	No.	%
Considered reducing Substances last month	8	16	15	30	23	46
Ever stopped using substances	7	14	12	24	19	38
Whether help needed for Reducing/stopping substance use	15	30	21	22	36	72
Received any help for reducing/ Stopping substance use	6	12	17	34	23	46

Total fifty respondents fulfilling inclusion criteria were interviewed. Maximum numbers (62%) were in the age group of 14 to 17 years, 26% between the age group of 10-14 years and 12% between 18-20 years of age. 14% of the respondents had single parents as either parent was separated, or mother or father was deceased. So family disharmony and single parenthood issues might show some implications of substance abuse in this study. Finding of this study tallies with a study by Lisa Sarangi et al, substance abuse was found to be highest in broken families (51.2%).

Distribution of respondents according to the type of substance abuse of the respondents had single parenting as either parent was separated, of them had already left study and were working for earning. Literacy status showed that quiet a good number i.e. 26% of the respondents were illiterate without any formal education. Amongst those who were with formal education, maximum numbers studied or studying in the primary (42%), middle school level (26%) and high school (6%). However, 36% of them were drop outs or out of school now. This indicates that with the literacy level decreasing, there is a risk of

increasing substance use among the adolescent children.

Some of the occupations which they were engaged include rag pickers (30%), vendors (10%), helpers (10%), and beggary (12%). The income status of the family shows a grim picture with nearly 16% of Rs. 6,000/- and less, followed by 24% between the income group of Rs. 6,000/- to 10,000/-. This gruesome scenario of adolescents being devoid of the basic amenities in slums, within the family for the increase the adolescents children to look for an alternatives to supports their family and personal needs. The adolescents thus become the victims of hardship and stress, motivating them to look for options like substance use and delinquent behavior.

The drug taking behavior of the subjects interviewed have reported that major drugs of use are tobacco 52% followed by inhalants/solvents (46%), alcohol (34%), cannabis users (36%), pharmaceutical drugs (tranquillizer and sedatives) (22%), and heroin consumption (12%) to the total respondents. These figures indicates the gruesome consumption of substances have become a typical phenomenon of the marginalized communities specially the slum dwellers. Another issue of concern is the early initiation of substance use which shows that majority(50%) start using drugs between the age of 14 to 17 years, the crucial stage for growth and development of the adolescent, getting effected.

Major reason as reported by the respondents are peer pressure (36%) followed by curiosity and experimentation (34%), family history (12%), an equal number (12%) due to availability of drugs and about 8% of the respondents mentioned the influence of media. The source of money for procurement of drugs are by stealing money (42%), pilfering articles (26%), borrowing (24%), and about 36% have reported sources from their own earnings. Almost all respondents have been experiencing fighting (36%) drink and driving (30%), sexual behavior (12%), physical/anxiety problem (8%), and nearly 14% of the total respondents reported to have been incarcerated some time or other. Most of the respondents have expressed their interest to take help or treatment for their substance using behavior.

#### Major Conclusions:

The study shows that adolescents became familiar with abusive substances either from their family, friends and peers or Digital media like movies and television and started the habit under peer pressure started due to curiosity, started it to cope with stressful circumstances like anxiety, depression, trauma, loss etc. Adolescents obtained abusive substance from their peers and friends whereas brought it from local shops, availed it from home. In this study the adolescents were involved in quarrels with friends, family or relatives as well as accidents or health problems dropped out of school due to poor performance. Adolescents were even found to be associated with criminal activities like petty thefts, burglary, vandalism of public and private property etc

On analyzing the age of initiation, a shocking fact was revealed that most of the respondents started substance abuse when they were in the age group as early as 10 years. The initiation of abuse in this tender age was really worrisome as research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems and addiction. This research recognized that major source and supply of these abusive substances was from peers/ friends.

Focused group discussion with the stakeholders/slum dwellers have unanimously agreed that slum youth use alcohol and drugs, and listed a number of different examples. Readily available, non-illegal items that are inhaled as intoxicants were the most frequently mentioned drugs; these include petrol, fuel, and paint thinner. Marijuana was also frequently mentioned as a drug of choice, pharmaceutical over the counter (OTC) drugs and narcotics such as heroin and opium were also listed.

High prevalence of alcoholism among slum adolescents could be because of the fact that most parents (64%) of these slum adolescents were themselves using alcohol. Therefore, these adolescents were exposed to the alcohol early, had access to alcohol; it was socially acceptable along with the lack of parental supervision. Peer influence and curiosity were other important reasons that lead to substance abuse among these adolescents.. Furthermore, stricter legislation to prohibit selling these substances of abuse to under aged adolescents makes the adolescents were involved in physical fights.

The relationship between youth and parents has been found to be challenging. This starts with sharing the little resources the family commands, where parents often finding it difficult to provide basic needs including food or clothing, their parents do not respect or trust them. Because of the difficulties the parents face as they too are likely to be doing low-paying jobs and above all the easy availability of alcohol

#### Key Suggestions:

- i) Educating the adolescents on the adverse effects of substance use and imparting life skills education so as to empower them to cope with difficult situations and withstand pressure from peers in abusing illicit/licit substances.
- ii) Stringent laws and legislations to control sale of substances both licit and illicit drugs of abuse strict surveillance to be adopted to check availability
- iii) All routes/means of sale and availability of licit and illicit substances to be identified. It must be prohibited with the active participation of law enforcement and local community.
- iv) Regular awareness generation camps/sensitisation programmes on ill-effects of substance use at community, and disperse information of various services available for counselling and treatment in the slum communities.
- v) Address issues of promoting education, health and recreation, and ensure livelihood opportunities in order to raise the standards of living of slum dwellers, and reduce the environmental triggers that promote substance abuse among adolescent children.
- vi) Health Education to be a part of school curriculum disseminating information on harmful effects of substance use.
- vii) Substance use among adolescence especially among marginalised communities in slums are vulnerable to substance use. Appropriate preventive measures to be adopted for this vulnerable population to reduce the burden caused by substance use.
- viii) Parents should support their child to understand the intricacies of substance use and help resolve the desire for addiction, health education and PTAs in schools to be promoted.
- ix) Schools should have policies and prevention programmes of substance use.
- x) Given the insights by the community through FGDs, intervention progress so designed must be fostered in conjunction with the community reasons and inputs.
- xi) Legislation on substance abuse has been vociferated loudly but still appears to be more a mirage, therefore calling for more pragmatic approach to contain the substance use problem through early intervention strategies.
- xii) Further research in substance abuse in adolescents especially in the magnitude of substance use and avenues for prevention and treatment, which is the need of the hour.

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