

NURTURING YOUNG MINDS

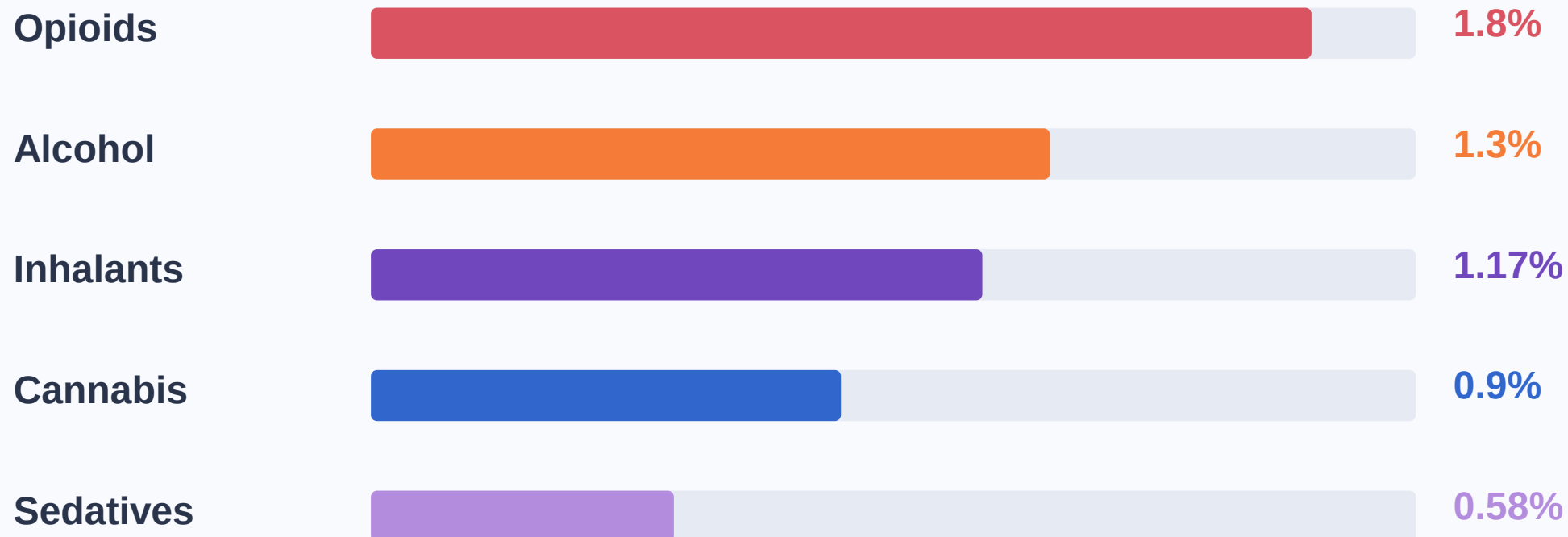
Dr.Vinay Kumar, MD Psychiatry

Consultant at Bihar State Institute of Mental Health and Allied Sciences,
Koilwar.

Why this deserves our attention

A National survey, conducted in 2018 by AIIMS-NDDTC found, the extent and pattern of substance use

Use of different substance among Indian children and adolescents, aged 10–17 years.



Inhalant use is especially concerning in younger age groups

Two exposures. One developing brain.

Different behaviours, shared risks for health, learning and relationships.

SUBSTANCE EXPOSURE

Tobacco, Alcohol, cannabis, opioids
Inhalants and misused medicines like
cough syrup, painkiller, sleeping pills.

Risk: intoxication, dependence, injury

PROBLEMATIC DIGITAL USE

Excessive Mobile scrolling and
excessive use of social media.
Online gaming and gambling-like
content
Late-night viewing or porn addiction

Risk: sleep loss, impaired control,
distress

Not every user has addiction; assess impairment and context

Why children and adolescents become vulnerable to substance use?

CHILD

Developing prefrontal cortex, Curiosity and experimentation • distress
ADHD, anxiety/depression • trauma

FAMILY

- poor supervision, violence, neglect, poor communication, parental substance use

PEERS

Pressure • bullying
Desire to fit in with friends and gain social acceptance

ENVIRONMENT

- Easy availability of tobacco, alcohol, inhalants and other substance can increase opportunities for experimentation.
- Local dealers, Unsupervised online access, like vapes or e-cigarette

What substances should adults know?

Recognise local names; never assume use without asking and assessing.

TOBACCO / NICOTINE

Bidi • cigarette • khaini • gutkha • vape

ALCOHOL

Liquor /country liquor/ locally supplied alcohol

CANNABIS

- Ganja (weed) • charas • bhang

OPIOIDS

Heroin / “smack”, brown sugar, • some pain medicines

INHALANTS

Glue • solvent • correction fluid/whitener • fuel

MEDICINES

Sedatives • codine (corex cough preparations)
Pain killer: SPV



Types of Inhalants



Liquids

Paint thinner
Paint Remover
Dry-Cleaning
Fluids
Gasoline
Glues
Correction
Fluids,
Felt-Tip Markers



Aerosols

Spray Paints
Deodorant
Hair Sprays
Vegetable Oil
Sprays
Fabric Protector
Spray



Gases

Chloroform
Nitrous Oxide
Whipped Cream
Cans
Butane Lighters
Propane Tanks
Refrigerants



Nitrites

Leather Cleaner
Room Deodorizer
Food
Preservatives

Tobacco & nicotine: often the first exposure

Smokeless tobacco is not safer.

COMMON FORMS

Gutkha / khaini / zarda
Bidi and cigarettes
Vapes / e-cigarettes

POSSIBLE CLUES

Smell; stained teeth
Repeated purchase requests
Restlessness without nicotine

WHAT TO SAY

“Nicotine can trap the young brain in a cycle of craving. We can help you stop.”

Smokeless tobacco is also not safer, In India prohibits manufacture, sale and distribution of e-cigarettes

Alcohol and cannabis: do not minimise harm

Bihar has state prohibition; access can still occur and needs an early response.

ALCOHOL

Symptoms of intoxication: smell, unsteady gait, slurred speech, aggression or vomiting.

Harms: injuries, poisoning, poor judgement.

According to who, Total number of death from alcohol in india 2,60,000

CANNABIS

Symptoms of intoxication: red eyes, unusual appetite, impaired attention, odd behaviour.

Harms: learning problems, anxiety; sometimes causes psychotic symptoms.

Never diagnose by appearance alone: ask sensitively, check physical illness and medicines.

Opioids and sedatives: overdose can be fatal

Prescription products can become dangerous when used without medical supervision.

OPIOIDS

Examples: heroin/smack, brown sugar; misuse of opioid pain medicines.

Symptoms intoxication: very small pupils, drowsiness, slow breathing.

SEDATIVES

Examples: sleeping tablets; anti-anxiety medicines used without a prescription.

Symptoms of intoxication: marked sleepiness, falls, confusion.

Unresponsive or slow breathing → CALL 112. Never leave the child alone.

Inhalants: cheap access, very high risk

Common household and school products may be deliberately inhaled.

POSSIBLE PRODUCTS

Glue / adhesives
Correction fluid
Paint, thinners / solvents

CLUES

Chemical smell
Stains on clothing
Headache, dizziness
Sudden behaviour change

WHAT IS DANGEROUS

Arrhythmia / collapse
Poisoning or seizures
Accidental injuries

Store products safely; supervise access, not punish a suspected child

When does use become a clinical problem?

Early experimentation also merits discussion; a diagnosis requires assessment.

- 1 EXPERIMENTATION** One or few exposures; still risky
- 2 RISKY USE** Repeated use or unsafe situations
- 3 HARMFUL PATTERN** Health, school or relationship harm
- 4 DEPENDENCE** Craving, impaired control, prioritising use

Clinical assessment matters more than labels, blame or suspicion

Signs adults can notice, without spying

Look for a new cluster of changes over time, not one isolated sign.

Behavioural symptoms

New secrecy / irritability

Sudden withdrawal

Money disappearing

Change in friends

Physical symptoms

Red eyes / unusual smell

Sleep or appetite changes

Poor hygiene

Drowsiness / shaky gait

School / Social symptoms

Drop in grades.

Absent or late repeatedly

Risk-taking / conflicts.

Giving up usual interests

Possible alternatives: stress, bullying, medical illness or mental disorder

What might the substance-specific clues be?

Clues guide questions; they are not diagnostic tests.

Tobacco

Odour • oral staining • frequent cravings

Alcohol

Slurred speech • imbalance • vomiting

Cannabis

Red eyes • poor attention • unusual appetite

Opioids

Pinpoint pupils • nodding off • slow breathing

Inhalants

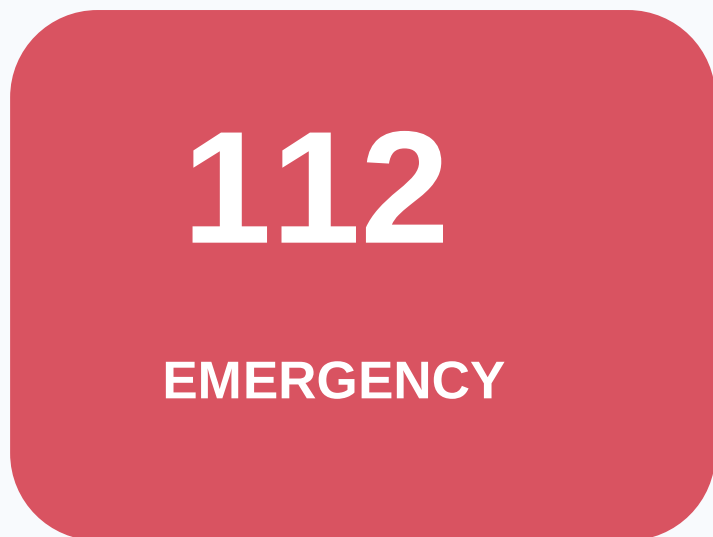
Solvent smell • dizziness • chemical stains

Sedatives

Marked sleepiness • poor coordination

When NOT to wait for an appointment

Respond medically first; disciplinary action must never delay lifesaving care.



- Unconscious, seizure or slowed breathing
- Severe agitation, psychosis or confusion
- Chest pain, collapse or suspected poisoning
- Self-harm, suicidal thoughts or violence

Stay with the child. Do not force food or drink.

The first conversation can change everything

Talk privately, calmly and without humiliation.

1 OBSERVE

“I’ve noticed you seem different lately.”

2 ASK

“Has anyone offered you tobacco or drugs?”

3 LISTEN

“Thank you for telling me. I’m here to help.”

4 AGREE

“We’ll make a plan together and get support.”

Avoid: public confrontation • threats • shaming • forced confession

Parents: reduce exposure before the first use

Warm relationships and clear boundaries work better together.

- **CONNECT** 10–15 minutes of daily listening
- **KNOW** Know friends, routes and online contacts
- **SECURE** Store medicines, solvents and tobacco safely
- **MODEL** Keep home tobacco-/substance-free
- **REPLACE** Sports, arts, sleep and real-life belonging

Teachers: make school a protective space

Notice struggling students without creating fear or stigma.

EVERY CLASSROOM

Age-appropriate refusal skills

Anti-bullying and peer support

Talk about stress and emotions

Non-stigmatising health education

EVERY SCHOOL

Trained trusted contact person

Confidential referral route

Tobacco-free campus, active monitoring

Students should report concerns to adults, not confront suspected dealers

If a child has already started using

A supportive response in the next 24–72 hours makes a difference.

01 CHECK SAFETY

Intoxication,
withdrawal, overdose,
self-harm?

02 TALK PRIVATELY

What, when, how often;
peers, stress and
risks?

03 INVOLVE FAMILY

Safely involve
caregivers; address
child protection

04 ARRANGE CARE

Government psychiatry
/ ATF / adolescent
clinic

Do not stop suddenly after using long term of alcohol/sedative use, without medical assessment.

Addiction treatment works - what it involves

Treatment is a process, not simply “admission to rehab”.

- 1 ASSESS** Substance type, mental health, safety and family
- 2 STABILISE** Manage intoxication or withdrawal if required
- 3 TREAT** Motivational work, CBT, family interventions
- 4 FOLLOW UP** School reintegration and relapse-prevention plan

Medication may help certain disorders, take medicines only under a qualified psychiatrist.

Where to seek government help in Bihar

BIMHAS, KOILWAR

Government mental-health institute; ask for psychiatry assessment / referral.

NEAREST PUBLIC HEALTH FACILITY

Any Medical college psychiatry OPD or adolescent-friendly clinic, where Psychiatry OPD available. NMCH, Patna has separate De-addiction ward

AIIMS PATNA

Government Addiction Treatment Facility (ATF), listed in 2024.

Any other registered deaddiction center who are adolescent-friendly.

Government schemes that principals can activate

Use public systems before defaulting to unverified private centres.

NASHA MUKT BHARAT ABHIYAAN

Awareness, school outreach and district coordination.

Government-supported treatment, counselling and rehabilitation pathways.:

NAPDDR (National Action Plan for Drug Demand Reduction)

ATF (addiction treatment facility)

DDAC (district Deaddiction center)

IRCA(integrated Rehabilitation center for addicts

RKSK(rashtriya Kishore swasthya karyakarm / ADOLESCENT CLINICS

Adolescent-friendly health counselling and substance-use referral.

TELE-MANAS / MISSION VATSALYA

It is 24X7 Mental-health support; child protection where neglect, exploitation or trafficking is suspected.

The numbers every school should display

Government and national services, save these in the staff emergency directory.

14446

Drug de-addiction counselling / referral

14416

Tele-MANAS • mental-health support (24×7)

1800 11 2356

National tobacco quitline

1098

Child Helpline • protection / support

112

Immediate medical / police emergency

Excessive screen time ≠ digital addiction

Look for loss of control and real-life harm—not just the hour count.

HEAVY USE ≠ DISORDER

Long use may reflect homework, creativity or social connection.

Assess content, context, sleep and functioning.

WHEN TO SEEK ASSESSMENT

Impaired control; gaming takes priority; persists despite harm.

Significant academic, social or family impairment.

ICD-11 recognises gaming disorder; “mobile addiction” is not one blanket diagnosis

Warning signs of problematic mobile / gaming use

Ask what the screen is replacing in the child's day.

SLEEP

Late-night phone use; tiredness in class

CONTROL

Cannot stop despite repeated attempts

EMOTIONS

Strong distress or irritability when restricted

FUNCTION

Schoolwork, hygiene, friends or sports neglected

SAFETY

Secrecy, unsafe contacts or cyberbullying

IPS screen-use recommendations: the essentials

Indian Psychiatric Society: Recommendations for Screen Use (2020).

UNDER 2 YEARS

Avoid screen exposure.

Prioritise face-to-face play and interaction.

AGES 2–5

If introduced: supervised and purposeful.

≤30 min per session; ≤2 sessions daily.

AGES 5–18

Mutually agreed rules; time plan.

Common-room use; no screens 1h before bed.

IPS also advises daily physical activity, adequate sleep and safer online behaviour.

IAP guidance: age-specific screen-time limits

Indian Academy of Pediatrics (2022)—alongside IPS healthy-use principles.

0

UNDER 2 YRS
No screen
exposure

≤1h

2–5 YRS
Daily, supervised

<2h

5–10 YRS
Daily; less is better

BALANCE

ADOLESCENTS
No single hour cap

Protect sleep, learning, physical activity and family time—limits are guides, not diagnostic cut-offs.

A 7-day digital reset that families can try

Collaborative boundaries are usually more sustainable than confiscation.

- | | |
|--------------|---------------------------------------|
| DAY 1 | Check screen-time and sleep baseline |
| DAY 2 | Agree child-parent technology rules |
| DAY 3 | Screen-free meals; bedroom phone-free |
| DAY 4 | Disable non-essential notifications |
| DAY 5 | 60 minutes of active outdoor play |
| DAY 6 | Plan offline hobby and peer time |
| DAY 7 | Review progress; adjust the plan |

Know the law: NDPS, tobacco and child protection

These are distinct legal frameworks, do not confuse their provisions.

NDPS

Regulates / prohibits unauthorised narcotic and psychotropic drug activities.

NDPS 32B(d)

Offence in/near educational institutions may attract higher punishment.

JJ Act

Giving intoxicants, tobacco or narcotic drugs to a child is punishable.

COTPA

No tobacco sale to/by under-18s or within 100 yards of an educational institution.

PECA 2019

E-cigarette manufacture, import, sale, storage, advertising etc. prohibited.

BIHAR ACT

Bihar Prohibition & Excise Act, 2016: state alcohol prohibition.

Principals: a practical 30-day school plan

Build protection, referral and accountability, not a climate of fear.

WEEK 1

Appoint staff lead; map nearby tobacco sales (100 yards).

WEEK 2

Train teachers; confidential counselling / referral flow.

WEEK 3

Start NCPCR “Prahari” awareness club; engage parents.

WEEK 4

Display helplines; audit safeguards and referrals.

For suspected trafficking or child exploitation: protect the child and inform competent authorities

Prevention, Early Recognition & Compassionate Support

- Children and adolescents do not necessarily start using substance because they are disobedient or irresponsible.
- Their vulnerability arises from a complex interaction of brain development, peer influence, emotional distress, family circumstances and social environment.
- Sometimes what appears to be experimentation is an attempt to cope with loneliness, stress, trauma or the desire to belong.
- Therefore instead of asking only, “why is the child using substance”, we must also ask, what is the child going through and what support the child needs.
- Prevention begins before the first cigarette, the first drink, or the first experiment with drugs, it begins by building emotional resilience and creating supportive schools.

- *When we protect our children today, we protect the future of our nation.*

THANK YOU