

nead with ComScanner

Acknowledgements

Vision's team in Lahore and Abbottabad has been working diligently towards eradicating glue sniffing in children. However, they are often faced with challenging circumstances in the absence of proper mechanisms.

It was at this juncture that the idea of this book was conceived and put into action by one of our very committed volunteers, Ahsan Masood. His courage and sense of social responsibility at a young age is commendable.

Faisal Javed, the project coordinator and Nasir Habib Khan, the office manager at Hath Mein Hath Process (HMHP) in Lahore have both been pillars of strength for Vision and for that we are grateful.

Many thanks are owed to Wadood from Seher, Quetta, who facilitated the entire pre-testing exercise of the illustrated storyline. The project coordinator for children's project at Seher, Hanif and his entire team are an inspiring lot.

The Initiator Centre for Street Children in Karachi has to be lauded for the wonders it creates every day. Rana Habib and Mukthar cannot be thanked enough for being the inspiration that they are.

Though I have not had the opportunity to meet Brother Norman from Marie Adelaide Centre for Leprosy, Karachi his work never ceases to amaze me. I thank Marie Adelaide Centre for Leprosy in Karachi, DOST in Peshawar and Sanjog in Quetta for letting us pre-test the storyline with children and also being part of the focus group discussions.

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No words can express our gratitude for the cooperation that SUCH offered Vision in both Rawalpindi and Peshawar. During the entire process of testing the pre-test, the actual pre-testing and the focus groups, they facilitated the Vision team in every way possible.

Bushra's commitment to the cause remains unmatched and Khalida's ability to lead her team is inspiring to say the least.

Vision would want to thank Zubair Tahir who felt that the storyline was important and had to be pre-tested. All his efforts to arrange for timely funding to facilitate this are reflective of his sincerity to the cause of children. Sandrine Bayar's support has been key in obtaining funding for the pre-testing.

Vision and Akbar Foundation thank their donors the European Commission, ECPAT, Ministry of Luxemburg and Groupe Development for understanding the urgency of the situation and providing funds for the pre-testing.

We would also like to thank Zahid and the entire team of ICO for their cooperation in this process.

Introduction

Drug use, specifically sniffing glue, is alarmingly emerging as one of the most common habits in children who are living in difficult conditions such as on the streets or at home in votert situations. This storybook is only the beginning of a long and arduous journey we as caregivers are destined to undertake in a bid to make a difference.

We want this book to be a tool that will help lessen, if not completely eradicate glue sniffing in children. It has been developed from an artist's conceptual frame of reference. we want to some the state of th

Absan Mascod, the brain behind the storybook cannot be thanked enough for his total dedication as a volunteer with Vision. Despite the pressures of his very challenging Bachelor's thesis from National College of Arts in Lahore, he felt strongly that this was something that he needed to do for the nation's children. Ahsan's commitment to this process continued unfallering through the demanding pre-testing phase in four cities across Pakistan in spite of his full-time job.

As Vision progressed with the development of this storybook, other partners joined in, offering invaluable support for the pre-testing. They are Groupe Development, Imtigai. Saniog, Ministry of Luxembarg and ECPAT. Such efforts are heartening because they show genuine concern for children regardless of borders.

Lake this opportunity to thank all board members at Vision and Akbar Foundation, USA for their support, as well as my team members in Lahore and Abbottabad, especally Faisal and Nasir.

Tahir Khilii Member Technical Resource Team Vision Lahore



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PLEASE READ THESE BEFORE USING THIS STORYBOOK WITH CHILDREN OR HANDING IT OVER TO CHILDREN IN OUTREACH AND/OR SHELTER SITUATIONS:

There is limited knowledge on the known side effects of directly sniffing petroleum-based products in children. They may be one of the following, or coupled with one or several of the following:

- Oral ulcers
- Depleting gums, sometimes leaving open sores
- Reported nerve system disorders
- Open sores on the body due to constant scratching because of scables/insect stings due to the inability to feel the pain due to consistent numbness in the body
- Chest infections (may or may not be direct result of sniffing)
- Stomach infections and problems in digestion (may or may not be direct result of sniffing)
- Problem or pain in swallowing water or food (may or may not be direct result of sniffing)
- Sniffling in rare cases has been reported as one of the causes of heart failure or complications leading to heart failure in children as young as 13 years of age. in South East Asia 1
- Blood in leces or vomiting blood (this may be result of sniffing or may be result of incorrect combination of drugs that the child may be consuming)

Please also remember that children may be sniffing petroleum-based products along with smoking/injecting/mixing other drugs such as marijuana, heroine, or anti-depressants as well as different cough syrups.

Please also remember that no longitudinal study has been conducted (to the best of our knowledge) and this pre-testing exercise did not have the scope or time to go beyond pre-testing. Therefore, all the information mentioned above is a result of journalistic evidence and interaction with children who sniff petroleumbased products, as well as insights of some of the caregivers directly working with these children.

There are gaps that we as caregivers are facing. The most important thing that we need to remember is that most children on the streets are malnourished. Medically, they are already at a disadvantage and drug use in such children may create multiple health problems that may manifest themselves at different points in time and the caregivers need to be aware of these problems so that the doctor takes these into consideration when prescribing medication to these children.

PLEASE TAKE THE DOCTOR INTO CONFIDENCE REGARDING THE USE OF DRUGS IN CHILDREN I.E. IF YOU ARE TAKING A CHILD WHO IS SNIFFING OR USING MULTIPLE DRUGS AND YOU KNOW ABOUT IT. IT WOULD HELP THE DOCTOR TO PRESCRIBE THE RIGHT MEDICATION AND ALSO INFORM YOU TO MONITOR THE KNOWN SIDE EFFECTS IN THE CHILD.

1. A documentary produced by an Australian journalist, who followed two children in juvenile jails in Thailand. They were lailed because of petry crimes and when they were back on the streets, developed an addiction to sniffing petroleum products, specifically different forms of glue. One of these children died of heart failure at the age of 13 and according to the doctors in the film the cause was excessive sniffing leading to lung infections and linally heart failure. This film was aired by BBC.

KNOWN BEHAVIORAL ISSUES OF CHILDREN WHO ARE SNIFFING:

- They usually keep a sharp edged object with them, mostly it is a blade. It can be very small, but still harmful. This blade is normally hidden in the mouth, sometimes under the tongue. It is normally produced when the child wants to have his way and the adult may be resisting.
- A child who is in sniffing and or may be under the influence of other drugs is normally persistent and it has been observed that the child normally repeats the same thing to a point that other children and the caregiver are irritated. But if attention is diverted from this child, he/she is capable of slashing himself/his peers/ with the blade and may even attack the adult if he finds the adult in a vulnerable spot.
- The caregiver needs to be aware of this child's situation and be aware that this child can create a situation by stashing himself and can assemble a group of sympathizers around him. It is also revealed by some of the children that they have arrangements with the police whereby they divide the money obtained from an adult through such manipulations because adults normally get nervous when they see the child hurting himself or others around him and are willing to go to any extent to save the situation from getting worse.
- It has been both observed and revealed by children that the children in sniffing form groups of their own and children who do not sniff stay away from such groups. However, this does not imply that children who are not sniffing are incapable of falling prey to the menace of sniffing. Peer pressure is one of the foremost reasons for children to start experimenting with drugs in any form.

SOME TIPS FOR THE CAREGIVER AT OUTREACH CENTERS AND/OR AT SHELTERS WHO MAY BE USING THIS BOOK AND WORKING WITH CHILDREN WHO ARE SNIFFING:

- Please read the book so that you are familiar with the contents and its sequence before you use it with children or hand it over to them.
- The messages along with each illustration in the book are short and simple. If there is any reason to further paraphrase the message, please use the simplest form of language that is understandable by the child and effectively conveys the message as well.
- It is essential for the caregiver who is taking the book out to know the street language for children who are sniffing e.g. generally such children are called
 "solutiony" but if they are into more than one drug, they may have a different name. All these names are derogatory and generally used for isolation and
 stigmatization purposes. Once you identify these names, do not use or encourage the use of these names in a group situation.
- Once the caregiver has acquainted her/himself with the stigmatizing and derogatory terminology, please start looking for words that are less or least stigmatizing and isolating, e.g. a substitute for "solutiony" could be a child who snills. The phrase may still have a level of stigma and act as a defining point for isolation but it is being used to identify the specific child or group of children in the least damaging way.
- If at any point during the storybook narration or reading a child wants to write or narrate his own story, encourage it only to the extent that it does not lead
 the child to a traumatic situation. PLEASE AVOID THE TEMPTATION TO KNOW THE REAL STORY OF THE CHILD ESPECIALLY IF YOU ARE NOT
 TRAINED TO HANDLE TRAUMA IN CHILDREN.

- In case of a crisis, stay calm. It is always good to have a co-worker with you or around you where she/he can be easily accessed by just calling their name. If the children get into fights, remember some of them may be carrying sharp objects; immediately isolate them from other children. NEVER DRAG A CHILD FROM THE BACK OF HIS COLLAR AS THIS MAY HAVE A SUFFOCATING EFFECT ON THE CHILD AND AGGRAVATE HIS ANGER. RATHER, RESTRAIN HIS HANDS BY IMMEDIATELY GOING BEHIND HIM AND PINNING HIS UPPER BODY WITH YOUR OWN CHEST BUT NOT TOUCHING HIS LOWER BODY WITH YOURS. SWAY THE CHILD AWAY IN A DIRECTION WHERE THERE IS SPACE SO THAT HIS KICKING LEGS DO NOT TOUCH OTHER CHILDREN, WHO MAY ALREADY BE AGITATED OR USE ANY OTHER METHOD THAT YOU ARE TAUGHT BY YOUR PROJECT STAFF TO HANDLE SUCH A SITUATION.
- For using this book, no special skills are required other than simple communication techniques and some of them are:
- 1. Listening
- 2. Mirroring without giving the child an impression of aping
- 3. Asking open ended questions
- 4. Facilitating the child to reach a conclusion rather than suggesting a solution
- 5. Understanding the logic to the child's conclusion by using probing techniques. However, probing should be done by using the story book characters and not anything that is directly linked to the child

PLEASE REMEMBER THAT YOU ARE ASSISTING THE CHILD IN READING THE STORY OR READING IT OUT TO HIM. IT IS STRONGLY RECOMMENDED THAT NO DIRECT QUESTION REGARDING THE CHILD SOULD BE ASKED AND IF THE CHILD DOES START RELATING THE CHARACTERS TO HIS OWN LIFE, PLEASE STEER THE CHILD BACK TO THE STORY AND USE THE CHARACTERS IN THE STORY AS THE POINT OF REFERENCE.

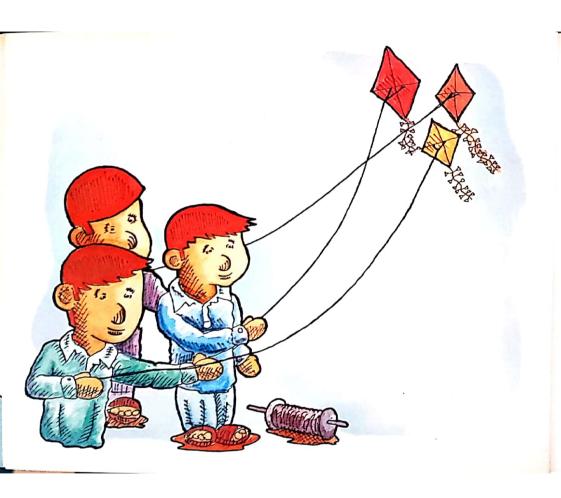
REMEMBER THIS IS JUST AN EFFORT TO REDUCE GLUE SNIFFING IN CHILDREN. WE HAVE TRIED TO DO OUR BEST BUT THAT DOES NOT MEAN THAT IT IS ALL ENCOMPASSING AS A STORYBOOK OR A TOOL TO REDUCE GLUE SNIFFING. YOUR INPUTS AND SUGGESTIONS WILL MAKE THIS A MORE COMPREHENSIVE GUIDE FOR ALL OF US WHO CARE FOR CHILDREN.



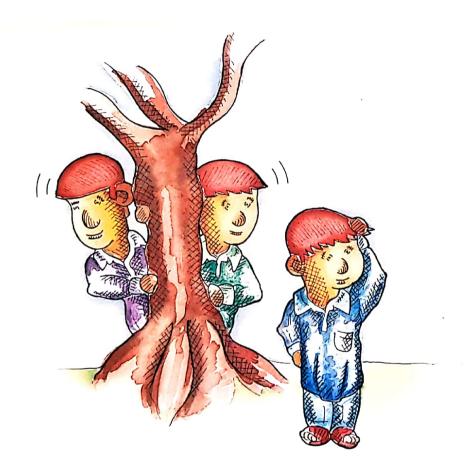
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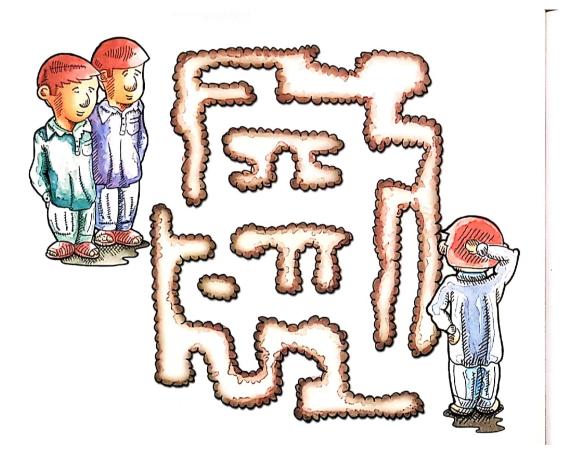


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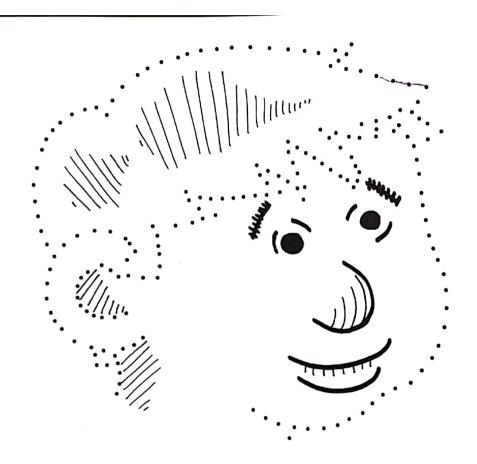
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