THE EUROPEAN SOCIETY OF MEDICINE
Medical Research Archives, Volume 13 Issue 10

RESEARCH ARTICLE

Implementation of the Child Intervention for Living Drug-free (CHILD): A Qualitative Study of Children, Parents and Treatment Staff in New Delhi

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OPEN ACCESS

PUBLISHED
31 October 2025

CITATION
Jones, HE., Middlesteadt-Ellerson, R., et al., 2025. Implementation of the Child Intervention for Living Drug-free (CHILD): A Qualitative Study of Children, Parents and Treatment Staff in New Delhi. Medical Research Archives, [online] 13(10).
https://doi.org/10.18103/mra.v13i10.7018

DOI
https://doi.org/10.18103/mra.v13i10.7018

ISSN
2375-1924

ABSTRACT

There is a growing and urgent worldwide need to reduce the number of children under 12 years of age using drugs. The Child Intervention for Living Drug-Free (CHILD) curriculum has been developed and implemented around the world to help clinicians treat children between the ages of 4-12 for drug use problems. The aim of the present study is to determine the barriers and benefits of the Child Intervention for Living Drug-Free for children enrolled in residential treatment for drug problems, for their parents/caregivers, and for the staff providing care to the children. Within two treatment programs operated by the Society for the Promotion of Youth and Masses (SPYM) in New Delhi, India, six focus groups were conducted. Focus group 1 had n=15 children, focus group 2 had n=8 children, focus group 3 had n=12 parents/caregivers, focus group 4 had n=6 parents/caregivers, focus group 5 had n= 7 parents/caregivers and focus group 8 had n=8 staff. Findings revealed that children valued interactive, expressive activities that promoted personal growth and emotional well-being. Caregivers reported improvements in their child's behavior but voiced concerns about their child's possible future return to substance use, the impact of stigma on their families, and the lack of educational and vocational support in their communities. Staff praised the Child Intervention for Living Drug-Free curriculum's engagement strategies but suggested simplifying content and increasing the use of visual and activity-based tools. Common themes across groups emphasized the importance of emotional resilience, decision-making skills, family support, and life skills linked to future employment.

This qualitative evaluation underscores the importance of developmentally appropriate, family-centered, and community-supported approaches to child substance use treatment. While these findings are rooted in the Indian context, the challenges and solutions resonate globally. Given similar risk factors in the U.S., including lack of community support and peer pressure, the Child Intervention for Living Drug-Free curriculum offers a promising, adaptable model for early intervention especially for illicit drugs like fentanyl. Broader implementation and further research are recommended to support its effectiveness across diverse cultural settings.

Keywords: Child Interventions for Living Drug-Free (CHILD) curriculum, child substance use disorder, treatments, parenting, drug supply, barriers to implementation, focus groups

Introduction

Worldwide, an expanding population of children are using psychoactive substances.[1-3] This trend reiterates significant implications for the health and wellbeing of young individuals.

For example, in the African country Sudan, 89% of surveyed children living in street circumstances reported substance use, primarily glue sniffing (87%) and tobacco smoking (67%).[4] In Asia, risky behavior was also highlighted in Iran where children ages 7-19 years were engaging in harmful substance use including tobacco smoking (11%), alcohol use (14%), and other drug use (2%).[5] Similarly, 88% of surveyed children in Nepal, half of whom were living in street circumstances, reported glue sniffing. Nearly half of this sample reported experiencing health complications such as headaches, chest pain, and stomach aches.[6]

While any drug use by children is concerning, the extent of children using heroin or opium in Afghanistan, Bangladesh, India and Pakistan has warranted an urgent need for both prevention and treatment strategies.[7-10] For example, among children 7-12 years old in India initiating drug use disorder treatment, they report solvents (39%), cannabis (37%) and opioid (18%) use at treatment entry.[7] Of those children, nearly 80% reported illegal activities for survival and half report using multiple drugs and growing up in a family with active drug use happening in their home.[7]

The urgent need for effective drug prevention andtreatment were also heard in Argentina, Brazil, Ecuador, Central America, Paraguay, Peru, and Uruguay where cocaine and crack cocaine are used by young children.[11-14] For example, a study in Brazil of children 8-17 years living in street circumstances reported that 60% were using drugs within the past year and 40% of these children considered themselves to have a substance use disorder.[14]

These global prevalence rates underscore social and environmental factors such as lack of community, school or government support, peer pressure, stress, and negative family interactions as significant contributors to higher rates of drug use among children.[2,3,7,14]

These findings highlight the need for early intervention programs tailored to the unique developmental and social needs of young children. The Child Intervention for Living Drug-Free (CHILD) curriculum was created to train treatment providers on how to screen, assess, and treat children between the ages of 4-12 years of age who are exposed to or actively using psychoactive substances (See Figure 1 for the seven modules).[15,16] This was the first protocol developed for the treatment of substance use, especially opioid use, in children under 12 years old and was tailored to children's ages and developmental stages. Among the 700+ children treated in Afghanistan with the initial version of the CHILD curriculum, there were substantial improvements in psychiatric disturbances, anxiety-related emotional disorders, social problems and overall perceived quality of life. Multiple studies of aspects of CHILD suggest a broadly impactful and possibly enduring intervention.[15-17]

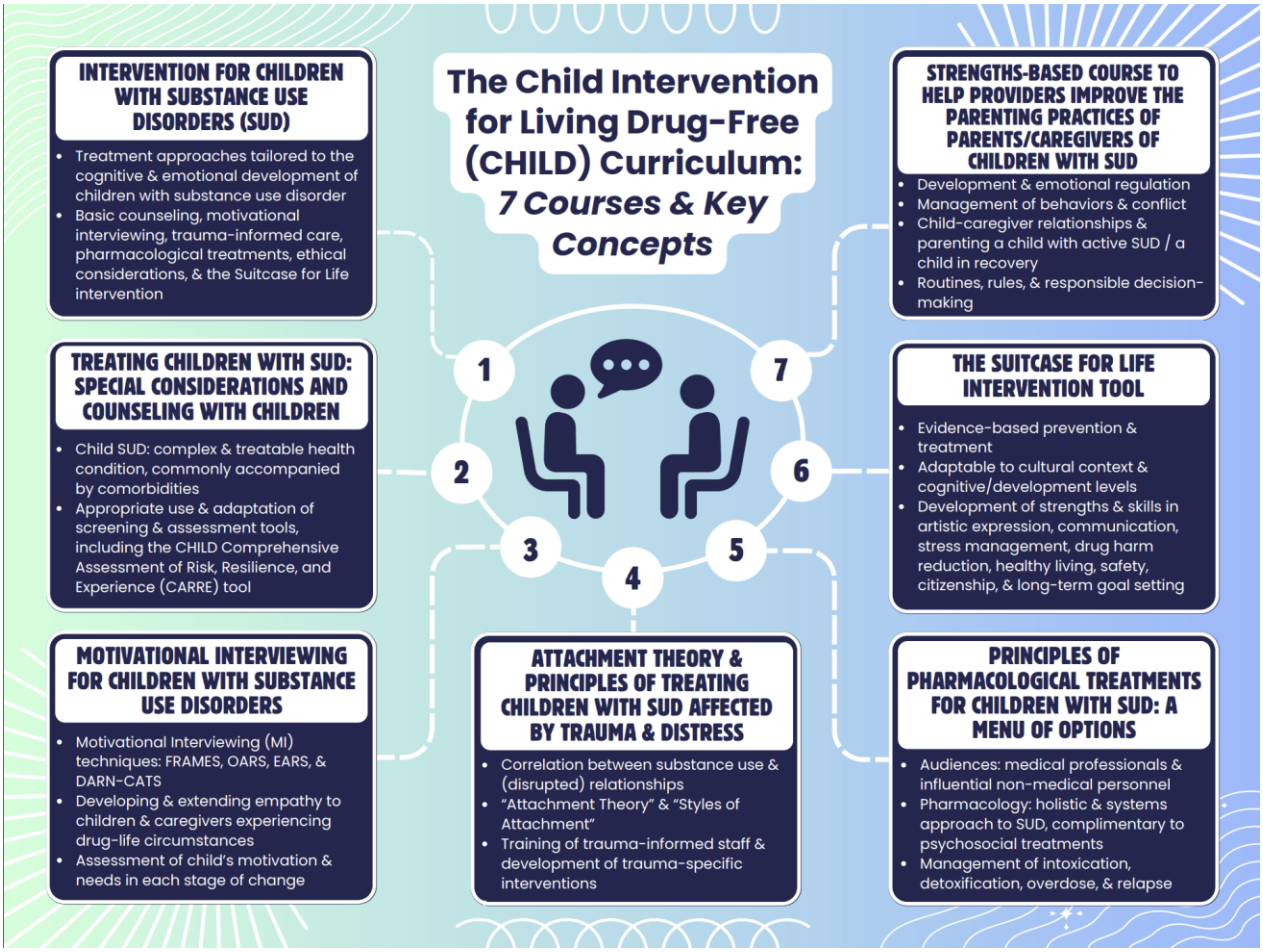

Figure 1: CHILD Curriculum Graphic

The Child Intervention for Living Drug-Free curriculum was most recently implemented in India.[18] As such, the aim of the present paper is to identify the barriers and benefits for children who are enrolled in treatment for substance use problems, parents of the children in treatment and staff members providing treatment to children using the CHILD curriculum in India. By assessing barriers and benefits of the curriculum, this study seeks to inform future implementation of the CHILD curriculum and contribute to the broader discussion of early intervention strategies for child drug use, especially potentially lethal drug use like illicit fentanyl and other dangerous compounds found in the drug supply.

Materials and Methods

This study was determined to be exempt by the Institutional Review Board at the University of North Carolina in Chapel Hill.

SETTING AND PARTICIPANTS

The focus groups were held in spaces of the Society for the Promotion of Youth and Masses (SPYM) treatment centers that included the Delhi Gate Drug Treatment Centre for Children and the Nizamuddin Children Centre in Central Delhi. The Delhi Gate Drug Treatment Centre for Children offers residential treatment for children and adolescents struggling with substance use problems. The residential facility provides a range of services, including detoxification, psychotherapy, family counseling, and return to use prevention. The Nizamuddin Children Centre program focuses on children under six years of age, aiming to improve their health, nutrition, and early education. Key components include strengthening local aanganwadis (government-run childcare centers), implementing a pre-primary curriculum, and engaging the community through parenting programs. The initiative also addresses issues like malnourishment and school readiness among young children.

The participants in this study included 23 children receiving services at SPYM, 25 parents/caregivers of the children, and 8 staff members at SPYM. Six focus groups were conducted: two with children enrolled in services (one with 15 children and the other with 8 children), three with parents/caregivers (one with 12 participants, another with 6 participants, and the final one with 7 participants); and one with staff (8 participants).

Eligibility criteria included the children being 7-12 years old and enrolled in SPYM treatment services. The parents and caregivers were invited to participate if they had children enrolled in the SPYM treatment services. The staff were invited to participate if they are currently employed with SPYM and working with children in the center. All who were invited agreed to participate. All participants were given small tokens of appreciation like snacks and beverages or supplies for living such as hygiene items.

PROCEDURES

Each focus group began with the introduction by the group facilitators who spoke Hindi and are part of the SPYM management team. The introduction included an overview of substance use disorder and elucidated the rationale behind conducting the focus group. A notetaker fluent in both Hindi and English took notes in Hindi and then translated the notes into English, ensuring that nuances of quotes were maintained. Other team members who were fluent in both languages reviewed the notes for accuracy.

MEASURES

Separate written focus group question guides for children, parents/caregivers and staff were used during the relevant focus group sessions. All focus groups were conducted in March of 2024. Questions for children and staff covered the same topics that included: What parts they liked best and why?; What parts they liked least and why?; What would they change about the modules?; What topics are missing that they want to learn about? And an open-ended question about what else they wanted to share about the modules? For the parents/caregivers, the questions included the topics of: What changes do they see in their children after they have been part of the program?; What are the biggest challenges that they face in parenting children who have drug problems?; What do they see as their biggest strengths in parenting?; What have you done well?; If we were to create special help for parents of children in our center, what would you want it to have?; And What are your hopes and dreams for your children?

Demographics were not collected on the participants in any of the focus group sessions in order to maintain the complete anonymity of participants.

DATA ANALYSIS

The listening sessions were hand transcribed. The transcript was reviewed for accuracy in Hindi and translated into English. We used line by line coding for the transcript and assigned each quotation or chunk of text a code corresponding to each of our topics of inquiry. We then read all of the quotations in each large code category and continued the analysis by dividing some of the codes into smaller sub-codes, adding some new codes that emerged from the data and looking for themes within and across the codes.

Results

For ease of presentation and to meet the aims of the study, the results are summarized by themes within each question by participant group.

CHILD RESPONSES

Table 1 provides the themes nested within the questions asked, accompanied by example quotes that exemplify each theme. For the first question about what they liked best and why, three themes emerged. First was the interactive and engaging learning methods CHILD employs. The children consistently expressed enjoyment in activities that are hands-on, playful, and involve interaction. The second theme was how CHILD supported personal growth and skill development. Children appreciated the activities that helped them build confidence, awareness, or concrete skills. The third theme was the enjoyment of creative and expressive activities. The children highlighted their love for storytelling, dancing, and other forms of self-expression that allow for emotional or social connection.

Table 1. Questions, themes, & quotes from Child Focus Groups evaluating the CHILD curriculum in New Delhi

Question #1: What parts do you like best and why?	
Theme 1: Interactive and Engaging Learning Methods	**Example quotes:** "We appreciate these modules because they are interactive, allowing us to engage in games." "Playing floor games like Snakes and Ladders helps us learn key messages while having fun." "Computer classes are fun; we enjoy drawing and operating computers." "Non-Formal Education Sessions are engaging, allowing us to learn new things."
Theme 2: Personal Growth and Skill Development	**Example quotes:** "Life skills and self-awareness sessions boost our confidence." "The life skills sessions, especially those focused on health and discussing drugs and their consequences, are highly enjoyable for us." "I have mastered writing my name and signature at the center."
Theme 3: Enjoyment of Creative and Expressive Activities	**Example quotes:** "We enjoy storytelling sessions, where we get to listen and share our thoughts, enhancing our listening skills." "Storytelling sessions are highly enjoyable for us." "We have a passion for dancing."
Question #2: What parts do you like least and why?	
Theme 1: Specific Activities Perceived as Less Enjoyable or Challenging	**Example quotes:** "…although some puzzles are challenging and not as enjoyable." "…occasionally using MS Paint on the computer is less enjoyable for us."
Question #3: What would you change about the modules?	
Theme 1: Mental and Emotional Well-being	**Example quotes:** "Additional sessions on fostering positivity and cultivating positive thinking." "Discussion on relapse prevention strategies."
Theme 2: Decision-Making and Consequences	**Example quote:** "Exploration of decision-making processes and weighing the pros and cons of our actions would be valuable."
Theme 3: Future Planning and Goal Setting	**Example quote:** "We would appreciate discussions on planning for the future and setting life goals."
Question #4: What topics are missing that you want to learn about?	
Theme 1: Desire for More Play Opportunities	**Example quote:** "We believe children should have more opportunities to play games."
Theme 2: Positive Impact of Sports-Based Learning	**Example quote:** "We also enjoy sports for development sessions, where we play games and learn valuable lessons as children."
Question #5: What else would you like to tell us about the modules?	
Theme 1: Desire for Physical Activity and Fitness Opportunities	**Example quotes:** "We desire activities like carom, badminton, and football." "There should be access to the gymnasium facility." "Regular aerobics and exercise classes will be beneficial."
Theme 2: Interest in Cultural and Creative Enrichment	**Example quote:** "Dance and theatre classes should be offered."
Theme 3: Emphasis on Holistic Well-being and Resources	**Example quotes:** "Access to a library is essential." "Regular health checkups should be arranged."

Note: a total of 23 children participated in the focus groups

In response to the question of what parts they like least and why, there was little that was found to be negative given the high level of enjoyment expressed in the first question. There were a few mentions of specific activities perceived as less enjoyable or challenging that included more passive and less interactive tasks like painting on the computer.

In terms of what they would change about the modules, there were three themes that emerged that included a greater focus on mental and emotional well-being, with participants expressing a desire for content focused on fostering a positive mindset and addressing emotional resilience. They also desired more information on decision-making and consequences as well as future planning and goal setting to structure their future and to establish meaningful life goals.

The main two themes from responses to topics that are missing underscore that the participants are young children. They reported a desire for more play opportunities. Children value playing and want more time or access to games, suggesting a need for unstructured or recreational activities as well as more time outside in

open spaces—a challenging goal for programs in densely urban areas like New Delhi. A further theme was the positive impact of sports-based learning. Children appreciated the structured programs that combine physical activity with life skills or educational messages, indicating that sports are a meaningful and engaging way for them to learn.

Finally, the wisdom and insights of the children were seen in their additional recommendations. First, they expressed strong interest in sports, exercise, and facilities that support physical health as well as a desire to experience more creative and broader support structures for well-being and learning.

PARENT/CAREGIVER RESPONSES

Table 2 provides the themes of responses nested within each question. There were three themes that emerged in response to what changes they see in their children after they have been part of the CHILD program. First was the theme of positive behavioral changes post-treatment. Many parents/caregivers observed notable improvements in their children's behavior after attending the program, including increased responsibility, respect, and interest in education. Second there was a theme of challenges with sustained recovery and relapse. Parents/caregivers expressed gratitude for seeing positive changes but this feeling was counterbalanced by worry about their children returning to drug use, which they reported is often influenced by community and peer environments. Finally, the third theme was the recognized barriers to school re-entry and the impact of COVID-19. They noted that educational disruption, notably worsened by the pandemic, had made reintegrating into school life difficult for many children.

Table 2. Questions, themes, & quotes from Parent/Caregiver Focus Groups evaluating the CHILD curriculum in New Delhi

Question #1: What changes do you see in your children after they have been part of the program?	
Theme 1: Positive Behavioral Changes Post-Treatment	**Example quotes:** "Parents have noticed significant improvements in their children's behavior following treatment, expressing happiness with their progress." "They observed that their children exhibited proper behavior, respectfulness, and adherence to schedules upon returning home." "Upon returning home from the center, some children were perceived as completely transformed, leading their families to celebrate their recovery from substance use."
Theme 2: Challenges with Sustained Recovery and Relapse	**Example quotes:** "After being treated at SPYM Centre some children relapse after few months." "Some children, after a few months, would reconnect with old peers who reintroduced them to substance use." "These parents have admitted their children to the treatment center multiple times in recent years."
Theme 3: Barriers to School Re-Entry and the Impact of COVID-19	**Example quotes:** "School re-entry has been challenging due to extended absences, exacerbated by the COVID-19 pandemic." "During lockdowns, their children not only dropped out of school but also lost interest in academics and engaged in unacceptable behavior."
Question #2: What are the biggest challenges that you face in parenting children who have drug problems?	
Theme 1: Stigma and Social Isolation	**Example quotes:** "The stigma attached to drug use often prevents parents from discussing their concerns openly, fearing shame for the entire family." "Unfortunately, mothers are often unfairly blamed for their children's behavior, disregarding the broader family dynamics at play."
Theme 2: Family Conflict and Safety Concerns	**Example quotes:** "One major challenge we face is addressing the issue of theft by children at home… This often leads to violent behavior towards mothers, and sometimes fathers." "Handling these children alone, especially for mothers, is extremely difficult due to their violent tendencies, often resulting in self-harm." "Children may exhibit violent behavior towards their parents, particularly their mothers."
Theme 3: Environmental and Peer Influences	**Example quotes:** "The community environment also plays a significant role in influencing children toward substance use." "Exposure to peers using drugs can trigger agitation and a desire to use drugs, potentially leading to relapse." "Our need to work to support our families means we have limited time to spend with our children. Consequently, they are more susceptible to influence from the community and peers involved in substance use."
Question #3: What do you see as your biggest strengths in parenting? What have you done well?	
Theme 1: Emotional Regulation and Positive Role Modeling	**Example quotes:** "As parents, it's important to remain calm and not overreact to small mistakes or mischievous behavior displayed by children." "It's crucial to avoid losing our temper, as children often mimic our behavior, shaping their own responses in the future." "Despite our proficiency in interacting with children at the SPYM center, we sometimes feel inadequate when it comes to our own children. Managing our expectations of their behavior is important, and we must also be mindful of our own conduct towards them."
Theme 2: Active Engagement and Support in Children's Lives	**Example quotes:** "Jointly engaging in activities with our children at home not only strengthens the parent-child bond but also provides valuable support to them." "Establishing a home schedule is our attempt to provide structure and guidance for our children." "Children require the presence and support of parents, mother and father, for their optimal growth." "Parents need to dedicate more time to their children."
Theme 3: Protecting Children from Negative Influences and Substance Use	**Example quotes:** "We prioritize keeping our children away from drugs, expressing our love and hope for their better judgment." "Some fathers in our community are into substance use, which negatively impacts their children. Despite limited resources, we encourage these fathers to seek treatment." "Despite efforts to relocate for our child's sake, peer influence remains a challenge. We recognize that ultimately, the child's willpower is crucial in resisting drugs." "Some children successfully overcome drug use with parental support, even relocating to new cities

	and finding stability in their lives."
Question #4: If we were to create special help for parents of children in our center, what would you want it to have?	
Theme 1: Parental Support and Education	**Example quotes:** "Parents need to be educated on the recovery process and their essential role in it. This includes orienting them on receiving the child back home, establishing structure, and fostering trust." "One topic of discussion could focus on how parents should approach their children when they return from the center, emphasizing the importance of building trust over time for effective recovery." "Providing parents with a handout on the effects of substance use after these sessions would be beneficial." "Parents suggest having regular counseling sessions at the center during our weekly visits."
Theme 2: Counseling and Emotional Support for Families	**Example quotes:** "Counseling services are needed for children to steer clear of drugs." "Similarly, parents also require counseling support." "Mothers, in particular, as primary caregivers, experience significant stress when their children fall into drug use." "Parents who are dependent on substances also require treatment, as their children are particularly vulnerable."
Theme 3: Educational and Economic Opportunities for Children	**Example quotes:** "Children could benefit from vocational skills training to prepare them for employment upon returning home." "Long-term support for children, including job opportunities, is crucial." "Given our financial limitations, support for older children to find employment would be beneficial." "Assistance with school admissions is also requested." "Providing hostel facilities for these children could offer them a supportive environment for a few years."
Question #5: What are your hopes and dreams for your children?	
Theme 1: Supporting Individual Growth and Interests	**Example quotes:** "Personally, I prefer not to set specific targets for my child; instead, I aim to support him in pursuing his interests based on his strengths." "Parents simply desire their children to receive adequate support and flourish within a nurturing and healthy environment."
Theme 2: Desire for Educational Success and Opportunity	**Example quotes:** "We aspire for our child to receive education and not face the challenges of illiteracy that some of us have experienced." "Parents typically have high expectations for their children's success and often provide support by arranging tutors and other resources."
Theme 3: Holistic Development and Well-Being	**Example quotes:** "I strive to maintain a balance by encouraging him to prioritize studies and engage in diverse activities for his overall development." "Their main concern is ensuring their children's well-being and providing them with the necessary assistance to thrive."

Note: a total of 25 parents/caregivers participated in the focus groups

There were two main themes that emerged in response to the question as to what are the biggest challenges that they face in parenting children who have drug problems. The theme of stigma and social isolation was almost universal. Parents/caregivers reported facing significant social stigma associated with their child's drug use, which leads to secrecy, isolation, and sometimes contributes to family breakdown and violence. Related yet distinct from theme one was the theme of family conflict and safety concerns. Substance use among children often leads to conflict, violence, and safety concerns within the home, particularly affecting mothers, who are often the only ones caring for the child inside the home. Finally, there was the theme of environmental and peer influences. The community and peer environment heavily influence children's drug use and risk for return to drug use, making sustained recovery more difficult despite family efforts.

In regard to what parents/caregivers see as their biggest strengths in parenting, there were three distinct themes. First was the idea of emotional regulation and positive role modeling. Many parents emphasized the importance of staying calm, avoiding anger, and acting as positive role models, recognizing that their behavior deeply influences their children. Their second theme of strengths included their active engagement in and support of their children's lives. Parents described their efforts to be more present, create structure, and actively participate in their children's lives to foster growth, connection, and resilience. Finally, a theme of protecting children from negative influences and substance use was found in the parent/caregiver responses. There were strong concerns about drug use and peer influence. Parents see it as their duty to guide children away from harmful environments and behaviors, despite challenges.

Parents/caregivers responded with answers that fell into three themes with regard to creating special help for parents of children in the center. The first theme was a desire for parental support and education. Parents/caregivers wanted structured support that educates them on substance use, the recovery process, and parenting strategies in greater detail than what is currently offered. The second theme was a greater emphasis on counseling and emotional support for families. There was a strong call for mental health support for both children and parents, including counseling and stress management. Finally, parents/caregivers wanted more educational and economic opportunities for children. Parents expressed concern about their children's future, highlighting needs for education, vocational training, and employment support.

The focus groups intentionally ended with a positive focused question as to what their hopes and dreams for their children are. Three themes emerged that included supporting individual growth and interests, the desire for their child's educational success and opportunity, and the desire for their child's holistic development and well-being. Education emerged as a common hope, both as a path to success and as a way to overcome past disadvantages. Parents also expressed a wish for balance in their children's lives that encompasses a focus on mental, emotional, and social growth alongside academic and educational achievement for economic independence.

STAFF RESPONSES

Table 3 provides a summary of the questions, themes nested within the questions, and representative quotes from the staff at SPYM who work with children with substance use problems. Two themes emerged in response to the question about what parts of CHILD they liked best. First was the theme of effective engagement with children. This theme emphasizes how the material successfully captures children's attention and promotes involvement. The second theme related to enhancing communication and understanding. This theme reflects CHILD's role in improving meaningful communication and relationships between adults and children.

Table 3. Questions, themes, & quotes from Staff Focus Groups evaluating the CHILD curriculum in New Delhi

Question #1: What parts do you like best and why?	
Theme 1: Effective Engagement with Children	**Example quote:** "The entire material is effective and beneficial for engaging with the children."
Theme 2: Enhancing Communication and Understanding	**Example quote:** "It serves as a valuable resource for fostering interaction and communication with them, facilitating a deeper level of engagement and understanding."
Question #2: What parts do you like least and why?	
Theme: Unintended Social Consequences	**Example quote:** "...there is a section that utilizes pictorial representations to illustrate physical changes. Unfortunately, this has led to instances of children teasing each other..."
Question #3: What would you change about the modules?	
Theme 1: Need for Simpler and More Accessible Content	**Example quotes:** "In the chapter 'How to Become a Good Citizen'… module, we encounter terminologies that pose challenges in conveying key messages to children...it is suggested that the content be simplified …." "The content should be in large font."
Theme 2: Desire for More Interactive and Engaging Elements	**Example quotes:** "Fun activities like 'tongue twister' should be incorporated into these modules." "The manual should incorporate a greater variety of activities to enable children to engage with the modules interactively."
Question #4: Staff were invited to share their opinions regarding any additional topics that could be incorporated into the modules for the children, as well as any potential topics that might be missing.	
Theme 1: Enhancing Learning Through Engaging and Visual Tools	**Example quotes:** "Supplementary modules could be transformed into documentaries focusing on the consequences of drug use and its impact on health." "Visual mediums like movies can be more impactful in demonstrating these effects directly to children." "Materials should reflect the real experiences/stories of admitted children. Comics developed and used at the Juvenile Centre should be replicated at other centers."
Theme 2: Promoting Personal Development and Identity Building	**Example quotes:** "Children should be engaged in more interactive sports-based developmental activities, as they are highly receptive to such initiatives." "Installation of a mirror for children to observe themselves, which can boost their confidence, particularly as they witness their transformation from the street to the center." "Adding more information on adolescence, covering both physical and psychological changes during puberty, is crucial."
Theme 3: Strengthening Rehabilitation Through Real-Life Connections and	**Example quotes:** "Document success stories and testimonials from those who have completed treatment to share with the children."

Skills	"Establish linkage with Narcotics Anonymous (NA) support group to facilitate children joining the meetings." "Introduce skill-building programs such as mobile repair and fundamental computer courses."

Note: a total of 8 staff members participated in the focus groups

Staff provided one theme in response to what they liked least and that was the unintended social consequences of using CHILD materials in a group. They reflected that some of the visual materials intended to aid understanding can unintentionally lead to negative peer interactions with children teasing each other about the material.

Staff recommendations for changes to CHILD fell into two themes. One was the need for simpler and more accessible content. Staff expressed a desire for the modules to be easier for children to understand, both in language and presentation. Secondly, staff expressed a desire for more interactive and engaging elements. Staff emphasized the importance of fun, activity-based learning to hold children's attention.

Further, staff were invited to share their opinions regarding any additional topics that could be incorporated into the modules for the children, as well as any potential topics that might be missing. Their responses to these questions were categorized into three themes. The first included enhancing learning through engaging and visual tools. Staff emphasized the value of using multimedia and interactive formats to better communicate important messages to children. The second theme was promoting personal development and identity building of the children. Specific quotes provide ideas on how to enhance the focus on activities that support children's personal growth, confidence, and self-awareness. The final theme was strengthening rehabilitation through real-life connections and skills. Staff suggested introducing real-life skills, support networks, and success stories to foster a sense of direction and hope among the children.

Discussion

The present study aimed to identify the barriers and benefits of the CHILD curriculum by learning from the responses of children who are enrolled in treatment for substance use problems, the parents of the children in treatment, and the staff providing treatment to children using the CHILD curriculum in India. By assessing barriers to and benefits of the curriculum, this study seeks to inform future implementation of the CHILD curriculum and contribute to the broader discussion of early intervention strategies for child drug use.

These findings suggest that children enrolled in treatment in New Delhi are experiencing serious problems with substance use, and that their families of origin are significantly stressed in a number of ways, particularly with concerns for their children's future. These findings are consistent with previous studies in this patient population.[7]

The qualitative findings from the child, parent/caregiver, and staff focus groups present both converging and diverging perspectives on the effectiveness, impact, and areas for improvement of the CHILD intervention. Children consistently endorsed their enjoyment of interactive, creative, and hands-on learning methods that allowed for self-expression and skill-building, such as games, storytelling, dancing, and computer use. Their feedback emphasized a desire for more play, emotional wellness support, decision-making skills, and future planning. Similarly, staff praised the modules for their ability to foster communication and engagement, while recommending enhancements to make content simpler, more visual, and more interactive. Children and staff shared a common preference for engaging formats that promote personal growth and real-life relevance.

In contrast, the parents' perspectives centered more on long-term behavioral change, recovery sustainability, and the broader systemic and environmental challenges they face in raising their children. Parents reported initial improvements in their children's behavior post-treatment but remained concerned about return to drug due to peer influence and a lack of community support. Unlike children and staff, parents focused heavily on structural support needs, such as educational reintegration, vocational training, counseling, and help navigating stigma. While children asked for more engaging content and life skills, parents emphasized the need for holistic family support systems that could sustain change beyond the treatment center and the intervention. These differing focal points underscore the importance of tailoring interventions not only to children's immediate learning needs but also to the familial and social ecosystems influencing their recovery.

In conclusion, the focus group discussions provided valuable insights into the experiences, challenges, and aspirations of staff, children, and parents involved in addressing substance use disorders among children in India, which has one of the largest proportions of children and adolescents in the world.[19]

Moving forward, a key lesson of the CHILD curriculum is that a collaborative approach involving stakeholders from multiple sectors will be essential to effectively address substance use disorder and support the holistic well-being of children and families in these communities. The origins of child substance use in the Indian context are multidimensional, and effective treatment will take this reality into account.[17] An emphasis on life skills leading to employment skills is a clear need [20] and is offered to some extent by the CHILD curriculum, but future revisions of the curriculum should build upon this foundation. Such a curriculum is needed given children in India who live in street circumstances are highly vulnerable to substance use and a myriad of other life challenges as they navigate daily survival.[21-23]

While this study was conducted in India, these results have implications for CHILD's application in the USA. Research on substance use among children younger than 12 in the United States is limited. The most recent data from the Texas School Survey of Drug and Alcohol Use reported

that 4th graders engaged in lifetime use of alcohol (13%), inhalants (11%), nicotine products (3%), and marijuana (1%).[24] According to a longitudinal study of early-onset substance use, 21% of the 65 children surveyed reported initiating substance use by age 12.[25] Further research on drug use among elementary school children in the USA is needed to accurately assess prevalence, and interventions such as CHILD are needed to respond to the identified need.

While the problem of drug use in children under 12 has received less attention in the USA than in India, the origins of the problem are much the same as in the subcontinent of India. Specifically, family discord, physical, sexual, and emotional abuse, neglect, mental illness and negative peer pressure all contribute meaningfully to the likelihood that a child will initiate substance use.[26] As such, we recommend that the CHILD curriculum be implemented in the USA as it has been implemented in other countries across the world.

As with every study, this study has both limitations and strengths. The limitations include the potential for a social desirability bias. All participants may have offered responses they believed were expected or favorable, especially in settings where staff or authority figures were nearby or facilitating. Given that children were participants, they may have felt intimidated or hesitant to speak openly, especially when discussing negative feedback about treatment. There is also the possibility of group dynamics with dominant voices overshadowing quieter participants, which may have skewed data, potentially resulting in underrepresentation of minority or dissenting views. The modest sample size of parents and staff may also limited the generalizability of the sample to the wider population. Further, focus groups provide deep but not broadly generalizable findings, particularly in small or purposive samples typical of treatment programs. These limitations are balanced by the strengths that the present study has. First is the multiple perspectives and triangulation of the data. Gathering data from children, parents/caregivers, and staff allows for a triangulated understanding of the CHILD intervention, identifying converging and diverging views on needs, experiences, and outcomes. Second, focus groups generate rich qualitative data, capturing shared experiences and culturally specific dynamics that might be missed in surveys or structured interviews. Third, including children receiving the treatment affirms their autonomy and provides an opportunity for them to be heard. For all participants, the group setting fosters discussion and reflection among participants, allowing one person's comments to prompt others to share ideas or experiences they may not have thought to raise independently. Finally, such direct feedback from end users and implementers (children, parents/caregivers, staff) provides immediate, actionable suggestions for curriculum development, service design, and delivery improvements.

Conclusions

The findings from this study reveal a rich and multifaceted portrait of the CHILD curriculum's impact across key stakeholder groups that include children enrolled in residential treatment for drug use problems, their parents/caregivers, and the staff treating the children. The results highlight CHILD's relevance and potential as an early intervention strategy for child substance use in India and beyond. Children enthusiastically endorsed the curriculum's interactive and expressive elements, suggesting that hands-on, playful activities are crucial for meaningful engagement and learning. Their feedback also revealed a strong desire for additional content that supports emotional resilience, decision-making, and future planning. Children underscored their own potential and need for holistic development beyond traditional education. Similarly, staff echoed the value of engaging content and advocated for simpler, more accessible materials that foster connection, growth, and real-world relevance. These perspectives point to the power of dynamic, child-centered pedagogy in building life skills and encouraging personal transformation.

Conversely, parents offered a grounded lens into the long-term and structural challenges facing families of children with substance use disorders. While they observed notable positive behavior changes following treatment, parents remained deeply concerned about their child's return to drug use potential, the social stigma on the child and family, and barriers to educational and economic advancement. Their feedback emphasizes that interventions like CHILD must extend beyond the treatment setting to address family and community ecosystems that influence recovery. Informed by these insights, this study recommends that future updates of the CHILD curriculum integrate deeper life-skills and employment skills, expand mental health and counseling support for both children and families, and be adapted for implementation in other contexts such as the United States. With childhood substance use emerging as a global concern, the CHILD model offers a promising, adaptable framework grounded in collaboration, empowerment, and whole-family care.

Conflicts of Interest Statement

The authors have no conflicts of interest to declare.

Funding Statement

Financial support for this project was provided by the National Institute on Drug Abuse (NIDA) R01 042822, The Bureau of International Narcotic and Law Enforcement Affairs (INL), US Dept of State, through Cooperative Agreement #GLO K42 with the Colombo Plan until a stop work order concluded funding on 1/28/25. The funding agencies had no involvement in study design, data collection, analysis, interpretation, or manuscript preparation. No contractual constraints on publishing have been imposed by NIDA or INL. The authors alone are responsible for the content and writing of this article. No honorarium, grant, or other form of payment was given to any author or any other individual to produce the manuscript.

Acknowledgements

The authors thank the SPYM staff for their hard work on this project. We also thank the children and families who gave their time and generously shared their experiences and knowledge with us.

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