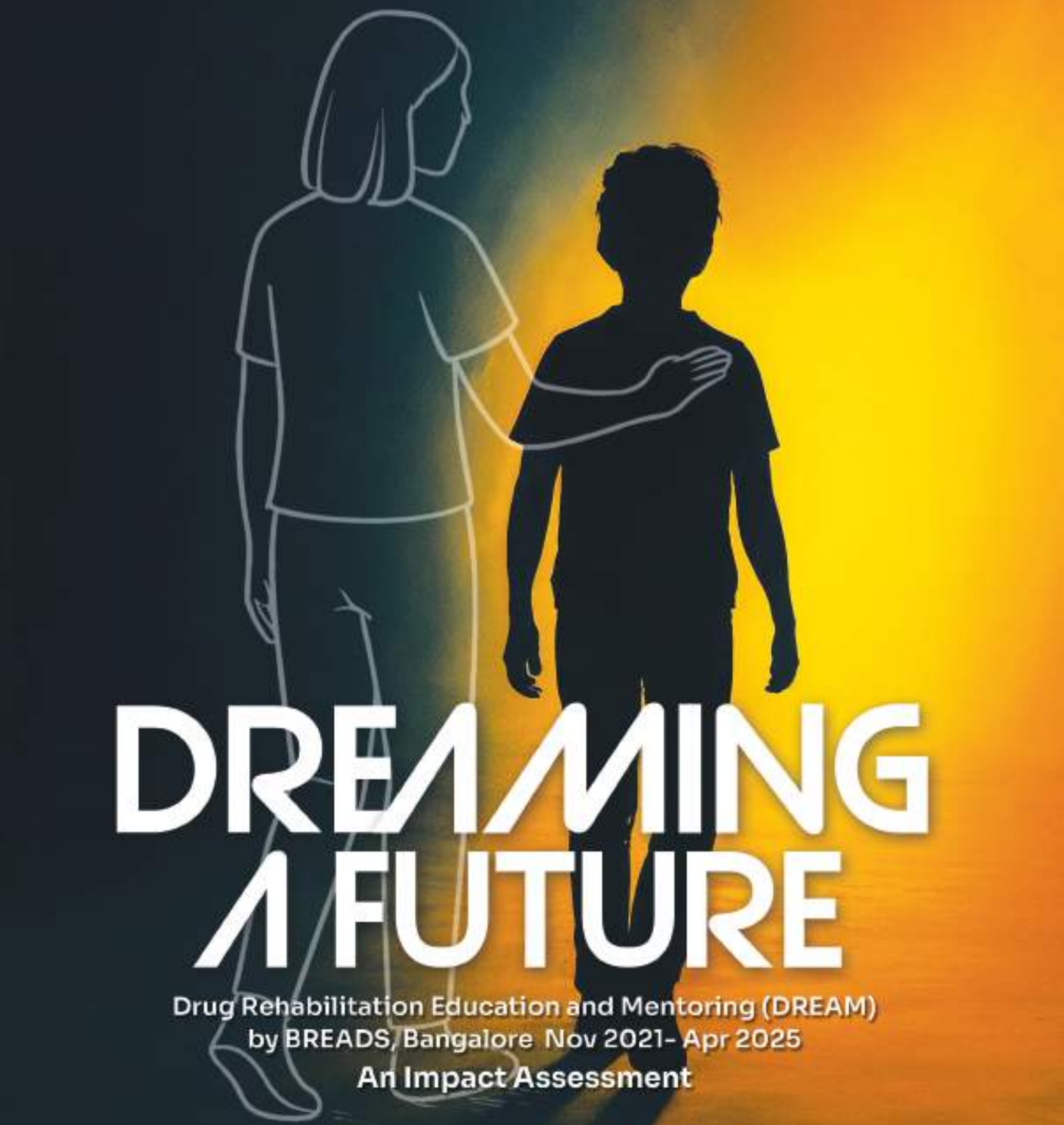
BREADS
Bangalore Rural Educational and Development Society

DREAM
Dream Beyond Drugs
An initiative of Don Bosco BREADS



DREAMING A FUTURE

Drug Rehabilitation Education and Mentoring (DREAM) by BREADS, Bangalore Nov 2021- Apr 2025

An Impact Assessment

DREAMing A FUTURE

Published by : Bangalore Rural Educational And Development Society (BREADS)
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Cover Design : Fr Bastin Nellissery SDB
Design & Print : Don Bosco IGACT

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FOREWORD

It is a pleasure to note that the Drug Rehabilitation Education and Mentoring (DREAM) initiative of BREADS has successfully reached out to hundreds of thousands of young students in schools and colleges, to motivate and support them to dream beyond addictions. Sensitising and supporting thousands of parents, teachers and significant stakeholders has been particularly important in promoting the rights of the children and youth to sound mental health. Interventions like DREAM are crucial in the state of Kerala, where the youth face much pressure to stay sober and balanced.

As DREAM finishes its first phase of implementation across ten of the fourteen districts of Kerala, I am happy that this initiative is progressing towards realisation of its goal: to safeguard children and the young who are at risk of falling victim to various addictions that will destroy their future, whether they are at home, on the streets, in schools, or elsewhere.

A special achievement that BREADS, the Province Development Office, has accomplished through DREAM, has been the setting up of Don Bosco Sadan – a deaddiction and rehabilitation centre, in Monvila, Thiruvananthapuram. This government-approved, well-equipped and professionally staffed centre, dedicated to the rehabilitation of vulnerable boys below 18 years of age, is an achievement for the Don Bosco work in the province of Bangalore, specifically in Kerala. Additionally, the setting up of ten counselling centres in ten districts, ensures the availability of professional counselling and mentoring services for the young in need across most of the state of Kerala. I congratulate BREADS on successfully creating this network of professional services for the promotion of mental health and the prevention of addictions especially for young people. These include the numerous professional social workers and counsellors who have been trained as part of the DREAM initiative.

I appreciate and congratulate the large team of Don Bosco Fathers, social workers and counsellors, who, under BREADS' leadership, have worked hard to create a system for the prevention of addiction in Kerala, in partnership with various agencies, communities and government departments. This integrated approach is truly commendable, and I wish the programme continued success.

Much appreciation goes to the funding partners of DREAM, namely Don Bosco Mondo Germany, The Federal Ministry for Economic Cooperation and Development (BMZ) and Federal Bank Hormis Memorial Foundation, who made this intervention possible.

Let us continue to work together to help young people pursue their dreams of a healthy, happy and prosperous future.

FR (DR) JOSE KOYICKAL SDB
Provincial, Salesian Province of Bangalore

PREFACE

"There is nothing like a dream to create the future." - Victor Hugo

This could also be said of BREADS' initiative, Drug Rehabilitation Education and Mentoring (DREAM) that has been working its way through the minds of children, youth and adults, in ten districts of Kerala from November 2021 to April 2025; trying to plant dreams of futures, beyond addictions to substances, and mental ill-health.

Bangalore Rural Educational and Development Society (BREADS), the development office of the Salesians of Don Bosco in Karnataka and Kerala, has been dreaming over the past 32 years of a society, where vulnerable children and youth are transformed into agents of change through educative presence and accompaniment.

Through this process, DREAM reached 405,977 school students and 94,620 college youth through awareness programmes, training 3,055 student leaders as peer influencers. DREAM trained 3,876 teachers, 300,562 parents, and 681 volunteers to prevent addiction in their local spheres of influence. Advocacy took the campaign against drug abuse to 88,231 people, who become the voices of a concerned and informed community. DREAM has also been instrumental in creating synergy among various government departments, agencies and communities to strengthen society's response to the troubling issue of growing addictions among the children and youth in Kerala. Through DREAM, 57,940 children and youth were mentored and counselled.

In 2022, under the project, Don Bosco Sadan—a deaddiction and rehabilitation centre—was started at Monvila, Thiruvananthapuram. This government-approved centre offers professional and dedicated rehabilitation services to vulnerable boys below 18 years of age, successfully treating 207 boys so far.

The need for sustained intervention to create a drug-free Kerala is clear and to chart an optimal course of action for the future, BREADS commissioned the Rajagiri College of Social Sciences, Kalamassery, Ernakulam, to evaluate the implementation and impact of the DREAM initiative through a systematic and scientific study, the findings of which are well-documented in this book. I appreciate the efforts of the team and look forward to improving our interventions based on their suggestions.

BREADS gratefully acknowledges and appreciates its funding partners Don Bosco Mondo and the Federal Ministry for Economic Cooperation and Development (BMZ) Germany, Federal Bank and the ten Don Bosco implementing partners in Kerala; without whom, this DREAM would not have materialised.

We look forward to sharing the DREAM of an addiction-free Kerala with many more children, youth and adult stakeholders in the future.

FR GEORGE PS
Executive Director- BREADS

BREADS
Bangalore Rural Educational and Development Society

GOVERNMENT OF KERALA

DREAM
Dream Beyond Drugs

MESSAGE

No. 553/Press/CMO/25 16 June, 2025

The publication of the 'DREAM Project Impact Assessment Study' is a significant contribution to our collective efforts in addressing substance use among the youth of Kerala. This research, conducted by Rajagiri College of Social Sciences for Don Bosco BREADS, provides critical insights into this pressing issue.

The Government of Kerala reiterates its firm commitment to safeguarding the future of our youth. The rising menace of substance abuse is a grave threat that demands a united and determined response. In this context, the DREAM (Drug Rehabilitation Education and Mentoring) project serves as a noteworthy model for community-led intervention. Its collaboration with government bodies, including the Vimukthi Mission, exemplifies the effective public-privatepartnership required to tackle this challenge.

Our government's multi-pronged strategy of enforcement, education, and rehabilitation is fortified by the active involvement of civil society organizations. We value the partnership of institutions like Don Bosco BREADS and encourage their continued professional and compassionate service.

Let us continue to work in concert to build a Kerala where every young citizen is free from the blight of addiction and empowered to realise their full potential.

SHRI PINARAYI VIJAYAN
Chief Minister of Kerala

DREAM
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MESSAGE

No MPRS/06/1586/2025 12.06.2025

It is with profound appreciation and deep admiration that I commend **Don Bosco BREADS** for the publication of the **Impact Assessment Study of the 'DREAM' Project** - a commendable research endeavour undertaken by Rajagiri College of Social Sciences, Kalamassery, on behalf of the Bangalore Rural Educational and Development Society (BREADS). This study not only reflects academic rigour but also captures the soul of a mission committed to safeguarding the future of our children and youth from the peril of substance abuse.

The Drug Rehabilitation Education And Mentoring **(DREAM)** Project, implemented across 10 districts in Kerala by Don Bosco BREADS in collaboration with Don Bosco institutions, stands as a compassionate and resolute response to one of the most pressing challenges of our times. Through sustained efforts in awareness-building, sensitization campaigns, and capacity enhancement of educators, student leaders, and child ambassadors, the project has succeeded in creating a strong network of informed mentors and advocates within educational institutions. The transformative impact of DREAM has been magnified by its collaborative engagements with **Vimukti**, various government departments, and numerous civil society organizations - all united in their mission to protect and empower Kerala's youth.

A special word of appreciation is due to **Don Bosco Sadan De-addiction and Rehabilitation Centre**, which has successfully treated and rehabilitated over 200 children in a remarkably short span of time. Its dedicated service has not only saved young lives but has also offered solace to countless families grappling with despair. I am sure this centre will continue to be a beacon of light for the affected children and distressed families.

The findings of this research study stand as a testament to the **quality, impact, and relevance** of the services rendered by Don Bosco institutions, particularly among the marginalized communities. It underscores their unwavering commitment to prevention, protection, and rehabilitation. This publication serves not only as a reflection of past success but also as a roadmap for future interventions.

As a proud alumnus of Don Bosco School, I extend my warmest congratulations to all stakeholders involved. I sincerely hope this study will serve as both a mirror and a map- a reflection of what has been achieved, and a guide for what more must be done. Let its insights deepen our collective resolve to design more effective and inclusive strategies to eliminate the scourge of substance use among our children and youth.

DR JOHN BRITTAS
Member of Parliament

21 June, 2025

നിരോധിത ലഹരി പദാർത്ഥങ്ങളുടെ ഉപയോഗം കുട്ടികൾക്കും യുവാക്കൾക്കും ഇടയിൽ മഹാമാരി പോലെ പടർന്നു പിടിക്കുന്ന ഒരു കാലത്തിലൂടെയാണ് നാം കടന്ന് പോകുന്നത്. കുട്ടികൾ എന്നോ മുതിർന്നവർ എന്നോ വ്യത്യാസമില്ലാതെലഹരിക്കടിമപ്പെട്ട് ജീവിതം തിരികെ പിടിക്കാനാവാത്ത വിധം നഷ്ടപ്പെട്ടുപോയവരുടെ എണ്ണം വർദ്ധിച്ചുവരുന്നു. എന്നാൽ ലഹരിക്കെതിരായി സമൂഹത്തിന്റെ വിവിധ മേഖലകളിൽ നിന്നും ഉയർന്നുവരുന്ന പ്രവർത്തനങ്ങളിൽ ഭൂരിഭാഗവും അവയുടെ സാമൂഹിക വിപത്തുകൾ വിശദീകരിച്ചുള്ള പ്രചരണം മാത്രമായി ഒതുങ്ങി പോകാറുണ്ട്. ഇവിടെയാണ് Don Bosco BREADS (Bangalore Rural Education And Development Society) മുൻകൈ എടുത്ത് നടത്തിയ DREAM പദ്ധതി ശ്രദ്ധേയമാകുന്നത്. ബോധവത്കരണ പ്രവർത്തനങ്ങളിൽ നിന്ന് വ്യത്യസ്തമായി സമൂഹത്തിൽ ലഹരി ഉപയോഗം അമിതമാകുന്നതിനുള്ള സാഹചര്യങ്ങൾ മനസിലാക്കി ലഹരിയുടെ ഉപയോഗം പ്രാഥമിക ഘട്ടത്തിൽ തന്നെ പ്രതിരോധിച്ചും, ലഹരിക്ക് അടിമപ്പെട്ടു പോയവരുടെ പുനരധിവാസം ഉറപ്പാക്കിയും ഒരു ലഹരിമുക്ത സമൂഹം കേട്ടിപ്പടുക്കുവാൻ സമൂഹത്തിൽ നടത്തേണ്ട ക്രിയാത്മകമായ ഇടപെടലുകളുടെ ഒരു ഉദാത്ത മാതൃകയാണ് DREAM പദ്ധതി മുന്നോട്ട് വക്കുന്നത്. കഴിഞ്ഞ വർഷങ്ങളിൽ കേരളത്തിലെ വിവിധ ജില്ലകളിലെ കുട്ടികൾക്കിടയിൽ നടത്തിവന്ന DREAM പദ്ധതിയുടെ പ്രവർത്തന വിലയിരുത്തലുകൾ ഒരു പുസ്തക രൂപത്തിൽ പ്രസിദ്ധീകരിക്കുമ്പോൾ അത് കേരളത്തിന് അകത്തും പുറത്തുമായി മയക്കുമരുന്നുകൾക്കും ലഹരി പദാർത്ഥങ്ങൾക്കും അധീതമായ ഒരു യുവജന സമൂഹത്തെ കെട്ടിപ്പടുക്കുവാനുള്ള ഏതൊരു ശ്രമങ്ങൾക്കും ശക്തിപകരുന്ന ഒന്നായി മാറും എന്നത് തർക്കരഹിതമായ കാര്യമാണ്. Don Bosco BREADS (Bangalore Rural Education And Development Society) യുടെ മാതൃകാപരമായ ഈ ഉദ്യമത്തിന് എന്റെ എല്ലാ ആശംസകളും നേരുന്നു.

DR ARUN S NAIR IAS
Director, Social Justice Department, Kerala

DREAM
Dream Beyond Drugs

MESSAGE

DREAM
Dream Beyond Drugs

MESSAGE

I am happy to know of the excellent work done by DREAM (Drug Rehabilitation Education and Mentoring) Project initiated by Don Bosco BREADS (Bangalore Rural Educational and Development Society) in the field of protecting children and youth from harmful substances such as drugs and alcohol.

DREAM aims to empower children and youth to stay away from alcohol and substance abuse and to enable them to 'dream beyond drugs'.

It is evident that children and youth of our State are at an impressionable age, influenced by the glorification of alcohol and drugs used in popular media. The need of the hour is to take the battle to the familiar environments of children, such as schools and colleges, providing them with valuable information regarding the deleterious effect of drugs and alcohol, and encouraging them to reach out for help and support at times of need.

Many children are pushed into such activities through circumstances beyond their control. It is therefore important to provide a powerful narrative regarding the harmful effect of such usage, to provide an effective support system that can step in and help the individual during critical times, and to provide a scientific and effective deaddiction and rehabilitation mechanism. This ambitious effort cannot be done by one agency or the Government. It has to have the participation and involvement of several stakeholders such as parents, teachers, community leaders and volunteers.

This ambitious DREAM Project spread across 10 districts of the state has already touched the lives of lakhs of school and college students. It has brought awareness and technical know-how to thousands of teachers of schools and colleges and also provided valuable information to parents.

It is not sufficient to claim to have undertaken such a mammoth initiative. I am particularly delighted to learn about the comprehensive Impact Assessment Study done on the first phase of DREAM initiative which has been ongoing for the last 4 years across 10 districts. An objective assessment has been conducted using technical tools such as the Key Performance Index that examines the effectiveness of the various parts of the initiative. The Study has objectively brought out that DREAM has addressed critical gaps in early prevention, psychosocial support and community engagement. There is also clarity in terms of delivery by bringing strong synergy with existing efforts of the state and central governments, such as Vimukti mission, Yodhav and Nasha Mukt Bharat Abhiyan.

I would like to compliment Fr P S George SDB, the Executive Director of BREADS for his visionary leadership. I would like to record my deep sense of appreciation for the efforts of Fr Philip Parakatt SDB, State Project Director, DREAM Kerala, state and district team members and all others associated with this noble venture. I have no doubt that the findings of the study will go a long way in enabling the continuation of such a wonderful initiative and also provide valuable data that will bring in more funds and resources into the sector. I wish the very best to project DREAM and all their future efforts.

DR V VENU IAS (RTD)
Former Chief Secretary, Government of Kerala

DON BOSCO MONDO
JUGEND • HILFE • WELTWEIT

DREAM
Dream Beyond Drugs

Greetings from Don Bosco Mondo!

As the Project Manager responsible for South India at the German NGO Don Bosco Mondo e.V., I am very happy to have the Impact Study Report of the DREAM project in front of me. It is with great joy and gratitude that I look back on the work we have done together in the DREAM project. It has been a true privilege to accompany this initiative - not only because of its relevance, but above all because of the exceptional dedication of the people behind it. Without the tireless commitment of the project team, the progress achieved would not have been possible.

Substance abuse and addiction remain highly stigmatized topics. This stigma often prevents affected families, children, and young people from speaking openly and seeking help. All the more remarkable, then, is the way the project team has continuously and sensitively adapted its strategies to address these barriers - for example, by adjusting language in program materials and shifting the focus of parent trainings to reduce fears of stigma and exclusion.

One particularly impactful development has been the expansion of services beyond the established counselling centers. For instance, following awareness sessions in schools and colleges, young people are offered the opportunity to speak directly with counsellors - a low-threshold service that has been very well received.

Today, DREAM is widely recognized across Kerala and valued as a reliable partner by government bodies and civil society organizations alike - a clear sign of its growing impact. The project's success has also been strongly affirmed by the donor, who continues to support DREAM as a highly effective and meaningful initiative.

A key factor in this success has been the long-standing and trusting partnership between Mondo and the local partner BREADS. Their close and constructive collaboration has provided the solid foundation on which DREAM has been built - professionally, structurally, and personally.

DREAM is more than just a project - it has become a movement that brings hope, offers guidance, and makes real change possible.

My heartfelt thanks go to everyone who has contributed to this achievement - for their expertise, their creativity, and above all, their dedication.

Warm regards,

Susanne Arzt

MS SUSANNE ARZT
Project Manager, Don Bosco Mondo e.V.

MESSAGE

DREAM
Dream Beyond Drugs

FEDERAL BANK
YOUR PERFECT BANKING PARTNER

MESSAGE

At Federal Bank, we have always held that the worth of an institution is measured in the humane imprint it leaves behind. Corporate social responsibility, in our understanding, is not charity in passing, but a covenant with society — a conscious endeavour to cultivate resilience, dignity, and renewal.

Our collaboration with Don Bosco, through BREADS, finds eloquent expression in the DREAM programme. DREAM is not merely a response to substance abuse—it is a movement that has touched 893,947 lives across Kerala. It seeks not only to shield young minds from corrosive influences but also to restore confidence in families and schools—and to reaffirm the belief that tomorrow need not be surrendered to despair.

What distinguishes DREAM is its comprehensiveness: awareness in classrooms, capacity-building for teachers, leadership formation among students, sensitisation of parents, volunteer mobilisation, and the quiet but crucial work of counselling and de-addiction. It does not function as a set of discrete activities, but as a confluence of interventions that together form an ecosystem of vigilance and care.

For us at Federal Bank, to stand beside Don Bosco in this pursuit is both a privilege and a responsibility. Their commitment reminds us that true social change rarely comes through spectacle, but through steadfast, almost unheralded, labour — the kind that alters destinies quietly, and for generations.

As we look forward, we remain committed to nurturing such purposeful partnerships.

SHRI RAJANARAYANAN
EVP & Chief HRO, Federal Bank

IN APPRECIATION

BREADS gratefully acknowledges all the individuals and institutions, who have made DREAM a reality.

- The Provincial of the Salesians Province of Bangalore and his Council, for their support in promoting the DREAM programme across 10 of the 14 districts in Kerala.
- The BREADS team, led by various Executive Directors (Fr Joy Nedumparambil, Fr Rubin Mathew, Fr George PS) over the years, which conceptualised and monitored the DREAM initiative.

Funding Partners

Staunch supporters and partners in the large-scale visions of BREADS, over the years:

- Don Bosco Mondo, Bonn, Germany
- The Federal Ministry for Economic Cooperation and Development (BMZ), Germany

Supporting partner in Kerala

- Fedbank Hormis Memorial Foundation, Aluva, Kerala, India

Implementing Partners

All the Don Bosco partners in Kerala, led by the State DREAM Directors (Fr Binu Scaria, Fr Philip Parakkat) and the numerous District Directors, who took the vision and plan to the ground and made it happen. We also appreciate the efforts of the numerous staff members of the district DREAM teams, who contributed to the success of the programme.

- Don Bosco Alappuzha
- Don Bosco Sneha Bhavan, Palluruthy, Kochi
- Don Bosco College, Angadikadavu, Kannur
- Don Bosco Chullikara, Kasargod
- Don Bosco Thope, Kollam
- Don Bosco School, Puthuppally, Kottayam
- Don Bosco College, Mampetta, Kozhikode
- Don Bosco Veedu, Thiruvananthapuram
- Don Bosco College, Mannuthy, Thrissur
- Don Bosco College, Sultan Bathery, Wayanad
- Don Bosco Monvila, Thiruvananthapuram, which contributed in a special way through Don Bosco Sadan—the rehabilitation centre for boys with addiction.

Special Acknowledgement

BREADS commissioned the Rajagiri College of Social Sciences, Kalamassery, Ernakulam, to evaluate the implementation and impact of the DREAM initiative through a systematic and scientific study. Their well-documented insights, findings and graphical representations are also included in this Impact Assessment report.

We appreciate the Rajagiri team comprising of Dr. Kiran Thampi, Dr. Reena Merin Cherian, Dr Anil John, Fr. Jolly John Odathakkal, Ms Lija Mary Mathew, Ms Sreekutty M J, and Ms Sukanya Josy for their professional expertise and personal dedication in executing and documenting the evaluation process.

DREAM Impact Assessment Report

Appreciation to the BREADS team for the preparation of this report: Fr George P S, Ms Cheryl Bartholomeusz, Mr Benny Augustine, Mr Anoop Raj, Mr Jibin Jose, Mr Joshua David, Mr Dennis Shaji.

ABOUT BREADS

Bangalore Rural Educational and Development Society (BREADS) is a registered Charitable Trust (1138/94-95) promoted by the Salesians of Don Bosco, Province of Bangalore, India. Since 1993, BREADS has been serving hundreds of thousands of vulnerable children, youth and women in the marginalised communities of Karnataka and Kerala states in India.

BREADS is part of a Salesian network spread across 136 countries and most of the states of India. The Salesians worldwide have proven expertise in education, vocational training, as well as the rescue and rehabilitation of children and youth from high risk and vulnerable backgrounds, which has a profound influence on young people, irrespective of their religious and socioeconomic backgrounds.

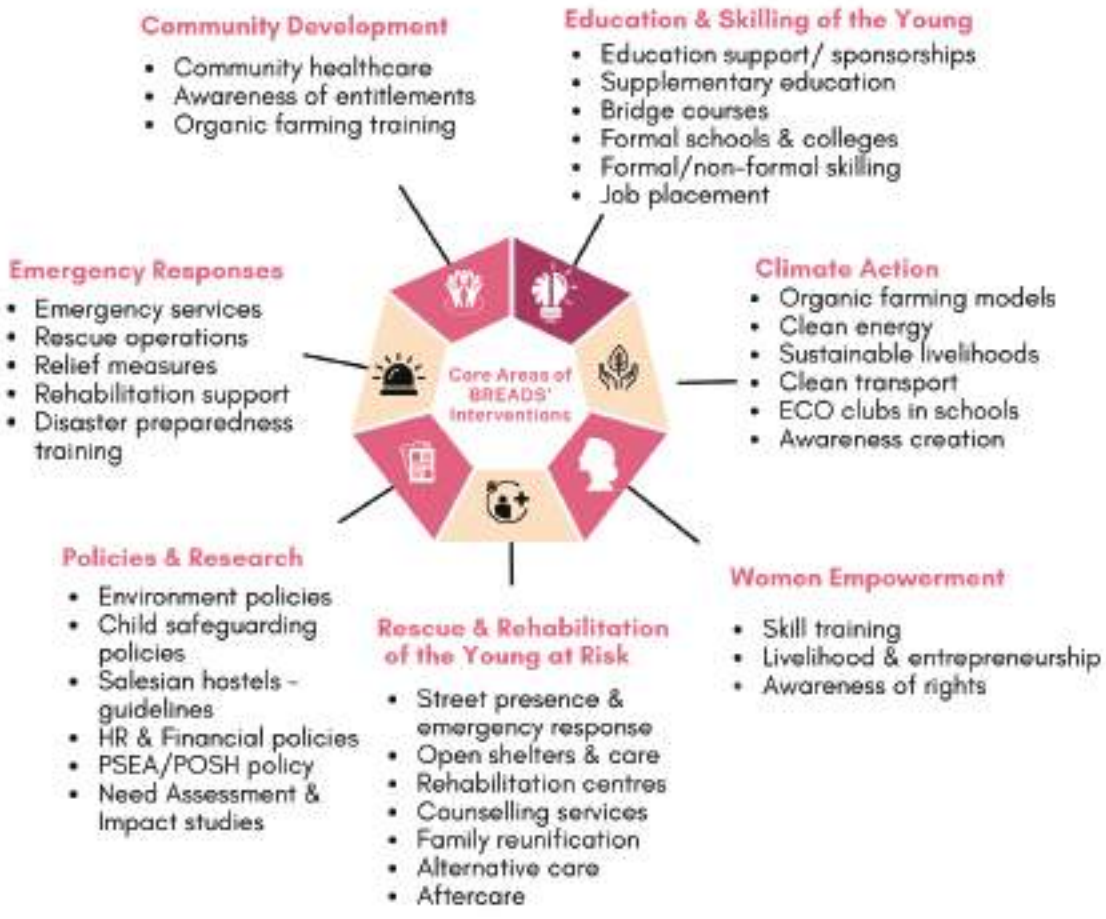


Figure 1: BREADS' Areas of Intervention

Over the years, BREADS has initiated flagship programmes, primarily to promote and protect the rights of vulnerable children, youth and women. Drug Rehabilitation Education And Mentoring (DREAM) is one of them. Others are:

- Rescue & Rehabilitation of children at risk—healthcare, education, skilling, shelters, counselling, advocacy and other services in Karnataka and Kerala
- Education & Skilling—formal and non-formal education and skilling interventions that are tailored to the needs of children and youth at various stages of their personal development. Employability and life skills, and job placements are part of these programmes.
- MINDS-Mental Health Initiative for Nurturing Development and Support, to promote mental health for school children in 6 districts of Karnataka
- Sports for Change—promoting sports as means to prevent addictions and promote mental health in 6 locations in Kerala, and Bangalore in Karnataka
- ECO Clubs—Educate to Cultivate Organically, school-based clubs to cultivate organic gardens and promote eco-friendly lifestyles in 3 districts of Karnataka
- WELivE—Women Empowerment through Livelihood and Entrepreneurship in Kerala and Karnataka
- Health on Wheels—taking healthcare to underserved communities in 5 districts of Karnataka
- CREAM-Child Rights Education and Action Movement, to empower children and communities through child rights in 21 districts of Karnataka (2012-2023)
- KISMAT-Kerala/Karnataka Interstate Migrants Alliance for Transformation, to empower and support migrants

CONTEXT OF THE DREAM INITIATIVE

Substance abuse in India remains a critical public health issue, affecting millions across diverse age groups and regions. According to a study conducted by the National Drug Dependence Treatment Centre (NDDTC) and the All India Institute of Medical Sciences (AIIMS), New Delhi, for the Ministry of Social Justice and Empowerment, Government of India in 2019, alcohol is the most consumed psychoactive substance, with approximately 17.1% of adults aged 18-75 years, representing about 150 million individuals, reported as current users. Among younger populations aged 10-17 years, the prevalence is around 1.3%, amounting to nearly 3 million adolescents. Cannabis ranks as the second most widely used substance, with current usage rates estimated at about 2.8% of adults (around 31 million people) and 0.9% among younger individuals, equating to approximately 2 million young users. Opioid abuse also presents a significant challenge, affecting approximately 2.1% of the adult population, or about 19 million people, who currently use substances such as heroin, pharmaceutical opioids, and opium. Among adolescents, opioid use is reported at about 1.8%, translating to roughly 4 million young individuals affected by this form of substance abuse.

Notable regional variations exist in drug abuse patterns within India. States like Chhattisgarh, Tripura, Punjab, Arunachal Pradesh, and Goa report higher-than-average alcohol usage rates, indicating region-specific vulnerabilities. Cannabis usage surpasses national averages in states such as Uttar Pradesh, Punjab, Sikkim, Chhattisgarh, and Delhi[1]. Kerala, despite its notable achievements in literacy and health indicators, has recently witnessed a significant increase in drug-related incidents, particularly involving synthetic drugs[2].

Drug seizures and related criminal cases have increased significantly nationwide. In 2024 alone, narcotic seizures exceeded 1,087 tonnes, valued at approximately 250.33 billion Indian rupees, marking a significant increase of more than 55% compared to 161 billion Indian rupees worth of drugs seized in 2023[3]. The number of drug-related seizure cases rose dramatically from about 70,000 cases in 2014 to over 100,000 in 2023, representing nearly a 43% increase in a decade[4]. These figures indicate an increasingly challenging situation for law enforcement agencies and policymakers in addressing

1 Ambekar, A., Chadda, R. K., Khandelwal, S. K., Rao, R., Mishra, A. K., & Agrawal., A. (2019). Magnitude of Substance use in India (National Survey on Extent and Pattern of Substance Use in India), Ministry of Social Justice and Empowerment, Government of India.

2 Menon, G. S. (2022, October 6), Drug dependence and abuse among Kerala school children, Mathrubhumi.

3 Ambekar, A., Chadda, R. K., Khandelwal, S. K., Rao, R., Mishra, A. K., & Agrawal., A. (2019), Magnitude of Substance use in India (National Survey on Extent and Pattern of Substance Use in India), Ministry of Social Justice and Empowerment, Government of India.

4 Satapathy, S. (2024, October 15), India's failing war on drugs—Asia Times, https://asiatimes.com/2024/10/indias-failing-war-on-drugs/#.

drug trafficking and usage.

Despite the high prevalence of drug use and increased enforcement measures, treatment services remain inadequate and underutilised. Only about one in 180 individuals with alcohol dependence and one in 20 persons with illicit drug dependence receive inpatient care, highlighting significant gaps in treatment availability and accessibility[5].

Despite the high prevalence of drug use and increased enforcement measures, treatment services remain inadequate and underutilised. Only about one in 180 individuals with alcohol dependence and one in 20 persons with illicit drug dependence receive inpatient care, highlighting significant gaps in treatment availability and accessibility[6]. This underscores the urgent need for expanded access to effective treatment facilities, region-specific prevention initiatives, targeted interventions, and comprehensive policy frameworks. Public awareness campaigns, education programmes, and community-based interventions are critical in addressing the root causes of substance abuse and mitigating its societal impact.

Addressing substance abuse in India thus requires a multifaceted approach that incorporates prevention, robust law enforcement, and extensive treatment strategies tailored to effectively manage and mitigate this widespread and escalating public health issue. Collaboration among governmental agencies, healthcare providers, educational institutions, and community organisations is essential for creating sustainable solutions and reducing the burden of drug abuse across the nation.

Drug Scenario in Kerala

Drug abuse has emerged as a significant public health concern in Kerala, affecting diverse groups, including the public, school students, and college students. The state has experienced a marked increase in drug-related incidents, with recent statistics highlighting the severity of the issue. Between January 2023 and June 2024, Kerala reported 41,531 cases under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, with Ernakulam district leading with 8,567 cases. Malappuram and Kozhikode districts followed, recording 5,906 and 5,385 cases, respectively. Additionally, synthetic drug seizures, including methamphetamine, sharply increased from 88.8 grams in 2021 to 2,432.4 grams in 2022, highlighting an alarming shift toward synthetic substance abuse. This rise is attributed to factors such as increased availability, affordability, and changing preferences among younger demographics, driven partly by socio-economic changes and globalisation.

The situation among school students in Kerala is particularly alarming. A survey conducted by Kerala Police indicated that 40% of substance abuse victims under the age of 18 years, with a concerning trend of young girls increasingly becoming targets. Reports suggest the involvement of women carriers used strategically to recruit female students into drug networks. Small roadside eateries and petty shops near educational institutions have become hotspots for drug distribution among students[7].

5 Ambekar, A., Chadda, R. K., Khandelwal, S. K., Rao, R., Mishra, A. K., & Agrawal., A. (2019), Magnitude ofSubstance use in India (National Survey on Extent and Pattern of Substance Use in India), Ministry of Social Justice and Empowerment, Government of India.

6 Antony, T. (2023, April 11). Sharp rise in synthetic drug abuse in Kerala, The New Indian Express, https://www.newindianexpress.com/states/kerala/2023/Apr/11/sharp-rise-in-synthetic-drug-abuse-in-kerala-2564669.html.

7 Press Trust of India, (2023, February 12), Ganja In Bags, Girls As Carriers: Kerala School Children In Drug Trap, https://www.ndtv.com/kerala-news/kerala-fights-drug-menace-among-school-children-3774995.

Similarly, drug abuse among college students has escalated dramatically. In 2024 alone, authorities registered 24,517 NDPS cases—a 330% increase compared to 2021 figures[8].

Studies indicate drug usage among Indian college students ranges between 17.15% and 60.26%, with students enrolled in professional courses exhibiting higher rates of substance abuse[9]. A study in Central Kerala in 2017, reported 31.8% of college students have substance abuse problems[10]. Tobacco, alcohol, and cannabis are among the most abused substances. Moreover, nearly 70 known drug-selling points operate around educational institutions in Ernakulam, directly targeting students.

Several contributing factors have intensified the drug abuse issue in Kerala. These include peer pressure, academic stress, curiosity, and easy access to substances. Family influence also plays a critical role, with students from families having histories of substance use being more vulnerable. Additionally, the deliberate use of female carriers to target young women has further complicated the issue[11].

In 2024, Kerala recorded 27,701 cases under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, exceeding Punjab's 9,025 cases. Additionally, synthetic drug seizures, including methamphetamine, sharply increased from 88.8 grams in 2021 to 2,432.4 grams in 2022, highlighting an alarming shift toward synthetic substance abuse[12]. This rise is attributed to factors such as increased availability, affordability, and changing preferences among younger demographics, driven partly by socio-economic changes and globalisation.

Response from the State of Kerala

Recognising the growing threat of substance abuse, especially among the youth, a wide range of initiatives have been launched at the state and civil society levels in Kerala. These programmes aim to foster awareness, prevention, early intervention, and community-based rehabilitation. Government bodies, educational institutions, law enforcement, and non-governmental organisations have all come together to implement innovative and youth-friendly strategies to curb drug use and promote healthy lifestyles.

The Kerala government has introduced several impactful projects aimed at reducing drug abuse among young people. The "Vimukthi Mission" is a major initiative designed to create extensive awareness about the dangers of drug addiction and alcoholism. This mission actively engages students and the broader community through statewide campaigns, seminars, workshops, and public events. A notable extension of this mission is the establishment of Vimukthi Clubs in schools across Kerala, where students actively participate in anti-drug campaigns, organise peer discussions, conduct creative competitions, and visit rehabilitation centres, thereby embedding anti-drug education into their school life[13].

8 Mathrubhumi, (2025, February 18), 'We've been pushing it off, saying it's not happening in Kerala': HC on rising drug-related cases, https://english.mathrubhumi.com/amp/news/kerala/kerala-high-court-raisesconcern-over-increased-drug-use-1.10353681.

9 Kumar, P. C. P., Antony, S., Ammapattian, T., Kishor, M., & Sadashiv, M. (2024), Substance use prevalence and associated factors among Indian college students: A narrative review, Archives of Mental Health, 25(1), 77, https://doi.org/10.4103/amh.amh_58_23.

10 Raphael, L., Raveendran, R., & V, S. M. (2017), Prevalence and determinants of substance abuse among youth in Central Kerala, India, International Journal Of Community Medicine And Public Health, 4(3), 747–751, https://doi.org/10.18203/2394-6040.ijcmph20170752.

11 Menon, G. S. (2022, October 6), Drug dependence and abuse among Kerala school children, Mathrubhumi, https://english.mathrubhumi.com/features/specials/drug-dependence-and-abuse-among-kerala-school-children-1.7933355.

12 The New Indian Express, (2023, May 9), Kicking drugs out with Venda Cup in Kochi, https://www.newindianexpress.com/cities/kochi/2023/May/08/kicking-drugs-out-with-venda-cup-in-kochi-2573254.html.

13 The Hindu, (2021, October 24), Vimukthi Mission launches project, https://www.thehindu.com/news/national/kerala/vimukthi-mission-launches-project/ article37155324.ece.

The Hindu, (2023, November 20), Vimukthi Mission intensifies activities in educational institutions in Ernakulam, https://www.thehindu.com/news/cities/Kochi/vimukthi-mission-intensifies-activities-in-educational-institutions-in-ernakulam/article67554275.ece.

Venkateswaran, A. (2023, May 31), Vimukthi Mission to resume anti-drug activities in schools, https://timesofindia.indiatimes.com/city/kochi/vimukthi-mission-to-resume-anti-drug-activities-in-schools/articleshow/100633983.cms.

Additionally, the "Yodhav" initiative, led by the Kerala Police Department, specifically addresses the youth, promoting awareness through interactive workshops and direct engagements with students in educational institutions. It utilises youth-friendly methods like drama, storytelling, and real-life testimonials to make anti-drug education more relatable and effective[14].

The "Snehathon" campaign conducted by the Institute of Human Resources Development (IHRD) under the Higher Education Department, emphasises emotional support and societal awareness, seeking to counter drug-induced violence through compassionate engagement.

The "PRAJNA" initiative, implemented in CBSE schools across Kerala, further strengthens this approach through structured anti-drug educational programmes and peer counselling activities[15].

The "Student Police Cadet (SPC) Project" jointly managed by Kerala's Home and Education departments, integrates community policing with school education. It promotes civic responsibility and lawfulness, particularly addressing social issues like drug abuse through active student participation in community-oriented activities and awareness programmes [16].

14 The Hindu, (2022, October 15), Surge in alerts received under 'Yodhav', https://www.thehindu.com/news/cities/Kochi/surge-in-alerts-received-under-yodhav/ article66014737.ece.

15 The Hindu, (2025a, March 5), Love-a-thon to combat drug abuse and violence among youth in Kerala, https://www.thehindu.com/news/national/kerala/love-a-thon-to-combat-drug-abuse-and-violenceamong-youth-in-kerala/article69294540.ece.

The New Indian Express, (2025, March 6), Anti-drug drive in schools, higher educational institutions across Kerala, https://www.newindianexpress.com/cities/thiruvananthapuram/2025/Mar/06/anti-drug-drive-in-schools-higher-educational-institutions-across-kerala.

16 The Hindu, (2025b, March 28), Use SPCs for anti-drug campaign: CM. https://www.thehindu.com/news/national/kerala/use-spcs-for-anti-drug-campaign-cm/ article69386665.ece.

ABOUT DREAM

Drug Rehabilitation Education And Mentoring (DREAM) is a comprehensive initiative focused on reducing and preventing substance abuse among children, adolescents, and young adults. DREAM is grounded in a holistic, community-based model that emphasises education, awareness, mentorship, counselling, deaddiction and rehabilitation, as well as collaboration across stakeholders to build a resilient, drug-free society.

A Collaborative DREAM

Conceived as a response to the situation in Kerala, DREAM was realised through close collaboration among Don Bosco Mondo and the Federal Ministry for Economic Cooperation and Development (BMZ) of Germany and BREADS. The Federal Bank Hormis Memorial Foundation also contributed as a local funding partner. Ten Don Bosco partners supported the implementation of the initiative across ten districts in Kerala, that was launched in November 2021.

Figure 2: Implementation of DREAM - Districts

District	Don Bosco Partner
Alappuzha	Don Bosco Alappuzha
Ernakulam	Don Bosco Sneha Bhavan, Palluruthy, Kochi
Kannur	Don Bosco College, Angadikadavu, Kannur
Kasargod	Don Bosco Chullikara, Kasargod
Kollam	Don Bosco Thope, Kollam
Kottayam	Don Bosco School, Puthuppally, Kottayam
Kozhikode	Don Bosco College, Mampetta, Kozhikode
Thiruvananthapuram	Don Bosco Veedu, Thiruvananthapuram
Thrissur	Don Bosco College, Mannuthy, Thrissur
Wayanad	Don Bosco College, Sultan Bathery, Wayanad

Table 1: Implementing Don Bosco Partners

DREAM Project Team: Structure And Roles

To reach the ambitious goal of prevention of addiction across 10 districts, the DREAM initiative had to be structured accordingly with a clear demarcation of team roles at the state and district levels, creating a balanced integration of dedicated leadership, professional expertise, and grassroots involvement.

Coordinated and monitored by BREADS, the DREAM team comprised of a State Director (professional Salesian social worker), who played a key role in building partnerships with the government agencies and civil society, enabling policy-level support and long-term sustainability, also liaising with the District-level Directors. A State Coordinator was responsible for monitoring and facilitating the regular functioning of the ten district teams, reporting to the State Director and BREADS.

Headed by the District Directors (professional Salesian social workers), teams comprising of a social activist and counsellor, implemented the activities of the DREAM programme at the district level. Both the team members were qualified in social work and psychology studies, ensuring that they could interchangeably take on the role of counsellor as well as community mobiliser and educator.

The BREADS team, led by the Executive Director and Project Manager, was responsible for planning and facilitating the execution of the project, building capacity of the teams, developing training modules, project reporting and resource mobilisation.

DREAM team

DREAM Core Values And Philosophy

The DREAM project is grounded in eight core values that reflect best practices in social work, counselling, and youth development. These guiding values form the ethical and philosophical foundation of DREAM, ensuring that every action taken not only addresses the symptoms of substance abuse but also promotes dignity, empowerment, and lasting transformation.

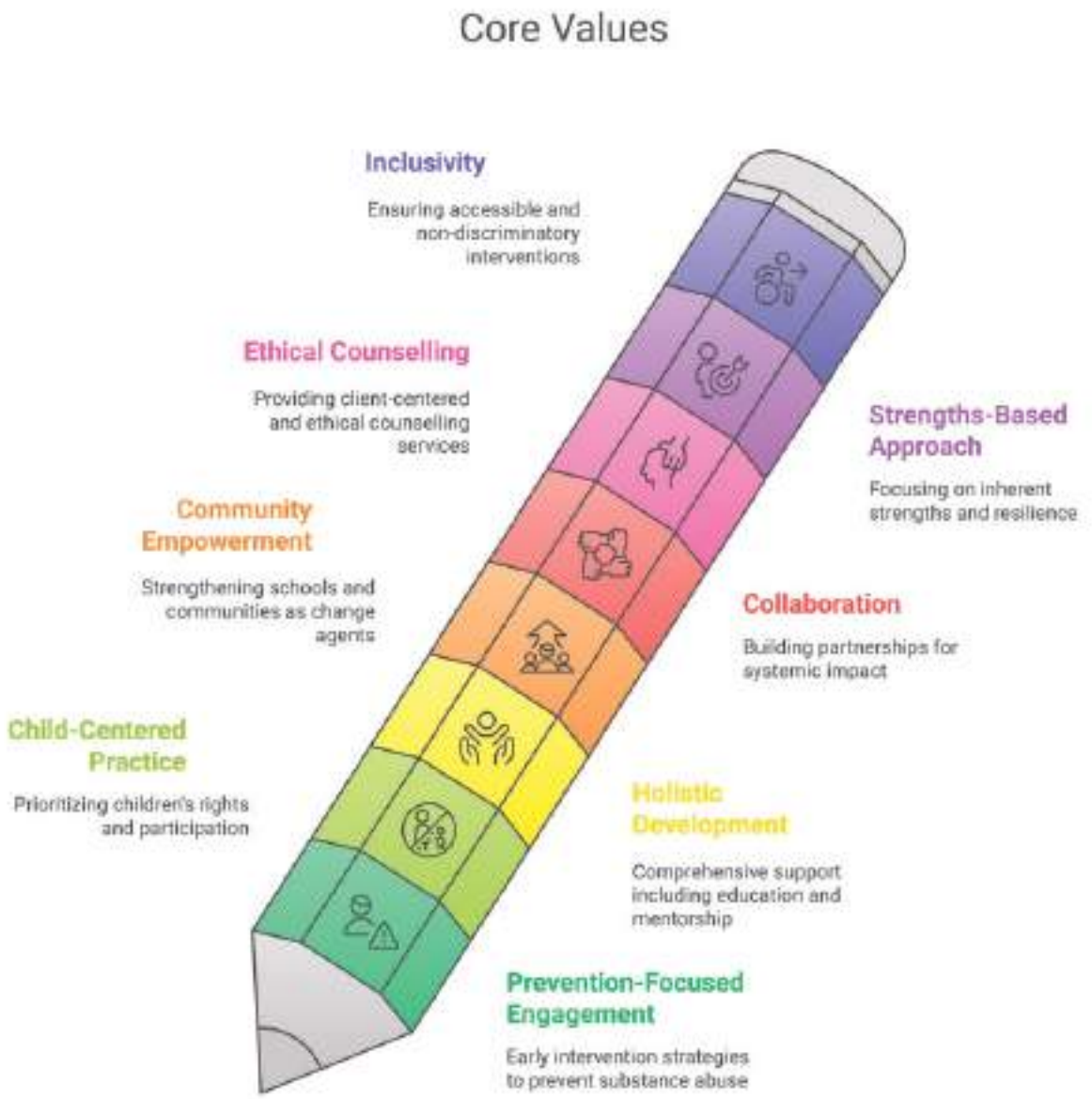


Figure 3: DREAM Core Values & Philosophy

1. **Prevention-Focused and Proactive Engagement:** DREAM prioritises early intervention by identifying risk factors and implementing strategies to prevent substance abuse before it takes root. This forward-looking approach empowers young people to make informed, healthy choices.

2. **Child-Centred and Rights-Based Practice:** At the heart of the project is a deep respect for the rights and dignity of children and adolescents. DREAM promotes child participation, protection, and empowerment, ensuring that their voices are heard and needs are prioritised in every aspect of the intervention.

3. **Holistic Development and Support Systems:** Recognising the complex factors influencing a young person's life, DREAM adopts a holistic model, includes education, counselling, mentorship, family involvement, and peer support, ensuring well-rounded and sustainable impact.

4. **School and Community Empowerment:** Schools, colleges and communities are key agents of change in the DREAM model. The project strengthens their capacity to promote drug-free environments through leadership training, awareness campaigns, and platforms such as Vimukthi Clubs.

5. **Collaboration and Intersectoral Coordination:** DREAM fosters strong partnerships between government agencies, educational institutions, NGOs, local authorities, and community organisations. This collaborative framework enhances resource sharing, joint action, and systemic impact.

6. **Ethical and Client-Centred Counselling Practice:** DREAM's counselling services adhere to professional ethics, emphasising confidentiality, empathy, non-judgment, and cultural sensitivity. Counsellors are trained to offer child-friendly, trauma-informed, and strengths-based support.

7. **Strengths-Based Social Work Approach:** The project builds on the inherent strengths and resilience of children, families, and communities. Rather than focusing solely on deficits, DREAM empowers youth to develop life skills and leverage existing support networks for positive change.

8. **Inclusivity and Non-Discrimination:** DREAM is committed to ensuring that all interventions are accessible, inclusive, and respectful of diversity. Regardless of background, gender, socioeconomic status, or ability, every child is treated with fairness and equity.

IMPLEMENTATION

DREAM IMPLEMENTATION

Based on a multi-tiered intervention model, DREAM weaves together awareness, education, capacity building, counselling, and advocacy to effectively prevent and reduce substance abuse among children and adolescents. The activities were carefully designed to ensure broad reach, high-quality delivery, and adaptability to the unique needs of each local context.

The following section outlines the core activities of the DREAM Project, categorised by strategic focus and intended outcomes, serving as a roadmap for delivering sustainable, high-impact change.

Project Goals and their Achievement

DREAM was guided by a clearly defined strategic framework comprising one overarching goal and four focused subgoals. Together, these guided all interventions to reduce substance abuse among children and adolescents in Kerala through prevention, rehabilitation, education, counselling, and systemic collaboration.

OVERALL GOAL

To establish and operationalise effective structures for the prevention and treatment of substance abuse among children and adolescents in 10 districts of Kerala, making the commitment to drug prevention more visible and impactful across communities.

Key Indicators of Achievement

1. 100,000 children and adolescents identified as at-risk or affected by addiction have received appropriate counselling or treatment.

   Through the DREAM initiative in schools and colleges, **57940** young people were counselled/mentored. Of these children, **207** were rehabilitated through DB Sadan.

2. In 50% of the targeted schools and colleges, 3–5 drug prevention programmes are conducted annually by students, teachers, and parents.

   DREAM was able to reach **1066** schools and **258** colleges. In 35% of the targeted institutions, the Vimukhti clubs, Parent-Teacher Associations and teachers took the lead to organise 1-5 programmes in their institutions and in the community.

3. 10% reduction in drug use among children and adolescents in the targeted schools, measured against baseline data.

Based on the internal survey and MIS data collected from the schools and colleges, more than 5% drug abuse has been reduced in the schools compared to the start of the project.

4. Regular educational activities carried out in at least 600 schools through active Vimukthi Clubs.

   In total, the DREAM programme conducted programmes and activities in various school and colleges to either form or strengthen Vimukthi clubs in **852** schools an**d 53** colleges.

5. A non-formal cooperation network established between civil society organisations and local authorities, conducting at least one joint anti-drug initiative annually in each district.

   DREAM district teams established good rapport and collaborated with **25** Government departments, NGOs, Civil Society Organisations, Financial Institutions and implemented programmes, resource mobilisation and advocacy/networking actions on project themes across the state.

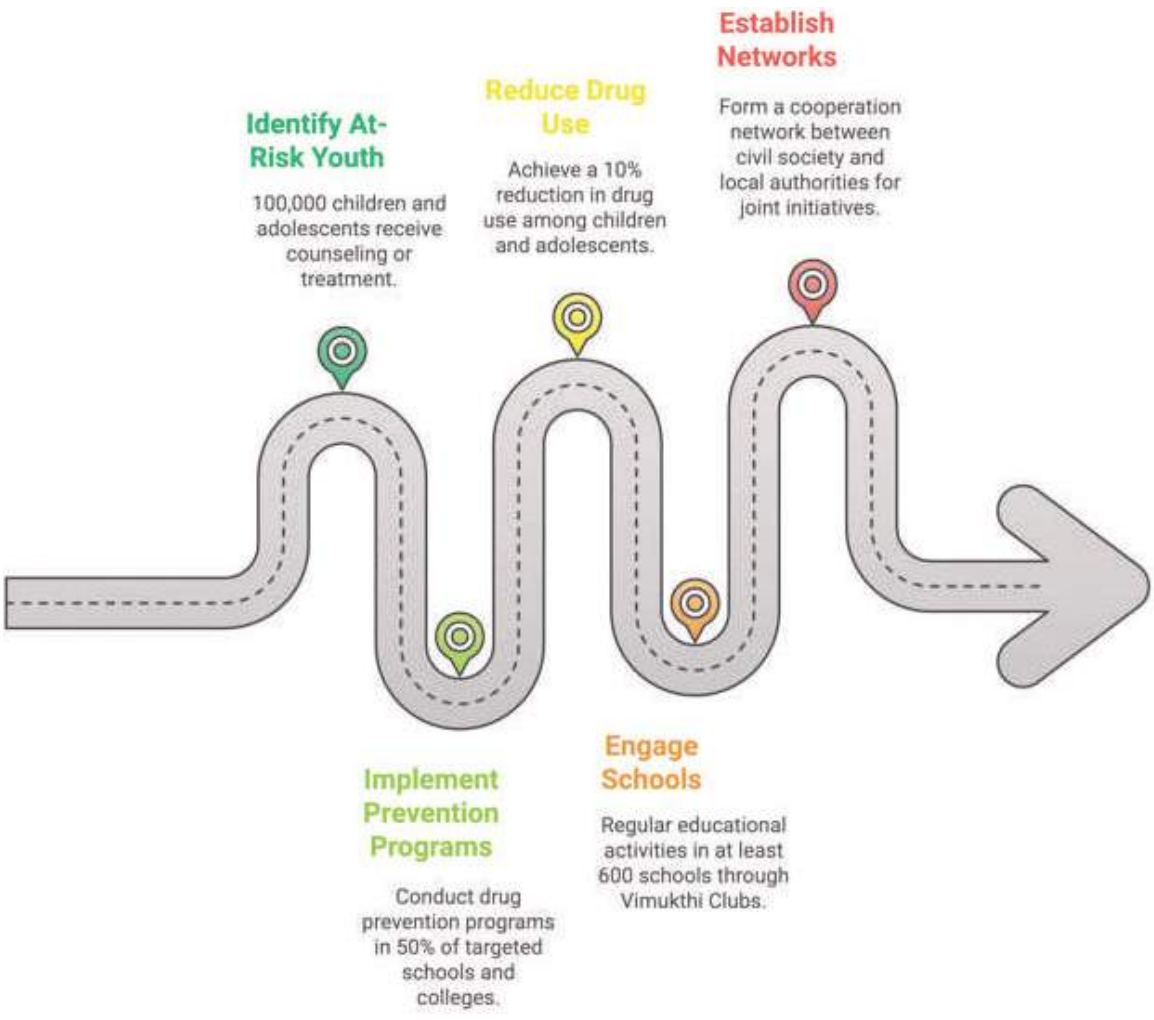


Figure 4: Roadmap for Addiction Prevention

DREAM Overall Programme Outreach November 2021- April 2025						
Programmes	**Training Phases**	**Outreach across 10 Districts**				
		Progs	**Male**	**Female**	**Total**	**Goal Achievement Rate%**
School-level training	1st level	1066	184158	198127	382285	101%
	2nd level	1009	200206	214259	414465	
	3rd level	960	204626	216555	421181	

College-level training	1st level	258	48331	53115	101446	79%
	2nd level	231	48674	54855	103529	
	3rd level	169	38039	40845	78884	
Mentors training		66	1029	2847	3876	161%
Ambassadors training		67	1526	1529	3055	127%
Parents training		1204	108185	192377	300562	100%
Volunteers training		29	384	297	681	170%
Other stakeholder training		3			116	
Counselling and mentoring services		0	32621	25319	57940	58%
Advocacy meetings		342			3552	
Campaigns		57			88231	441%
Other programmes		359	49499	51122	100621	
Vimukthi clubs formed/ strengthened		905				75%
Deaddiction services through DB Sadan			207		207	
Advocacy workshops		3			328	

Table 2: DREAM Programme Outreach

Subgoal 1: Safe Spaces For Counselling And Treatment

Establishment and operationalising of 10 specialised counselling centres for children and adolescents across the target districts. Each centre provides regular counselling services to 5–10 children or adolescents per month. Every year, 60-80 children and adolescents are treated in the newly established rehabilitation centre in Thiruvananthapuram.

Infrastructure and Operational Framework

To ensure comprehensive access, dedicated counselling centres were established in each of the 10 districts. Operated in collaboration with Don Bosco institutions and connected to Vimukthi de-addiction facilities, these centres offered both preventive and therapeutic support. The availability of referral pathways and follow-up systems ensured that youth needing more intensive interventions received appropriate care.

Counsellors engaged on the project were trained professionals, primarily from backgrounds in psychology and social work. Under DREAM, they receive specialised training in adolescent mental health, addiction psychology, trauma-informed care, ethics, and child protection.

Don Bosco Sadan, the specialised de-addiction and rehabilitation centre was set up in Monvila, Thiruvananthapuram, exclusively for boys under 18 years, with the capacity to accommodate 15 children at a time. It addresses a critical gap in the Kerala's substance abuse response infrastructure and has been highly appreciated by the Government services for its reliable and professional services for boys with addictions.

By embedding counselling, mentoring and deaddiction into its framework, DREAM delivers not just prevention, but healing—empowering young people not only to reject harmful substances but to embrace healthier, purpose-driven lives. The presence of permanent, district-level counselling centres ensures that these services remain accessible and active beyond the life of the project. This institutional sustainability, paired with community trust, positions DREAM as a long-term mental health and addiction support mechanism.

Design of Training Modules & IEC Materials and Staff Training

BREADS and the State DREAM team designed individual training modules for school and college students according to the learning outcomes envisaged for each level of training, keeping in mind the scientific and psychological principles required to foster non-judgmental understanding of addictions among children. Similarly, Information, Education, and Communication (IEC) materials were designed to disseminate accurate information for both children and adults.

Figure 5: DREAM IEC Materials

The DREAM staff were rigorously trained through inductions and at regular intervals to understand the psychological and biological foundations of addictions, the approaches to take with persons with addictions, and various counselling methodologies to adopt with children and young people. Over the project period, thirteen trainings were led by experts in the field, who shared their experiences as well. This aspect of the work required high input in terms of human resources, time and energy. Through the project period, DREAM was able to train and sensitise more than one hundred social workers about the prevention of addiction in young people. Their training in awareness creation and counselling make them well-equipped to address issues of addiction in the future.

BREADS also conducted numerous review meetings with the staff, which were platforms for the discussion of the feedback and observations from regular monitoring and evaluation visits and donor partner's inputs, directed towards improving programme delivery and performance.

Training Structure and Methodology For Students

To ensure progressive learning and deeper engagement, BREADS developed training modules for school and college students to be implemented in three structured phases:

First-Level Training: Introductory sessions that sensitise students to the basic concepts of substance use and addictions, their risks, and misconceptions.

Second-Level Training: More detailed exploration into the types, causes, social and psychological consequences of substance use.

Third-Level Training: Empowerment-focused sessions that emphasise resistance strategies, peer pressure management, decision-making, and leadership development

Figure 6: Student Training Structure

Counselling and Mentoring Services Outreach

Counselling and mentoring services form a core pillar of DREAM, offering essential psychological and emotional support to children and adolescents who are either at risk of, or directly affected by, substance abuse. These services bridge the gap between awareness and action—ensuring that sensitisation efforts in schools and communities are complemented by timely, professional support.

Focus Areas of Counselling

- Early identification and management of substance use behaviours
- Emotional regulation, anxiety, depression, and trauma
- Digital addictions such as mobile overuse, gaming, and pornography
- Academic stress, family conflicts, and interpersonal issues
- Motivation building for recovery and reintegration pathways

Modes of Service Delivery

DREAM adopted a multifaceted approach to counselling and mentoring, including:

- **Individual Counselling:** One-on-one confidential sessions for students identified through awareness programmes, peer referrals, teachers, or direct approach. These sessions are tailored to address personal challenges, emotional stress, and early signs of addiction.
- **Group Mentoring and Therapeutic Sessions**: Conducted in schools and colleges, these group interventions cover topics such as managing peer pressure, stress management, emotional regulation, and decision-making. They encourage mutual support and shared learning in a safe, inclusive environment.
- **School and Community-Based Outreach:** Counsellors regularly visit schools that hosted DREAM training activities to provide follow-up sessions, mentor at-risk students, and build relationships with school staff and management.
- **Parental and Teacher Consultations:** Recognising the importance of a holistic support system, counsellors engage with parents and educators to align efforts and extend consistent support at home and school.

Figure 7: Strategies for Student Well-being

DREAM's counselling and mentoring services have proven instrumental in transforming the lives of many vulnerable youth. As reported by teachers and parents, many students who once exhibited behavioural concerns or signs of substance use have shown marked improvement in self-esteem, academic performance, and social relationships following consistent counselling support.

Though a very ambitious target of 100,000 children and youth was envisaged, DREAM was able to reach the reasonable number of **57,940** children through its counselling centres and outreach programmes across the ten districts. Approximately **56% of the total counselees were male and 44% were female**. In Kannur district, the females seeking counselling outnumbered the males.

DREAM Counselling & Mentoring Outreach November 2021- April 2025				
SN	**District**	**Male**	**Female**	**Total**
1	Thiruvananthapuram	5456	3188	8644
2	Kollam	3224	2534	5758
3	Alappuzha	2374	2101	4475
4	Kottayam	3111	2460	5571
5	Ernakulam	3544	2585	6129
6	Thrissur	2125	1894	4019
7	Kozhikode	3468	2177	5645
8	Wayanad	3477	2725	6202
9	Kannur	3313	3443	6756
10	Kasaragod	2529	2212	4741
	GRAND TOTAL	32621	25319	57940

Table 3: DREAM Counselling & Mentoring Outreach

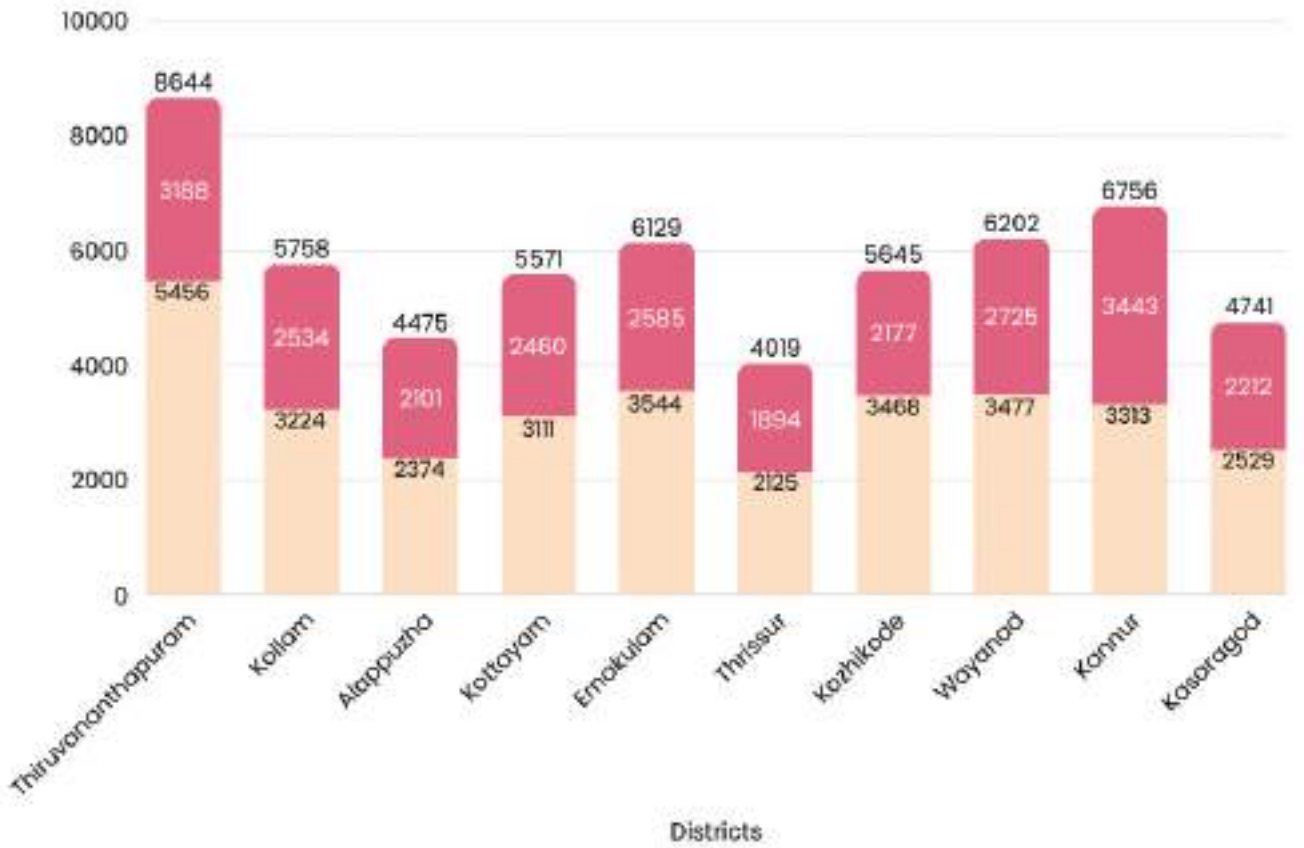


Figure 8: Counselling & Mentoring Outreach

Reclaiming Time & Ties for Aditya

Aditya (pseudonym) is a 16-year-old boy from a middle-class family. His father is a daily wage labourer, his mother is a homemaker, and his younger brother is in school. The family relies on the father's income to meet their daily needs. Despite financial challenges, the parents have always been supportive of their children's education, ensuring they have the basic resources needed to succeed academically.

Over six months, Aditya developed a significant addiction to his smartphone. His excessive phone usage began to affect various aspects of his life, including his interpersonal relationships with family and friends, and his academic performance. He spent prolonged periods on social media platforms like Facebook and Instagram, where he engaged in endless scrolling and chatting, as well as playing online games. This excessive use led to sleep deprivation and a decreased focus on academic work. His grades dropped significantly, he failed to complete homework and often missed deadlines for assignments.

Aditya became more isolated, avoiding direct conversations with family members and friends, which impacted his social and emotional development. He began to use his phone as a means escape or avoid unpleasant tasks or responsibilities, such as studying or helping around the house. His time management skills were poor, and he struggled to maintain a daily routine.

After understanding Aditya's situation, the counsellor helped him develop an intervention plan, which focused on improving his time management, limiting phone use, and fostering better communication within the family.

- Recognising Aditya's lack of organisational skills, a time management system was created. He was encouraged to come up with two new ideas each week to better utilise his time, giving him a sense of ownership and responsibility over his schedule. For example, he started setting specific time slots for schoolwork, hobbies, and socialising.
- A single daily routine was established, which helped bring structure to his day. This included dedicated time for schoolwork, chores, and limited recreational phone use. By breaking his day into manageable chunks, Aditya was able to focus on one task at a time, reducing his urge to procrastinate.

- Strict limits were imposed on his phone usage. Initially, he was allowed only 1-2 hours of screen time per day, with a specific window for social media and gaming. He agreed to use his phone only after completing essential tasks, like homework or family responsibilities.
- Aditya was encouraged to initiate conversations with his parents, expressing his feelings and concerns about the stress he was experiencing. By openly discussing his struggles, his parents were able to better understand his challenges and offer him emotional support. This also allowed the parents to express their expectations without confrontation.

Notable improvements took place in Aditya's behaviour and overall well-being. Over the course of several weeks, he became more mindful of his time management, reduced his phone use and focussed more on his academic responsibilities. His grades began to improve, and he started interacting more with his family. By setting realistic limits on his phone usage and creating a structured routine, Aditya regained control over his life. Importantly, the open dialogue with his parents strengthened family bonds, allowing him to better cope with stress. While the road to complete recovery from phone addiction is ongoing, the initial progress to a healthier, more balanced lifestyle was promising.

Subgoal 2: Drug Prevention Education Through Local Governance

1. Engagement of 250 Panchayats across 10 districts to drive drug prevention education and outreach.

DREAM Project organised **342** advocacy meetings with Panchayats, Municipalities, and other government departments, involving **3,552** participants. The district teams fostered strong relationships with relevant authorities and civil society organisations through discussions, actively promoting highly engaged informal working groups that regularly interact, exchange ideas and insights, and collaborate on addressing drug-related issues. **Three** state-level advocacy workshops were conducted with **328** representatives from various government departments, police, health professionals specialising in de-addiction and mental health, experts in drug abuse, social workers, and NGO representatives.

DREAM trained **3,876** mentors from schools and colleges to address substance abuse effectively. Of these, **971** teachers of the Kerala Student Police Cadets were especially equipped to spread the awareness about addictions among youth.

2. Awareness training for 400,000 high school students (classes 6-12 across 1000 schools) and 120,000 college students through structured programmes.

DREAM was able to reach **405,977** students across **1066** schools through awareness programmes. Training was provided for **94,620** students across **258** colleges.

3. Annual district-level awareness campaigns to raise public consciousness and promote collective responsibility.

District-level campaigns in collaboration with government agencies, local NGOs and religious bodies, theatre groups, raised public consciousness. The use of booklets and brochures during the campaigns were significant. Over the project period, **57** campaigns were conducted across the 10 districts reaching at least **88,231** people.

4. Observable increase in community reporting of drug use and referrals to counselling services, reflecting increased awareness and responsiveness.

Initially facing limited support from the community and authorities, DREAM became visible to the public through various programmes. As awareness grew, DREAM and its services were increasingly embraced, with counselling cases and reports of drug abuse being directly communicated to project staff, highlighting strong stakeholder involvement.

DREAM Collegel-Level Trainings November 2021- April 2025												
District		Thiruvananthapuram	Kollam	Alappuzha	Kottayam	Ernakulam	Thrissur	Kozhikode	Kannur	Wayanad	Kasaragod	TOTAL
Training - 1	Programmes	103	101	107	113	120	108	101	106	104	103	1066
	Boys	18924	19076	16803	17688	27536	18839	16179	19951	17813	11349	184158
	Girls	21084	18895	17994	20956	31627	17423	16438	19827	19311	14572	198127
	Total	40008	37971	34797	38644	59163	36262	32617	39778	37124	25921	382285
Training - 2	Programmes	101	97	102	97	113	95	98	105	101	100	1009
	Boys	19267	22684	20408	17882	26168	17440	23412	21040	17900	14005	200206
	Girls	21180	22606	19688	24204	30464	15567	23934	20915	18999	16702	214259
	Total	40447	45290	40096	42086	56632	33007	47346	41955	36899	30707	414465
Training - 3	Programmes	100	91	96	88	112	88	93	94	100	98	960
	Boys	19942	22262	19846	16942	26005	17418	22520	18676	18150	22865	204626
	Girls	21522	20931	19878	21575	30343	15291	23768	18534	19893	24820	216555
	Total	41464	43193	39724	38517	56348	32709	46288	37210	38043	47685	421181
	Total Programmes	304	289	305	298	345	291	292	305	305	301	3035
	Total Outreach	121919	126454	114617	119247	172143	101978	126251	118943	112066	104313	1217931

Table 4: DREAM School-level Training Outreach

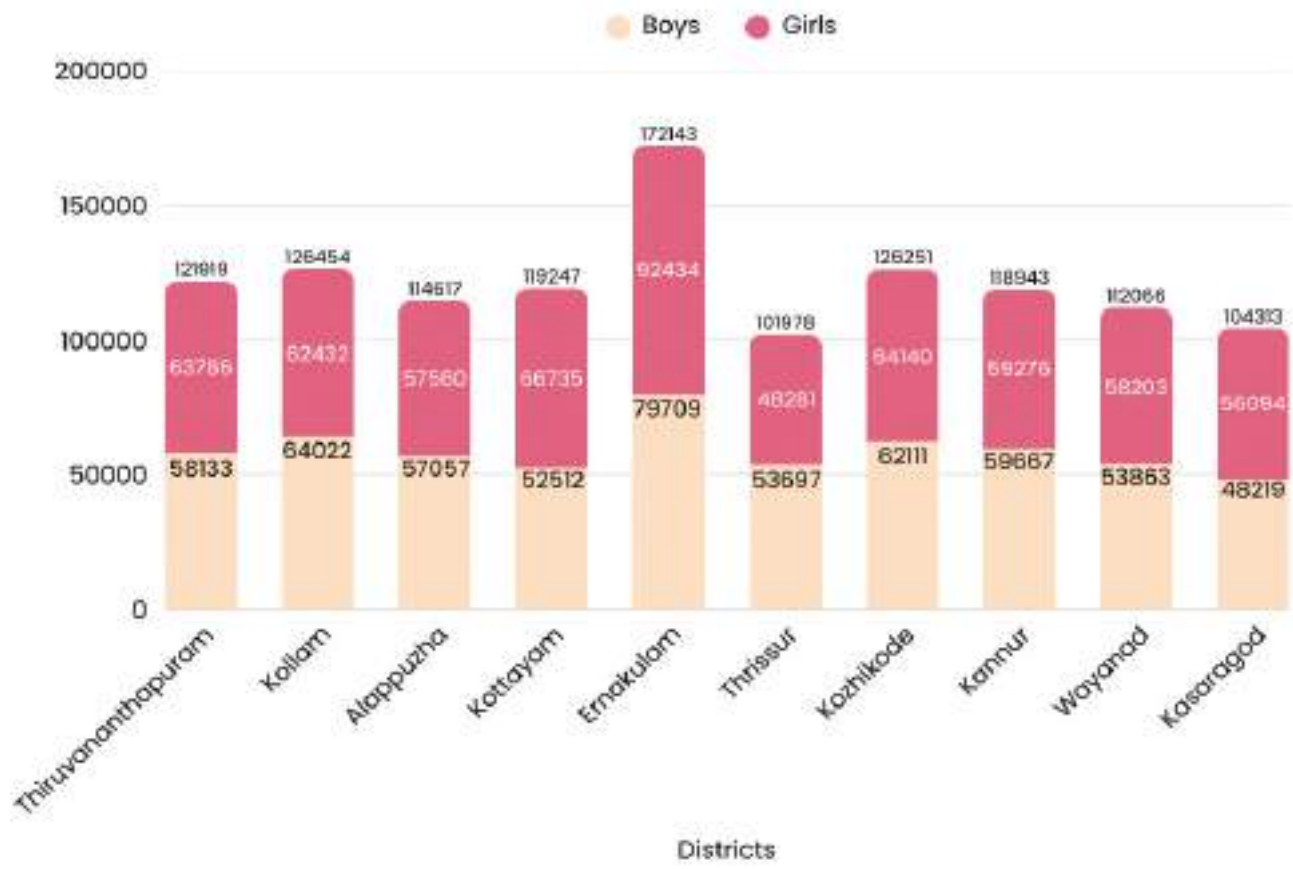


Figure 9: Awareness Creation in Schools

DREAM Collegel-Level Trainings November 2021- April 2025												
District		Thiruvananthapuram	Kollam	Alappuzha	Kottayam	Ernakulam	Thrissur	Kozhikode	Kannur	Wayanad	Kasaragod	TOTAL
Training - 1	Programmes	23	24	23	26	32	26	23	27	30	24	258
	Boys	4503	5660	3172	2938	6245	4722	5793	6520	6608	2170	48331
	Girls	3455	5938	3621	3631	11407	4453	6893	5816	5433	2468	53115
	Total	7958	11598	6793	6569	17652	9175	12686	12336	12041	4638	101446
Training - 2	Progs.	23	22	20	22	27	20	21	26	27	23	231
	Boys	4772	5160	3503	3970	7807	3777	4093	6808	5628	3156	48674
	Girls	4939	4755	4688	4692	11822	4068	3819	5450	7137	3485	54855
	Total	9711	9915	8191	8662	19629	7845	7912	12258	12765	6641	103529
Training - 3	Progs.	20	14	15	16	24	10	18	10	22	20	169
	Boys	4706	3055	4352	3733	5933	2566	3117	4068	3552	2957	38039
	Girls	4570	3339	4084	4514	9051	1871	2880	2939	4191	3406	40845
	Total	9276	6394	8436	8247	14984	4437	5997	7007	7743	6363	78884
	Total Programmes	66	60	58	64	83	56	62	63	79	67	658
	Total Outreach	26945	27907	23420	23478	52265	21457	26595	31601	32549	17642	283859

Table 5: DREAM College-Level Training Outreach

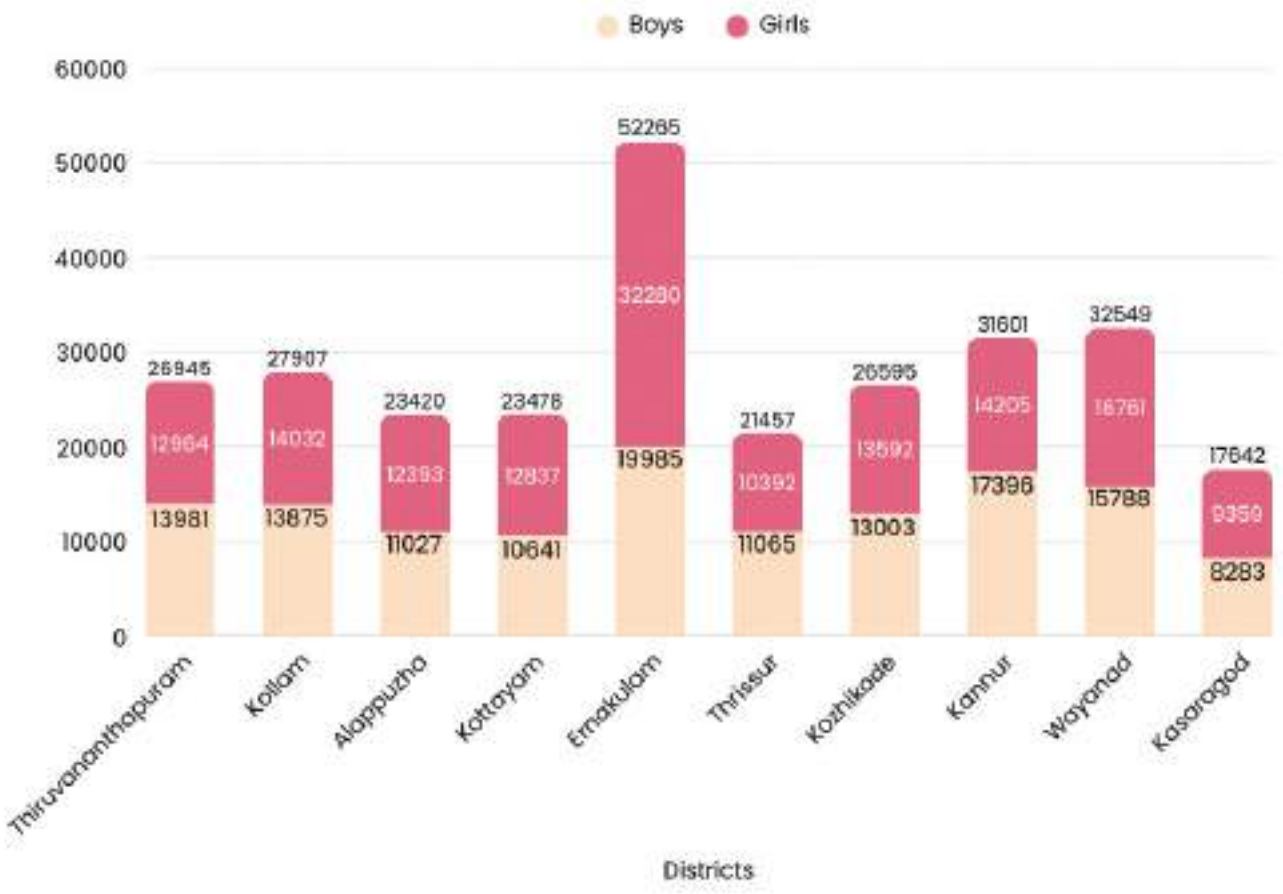


Figure 10: Awareness Creation in Colleges

Innovative Methods In School-Level Training

The teams of various DREAM districts employed a rich array of child-friendly, culturally relevant, and interactive methodologies to deliver their content. Beyond lectures and audiovisual aids, the project integrated Ottam Thullal (Kerala folk art form) performances, puppetry, art-based interventions, participatory learning methods, and peer teaching and mentoring. These methods are detailed in the Best Practices section of this report.

Subgoal 3: Capacity Building Among Students and Stakeholders

1. Training of 2,400 students and 2,400 teachers as youth ambassadors and mentors for substance abuse prevention.

DREAM trained **3055** student ambassadors in drug abuse prevention to create a cadre of leaders, who can influence their peers positively through modelling and persuasion.

DREAM Ambassadors' Trainings November 2021- April 2025				
Districts	**Total Outreach in 10 Districts**			
	Programmes	**Boys**	**Girls**	**Total**
Trivandrum	5	115	128	243
Kollam	9	148	195	343
Alappuzha	8	149	124	273
Kottayam	7	107	148	255
Ernakulam	5	94	102	196
Thrissur	5	183	161	344
Kozhikode	6	119	120	239
Wayanad	6	231	206	437
Kannur	8	190	279	469
Kasaragod	8	190	66	256
Total	**67**	**1526**	**1529**	**3055**

Table 6: DREAM Ambassador's Training District-wise

DREAM Mentor's Trainings November 2021- April 2025				
Districts	**Total Outreach in 10 Districts**			
	Programmes	**Males**	**Females**	**Total**
Trivandrum	7	66	325	391
Kollam	3	39	152	191
Alappuzha	8	85	242	327
Kottayam	4	44	163	207
Ernakulam	8	103	290	393
Thrissur	8	167	565	732
Kozhikode	6	110	190	300
Wayanad	9	156	453	609
Kannur	8	138	274	412
Kasaragod	5	121	193	314
Total	**66**	**1029**	**2847**	**3876**

Table 7: DREAM Mentor's Training District-wise

Teachers in schools and colleges play a crucial role in preventing substance abuse and addictions among students by identifying high-risk children and recognising the early warning signs of addiction. However, many teachers lack accurate information, sufficient knowledge, and the necessary skills and strategies to address addictions and related emotional and behavioural issues. Addressing this issue, DREAM trained 3876 teachers to become mentors to children in schools, colleges and their communities.

One of the major outcomes of this model was the strong partnership established with the State Excise Department. Recognising the effectiveness of DREAM's approach, the department invited the project team to conduct training for all SPC in-charges (one teacher per school) across Kerala. As a result, district-level trainings were conducted for the SPC teachers from all the districts, including those where DREAM was not implemented.

One of the efficient ways in which DREAM spread awareness about the risks of addiction, its prevention and treatment, was through the formation of a band of volunteers across the districts. Like the mentors who were specifically teachers, these trained volunteers from various walks of life, would continue to be the carriers of the DREAM work and message even after the project period is completed. Across the districts, DREAM trained **681** volunteers in the prevention and recognition of substance use and other addictions, and avenues to seek help in the community and state.

DREAM Volunteer's Trainings November 2021- April 2025				
Districts	**Total Outreach in 10 Districts**			
	Programmes	**Males**	**Females**	**Total**
Trivandrum	3	17	24	41
Kollam	2	17	18	35
Alappuzha	2	18	12	30
Kottayam	3	27	41	68
Ernakulam	3	19	43	62
Thrissur	3	74	43	117
Kozhikode	2	19	9	28
Wayanad	2	35	18	53
Kannur	2	18	28	46
Kasaragod	7	140	61	201
Total	**29**	**384**	**297**	**681**

Table 8: DREAM Volunteer's Training District-wise

These trained youth ambassadors, volunteers and mentors become catalysts in their communities, multiplying the work of DREAM in society.

2. Awareness and skill-building sessions for 300,000 parents on identifying and addressing early signs of addiction.

Parents being significant stakeholders in the fight against addictions in young people, DREAM had an ambitious target to sensitise and educate a big population of parents in its project areas. Parents were trained to recognise signs of substance use and addictions and how to respond and where to seek help, parenting styles and techniques of communication with their children. It was able to educate and train **300,562** parents over the project period, making them important partners in the work.

Parents' Training - Consolidated Data 2021 - 2025				
Districts	Total Outreach in 10 Districts			
	Programmes	Males	Females	Total
Trivandrum	162	10782	21732	32514
Kollam	117	4380	27363	31743
Alappuzha	131	11176	18972	30148
Kottayam	109	5801	17874	23675
Ernakulam	102	4268	11729	15997
Thrissur	121	10313	14569	24882
Kozhikode	106	9067	15026	24093
Wayanad	154	12910	18577	31487
Kannur	96	8864	16470	25334
Kasaragod	106	30624	30065	60689
Total	**1204**	**108185**	**192377**	**300562**

Table 9: DREAM Parents' Trainings District-wise

3. Organisation of four high-level stakeholder workshops to enhance cross-sectoral cooperation and policy advocacy.

Under the DREAM project, high-level stakeholder workshops were conducted to widen the discussion regarding addictions among young people in Kerala. Each of these workshops saw participation from a wide range of stakeholders numbering between 150-200 in each workshop. They discussed the situation in Kerala, the responses from the various stakeholders and best practices, gaps in services and plans for the future.

- State-level Workshop on Substance Abuse and its prevention and the Inauguration of Don Bosco Sadan De-addiction Rehabilitation Centre, Monvila
- National Conference on *Addiction and Psychosocial Issues* at DB College Angadikadavu
- State-level Stakeholders Workshop, Appolo Dimora, Trivandrum

4. Annual 5–10% increase in the number of children and adolescents accessing DREAM's counselling services.

As the number of awareness programmes increased in schools and colleges, as well as the awareness creation among community and government stakeholders and public through campaigns, momentum was created and more people began to refer children to DREAM centres for counselling, mentoring as well as rehabilitation services. Schools and colleges also reached out to the DREAM teams to conduct awareness programmes in their institutions.

Subgoal 4: Multi-Stakeholder Coordination And Networking

1. Regular district-level meetings of educators, government officials, NGOs, and community representatives.
2. Formation of informal working groups in all 10 districts comprising teachers, parents, local leaders, police, and health workers, focused on sustaining local anti-drug initiatives.

DREAM also held 342 advocacy meetings with government stakeholders to strengthen government mechanisms for preventing drug abuse in schools and colleges and to push for stricter legal action against drug supply in educational institutions.

These meetings reached 3,552 duty bearers, policymakers, law enforcement officials, and service providers. Mainly the meetings helped build strong relationships with government officials, ensuring greater cooperation, involvement, and long-term sustainability of project

This structured framework ensured that the DREAM was not only targeted and measurable in its outcomes but also inclusive and sustainable in its long-term impact. It combined education, care, advocacy, and system strengthening to create drug-free environments, where children and youth can thrive.

A Turning Point: Journey to Recovery

The DREAM team witnessed a powerful testament to the impact of early intervention and family support. It all began when concerned parents attended the school training session, learning about the dangers of substance abuse. Armed with this knowledge, they discovered a packet of 'cool lip' – a tobacco-like substance – in their 15-year-old son's bag. Seeking guidance, they brought young Arun (pseudonym) to the office.

Initially tense and apprehensive, Arun's dishevelled appearance spoke volumes about his inner turmoil. The compassionate DREAM team worked to ease his anxiety, creating a safe space for him to open up. As they delved into Arun's history, a familiar story unfolded. Peer pressure in 7th grade had led him to experiment with 'cool', eventually progressing to cigarettes and beedis. Clever use of chewing gum masked the habit from his parents. However, the root

cause lay deeper—the arrival of a younger sibling had left Arun feeling neglected, pushing him towards substance use as a coping mechanism.

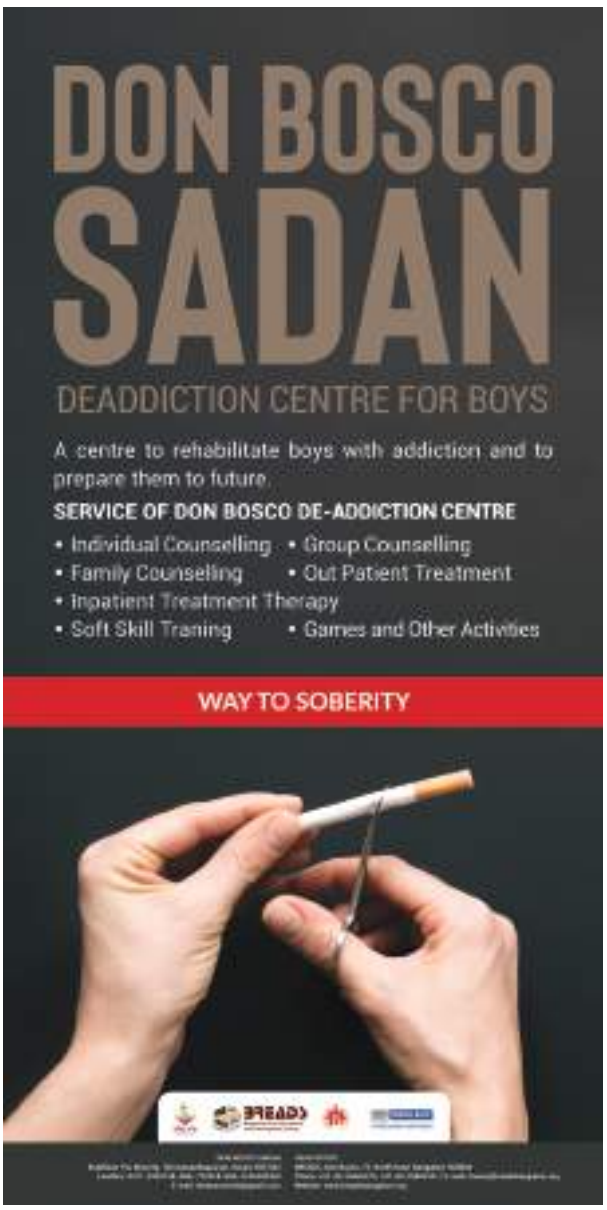
With unwavering support from his parents, DREAM counsellors embarked on a holistic recovery plan. Through targeted counselling sessions, Arun gradually reduced his dependency on tobacco products. After three months of dedicated effort, he successfully broke free from his habit. Recognising Arun's vulnerability, his parents were educated on the importance of continued emotional support and vigilance.

This experience highlighted the crucial role of parental awareness and early detection in preventing and treating substance abuse among youth, which the DREAM initiative has been promoting through its parent/teacher/mentor training programmes.

DON BOSCO SADAN

DON BOSCO SADAN

Don Bosco Sadan-Towards Sobriety and Health



Don Bosco Sadan (DB Sadan), established under DREAM, is a landmark intervention in Kerala's response to the alarming rise in substance abuse among children and adolescents. Located in Monvila, Thiruvananthapuram—a district identified as a hotspot for youth drug access—DB Sadan provides a structured, holistic, and child-centric approach to rehabilitation, recovery, and reintegration. It complements state-led initiatives offering a much-needed convergence of government action and civil society expertise.

Functioning within the legal safeguards of the *Juvenile Justice (Care and Protection of Children) Act, 2015*, DB Sadan adheres to principles of child protection, rehabilitation, and the best interests of the child. It also aligns with related national child rights frameworks and international commitments, including the UN Convention on the Rights of the Child and Sustainable Development Goal 3.5, which promotes the prevention and treatment of substance abuse. Recognised and supported by statutory bodies such as the Child Welfare Committee (CWC) and the Kerala State Commission for Protection of Child Rights, the centre operates with legal legitimacy and professional accountability.

As a pioneering model in the rehabilitation of children in need of care and protection due to substance abuse, DB Sadan addresses a critical gap in the Kerala's child welfare infrastructure. Its rights-based, therapeutic approach ensures not just detoxification,

but also emotional healing, family reintegration, and social empowerment-offering a pathway to long-term recovery and dignity for vulnerable youth.

Institutional Philosophy

DB Sadan is firmly grounded in the Salesian philosophy of reason, religion, and loving-kindness, an innovative and preventive educational system originally developed by St. John Bosco. Central to this approach is the conviction that every child is inherently deserving of dignity, belonging, and holistic development. The ethos of DB Sadan is thus deeply nurturing and family-oriented, emphasising care not just for the immediate symptoms of addiction, but for the child's overall well-being-physical, emotional, social, and spiritual-ensuring that each young person is empowered through respect, understanding, and personalised care.

The centre's philosophy is fundamentally rights-based, explicitly recognising and advocating for children's inherent rights to health, recovery, and successful reintegration into society. This involves safeguarding the youth from stigma, maintaining strict confidentiality, and actively engaging families as key partners in the healing process. DB Sadan meticulously aligns its practices with international child welfare standards, committing to a therapeutic environment that ensures protection and safety for children and adolescents. In accordance with UNODC and WHO guidelines, the facility prioritises education, counselling, recreational play, and holistic health support as vital components of the recovery journey.

At Don Bosco Sadan, psychosocial support and capacity-building form the core of intervention strategies. The professional counsellors and therapists at the centre are well-trained in evidence-based approaches, including cognitive-behavioural therapy (CBT), art therapy, and trauma-informed practices. Every intervention is thoughtfully tailored to suit the developmental and emotional needs of adolescents. Recognising the significance of peer influence among teenagers, the programme fosters healthy peer relationships and social bonding to reinforce positive behaviour. The team actively engages with families, offering empathetic support and educational guidance to address underlying challenges such as family dysfunction and co-occurring mental health conditions that are often associated with substance abuse.

Rights, respect, and resilience are interwoven into every aspect of daily interactions. At DB Sadan, children actively participate in setting personal goals, enhancing their self-esteem, and developing resilience. Staff consistently communicate with kindness, reinforcing values of dignity, individuality, and self-expression. Through meaningful interactions, from daily routines to structured counselling sessions, the centre cultivates a supportive, empathetic environment that significantly contributes to the successful rehabilitation and integration of each child into the community. This distinctive and compassionate culture forms the cornerstone of Don Bosco Sadan's effectiveness.

Infrastructure

Don Bosco Sadan is located on the Monvila campus, drawing on the rich legacy of Salesian expertise in youth care and shelter services. The thoughtfully planned infrastructure is designed for adolescent rehabilitation, offering a spacious, well-organised environment with ample facilities for both residents and staff. Every element of the infrastructure has been developed in strict adherence to the legal standards and child protection guidelines governing rehabilitation centres in India.

Dormitory accommodations are fitted with child-friendly interiors that prioritise safety, structure, and emotional security, rather than replicating a home-like setting. The design also prevents self-harming behaviours particularly during the critical early days of a child's admission, also enabling 24/7 staff monitoring and timely interventions.

The facility includes private counselling rooms that uphold confidentiality, well-equipped medical rooms for healthcare, and dedicated recreational and learning spaces to promote holistic development through educational and skill-building activities. For children with aggressive or violent tendencies, special safety features and protocols are in place, including secure lock-and-key systems and controlled access, ensuring safety for all residents and staff.

Additionally, the campus supports outdoor play and physical wellness through designated sports and activity areas, fostering both physical and emotional healing. Child safety and privacy remain at the heart of Don Bosco Sadan's operation, with monitored structured routines, and a multidisciplinary team approach guiding each child toward recovery and reintegration.

Multidisciplinary Team

The centre is supported by an experienced, specialised, multidisciplinary staff dedicated to adolescent care. The leadership team includes Salesian Fathers, who offer spiritual guidance, and oversee administrative operations along with an experienced Centre Manager. Daily therapeutic and educational activities are conducted by qualified clinical psychologists and counsellors trained in adolescent therapy techniques, and social workers. Health care is managed by a visiting medical officer supported by qualified nursing staff. Certified teachers and vocational trainers take care of educational components. Childcare professionals and residential support staff manage daily routines, ensuring a structured yet flexible environment. All team members undergo training in child protection, trauma-informed care, and effective addiction rehabilitation methods.

Don Bosco Sadan maintains strategic partnerships with esteemed institutions, collaborating with the psychiatry department of Government Medical College and SAT Hospital's Behavioural Paediatrics Unit. Ongoing professional development through capacity-building workshops and training sessions for the staff are facilitated. The centre also engages volunteers—including Salesian youth groups, psychology students, and community volunteers—who actively support educational tutoring and recreational programmes under professional supervision.

As part of DREAM, Don Bosco Sadan offers nutritious meals, safe accommodations, essential medical care, and professional counselling, all free of cost, removing financial strain on the families of the vulnerable children. Collectively, the robust infrastructure, dedicated team, and strong institutional support create a secure, compassionate, and empowering environment where each child can focus solely on recovery and rehabilitation.

Comprehensive Intake And Holistic Therapeutic Process

Children with substance abuse or addiction issues and requiring specialised intervention are referred by district-level DREAM teams or the Child Welfare Committees (CWCs) of respective districts. This structured referral ensures strict adherence to legal mandates and guarantees that each child is provided protection, care, and rehabilitation in a manner compliant with child rights legislation and ethical standards.

Upon referral, the students are usually brought to Don Bosco Sadan accompanied by their parents or legal guardians. This practice ensures transparency and provides an opportunity for parents to familiarise themselves with the centre's physical environment, daily routines, and the staff members who will be directly involved in their child's care and rehabilitation process. Parents/guardians are encouraged to remain at the centre on the first day, to receive comprehensive orientation on the rehabilitation procedures, therapies, rules, regulations, and various support systems available. This initial orientation helps to alleviate any apprehension and anxiety on the part of both parents and children, creating a supportive and cooperative atmosphere from the very start of the rehabilitation journey.

Following admission, parental visits are typically allowed once per month, to provide ongoing emotional support to the children while fostering healthy interactions and rebuilding familial relationships damaged by the child's previous behaviour patterns and substance misuse. Regular phone calls and guided family counselling sessions further facilitate this process, gradually restoring trust, emotional connection, and understanding within families, thereby ensuring a stronger support system for the child's sustained recovery.

The rehabilitation and therapeutic interventions at Don Bosco Sadan extend over approximately 90 days, anchored firmly in the Salesian preventive system principles, and holistic youth development through activity-oriented, experiential, and relationship-based interventions. Adopting a therapeutic style that prioritises activity-driven healing rather than medication-heavy treatments, the centre offers a carefully balanced combination of physical, psychological, emotional, and social therapeutic interventions.

and goal setting for the future. These sessions help recalibrate their cognitive and behavioural perspectives, instilling hope, resilience, and a renewed sense of purpose in life. Alongside structured classroom sessions, therapeutic activities include yoga and meditation practices to improve emotional regulation, reduce anxiety, and enhance mental clarity. The integration of music therapy, art therapy, and participation in cultural and sports events further enriches their rehabilitation experience, allowing emotional expression, creativity, teamwork, and leadership skills to flourish.

Group therapy sessions, facilitated by trained counsellors, are systematically conducted to create a supportive peer environment that encourages openness, mutual support, and empathetic interactions among inmates. Individual counselling complements these group activities, providing personalised therapeutic interventions for each child's unique psychological and emotional needs. Throughout their stay, each child is provided with consistent emotional support, compassionate care, and individual attention, creating an environment conducive to deep emotional healing, personality transformation, and sustained behavioural changes.

A pivotal aspect of the rehabilitation process at Don Bosco Sadan is the preparation for reintegration into society. Before a child's discharge, parents or legal guardians are required to stay overnight at the centre, to participate in structured evaluation sessions. These sessions enable parents to personally witness the substantial progress made by their child, thereby strengthening their motivation to actively support and maintain these positive behavioural and emotional changes post-discharge.

Following successful completion of the therapeutic phase, Don Bosco Sadan implements a meticulous follow-up protocol to minimise the risk of relapse and ensure sustained recovery. This protocol encompasses three robust channels of follow-up interventions:

First, monthly follow-up visits to Don Bosco Sadan itself. During these visits, the discharged children, along with their parents, engage in ongoing counselling sessions, motivational reinforcement, relapse prevention education, and regular consultations with the facility's doctor, counsellors, and the Centre Director. These regular interactions maintain continuity of care, reinforcing coping mechanisms and facilitating adjustments to real-life scenarios.

Second, district-level DREAM teams conduct regular follow-up visits at the children's homes, monitoring their adaptation process within family and community settings. These visits ensure personalised attention and support, and additional psychological and emotional support through the district-based DREAM counselling centres.

Third, the respective district Child Welfare Committees carry out their own follow-up protocols to verify the child's continued well-being and monitor compliance with the recommendations made at discharge. These structured follow-up measures collectively reinforce sustained recovery, strengthen support networks, and ensure the child's successful reintegration into family and community life.

Don Bosco Nilayam: Aftercare Shelter Home

While DB Sadan provides specialised in-patient treatment, its location in the southernmost part of Kerala poses significant challenges for continued follow-up care, particularly for children from the central and northern districts. Many children attended one or two post-discharge follow-up sessions, but due to travel and accessibility issues, they often became disengaged from further support—leading to a higher risk of relapse. Another reality was that some children lacked a conducive family environment for successful reintegration.

Since an aftercare facility was not included in the original plan and budget of the DREAM project, to address this critical gap, Don Bosco Nilayam in Ernakulam district was repurposed as an aftercare facility providing structured, short-term residential support for children in recovery with the support of the parent institution. Designed to offer a bridge between clinical treatment and community reintegration, the home now accommodates children for periods ranging from one to three months following their discharge from DB Sadan. In this way, DB Nilayam has become a critical extension of DREAM's rehabilitation and reintegration continuum.

OBJECTIVES

- Ensure continuity of care and supervision to reduce the likelihood of relapse
- Support emotional healing and social re-adaptation in a nurturing environment
- Facilitate reintegration into families, schools, and communities
- Build life skills, resilience, and readiness for independent living
- Facilities and Support Services

The centre offers:

- **Safe and secure accommodation** in a child-friendly, structured setting
- **24/7 supervision** by two trained professional staff experienced in child rights and behavioural support
- **Regular counselling sessions** facilitated by a DREAM-appointed counsellor, focusing on relapse prevention, emotional regulation, and personal goal setting
- **Support from volunteers and social work interns**, providing educational assistance, mentorship, and recreational engagement
- **Recreational facilities and stress-relief activities** designed to help children relax, reflect, and re-engage with life

The introduction of Don Bosco Nilayam as an aftercare facility is a significant step in ensuring the long-term success of rehabilitation efforts. This is also a clear example of how BREADS and the Don Bosco network could flexibly extend their capabilities and resources beyond the project, to meet the critical needs of children at risk of substance abuse.

Therapeutic Model (Six-Stage Rehabilitation Framework)

DB Sadan used a six-stage rehabilitation framework to address different dimensions of a child's recovery from substance abuse. This replicable model ensures holistic, scalable, and effective care tailored specifically to the unique developmental and psychological needs of adolescents. The six stages include:

1. **Intake and Medical Stabilisation:** Upon admission, each child undergoes a comprehensive medical evaluation and supervised detoxification as necessary. This initial phase involves continuous nursing care, nutritional support, and psychiatric assessments to safely manage withdrawal symptoms and stabilise the child's physical health. Adhering strictly to WHO guidelines for adolescent detoxification, the centre maintains a comfortable, child-friendly environment distinct from adult facilities, ensuring a safe, nurturing, and reassuring atmosphere conducive to building initial trust and security.
2. **Individual and Family Counselling:** Along with the medical stabilisation, the child transitions into intensive personalised psychosocial therapy, receiving individual counselling through evidence-based techniques including cognitive-behavioural therapy (CBT), motivational interviewing, and play therapy. Concurrently, family counselling is initiated to address underlying familial issues and equip caregivers with essential psychosocial education and supportive strategies. Counsellors collaborate closely with families to facilitate reconciliation and formulate individualised care and guardianship plans, prioritising emotional literacy, coping skills, and self-esteem development.
3. **Group Therapy and Life-Skills Training:** Stage three emphasises social skill enhancement and emotional resilience through structured group counselling sessions, peer support groups, art therapy, drama activities, and interactive role-playing exercises. Regular life-skills workshops cover vital topics such as conflict resolution, anger management, communication, problem-solving, and relaxation techniques. Additionally, organised recreational activities and sports foster teamwork, peer bonding, and stress reduction, empowering youths to build meaningful relationships and reinforce positive behaviours.
4. **Educational and Vocational Training:** Recognising significant educational disruptions among many participants, stage four provides targeted academic and vocational rehabilitation. Onsite academic sessions assist children in regaining essential literacy and numeracy skills, enabling smooth reintegration into formal schooling. Strategic collaborations with local educational authorities facilitate school re-enrollment and vocational training opportunities after discharge.
5. **Community Engagement and Life Integration:** The fifth stage actively prepares children for social reintegration through supervised community participation and engagement activities. Children join community service projects, cultural programmes, faith-based initiatives, and sports events, thereby strengthening their connections within society. The centre collaborates with local community leaders, educators, and volunteers to create supportive networks, ensuring seamless reintegration. Additionally, mentoring by trained alumni or community volunteers provides continuous guidance and support, facilitating gradual and confident re-entry into community life.
6. **Aftercare and Alumni Support:** The final stage is dedicated to sustained aftercare and continuous alumni engagement. Upon formal discharge, each child remains closely connected to DB Sadan through an organised alumni network. Regular follow-ups by social workers, monthly check-ins, support group meetings, and ongoing counselling sessions are integral components of this stage. The centre diligently monitors the progress of alumni, providing necessary assistance to address challenges encountered in educational settings or workplaces. This enduring commitment to care underscores the principle that recovery is a continuous journey, significantly enhancing long-term outcomes and sustained sobriety.

Collectively, these six stages constitute a comprehensive continuum of care, carefully tailored to meet evolving adolescent needs. Each stage of the rehabilitation process is defined, clearly measurable, and effectively monitored, facilitating scalability and replication across diverse settings. The structured approach adopted by DB Sadan serves as a model, demonstrating how rights-based, holistic care can achieve consistent, positive, and lasting rehabilitation outcomes.

Impact of the DB Sadan Rehab Process

The Emotional Wheel is an innovative and child-friendly assessment tool specifically designed to measure and visualise children's emotional states in a participatory manner. By engaging children directly in the evaluation process, the Emotional Wheel allows them to self-report their feelings accurately and comfortably. This visual and interactive method assesses emotional responses across eight essential dimensions: Happiness, Sadness, Fear, Trust in Others, Love, Anger, Disgust, and Hope. Each emotion is rated on a clearly defined scale from 0 (Low) to 4 (Very High), facilitating an easy and intuitive self-assessment for children.

The Emotional Wheel has proven highly effective in capturing nuanced emotional changes and is particularly valuable in therapeutic settings like DB Sadan, where understanding children's emotional experiences is vital for evaluating and enhancing rehabilitation outcomes.

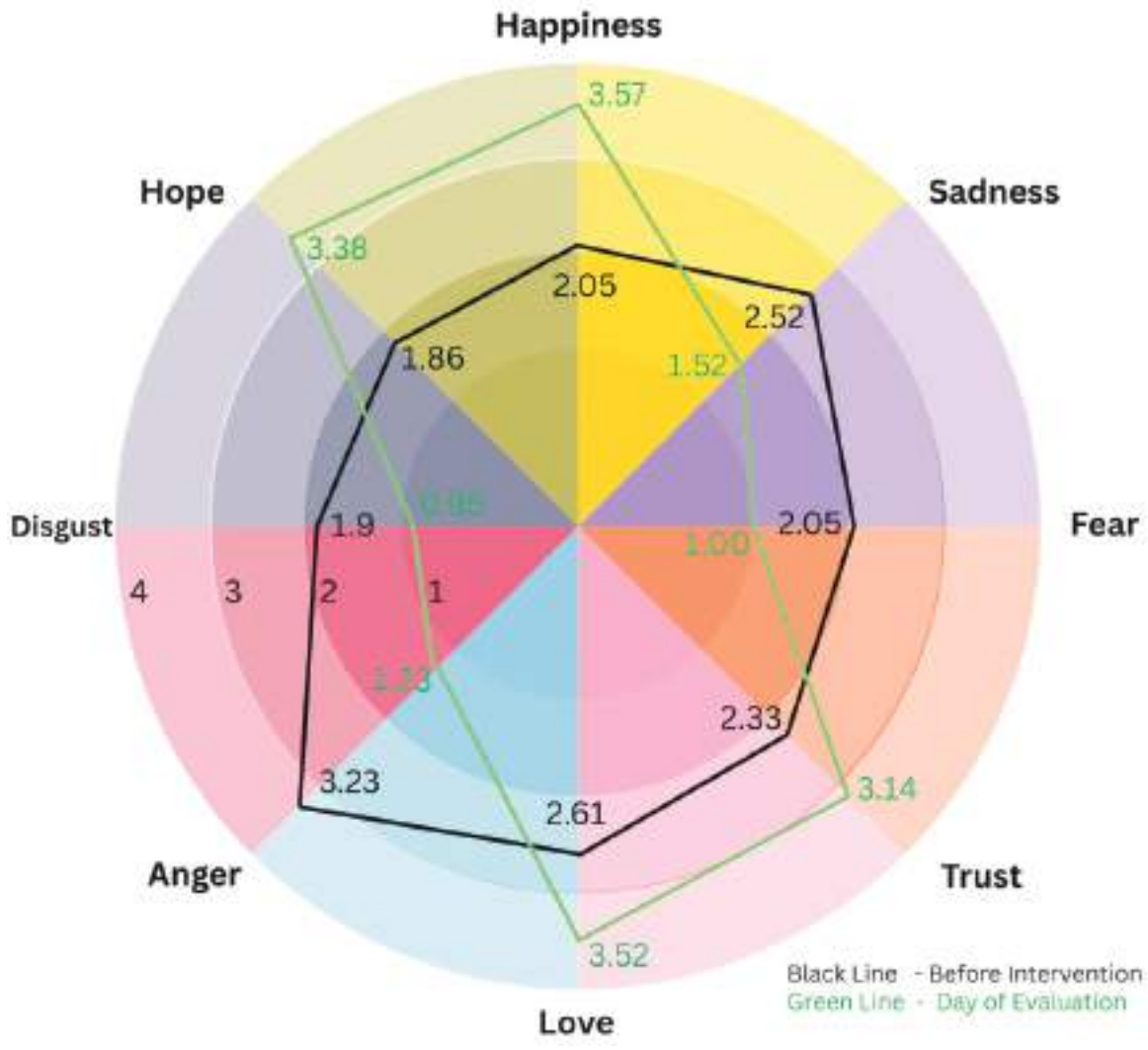


Figure 11: Emotional Changes effected through DB Sadan

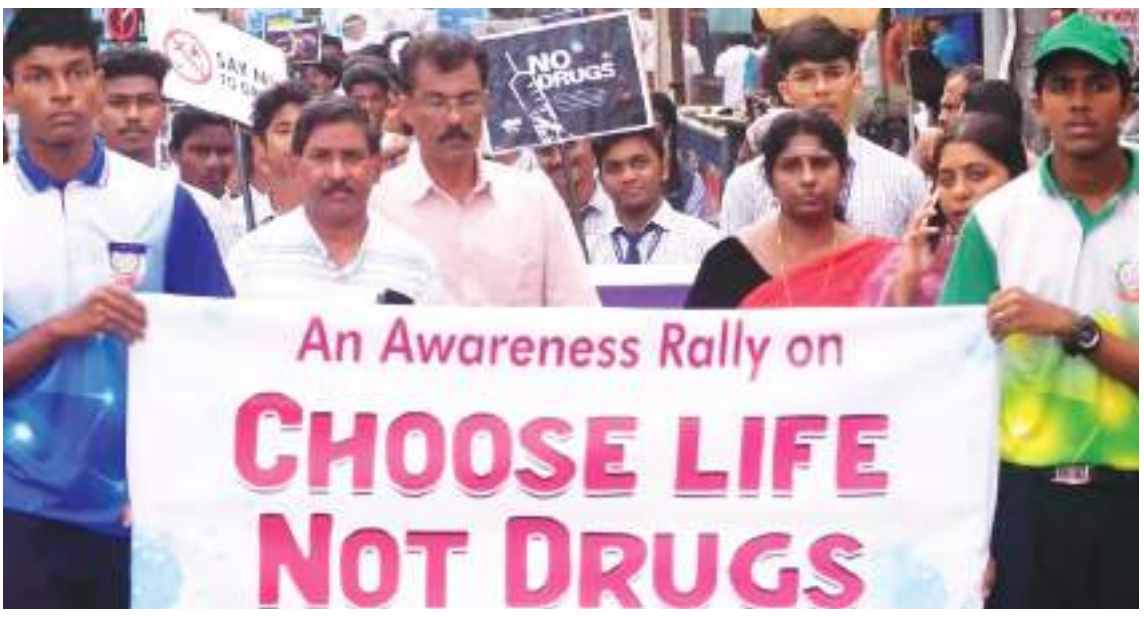
Emotional Changes in children at post rehabilitation

Emotion	Mean Before	Mean After	t	p-value	Interpretation
Happiness	2.05	3.57	-3.685	0.000	Significant increase in happiness
Sadness	2.52	1.52	+5.123	0.000	Significant decrease in sadness
Fear	2.05	1.00	-3.209	0.001	Significant decrease in fear
Trust in Others	2.33	3.14	-2.675	0.007	Significant increase in trust
Love	2.61	3.52	-3.214	0.001	Significant increase in love
Anger	3.23	1.23	-3.760	0.000	Significant decrease in anger
Disgust	1.90	0.95	-3.704	0.000	Significant decrease in disgust
Hope	1.86	3.38	-8.00	0.000	Highly significant increase in hope

Depending on the normality of the data (evaluated through the Shapiro-Wilk test and Q-Q plots), emotional responses before and after treatment were analysed using the Paired t-test using IBM SPSS software.

The analysis revealed significant positive emotional shifts following the rehabilitation interventions. There was a **highly significant increase in Happiness**, rising from a mean of 2.05 to 3.57 ($p<0.001$), demonstrating the effectiveness of the centre's nurturing and positive environment.

Similarly, **Trust in Others increased notably** from 2.33 to 3.14 ($p=0.007$), indicating enhanced interpersonal bonds fostered through the centre's activity-oriented and supportive programmes. **Love also showed a significant increase** from 2.61 to 3.52 ($p=0.001$), reflecting strengthened emotional connectivity and a sense of belonging developed during the rehabilitation process. Importantly, **Hope recorded the most remarkable improvement**, nearly doubling from an initial mean of 1.86 to 3.38 ($p<0.001$). This dramatic uplift highlights the profound impact of DB Sadan's structured, supportive, and activity-focused interventions in nurturing optimism and future-oriented aspirations among the children.



Conversely, negative emotional states decreased substantially. **Sadness significantly dropped** from a mean of 2.52 to 1.52 ($p<0.001$), **Fear decreased** from 2.05 to 1.00 ($p=0.001$), **Anger showed a substantial decline** from 3.23 to 1.23 ($p<0.001$), and **Disgust fell notably** from 1.90 to 0.95 ($p<0.001$). These decreases underscore the centre's success in addressing emotional distress and fostering psychological resilience through its integrated therapeutic approaches.

Overall, these results affirm the profound effectiveness of DB Sadan's holistic, activity-oriented, and minimal pharmacological approach that integrates therapeutic activities such as individual and group counselling, life-skills training, educational support, vocational training, and recreational engagements, to enhance positive emotional outcomes and reduces negative emotional states. The comprehensive intervention strategy not only addresses substance dependence but also actively promotes emotional and psychological recovery, thereby facilitating long-term, sustainable rehabilitation and reintegration for Kerala's vulnerable youth.

District-wise Beneficiaries of DB Sadan

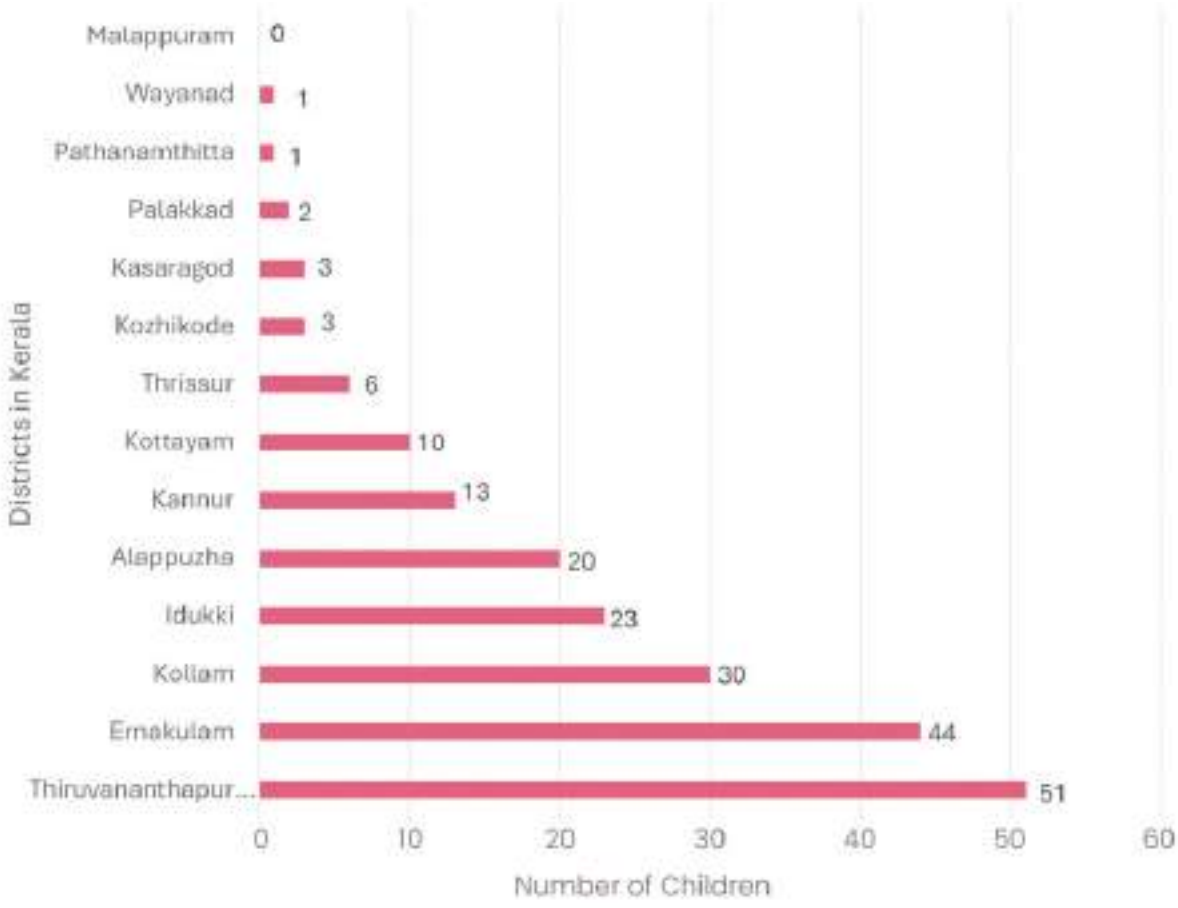


Figure 12: DB Sadan Beneficiaries District-wise

From the data, it is observable that the geographical location of DB Sadan in Thiruvananthapuram enabled the southern districts of Kerala to take greater advantage of the rehabilitation services. For the northern districts, referring children to DB Sadan had logistical problems in terms of time, expense and ease of follow-up for both the DB Sadan and local teams. The success intervention of DB Sadan in the lives of vulnerable children, led the other district teams and government agencies to experience the gap in the rehab services even more. There has since been a request for more services like DB Sadan in the other districts as well.

A DREAM for Vijayan

15-year-old Vijayan belongs to a family with an average socioeconomic background. When Vijayan was around seven years old, his father committed suicide, leaving him behind with his younger brother and their mother. When Vijayan's mother later remarried, he and his brother were placed in a boys' home for two years. Following this, their maternal grandparents brought them back home to continue their education. However, due to negative peer relationships and behavioural issues, Vijayan was shifted to various institutional care facilities. In one such Home, Vijayan began using substances, even growing cannabis plants there. He had a history of frequent peer conflicts, significant anger management issues, as well as absconding from the institution with another child, which led to his transfer to a government children's home under the directive of the Child Welfare Committee (CWC), which later referred him to DB Sadan for rehabilitation.

A comprehensive psychosocial assessment revealed that Vijayan was grappling with unresolved emotional trauma, primarily linked to his father's suicide and his subsequent separation from his family. His behavioural issues were rooted in deep-seated feelings of abandonment, insecurity, and anger. The negative peer influences, coupled with substance use, appeared to be maladaptive coping mechanisms for the emotional pain and instability experienced during his formative years. Vijayan also had difficulty in forming positive peer relationships, as frequent conflicts and defiance were recurring patterns. Substance use was identified as both a way of fitting in with peer groups and as an escape from his personal struggles.

Vijayan acknowledged that substance use had significantly affected his ability to control his negative behaviours and anger, leading to frequent disruptions in the institution. After treatment at Don Bosco Sadan, he showed significant improvement. Vijayan learned healthier coping strategies for managing anger and emotional trauma, which reduced his substance use. His behaviour within the institution improved, with fewer conflicts and better peer interactions. He became more focused on his studies and daily tasks, showing greater self-discipline and responsibility. Overall, Vijayan developed better emotional regulation and made positive life choices, helping him reintegrate successfully into his prior institution for the completion of his studies.

Though it was not possible to remove the boy from his existing environment, the rehabilitative treatment in DB Sadan offered empathy, professional support and tools to promote self-awareness, healing, and self-improvement, offering Vijayan a new hopeful pathway into a better, healthier future.

BREADS' LEARNINGS FROM DREAM

As with every social intervention, there were multiple learnings from the implementation of the DREAM programme. Some of the learnings also came through the challenges faced by BREADS and the district teams as described in this report. While the awareness programmes offered largescale interactions and the opportunity to get the pulse of the youth, the counselling interactions by DREAM offered deeper insights into the minds and emotions of the young people.

Qualitative Analysis of Counselling Data

In a microstudy, BREADS conducted a conceptual analysis of 67 counselling case reports from various DREAM district counselling centres, to gain insights into the nature and extent of the issues faced by young people in Kerala. These insights could help improve our understanding and responses to the young people and therefore, improve programme delivery.

Methodology

Though the small sample (67 cases) was distributed unevenly across the 10 districts, some interesting trends emerged from the analysis of the content for implicit and explicit concepts related to substance abuse, addiction and mental health.

Associated issues in the case reports were grouped to derive variables for better analysis:

Variable	Keywords mentioned in the notes
Mental health issues	anxiety, depression, despair, mood swings, emotional distress, fear, loneliness/ isolation, aggression/anger/emotional outburst, stress, lack of confidence, frustration, guilt, lack of motivation, suicide attempts, sadness/betrayal, over-whelmed, emotional trauma
Peer influence	peer pressure, peer influence, afraid to lose friends, negative peer models
Family problems	family problems, broken family, family negligence, family substance use
Addiction related	substance abuse, phone / gaming addiction, physical symptoms of addiction
Other issues reported	academic issues, behavioural issues, hyperactivity, criminal activities, avoidance of responsibilities, poor concentration/cognitive issues, avoidance of responsibilities, scam victims, substance trafficking

A relational concept analysis to understand possible connections between substance use/addictions and other factors was conducted to derive learnings for future interventions with young people.

We were interested in understanding whether there was a relationship between the following issues:

Addiction ↔ Mental health

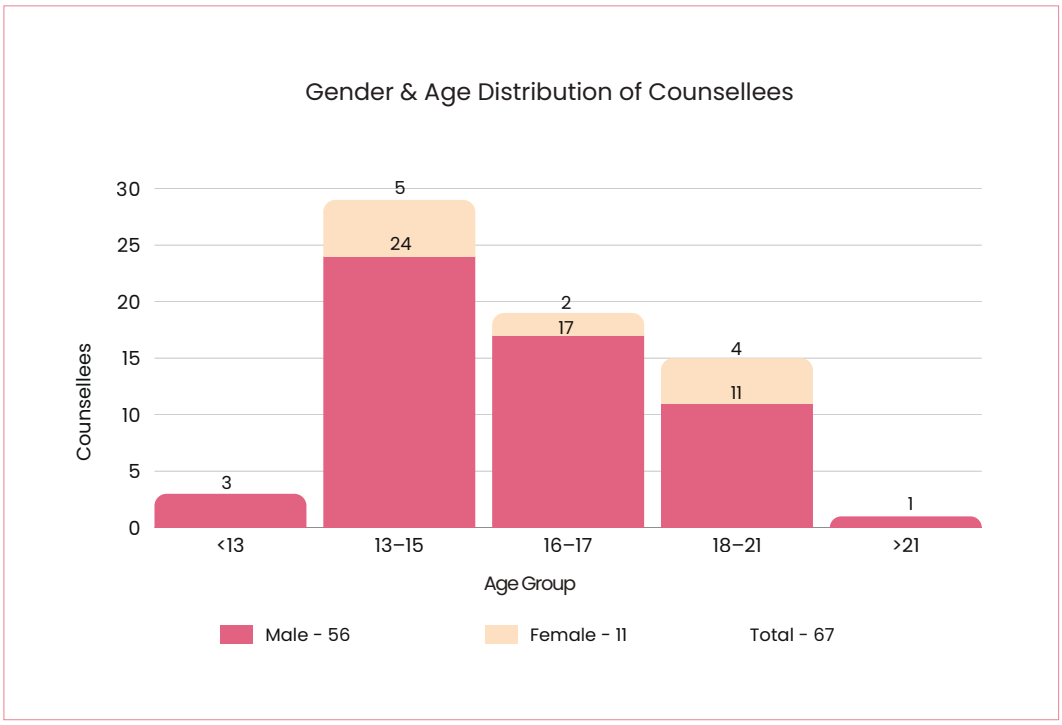
Addiction ↔ Peer pressure/influence

Addiction ↔ Family problems

Findings from the Content Analysis

1. Age and Gender Distribution

Age Group	Male	Female	Total
<13	3	0	3
13–15	24	5	29
16–17	17	2	19
18–21	11	4	15
>21	1	0	1
Total	**56**	**11**	**67**

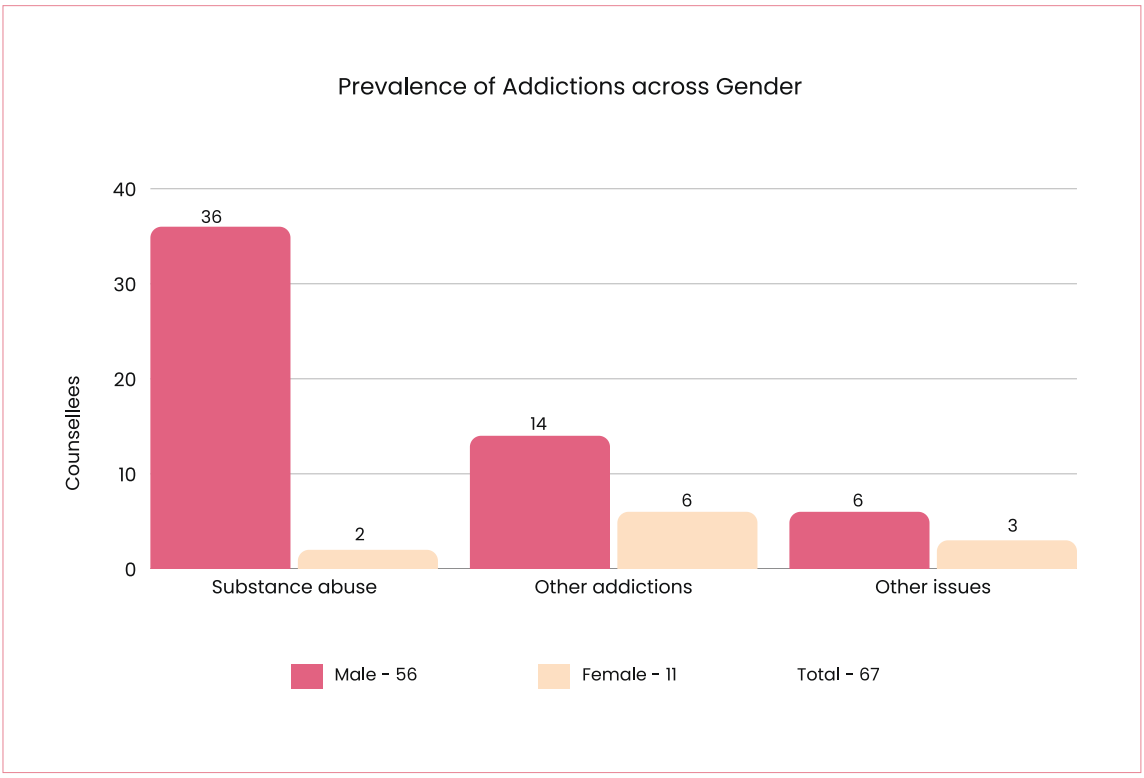


The age group of the dataset ranged between 8 to 25 years, bringing the median age to 20 years. However, the majority (nearly 70%) were between **13–17** years, the critical adolescent age group, with **15 years** being the most represented age with 17 individuals **(25%)**.

The fact that **34 of the 67 children (51%) were in the age group of 8-15 years**, reaffirms the need for increased attention from parents, teachers and society towards protective and preventive action. It also confirms the need for focussed interventions in schools and communities, as well as advocacy with the State and law enforcement agencies to pay close attention to the easy availability of substances for school children.

2. Prevalence of Addictions

Category of Problem	Total	Male	Female
Substance abuse	38	36	2
Other addictions	20	14	6
Other issues	9	6	3
Total	**67**	**56**	**11**

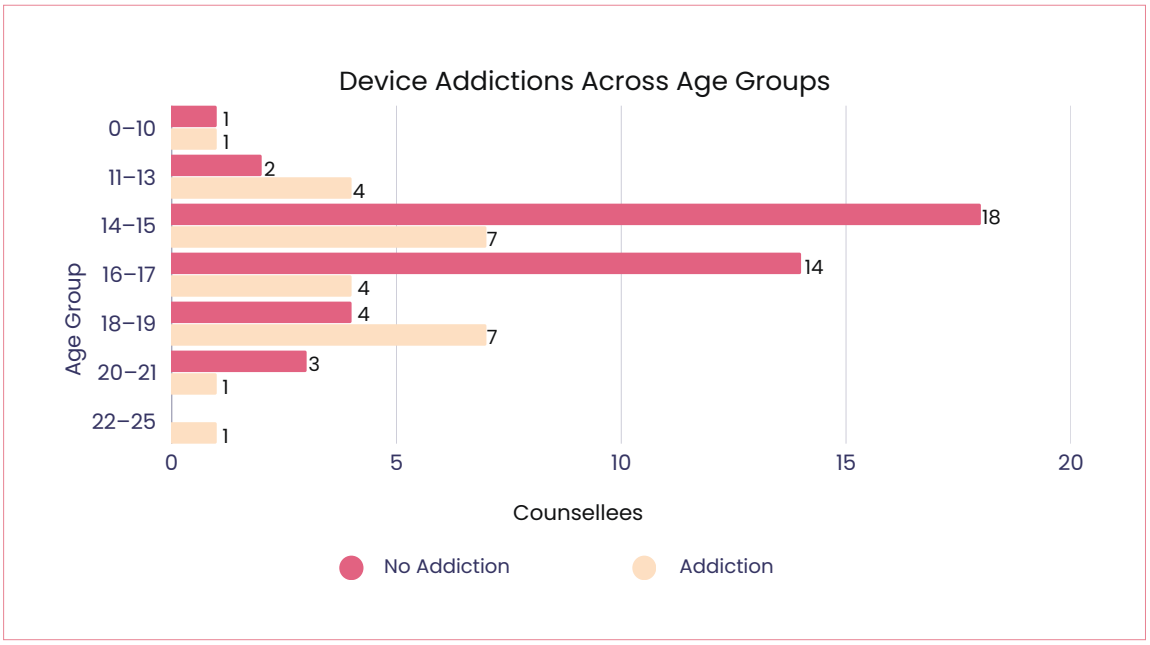


The total number of cases related to addiction was (38+20) = 58. Of the total sample (67), **86.5% young people were involved either in substance abuse or other device addictions.** While it would be inaccurate and misleading to extrapolate that figure to the general population, it is nevertheless a significant indicator of the prevalence of addictive behaviours among the youngsters, who approached DREAM for help.

3. Addiction and Substance Abuse Distribution Across Age

a. Addiction across Age Groups

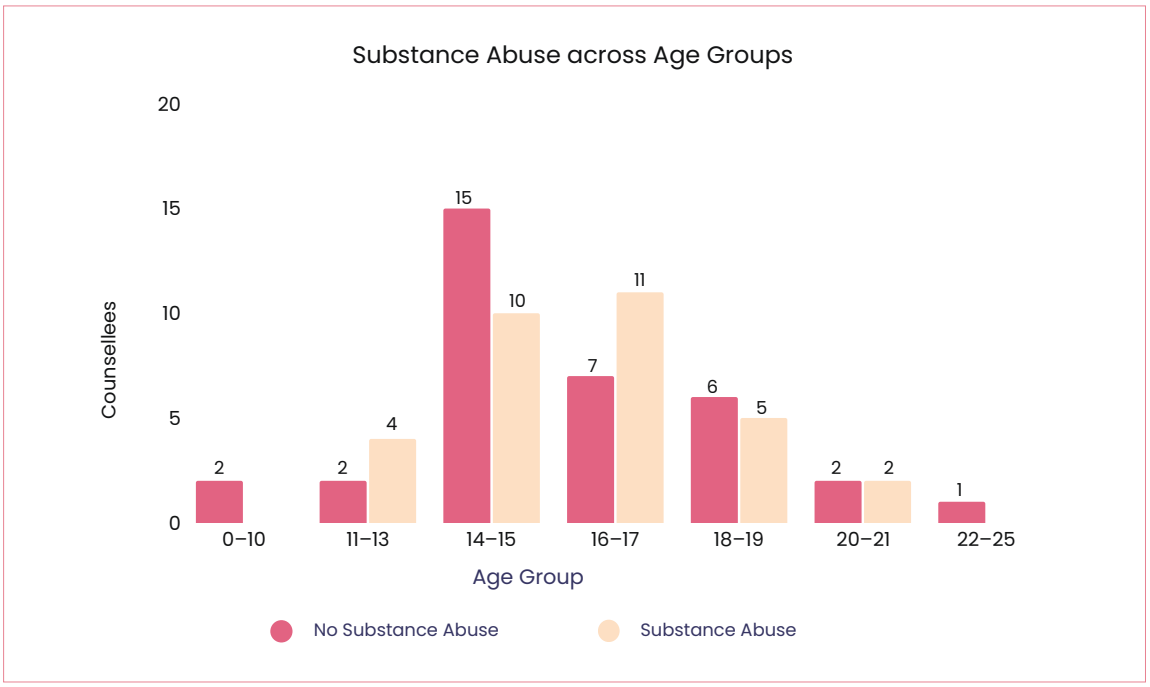
Age Group	No Addiction	Addiction
0–10	1	1
11–13	2	4
14–15	18	7
16–17	**14**	**4**
18–19	**4**	**7**
20–21	**3**	**1**
22–25	**0**	**1**



- Addictions to phones and gaming were reported more in the 11-13 (66.6%) and the 18-19 (63.6%) age groups.
- Addictions unrelated to substances (such as phone and screen) peaked in the 11–15 age group.

b. Substance Abuse across Age Groups

Age Group	No Substance Abuse	Substance Abuse
0–10	2	0
11–13	2	4
14–15	15	10
16–17	**7**	**11**
18–19	**6**	**5**
20–21	**2**	**2**
22–25	**1**	**0**

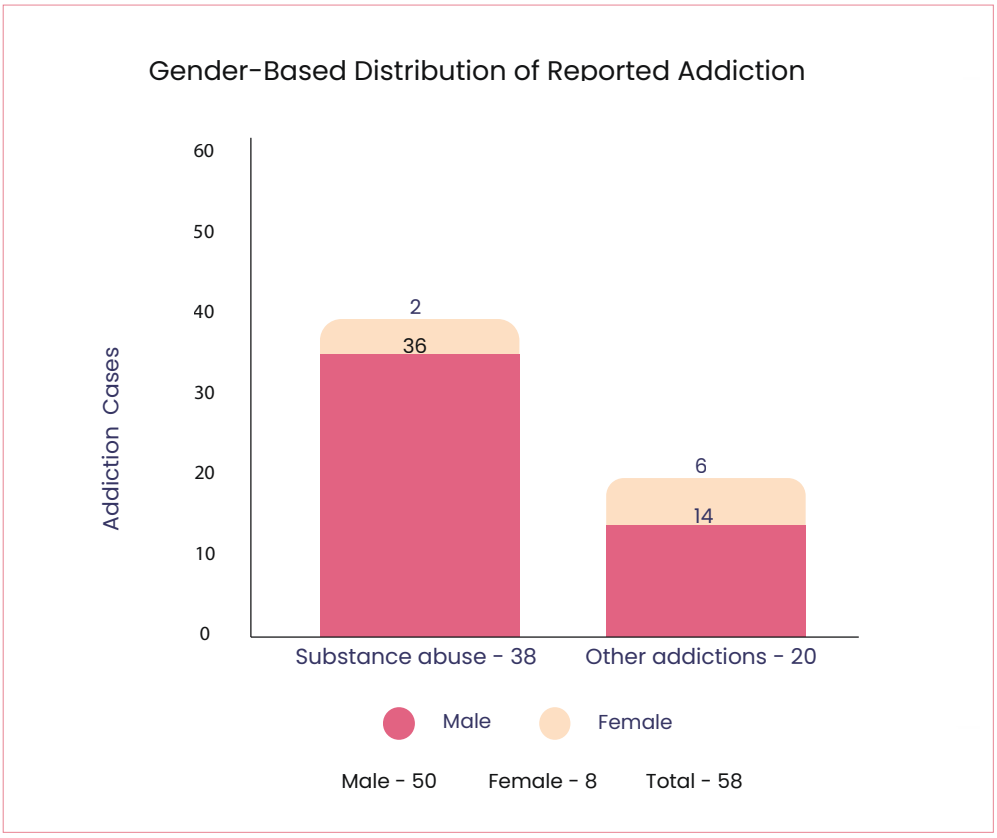


- Substance abuse is **most prominent in the 14–17 group,** especially ages 16–17.
- **14–17 age group** has the **highest combined prevalence** of device addiction and substance abuse.

While the dataset cannot be presumed to be representative of the entire population, the findings give us a good idea of the prevalence of substance abuse and addictions among the young people who sought help. **Children in the 11-19 age group are especially vulnerable** and therefore, there is a need for awareness creation and vigilance among the significant adult groups such as parents, teachers and school managements. Focus on protective mental health measures and counselling services especially for the school-going children is required.

4. Gender-Based Distribution of Reported Addiction

Category of Problem	Total	Male	Female
Substance abuse	38	36 (95%)	2 (5%)
Other addictions	20	14 (70%)	6 (30%)
Total	**58**	**50**	**8**



- **Substance use issues were reported predominantly by the male counsellees** (95%) while only 5% of females reported it.
- **Other addictions were reported by 91% of the male counsellees** while only 9% of the females reported them.
- **89% (50 out of 56) male counsellees** reported either addiction or substance abuse, w**hereas 73% (8 out of 11) of the females** reported addictions/substance abuse.

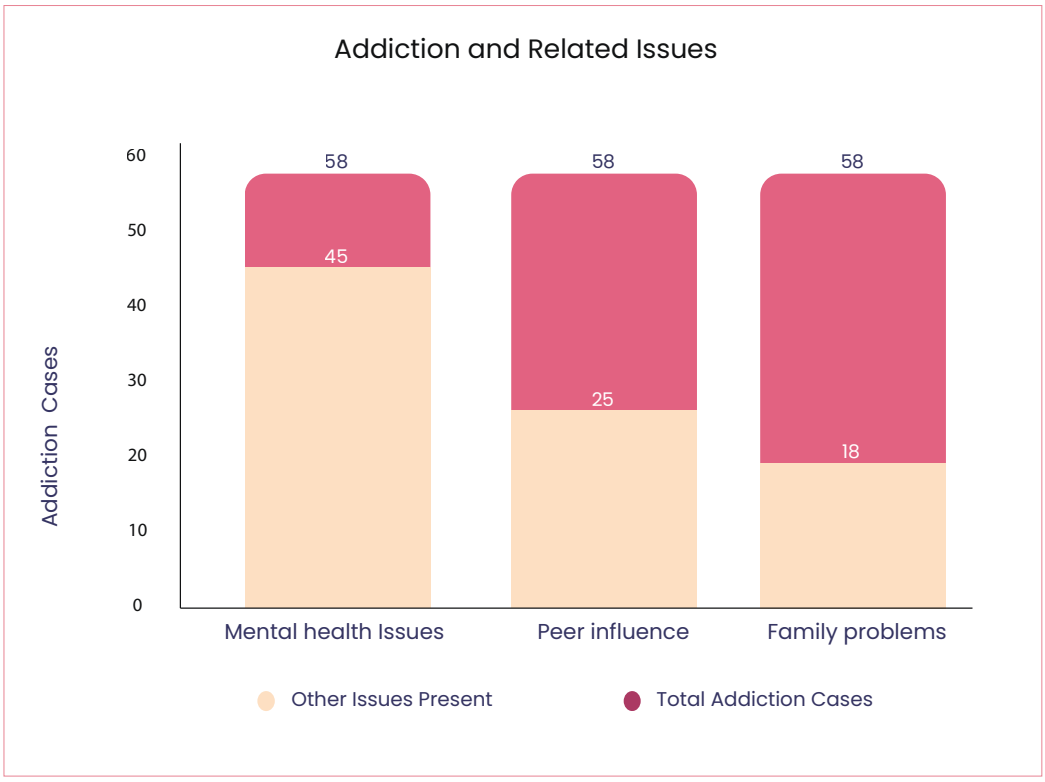
The findings suggest that substance abuse and addictions are predominantly reported by males while females report phone addictions more. A possible reason for this trend, could be the cultural

settings where it is more common/acceptable for males to use substances of any kind while it is not as socially accepted for females to do the same. Therefore, device addiction is more socially acceptable for females to report, especially with the preoccupation among many people especially the youth, about selfies and enhanced photographs. The findings also show that females are more open to approach a counsellor (who were predominantly female in the DREAM teams) for non-addiction related issues (9 cases).

5. *Addiction and Related Issues*

Counsellees reported multiple overlapping issues. Among the 58 cases in which addictive behaviours were present, it was also found:

- 45 of 58 (78%) cases also had mental health issues
- 25 of 58 (43%) cases reported peer influence
- 18 of 58 (31%) cases reported family-related problems

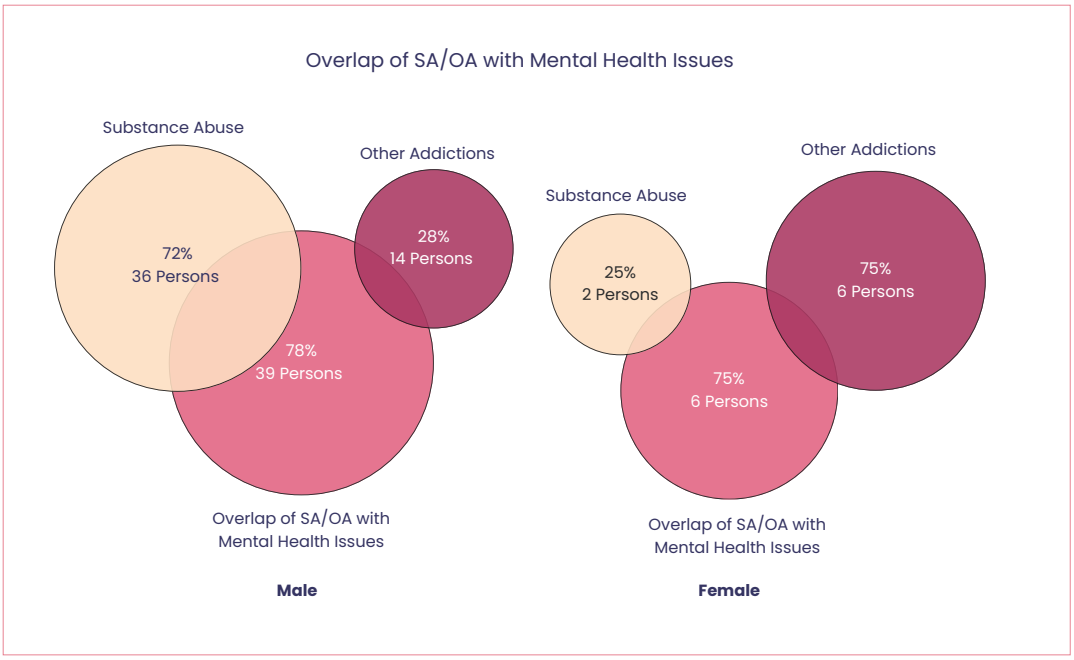


With the help of AI using the Phi coefficient to analyse binary categorical variables, the correlation between each pair of relationships was evaluated.

Relationship	Phi Value	Strength
Addiction ↔ Mental health	**0.55 – 0.60 (approx.)**	**Moderate to strong**
Addiction ↔ Peer influence	**0.35 – 0.40**	**Moderate**
Addiction ↔ Family problems	**0.25 – 0.30**	**Weak to moderate**

a. *Addiction ↔ Mental Health*

Among the **58** cases of addiction, mental health issues such as anxiety / fear / tension/ depression / despair / sadness/ mood swings / emotional outbursts/ suicide attempts / emotional instability/ low confidence / low self-esteem were also present in **45 (77.6%)** of the counsellees.



Gender	Substance Abuse	Other Addictions	Total Addiction	Overlap of SA/OA with Mental Health Issues
Male	36	14	50	39
Female	2	6	8	6
Total	**38**	**20**	**58**	**45**

There is a **moderate-to-strong relationship between addiction and mental health,** particularly in males due to higher addiction prevalence. **Males** are significantly more likely to report both **substance abuse** and **other addictions**. Although females make up a smaller proportion of addiction cases, they too show a high level of concurrent mental health issues (6 out of 8 cases).

This **moderate to strong relationship** between the two variables indicates the need to address addictions not only from the pharmacological point of view, but very importantly, from the mental health point of view. In two cases, the counsellees said they used substances to escape from stress and anxiety. Counselling and mentoring therefore, become very important in the prevention of addiction and relapse. The proactive promotion of good mental health would be beneficial to all young people and even help prevent addiction. Sports and physical activity would be highly beneficial as they promote the release of dopamine while also helping youngsters stay physically healthy and make healthy social connections. Other practices such as yoga, mindfulness, meditation, and art therapy promote emotional balance and help deal with stress and anxiety.

b. Addiction ↔ Peer Pressure/influence

Going by the developmental understanding that peer pressure or peer influence is an important factor in either propelling young people away or towards substance use, DREAM took the approach of identifying and training peer leaders to create positive influences. In the dataset, **peer influence or pressure was present in 25 out of 58 addiction cases**, amounting to approximately 43% of the cases.

This reveals a **moderate correlation between peer influence and addiction** and reiterates the need to promote healthy and positive social environments and activities for young people, where they can socialise safely with peers, enjoy themselves and build healthy relationships without the need for substances or addictive activities.

c. *Addiction ↔ Family Influence*

Only **18 of 58 counsellees (31%) with addiction reported troubled families**. Words such as family problems, broken family, family negligence, family substance use, negative models of parents/family were used. There is **a weak to moderate correlation between addiction and family issues**.

These numbers tell us that while negative family health was reported by only 31% of counsellees, the consequences of permissive or absent parenting were not easily perceived by the youngsters themselves. Additionally, the high prevalence and normalisation of substance use within families, extended families and neighbourhoods were not recorded and measured from this dataset, which could have shed light on the modelling of addictions. This factor speaks to the need for awareness creation among parents and communities about the import of their actions, parenting styles and abilities.

6. *Other Issues faced by Young People*

An analysis of the dataset revealed that young people also face various other issues, which impact their lives and potentially could lead to mental health issues and addictions.

a. *Experience of Isolation/ Loneliness*

- An analysis of the dataset revealed that **26 out of 67 (38.8%) persons** experienced "isolation," "loneliness," "disengaged," "withdrawn" kinds of emotions.
- **Loneliness/isolation is more common in substance abuse cases (36.8%)** than in other cases, suggesting a **moderate association** between **substance abuse and feelings of isolation**.

Across the world, reports of isolation and loneliness among young people are increasing, impacting their ability to experience healthy social relationships. These add to the social awkwardness and lack of confidence that young people normally experience during this phase of life. Such feelings can also fuel the use of substances and devices as an escape from loneliness or even as platforms for bonding with peers (multiplayer gaming/substance sharing) as reported by two cousellees. This data suggests the need to create safe platforms for young people to bond with other people and make healthy friendships through sports and other extracurricular and cocurricular activities.

b. *Experience of Hopelessness/Emotional Disturbances*

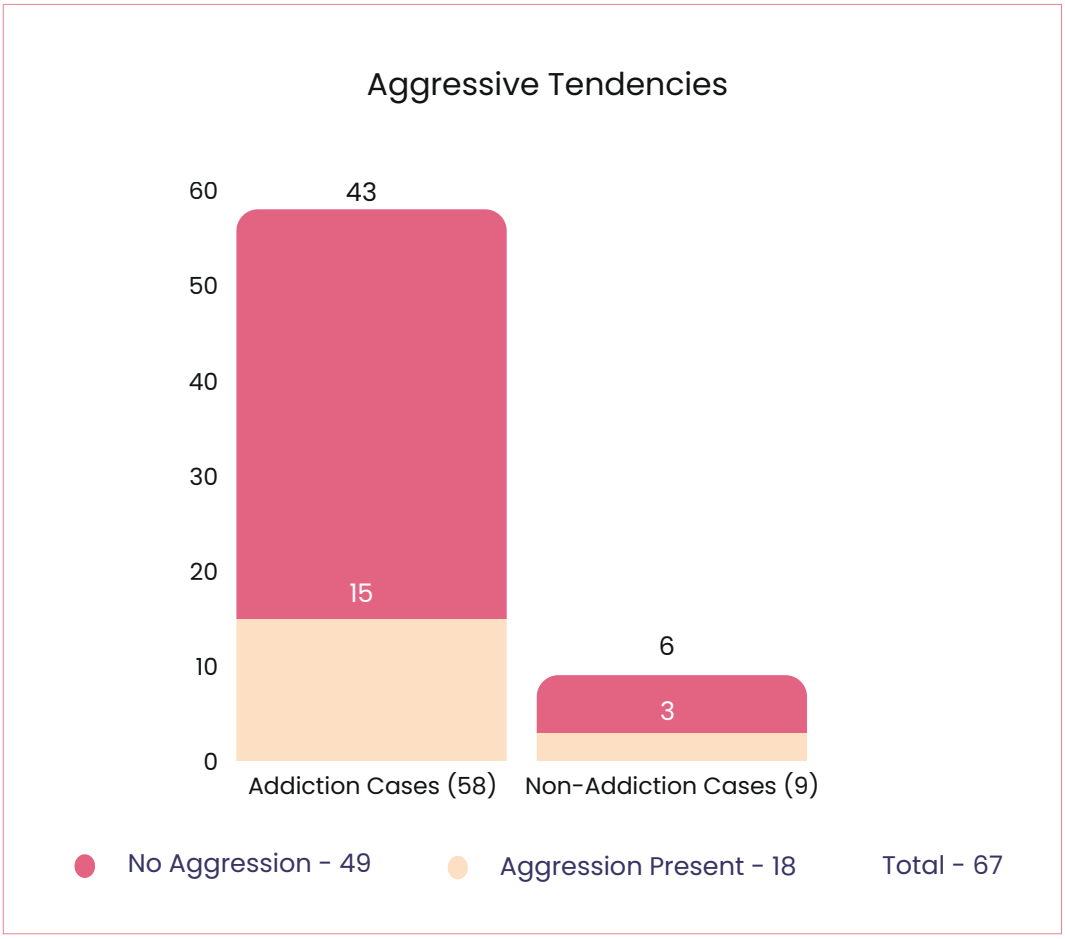
- **Ten (14.9%) of 67 counsellees** reported the experience of **hopelessness or despair**, which though not a high figure, is still concerning, as persistence of these feelings can lead to high-risk behaviours including suicide. Two persons in the dataset reported suicide attempts.
- Approximately **55.2% (37 out of 67)** individuals showed signs of at least one of the following: Loneliness / Isolation, Lack of confidence, Depression, Anxiety / Fear / Panic.
- **25.4%** (**17 out of 67)** of counsellees reported mood swings and emotional disturbances. Mood swings are relatively common in adolescents, but they need to be equipped to handle them.

These figures point to the need for emotional support and psychoeducation for adolescents, which would be of immense help to them in managing their emotions better. Encouragement of physical activities would also help in

better emotional regulation. Kerala also has the highest prevalence of suicide in India and therefore, there is a greater need for preventive action especially among the youth.

c. *Aggressive Tendencies*

	Aggression Present	No Aggression	Total
Addiction Cases (58)	15	43	58
Non-Addiction Cases (9)	3	6	9
Total	18 (12%)	49	67

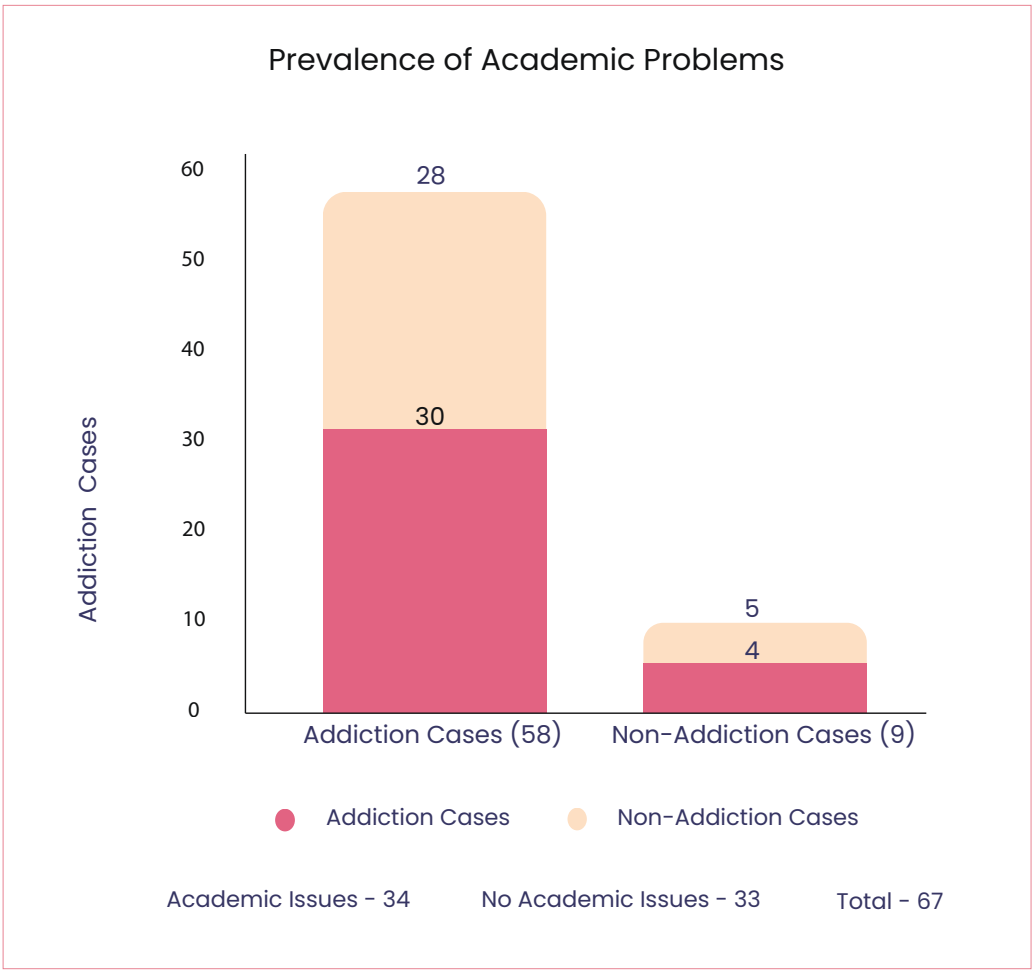


- **Aggressive tendencies were reported by 12% (18 of 67)** of the population. Of these **18 persons, 15 (83%)** also reported addiction. The data did not reveal a correlation between aggressive tendencies and addiction, though people with aggression showed a higher use of substances.
- **12 out of 18 persons (67%)** who showed aggressive tendencies also had mental health issues, indicating a **low to moderate positive correlation between aggression and mental health problems.**

While aggression was relatively low in the sample population, it nevertheless is an important marker for societal well-being. Young people with aggressive tendencies combined with substance abuse habits can easily be led astray by antisocial elements. Therefore, there is a need to monitor and teach safe expression of anger and aggression, preferably through sports and other activities that promote emotional balance, socialising opportunities and more supportive family and educational environments.

d. Prevalence of Academic Problems

	Academic Issues	No Academic Issues	Total
Addiction Cases	30 (52%)	28	58
Non-Addiction Cases	4 (44%)	5	9
Total	34	33	67



The dataset showed that 34 **out of 67 (50.7%) counsellees reported academic difficulties.** Among those who reported addictions of any kind, 52% also reported academic difficulties. While there is no correlation between academic difficulties and addiction according to the data, the fact that half the student population is experiencing academic difficulties, points to a source of anxiety, frustration and low confidence that can lead to further issues. Academic performance and pressure, stress about the future, are areas that can be addressed by educational institutions and parents together. DREAM could also advocate more in this area.

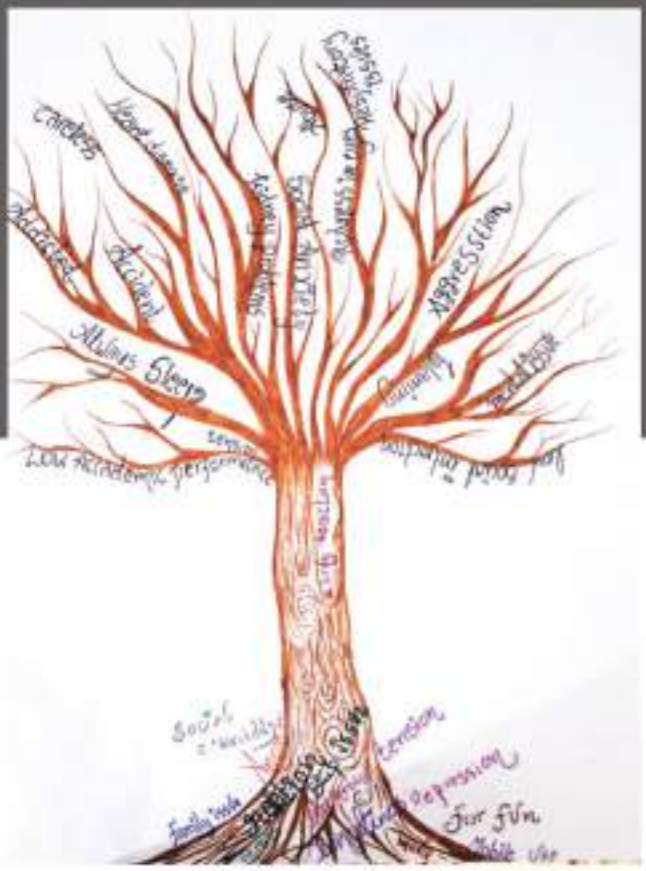
7. Problem Tree Analysis by Children

The external evaluators from Rajagiri College conducted a participatory exercise with school children in the DREAM programme, through which, the children offered insights into perceived root causes of substance use.

They listed bullying, depression, medicine usage, love failure, family issues, fear of insulting, social media, loans/debts, peer pressure, temptations, festivals, cinema, mobile usage and addiction, stress. Their insights further corroborate the idea that substance abuse is often a symptom of mental health issues and unhealthy social influences (peer/family/media).

PROBLEM TREE ANALYSIS

STUDENT PERSPECTIVES ON SUBSTANCE USE



Context

As part of the participatory evaluation efforts under the DREAM project, Problem Tree Analysis (PTA) sessions were conducted in multiple schools across DREAM-implemented districts. These interactive exercises, facilitated through Focus Group Discussions (FGDs) with students, provided valuable insights into the root causes and consequences of substance use among children and adolescents.

Key Findings from Govt. Vocational Higher Secondary Sschool , Kadamakkudy, Ernakulam

During one such session at GVHSS Kadamakkudy in Ernakulam, students showcased a thoughtful and critical understanding of the factors contributing to substance use and its broad-ranging effects.

Root Causes Identified by Students

Bullying, Depression, Medicine usage, Love failure, Family issues, Fear of insulting, social media, Loans/debts, Peer pressure, Temptations, Festivals, Cinema, Mobile usage and addiction, Stress

Perceived Effects

Mental health issues, Memory loss, Cancer, Hallucinations, Lack of sleep, Effects of daily routine, Organ failure, Loss of peace, Loss of beauty, Divorce, Laziness, Family conflict, Issues in career progression, Loss of job/unemployment, financial issues, Anger, Diseases, Mistrust, Lack of concentration, Reproduction health affected, suicide, Migraine, Crimes, Issues in friendship.

This exercise underscores the effectiveness of the DREAM project's awareness initiatives, which have not only educated students on the immediate harms of substance use, but also enabled them to critically engage with its systemic causes and long-term implications. These insights demonstrate the project's success in fostering youth-led reflection and empowering early intervention.

Findings from the Counselling and Rehab. Services

- Most of the youngsters (86.5%), who came in for counselling, reported either substance abuse or some form of device addiction.
- The largest prevalence of addiction (51%) was in the age group of 8-15 years and predominantly among the male population (94%).
- There is a moderate to strong relationship between addiction and mental health problems with 78% counsellees also reporting mental health issues, again, predominantly among males.
- Peer influence or pressure was present in approximately 43% of the cases reporting addiction (25/58), indicating a moderate correlation between peer influence and addiction.
- There was a weak to moderate correlation between addiction and family issues, with 31% persons with addiction reporting troubled families.
- Loneliness/isolation is more common in substance abuse cases (37%) than in other cases, suggesting a moderate association between substance abuse and feelings of isolation. Ten (15%) of 67 counsellees reported the experience of hopelessness or despair.
- Approximately 55% (37 out of 67) individuals showed signs of at least one of the following: Loneliness / Isolation, Lack of confidence, Depression, Anxiety / Fear / Panic. 25% (17 out of 67) of all the clients reported mood swings and emotional disturbances.
- Data did not indicate a correlation between aggressive tendencies and addiction, though people with aggression show a higher use of substances. 12 out of 18 persons (67%) who showed aggressive tendencies also had mental health issues, indicating a low to moderate positive correlation between aggression and mental health problems.
- The dataset showed that 34 out of 67 (51%) counsellees reported academic difficulties. Among those who reported addictions of any kind, 52% also reported academic difficulties.
- Analysis of responses of the children in DB Sadan Rehabilitation Centre through the emotional wheel tool by external evaluators, revealed significant positive emotional shifts following the rehabilitation interventions:
    - highly significant increase in happiness (mean of 2.05 to 3.57)
    - notable increase of trust in others (2.33 to 3.14)
    - significant increase of love (2.61 to 3.52)
    - most remarkable improvement in hope (1.86 to 3.38)
    - significant drop in sadness (2.52 to 1.52)
    - decrease in fear (2.05 to 1.00)
    - substantial decline in anger (3.23 to 1.23)
    - notable decrease in disgust experienced (1.90 to 0.95)

  These shifts were the result of the DB Sadan's activity-oriented and supportive programmes that strengthened emotional connectivity and a sense of belonging, nurturing optimism and future-oriented aspirations among the children while also addressing emotional distress and fostering psychological resilience through its therapeutic and minimally pharmacological interventions.

The findings from the analysis confirm that **adolescents (ages 10-19) are extremely vulnerable** to mental health issues and addictive behaviours, and therefore, interventions with them need to begin early. The **high prevalence of substance abuse and addictions** among the counselees is a confirmation of the concern that BREADS is trying to address through DREAM.

The natural emotional and physical turbulence experienced by this adolescent group requires caregivers and educational institutions to become aware, informed, proactive and patient with them even as they grow into early adulthood (early 20s). **The parenting function**, **perhaps even through societal interventions, must evolve** to adequately address the needs of young people.

The findings establish quite clearly that addictions, whether to substances or other forms, do not occur in isolation. Rather they exist against the setting of poor mental health, perhaps even as manifestations of it. The **high prevalence of negative emotional states and mental health issues** among young people (ages 10-24) is a matter of concern; especially hopelessness and isolation, as these lead to serious mental and physical health issues. Caregivers and educational institutions need to pay more attention to the environments that they provide for young people as these have significant impact on them.

The data also shows us that substance abuse in its early stages, has **an environmental and social aspect to its manifestation:** either through peers or families/neighbours. Substance abuse **modelled by significant adults/peers and society** does have clear impact (impact of media was not studied). The findings from the children undergoing rehabilitation in DB Sadan are clear evidence that **conducive environments with structure, physical and emotional safety are important factors** in treating substance abuse successfully among young people.

The findings suggest that creating awareness about the adverse effects of addictions and substance abuse among young people is not enough as the prevalence of substance abuse remains high. **They need safe structures, safe adults and safe communities/environments.** It is predominantly the role of the family to provide this emotional and physical safety. However, with the increasing socioeconomic strain on family structures and societal value systems, and the impact of everchanging cyber and media spaces that young people inhabit, it might not be

always possible for the existing family systems to cope adequately with the changes. Therefore, the **schools and colleges need to also step up** their contribution by offering safe campuses and counselling/mentoring opportunities for young people to access the help they need.

Parents and educators need help to equip themselves to offer healthy, structured environments that promote resilience and healthy social relationships among young people. As a society, we need to **promote openness about mental health issues and remove stigma** related to it, helping people access the support they need. **State child and youth protection services need to be highly vigilant and proactive** about other external factors (profusion of substances, law and order, antisocial elements etc.) and other pressures that influence the well-being of young people, as these have significant implications for the future well-being of society.

BREADS, through the DREAM initiative, can support these measures through advocacy and creating resource centres that offer counselling and rehabilitation for young people, as well as mentoring and training for caregivers and educators.

Abu's Story

Abu (pseudonym), a 14-year-old boy studying in 9th grade, was referred for counselling by his school Principal after he was caught consuming alcohol on the school premises. This behaviour led to a suspension, after which, his family became aware of his substance use. The incident also directed much stigma towards Abu from his school community.

Abu comes from a low-income family in Thrikkakara, Ernakulam. His father is a daily wage worker, and his mother is a homemaker. He has three younger siblings: two brothers aged 10 and 1.5 years, and a sister aged 8. His family, although supportive, had no knowledge of his substance use until the incident at school brought it to light.

Abu was introduced to smoking at the age of eleven, by friends he met while playing football during the COVID-19 lockdown. His usage escalated over time, extending to alcohol, "cool" tobacco, Hans (chewing tobacco), and eventually, trying Cannabis and MDMA. Abu's growing dependency on cigarettes, alcohol, and other drugs negatively affected his behaviour, school performance, and social interactions.

Abu initially appeared withdrawn, avoiding eye contact and showing signs of deep guilt and shame. He was reluctant to speak and seemed burdened by his actions. His demeanour reflected significant emotional distress and shame regarding his substance use. Initially hesitant, Abu began to engage more positively, demonstrating remarkable resilience and a genuine desire for change.

The sessions provided Abu with education on the harmful effects of drugs and alcohol, while also addressing the psychological aspects of addiction. By the third session, he had reduced his use of substances and was allowed to return to school, where he received additional psychological support from the school counsellor. Abu continued to show significant improvement in his attitude and behaviour. Although he faced bullying and isolation from his peers, he remained determined to stay clean and committed to his recovery. His confidence grew, and he became more energetic and focused on his schoolwork. Building resilience and self-confidence were key recovery components for him.

Almost a year later, in May 2024, Abu courageously saved his 1.5-year-old brother from drowning in a well. This act of bravery earned him admiration from his family and the community, boosting his self-esteem and reinforcing his desire to lead a drug-free life. During the final counselling session, Abu shared how his peers and teachers, who once ridiculed him, had begun to accept and respect him for his transformation.

Abu's case demonstrates the effectiveness of prompt intervention and comprehensive support in adolescent substance abuse recovery. Despite initial challenges, including social stigma and isolation, the client's commitment to change, coupled with consistent counselling and support from both family and school, facilitated a remarkable transformation.

BREADS' Learnings from the DREAM Intervention

1. Social work implementations that require specialised skills among the social workers face a definite challenge. As many trained social workers in Kerala migrate out of the state and India as soon as they get a chance, the unavailability and retention of trained counsellors and mental health practitioners seriously impacted the execution of the programme, especially the counselling outreach. Better linkages with institutions as resource centres, might offer greater stability. Strengthening the established DREAM centres as **district resource centres** would also help offset the instability of a programmatic intervention.
2. Though Kerala is a literate state and its citizens usually take a scientific outlook on the handling of frequent health epidemics and emergencies, there is a resistance to viewing mental health as a legitimate health issue, and not a character flaw of which one needs to be ashamed. The awareness programmes and campaigns though largely targeted towards preventing substance abuse did contribute to making people aware that mental health issues are real and there is no shame in accessing counselling to address them. However, a lot more work remains to be done on this aspect.
3. Following through on the understanding of the stigma associated with counselling, BREADS came up with the idea to use technology as the initial interface to access DREAM counselling services. This first step could be taken in private, without the knowledge of others, enabling those less empowered to access help through a chat bot/website that enabled contact with human counsellors. The idea is being developed with the help of corporate volunteers as part of their Corporate Social Responsibility initiatives, furthering the collaborative goals of DREAM.
4. As understood from the analysis of counselling data and the input from the children, parents and teachers, addictions mostly occur in the backdrop of poor mental health often exacerbated by socioeconomic environments or trauma. The response to substance abuse among young people, therefore, cannot be only awareness of its adverse effects, but an integration of good mental health practices in their lives, especially through schools and colleges. Advocacy for mandatory school and college counsellors is important. Parenting the current generation, which is immensely influenced by unfamiliar technology and social media, is very difficult, especially for a generation that grew up with traditional practices. Therefore, it is very important to continue to build capacity for both parents and teachers to cope with and respond to the constantly changing situation.
5. DB Sadan was a highly appreciated intervention as it filled a gap in rehabilitation services for boys below eighteen with professional quality and reliable services. Since it was geographically more accessible to the southern districts, the gap became even more evident in the rest of Kerala, leading to numerous requests from the government agencies and other stakeholders for the Don Bosco network to start more such interventions across the state for both boys and girls.
6. Relapses are usual after deaddiction processes because patients are required to go back to their old environments without the benefit of their addictions as coping mechanisms, which is difficult. Since many of the children in the DREAM interventions were from vulnerable backgrounds and without conducive family environments for follow up processes, BREADS

and the Don Bosco network, identified **DB Nilayam in Kochi as an aftercare centre** for such children. This structured yet open rehabilitation setup helped the boys adjust to being in the world while strengthening their newly learned habits, proving to be an unplanned but effective outcome of the DREAM intervention.

7. There is a strong need to diversify the process of resource mobilisation and find avenues of support among the community and government as well. Deaddiction and counselling services are very expensive both in terms of human resources and finances. Avenues of resource mobilisation could also include creating paid services for those who can afford them, to offset the costs for those children who cannot afford these services.

The gravity of substance abuse and mental health problems has become even more alarming in Kerala, galvanising various stakeholders to take note and act. However, these issues need to be addressed systemically and not symptomatically. For this, awareness is the first step, but it is far from sufficient. BREADS continues to introduce preventive interventions such as the Sports for Change initiative that uses sports as a platform to promote physical, mental and social well-being among young people. Other initiatives to promote education, skilling and livelihoods support both the youngsters and their families to cope with their socioeconomic challenges.

During the DREAM experience, through its advocacy with important stakeholders in both the government and civil society, BREADS was able to generate greater focus and synergy around the issues of addiction among young people. It can continue to leverage existing strengths in the community to consolidate its holistic approach for the wellbeing of the young people of Kerala that was made accessible through the first phase of DREAM's intervention.

DREAM EVALUATION

Any largescale intervention like DREAM requires a systematic evaluation process that helps consolidate the learnings, best practices, successes and failures in the implementation of the programme, to successfully take it forward. To understand its impact, BREADS evaluated the DREAM programme internally through reviews and analysis, as well as externally, through an independent agency. This section presents details of the design, method and findings of both the external and internal evaluations.

External Evaluation by RCSS

BREADS commissioned the Rajagiri College of Social Sciences, Kalamassery, Ernakulam, Kerala to evaluate the implementation and impact of the DREAM initiative through a systematic and scientific study.

Research Design

The study employed a Sequential Mixed Methods Design (dominant and less dominant) as proposed by Teddlie and Tashakkori (2003), in which qualitative data served as the dominant strand, while quantitative data played a supplementary role, collected subsequently to complement and validate the qualitative findings. This sequencing enabled a holistic evaluation wherein the rich, contextual insights derived from qualitative data informed the interpretation of the numerical results, thereby offering a more comprehensive assessment of the intervention's impact.

The quantitative phase, though secondary, was implemented first and involved an assessment based on two categories of Key Performance Indicators (KPIs), notably substance use reduction rates and treatment completion rates. These indicators were essential to establish measurable outcomes of the intervention across six selected districts.

Following the quantitative phase, the qualitative phase engaged multiple data collection methods, including focus group discussions (FGDs), in-depth interviews, and observational techniques. These were conducted with a diverse range of stakeholders, such as participants, counsellors, and community members. The qualitative inquiry aimed to delve into personal experiences, perceived barriers, and the contextual factors influencing the effectiveness of the de-addiction programme.

By prioritising qualitative data, the study sought to gain a deeper understanding of the lived experiences of those involved in the intervention, uncovering the nuances of programme implementation and the factors that contributed to successful outcomes.

Data Collection

The first phase involved the collection of data involving self-assessment using a questionnaire. There were two sections of the assessment, the first highlights the Programme Sustainability Scores using structured interviewing by administering the

Programme Sustainability Assessment Tool (PSAT) v3, with eight sub-areas. The scores were generated through self-reporting measures by the project administration on a scale of 1-7.

The second section involved several activities involving the training sessions and awareness generation sessions that were engaged in by the district team.

Study Respondents

Purposive sampling was used to determine the specific participants for the study, who were beneficiaries of the DREAM project.

Phase 1: Project Directors, the state team, District Directors, Coordinators and counsellors.

Phase 2: School heads, children/adolescents, students, teachers, parents, children who have undergone rehabilitation, excise officers, mentors, volunteers, etc.

The detailed number of respondents is listed in the given figure.

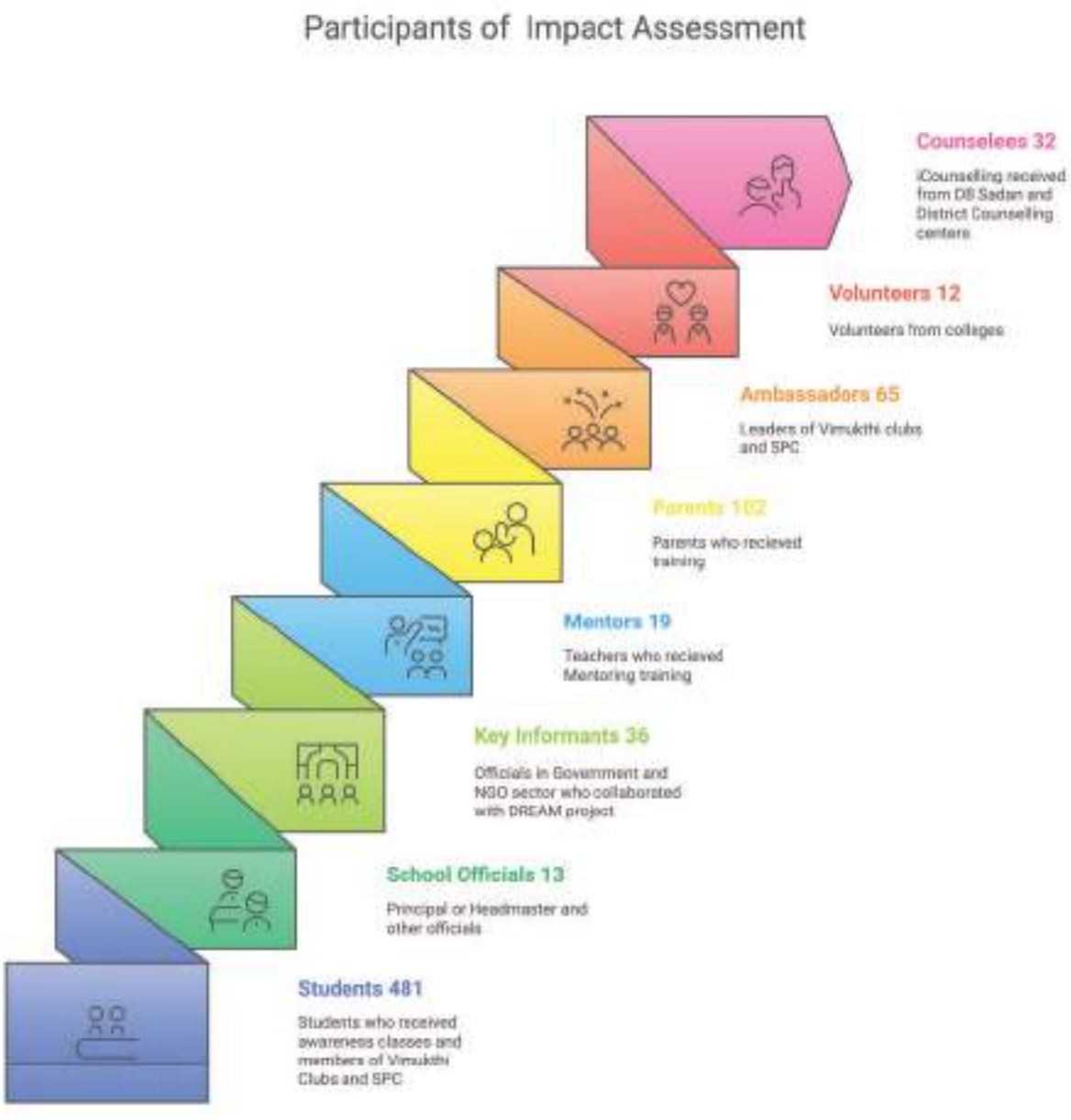


Figure 13: RCSS Impact Assessment Participants

DISTRICTS' SELF-ASSESSED PROGRAMME SUSTAINABILITY SCORES

The DREAM project was implemented across ten strategically selected districts in Kerala, following a comprehensive assessment of two critical factors: the vulnerability of the region to substance use and the feasibility of successfully carrying out the intervention. This dual consideration ensured that the project was both relevant to the local context and operationally viable.

The external evaluators from RCSS administered the Programme Sustainability Assessment Tool (PSAT) v3, which helped the district teams to assess themselves across eight sub-areas of the DREAM initiative. The scores were generated through self-reporting measures by the project administration on a scale of 1-7 as presented in the table.

DREAM Programme Sustainability (PSAT) Scores across Districts									
Districts	**Environmental Support**	**Funding Stability**	**Partnerships**	**Organisational Capacity**	**Programme Evaluation**	**Programme Adaptation**	**Communi cations**	**Strategic Planning**	**Overall**
Thrissur	6.33	4.27	5.93	6.33	5.87	5.93	5.8	5.8	5.78
Kottayam	6.4	6.6	6.4	5.1	5.3	3.5	6	6.45	5.72
Wayanad	6.2	4.5	6	6	5.9	5.4	5.5	4.9	5.55
Kollam	5.8	3.93	6.33	5.2	5.6	5.27	6	6	5.52
Kannur	6.1	3.85	4.93	5.4	5.93	5.8	6.13	5.93	5.51
Ernakulam	5.65	3.55	4.8	5.55	5.55	6.25	6.25	5.2	5.35
TVM	5.9	4.5	4.9	4.9	6	5.7	5.8	5	5.34
Kozhikode	5.2	5.8	5.6	5.2	5	4.8	4.8	5.4	5.23
Kasargod	6.2	4.03	5.6	4.8	5.7	5.25	5.3	4.9	5.22
Alappuzha	3.78	3.53	3.67	4.93	5.6	5.67	5.27	5.07	4.69
Overall average	**5.8**	**4.4**	**5.4**	**5.3**	**5.6**	**5.4**	**5.7**	**5.5**	**5.4**

Table 10: DREAM PSAT Scores Across Districts

The findings and scores from the self-reporting of the district DREAM teams, according to the components of the Programme Sustainability Tool are:

- **5.8—Environmental Support**: Involves leadership and community support, both internal and external. This score indicates that the teams perceived substantial backing from stakeholders and alignment with district-level social and health development priorities.
- **4.4—Funding Stability**: Measures the financial security and resource diversity of the programme. This factor emerged as a key concern for the district teams, highlighting

the importance of pursuing diversified and sustained financial resources to secure long-term programme sustainability, by BREADS as well as the DREAM state and district teams.

- **5.4—Partnerships**: Focuses on community engagement and partnerships. This overall score reflects rather well-established collaborations with NGOs and other institutions, with scope to build more community-based linkages. Each district developed a unique network according to its strengths and the situation.
- **5.3—Organisational Capacity**: Assesses internal resources and structures. This score indicates moderate institutional backing and internal capabilities, with scope for strengthening systemic support and operational readiness. Staff attrition was also a negative influencing factor for organisation capacity, with the frequent loss of trained staff.
- **5.6—Programme Evaluation**: Evaluates the capacity to assess and improve the programme. There was a multi-level monitoring and evaluation structure in place for DREAM led by BREADS, which regularly evaluated progress and challenges.
- **5.4—Programme Adaptation**: Looks at how well the programme adapts to changes. This score demonstrates the project's commitment to learning, responsiveness to feedback, and continuous innovation. The teams were able to adopt different strategies in their districts to meet programme objectives.
- **5.7—Communications**: Involves strategies for maintaining public support and awareness. This score demonstrates effective internal and external information flow and the ability to tailor interventions in response to contextual needs, especially evident in the innovative campaigns.
- **5.5—Strategic Planning**: Examines long-term financial and operational planning. This score reflects adequate vision and effective planning in the implementation of DREAM from a central perspective. This perception is also influenced strongly by the attrition of trained staff, leading to dilution in the new staff's understanding and planning of programme outcomes.

The PSAT scores reported by the district teams and management are a self-reflection of the health of the various aspects of the DREAM initiative. They indicate that with an average overall score of **5.4 out of 7.0 (77%),** the teams feel that they have done rather well in implementing DREAM to achieve the desired objectives over the project period.

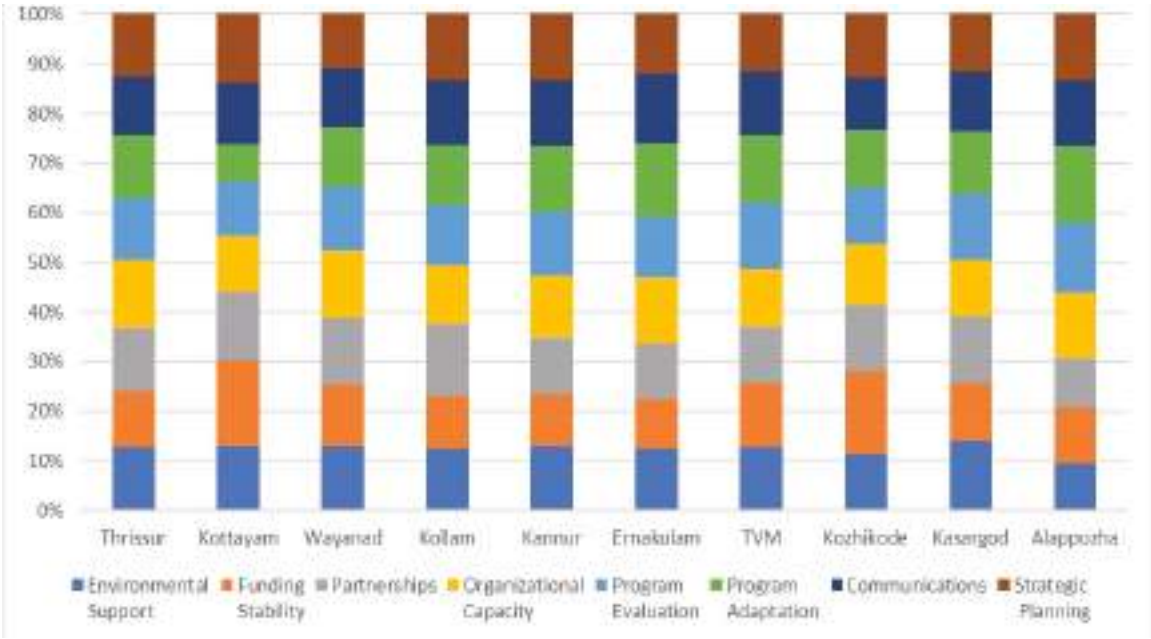


Figure 14: DREAM District-wise PSAT Scores

Findings of the External Evaluators—RCSS

The evaluation findings of the Rajagiri team were structured around the Organisation for Economic Cooperation and Development (OECD)'s Development Assistance Committee (DAC) normative framework, which outlines six core criteria for determining the worth and value of a development intervention—Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability. More than a methodological approach, the OECD-DAC criteria provide a conceptual lens through which to assess the intervention across its entire lifecycle, serving as a valuable guide for making informed decisions in developmental practice and evaluation.

a. The criteria enhance the quality of evaluations by situating them in the context of the specific intervention, the stakeholders involved, and the intended outcomes. These principles guide the interpretation and analysis of the collected data

b. The criteria are not rigid or static; rather, they are adaptable to the purpose and context of the evaluation and the needs of relevant stakeholders.

Figure 15: OECD DAC Framework for Evaluation

Viewing the DREAM project through these six lenses enabled a holistic synthesis of ground realities, offering a comprehensive understanding of the project's implementation and outcomes.

Findings Based On OECD DAC Evaluation Criteria

The evaluation aimed to capture both the tangible outcomes of the project, such as enhanced social and behavioural health, improved functional reintegration of

individuals, and increased community awareness and sensitisation and the underlying systemic dynamics that influenced these outcomes. These dynamics include aspects such as institutional convergence, programmatic coherence, and the opportunities and challenges related to sustainability. Together, these elements provide a holistic understanding of the DREAM project's impact and effectiveness across diverse implementation contexts.

1. Relevance

This section provides a comprehensive answer to the question: Is the intervention doing the right thing? Whether the needs and priorities of the target group are being met? This includes an assessment of the project's overarching objectives, the underlying theory of change and theory of action, its methodology or modus operandi, the contextual factors, and both protective and risk elements.

Analysing the intervention through these lenses strengthens the effectiveness and efficiency of the project's objectives and implementation respectively. The term beneficiaries in this section refer to any individuals, organisations, or groups who were directly or indirectly targeted, benefited, or affected by the intervention.

Relevance in this context examines the extent to which the objectives and activities of DREAM respond to the needs, priorities, and policies of the communities it serves. This multicomponent intervention was co-designed with experts and community members following a thorough needs assessment in selected communities. Being context-sensitive, strategically designed, and tailored to meet the specific needs of those at risk, the project is well-aligned with the sociocultural realities, systemic gaps, and community needs.

Addressing Substance Abuse and Emerging Challenges

The DREAM project plays a pivotal role in addressing the alarming rise in drug abuse across Kerala and India, with a particular focus on children and youth. Kerala, much like several other Indian states, is witnessing an escalating crisis related to substance use, with over 70% of drug users reported to be under the age of 21. Adolescents remain particularly vulnerable, with an estimated 30–40% exposed to drugs at an early age, often between 10 and 15 years.

Recent statistics from the State Government of Kerala underscore the gravity of the situation. In just the first two months of 2025 (January–February), more than 500 children reportedly sought treatment for substance use disorders. Furthermore, during 2024 alone, over 27,000 cases were registered under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, reflecting the widespread and growing nature of the problem. The capital district of Thiruvananthapuram serves as a particularly striking example of this crisis. According to recent data from the State Police Department, the district has identified approximately 230 active drug peddling hotspots. This data signals not only the prevalence of the issue but also the need for comprehensive, community-centred intervention models like DREAM that address prevention, awareness, treatment, and rehabilitation through multi-stakeholder collaboration. The rising prevalence of drug abuse, particularly in high-risk communities such as coastal areas, urban slums, state and district border sharing towns and even tribal pockets, necessitates immediate intervention. The rise in peer influence, family dynamics, and economic dependence on the drug trade exacerbates the situation, especially in marginalised communities.

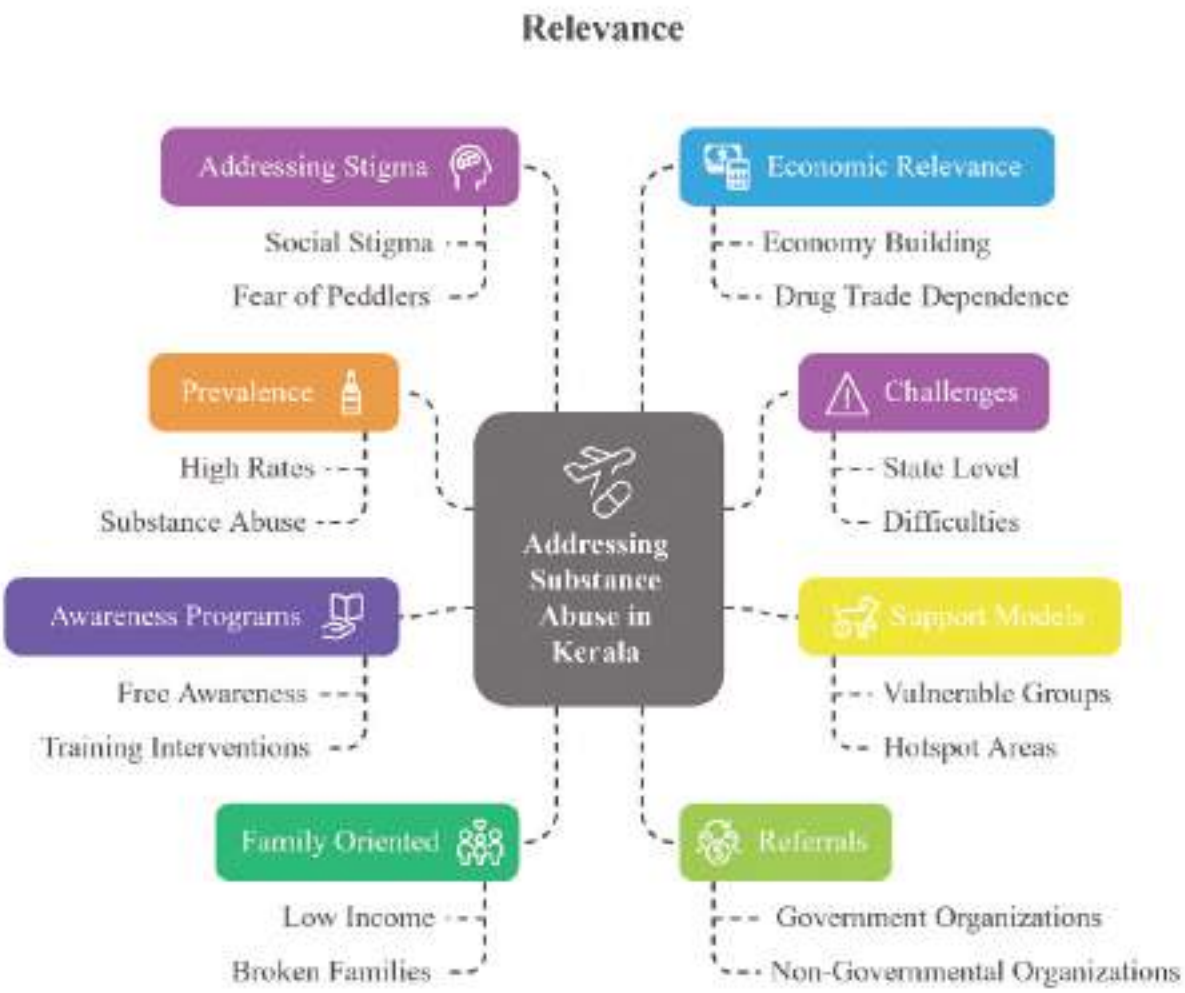


Figure 16: Relevance of DREAM

DREAM responds directly to this alarming trend by focusing its efforts on high-risk groups and areas where substance abuse has become a growing concern Children and adolescents in such hotspot communities are often exposed to drugs early on, with substances like *Cool* (a chewable drug resembling candy) and Pink Dummies being easily accessible in local markets. DREAM also addresses the challenges posed by hidden substances that are hard to detect, like MDMA or Pen Toffee, which are widely used by school children.

"MDMA is common, gums are hard to identify... look like toffees" — Student Police Cadet Officer

"Even Anganwadi children talk about beer and alcohol casually."— ICDS (Integrated Child Development Scheme) Worker

These hidden drugs complicate detection and prevention efforts, making it crucial for interventions like DREAM to engage at an early stage with both children and families. The escalating crime rates present a significant challenge for beneficiaries of the DREAM project, as they struggle to cope with the growing prevalence and relevance of substance use.

Focus Group Discussions (FGDs) with parents reveal a disturbing normalisation of drug peddling among children, with some even engaging in it as a reliable source of income. This situation is compounded by a culture of fear and silence prevalent in the community. The association of drug use with violence, delinquency, and social ostracism further silences the local population.

A parent shared during the FGD:

"Peddlers here threaten and silence anyone who dares to speak against them. Yes, we even had a tragic incident last year, a 17-year-old boy was stabbed to death because he publicly opposed drug dealers and was trying to raise awareness against drug use. This shows how dangerous the situation is."

Another parent stated:

"People fear speaking out because they know the peddlers have power. Another sad reality is that some families themselves depend on drug peddling for income. In such cases, they don't stop their children from getting involved, because they see it as a source of livelihood. This makes it difficult to fight the issue when even some parents are indirectly supporting it."

The interplay of poverty, peer pressure, inadequate law enforcement, and community silence continues to sustain and escalate the problem. Moreover, the economic impact of drug abuse is significant, as families may depend on the drug trade for survival, perpetuating the cycle of addiction.

Crime and substance abuse are intricately linked, where criminal activities can be both a cause and a consequence of drug dependency. On one hand, exposure to criminal environments can increase the risk of substance initiation, especially among vulnerable youth. On the other hand, drug dependency often drives individuals into criminal behaviour, including theft, trafficking, and violence, as a means of sustaining their addiction. This cyclical relationship not only exacerbates the individual and social consequences of substance use but also complicates efforts at prevention, rehabilitation, and reintegration.

While the prevalence of drug use and peddling among children in urban slums remains a critical concern, there have been sustained efforts by civil society and faith-based organisations to counter this trend. Notably, the DREAM project and Don Bosco initiatives have played a pivotal role in offering constructive alternatives to vulnerable children and families, including educational and livelihood alternatives.

These programs not only aim to reduce the incidence of child involvement in drug peddling but also seek to break the cycle of poverty and marginalisation that sustains it. Through regular tuition classes and sustained awareness programmes, they help instill a sense of purpose, discipline, and aspiration in the younger generation, equipping them with tools to resist the lure of drug networks and pursue healthier life paths.

Relatable & Effective Awareness Creation

DREAM incorporated effective awareness programmes to educate individuals about the dangers of drug abuse and the importance of prevention. Interactive and engaging methods such as puppet shows, football tournaments, and cultural outreach activities made the message accessible and appealing.

DREAM successfully used culturally relevant and community-centred strategies to engage children, making the interventions relatable and effective.

Recognising that peer influence remains a significant factor contributing to drug abuse, particularly among school-aged children and adolescents by shaping attitudes and behaviours, DREAM strategically leveraged this dynamic by engaging peer educators and promoting positive peer role models. These peer-led interventions were instrumental in reducing stigma associated with substance use, fostering open conversations, and encouraging positive behavioural change among students. By creating supportive peer networks and empowering young leaders, DREAM has effectively harnessed the potential of peer influence as a tool for prevention, awareness, and early intervention within school communities.

By collaborating with government agencies such as the Child Welfare Committees (CWC), Vimukthi, and Nasha Mukht Bharat Abhiyan, DREAM strengthens its ability to offer comprehensive services. These multi-tiered referrals ensure that children and families are provided with holistic support, from awareness to treatment.

Family Focus and Referrals

A core focus of the DREAM project is the family dynamics, which significantly influence the substance abuse behaviour of children. Many families that are affected by drug abuse face additional challenges, such as economic dependence on drug trafficking or casual substance exposure at home. In these cases, addressing family-related issues is key to breaking the cycle of addiction. DREAM's approach to family-centred support includes counselling services and follow-up interventions, ensuring that families are involved in the recovery process.

The referral systems established by DREAM play a crucial role in this family-centred approach. These referrals, often facilitated by community outreach and collaboration with CWCs, enable children to access further support, including rehabilitation and education.

Recreating a Family for Amrita

Amrita (pseudonym) is a 15-year-old girl from a middle-class family in Kottayam. Her father works as a painter, and her mother is a homemaker. She has one sister. Her family experienced significant ongoing challenges, particularly because her father struggled with alcoholism. For the past two years, the client's parents had been living separately due to unresolved family conflicts.

The client's mother was very strict and had difficulty trusting her daughter, largely due to Amrita's romantic relationship with a boy. As a result, Amrita spends little time with her family, often isolating herself in her room and frequently uses her mobile phone to chat. Although she used to excel academically, her performance in school had recently declined. Amrita was finding it hard to concentrate during classes and had become increasingly anxious, particularly about her relationship and her mother's controlling behaviour.

The counsellor perceived an inferiority complex, poor communication skills, a tendency to lie and aggression in Amrita. She did not receive adequate emotional support or affection from her family, which exacerbates frequent mood swings and these problems. Her mother was highly authoritative, limiting the client's freedom and autonomy. This lack of emotional connection and concern from both her parents extended to her sister as well, creating a generally neglectful family environment.

As part of a comprehensive assessment of Amrita's situation, her parents and teachers were interviewed. During individual counselling sessions, Amrita's emotional and psychological challenges were explored. She was taught relaxation therapy and mindfulness. Family counselling sessions were initiated to address and improve the strained relationship between the client and her parents. During these sessions, the counsellor emphasised the importance of positive parenting techniques and guided the parents in understanding how crucial emotional support was for their daughter's well-being. The goal was to foster open communication, rebuild trust, and create a more supportive and nurturing environment within the family, helping them recognise and respond to the client's emotional needs more effectively.

The DREAM social worker collaborated with the school authorities to arrange for Amrita to be enrolled in a peer support group, providing the client with a positive social environment where she could receive encouragement and emotional support from her peers. The goal was to help her build self-esteem, improve communication skills, and foster a sense of belonging, all of which could contribute to her overall well-being and academic performance.

Following continuous support from the counselling sessions, Amrita developed stronger relationships with her friends and became more socially engaged. Her participation in social activities increased and she displayed greater confidence and energy. This positive change reflected her growing ability to connect with others and her improved emotional well-being.

Amrita willingly participated in all the activities and exercises assigned by the counsellor. As a result, she has developed better coping skills and became able to manage her problems and emotions more effectively, indicating a significant improvement in her emotional resilience and ability to handle challenges in a healthier, more constructive way.

Addressing Stigma and Encouraging De-Addiction

A significant barrier to addressing drug abuse is the stigma associated with addiction. In many communities, there is fear of social exclusion, which prevents families from seeking help. DREAM actively works to combat this stigma by creating a supportive and non-judgmental environment where substance abuse is treated as a health issue rather than a moral failing. This approach encourages both children and their families to engage with the programme without fear of judgment.

Economic Impact and Socioeconomic Relevance

The economic impact of drug abuse is profound, not only for the individuals directly involved but also for their families and the community at large. DREAM's interventions are particularly significant because they provide free access to treatment and awareness programs, ensuring that cost does not prevent individuals from seeking help. The project also addresses the economic realities of local communities by offering vocational training and working closely with ITI and polytechnic institutes to reach young workers who might otherwise miss out on education and awareness opportunities.

2. Coherence

This section addresses the question: How well does the intervention fit within the broader ecosystem? Coherence refers to the degree of compatibility and alignment of a particular development initiative with other ongoing interventions, policies, and institutional frameworks. It is a key determinant of whether an intervention supports or undermines existing systems and efforts in a given context.

Coherence is examined at two levels:

- Internal Coherence, which refers to the harmony and convergence among interventions carried out by the same organisation or institution,
- External Coherence, which looks at the synergy of the intervention with other actors' initiatives, governmental or non-governmental, who are working towards similar or complementary objectives in the same environment.

Understanding coherence helps to prevent duplication of efforts, identify gaps in service delivery, and promote collective progress toward shared development goals.

In this context, DREAM was assessed for its internal coherence with other child-focused initiatives of BREADS and the broader vision and mission of Don Bosco, which emphasises

child protection, youth empowerment, and social transformation. The project shows strong alignment with the organisational ethos of Don Bosco institutions, particularly in their holistic approach to youth development, emphasis on psychosocial support, education, and life skill training.

On the external coherence front, DREAM integrates effectively with several national and state-level initiatives, such as the Kerala Excise department's Vimukthi Mission (Kerala's anti-drug campaign), the Integrated Child Protection Scheme (ICPS), and local governance structures such as Panchayat, Municipality and Corporation, Child Welfare Committees (CWC), and District Child Protection Units (DCPU). The project fills critical gaps in awareness generation, early identification, referral, and rehabilitation, often complementing government schemes that may be resource-constrained or sporadically implemented. For instance, in areas where Vimukthi's services were financially inaccessible or unavailable, DREAM emerged as a reliable and responsive partner, offering free-of-cost, timely interventions that enhanced community outreach.

Moreover, DREAM's participatory approach, engaging schools, frontline workers, youth clubs, parents, and peer leaders, promotes collaborative action and strengthens the broader child protection ecosystem. By adapting its intervention model to local socio-cultural dynamics and leveraging partnerships with excise departments, police, ICDS, and educational institutions, DREAM ensures that its strategies are both contextually relevant and systemically integrated.

In summary, the coherence of the DREAM project both internally with BREADS' strategic goals and externally with governmental and non-governmental efforts demonstrates its capacity to function as a complementary, non-duplicative, and integrative model for drug prevention and rehabilitation among children and youth.

Figure 17: Coherence of DREAM

Alignment with Child Protection Systems

DREAM demonstrates strong coherence with Kerala's institutional child protection frameworks. Referrals from diverse actors such as the Child Welfare Committee (CWC), Vimukthi, Nasha Mukt Bharath Abhiyaan (NMBA), Student Police Cadets (SPC), ASHA workers, Kudumbashree units, MGNREGS, and other DREAM district offices highlight a well-established network of collaboration between the project and both governmental and non-governmental agencies. These partnerships reflect a shared vision of child safety, care, and rehabilitation. DREAM collaborates with SPC, Vimukthi, and NMBA, enabling entry into schools. Moreover, the project's ability to coordinate with local governance systems, religious institutions, and frontline workers enhances its ability to identify and intervene effectively in cases of substance use among adolescents and vulnerable youth.

Complementarity With Other Services

DREAM is not a standalone intervention; it actively complements other child-centred services. For example, parents in some districts discussed shifting their children to Boys' Home in Palluruthy, Ernakulam, after completing their rehabilitation under DB Monvila, as a preventive measure against relapse. This demonstrates a growing awareness and utilisation of layered and progressive support systems.

Collaborative campaigns in schools and communities reflect how DREAM complements rather than duplicates existing services. In contrast to enforcement-centric approaches like Vimukthi, DREAM adopts a child-sensitive, psychosocial model, helping bridge the gap between law enforcement and care.

"Joint efforts between SPC, Vimukthi, and DREAM are essential"— SPC OFFICER, KOLLAM

Intervention Gaps in High-Risk Communities

Despite having strong synergies, gaps remain in coherence, particularly in high-risk, urban, and peri-urban areas. Lack of integration with local law enforcement bodies and inadequate protective mechanisms against drug peddler threats sometimes hinder DREAM's continuity and depth. In such regions, the absence of strong community safety planning undermines programme coherence and weakens long-term outcomes.

Additionally, while DREAM's work aligns well with individual-level rehabilitation, its integration with long-term, structural anti-drug strategies, such as urban community policing, safe schooling environments, or shelter home collaborations, requires further strengthening.

Navigating Structural and Access Barriers

The project also faces occasional structural challenges when accessing schools or institutional settings, especially when permissions are required from dominant government programmes like Vimukthi. Such limitations occasionally create a misalignment in goals and pace, particularly when DREAM's counselling-based and preventive model competes for space with more enforcement-driven interventions.

At the same time, DREAM's work complements agencies like the District Child Protection Unit (DCPU) and CWC, bridging outreach gaps and providing crucial psychosocial interventions in Industrial Training Institutes (ITIs) and among girls, where other stakeholders may have limited presence.

The DREAM project demonstrates a commendable level of coherence by strategically aligning itself with both internal institutional goals and external systems already active in the domain of child protection and substance abuse prevention. Its integration with various government departments, grassroots-level workers, and NGOs reflects a well-calibrated approach that respects existing frameworks while adding value through its child-centric, psychosocial lens.

Overall, DREAM's efforts contribute meaningfully to a synergistic ecosystem, avoiding duplication of services while filling critical gaps particularly in outreach, awareness, and rehabilitative care. With focused attention on structural and strategic coherence moving forward, DREAM has the potential to become a model for integrated, community-anchored interventions addressing substance use among children and adolescents.

3. Effectiveness

This section addresses the question: Is the intervention achieving its objectives? Effectiveness, as defined under the OECD-DAC evaluation criteria, refers to the extent to which an intervention attains its intended goals and anticipated outcomes. It explores whether the strategies implemented are leadingto the desired results in a timely and meaningful manner.

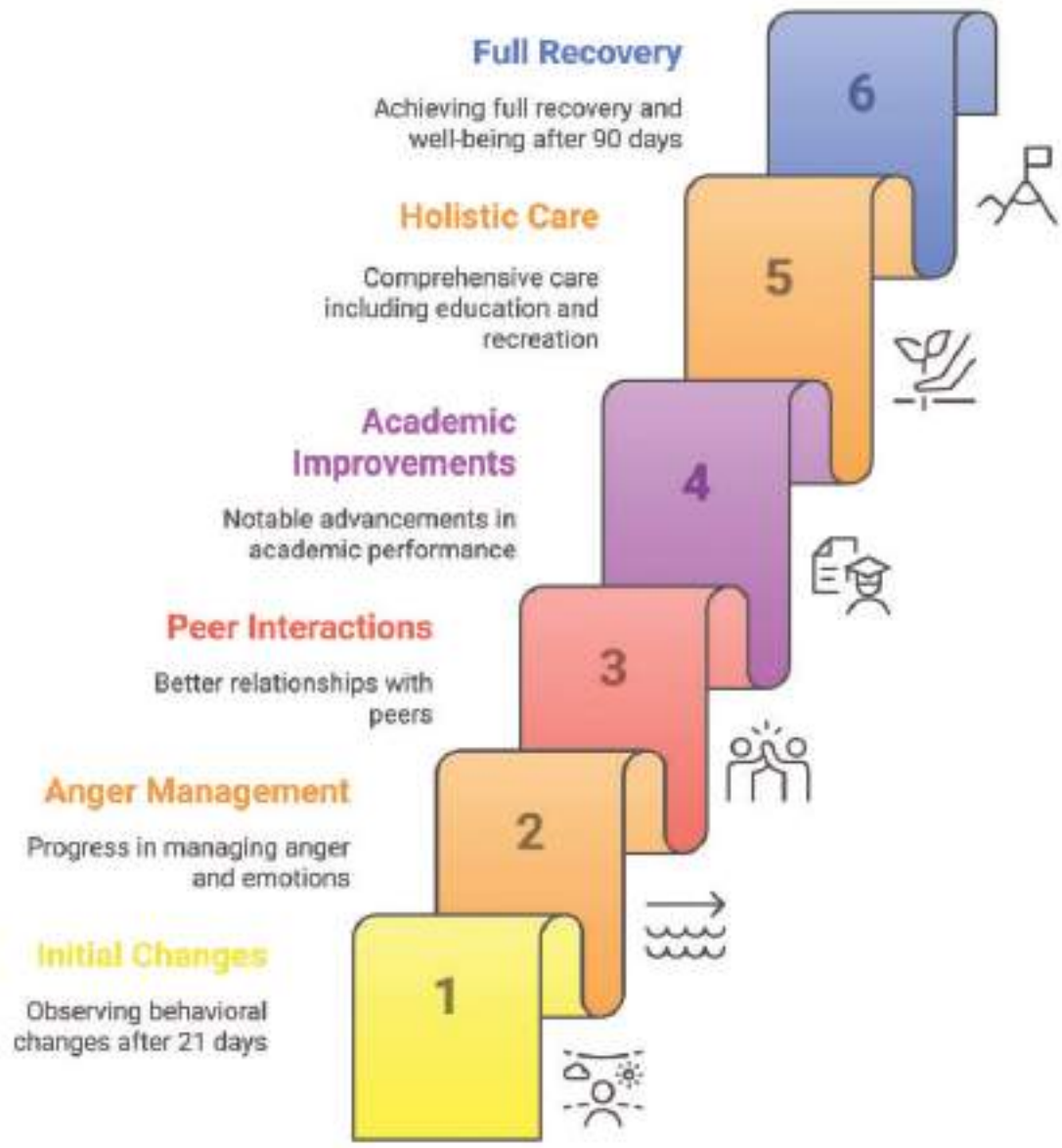


Figure 18: Effectiveness of DREAM

In the context of the DREAM project, effectiveness is assessed by examining how well the intervention has progressed toward achieving its core objectives, namely, drug prevention, rehabilitation support, awareness creation, and empowerment of

vulnerable children, families, and communities. This includes evaluating tangible outcomes such as behavioural change in children, reduction in relapse cases, school-level system strengthening, parental engagement, and increased awareness at various levels.

The evaluation not only considers immediate results but also traces the alignment of these achievements with the project's broader aims of creating drug-free environments, fostering resilience among youth, and building community-based support systems. It focuses on both quantitative indicators (like reduced hotspot activity or increased referrals) and qualitative changes (such as enhanced motivation, improved psychosocial well-being, or school community partnerships).

Wider Stakeholder Reach and Coverage

One of the primary indicators of effectiveness is the number and diversity of stakeholders reached. DREAM has effectively engaged a wide array of stakeholders, including children, parents, teachers, school management, excise and police departments, ICDS workers, and panchayat representatives. By offering consistent awareness and intervention programmes across schools and communities, the project has ensured broad-based reach and multi-stakeholder participation in drug prevention and rehabilitation. Example: Awareness sessions in schools, teacher training, and family-level interventions created ripple effects leading to increased vigilance and timely referrals of at-risk children.

"We identified and referred children after training."— ICDS Worker in Kollam

Visible Recovery Outcomes and Behavioural Change

A significant effectiveness marker has been the observable behavioural transformations among children exposed to DREAM interventions. Particularly among those who were in the 21-day residential programmes, changes in behaviour, emotional regulation, and social interactions were visible. Teachers and caretakers reported marked improvements in anger management, school attendance, academic performance, and peer interactions, with full recovery often seen within 90 days of sustained intervention.

Reflecting the impact of surveillance and structured follow-ups initiated post-training, a school Headmaster in Kasargod said, *"The student felt watched and became more responsible."*

Holistic Care Approach

The effectiveness of the project also lies in its integrated treatment model, combining education, recreation, psychosocial counselling, and community engagement. Rather than relying solely on didactic methods, DREAM employed a holistic care strategy that ensured children's physical, emotional, and cognitive needs were addressed simultaneously.

Children's knowledge levels on the harmful effects of drugs improved due to relatable content, continuous reinforcement, and family engagement. Counselling was personalised and followed up regularly to ensure behavioural and emotional continuity in healing.

Child-Friendly Engagement Tools

DREAM creatively leveraged sports, arts, and interactive tools as core strategies for awareness and engagement. Recognising that children and youth respond better to experiential learning, the project designed interventions that involved Football tournaments, Puppet shows, Cultural performances, Art competitions and mural painting, Peer-led theatre and storytelling. These approaches not only increased participation but also enhanced internalisation of key messages related to substance abuse and personal responsibility. Culturally embedded and playful methods outperformed conventional awareness sessions.

"The puppet show had a significant impact, better than lectures."—Student Police Cadet, Kollam

Positive Peer Influence and Role Modelling

Another strong indicator of DREAM's effectiveness is the formation and nurturing of positive peer networks, especially through Student Police Cadets (SPC). Children who once struggled with substance use or peer pressure became peer mentors, channelling their experiences into prevention efforts and support for others. The transformation of vulnerable youth into change agents improved self-perception and leadership skills, while also reinforcing anti-drug messages within peer groups.

Emphasising how structured activities promote discipline, teamwork, and health consciousness, NMBA District Coordinator, Kollam, said, *"Football tournaments helped channel youth energy."*

Community Based Follow Up and Monitoring

DREAM's training programmes extended their impact beyond individual children by enabling community-led surveillance and follow-up systems. Teachers, ICDS workers, and panchayats took proactive roles in community monitoring post-intervention. Some schools and local institutions installed CCTV cameras after DREAM training, directly linking the intervention to environmental change.

Demonstrating how institutional reinforcement supported the behavioural gains from DREAM, an ICDS worker remarked, *"After DREAM training, we installed CCTV and behaviour improved."*

Parental Engagement and Increased Awareness

Awareness programmes and home visits initiated conversations about addiction, self-regulation, and positive parenting. Parents showed greater willingness to participate in counselling and de-addiction discussions following DREAM sessions. Many reported emotional and behavioural improvements in their children, as well as a greater sense of responsibility within themselves. The use of IEC materials, WhatsApp videos, and Google Meet sessions helped overcome logistical barriers and allowed working parents to stay involved.

Demonstrating how DREAM improved family dialogue, a key determinant of sustained recovery and resilience, a parent shared, *"We started talking about drugs and stress with our children, something we never did before."*

Level Of Effectiveness of Dream Through Outcome Pyramid

The Outcome Pyramid of DREAM illustrates the effectiveness of the intervention across various levels. At the base, the project ensures wide awareness creation and early identification of vulnerable children through community outreach, puppet shows, IEC tools, and school campaigns. Building on this, the middle tier reflects behavioural improvements, such as better anger management, academic progress, and peer interactions, largely attributed to counselling, peer leader models, and recreational engagement. Moving upward, the upper tier represents strengthened support systems, including parental involvement, school-level interventions like Jagratha Samithi and CCTV monitoring, and collaborations with excise and police departments. At the pinnacle, the pyramid reflects sustained recovery and rehabilitation, where children demonstrate long-term change, reduced relapse, and reintegration into schools and families, signifying the project's comprehensive and effective multi-level impact.

The DREAM project demonstrates high effectiveness in achieving its objectives through innovative, child-friendly, and community-based interventions. The consistent evidence of behavioural change, improved stakeholder awareness, and holistic healing processes underscores its success. Its model of effectiveness, blending sports, arts, counselling, and community partnerships can serve as a replicable framework for drug prevention programs across similar contexts.

Figure 19: Community Transformation Pyramid

4. Efficiency

This section addresses the question: How well are resources being utilised? It evaluates the degree to which the DREAM intervention has been implemented in a manner that is both time-efficient and cost-effective. Efficiency, as defined by the OECD-DAC criteria, involves examining the relationship between the inputs (such as funds, time, human resources, materials, and infrastructure) and the resulting outputs, outcomes, and impacts. In particular, the concept of economy refers to how well resources are mobilised and converted into desired results in the most financially viable manner.

The evaluators sought to understand whether the resources invested, funding, NGO partnerships, school-level contributions, human capital, and time have been optimally utilised to deliver maximum value in DREAM. It also explores whether the intervention has avoided unnecessary costs, delays, or duplication of efforts while achieving its intended goals.

The efficiency analysis focuses on:

1. The proportionality between inputs and outputs across project sites.
2. The use of existing systems such as school infrastructure, peer leadership programmes (e.g., SPC units), and local governance mechanisms (e.g., Jagratha Samithi) to deliver awareness and prevention activities at minimal added cost.

3. The leveraging of partnerships with the Education, Health, Excise, and Child Protection departments to expand the reach without proportionally increasing expenditure.
4. The time efficiency of activities such as case tracking, rehabilitation referrals, and community engagement campaigns.
5. The utilisation of volunteer energy, especially among youth leaders, teachers, and community members, to carry out activities without heavy financial investment.

Figure 20: Efficiency of DREAM

Ultimately, it evaluates whether DREAM translated its resources, both tangible and intangible into meaningful outcomes through smart allocation, collaborative execution, and adaptive planning. It highlights the strategies that enhanced cost-effectiveness as well as the systemic or contextual challenges that may have affected resource optimisation.

The DREAM project, implemented across multiple districts in Kerala, showcases various mechanisms through which it has achieved efficient operations despite certain structural limitations. The analysis below draws upon field data, stakeholder interviews, and participant verbatims to evaluate the project's efficiency.

Optimal Utilisation of Infrastructure and Human Resources

The rehabilitation centre in DB Monvila is designed to cater to around 15 children at a time, allowing manageable group sizes while maximising the use of existing physical infrastructure. Along with this other DREAM centres are efficiently maintained, with multiuse facilities supporting counselling, recreational, educational, and therapeutic services. Staff and interns are strategically deployed to ensure all activities are covered without overreliance on external resources. This division of labour illustrates effective resource deployment: interns contribute to educational and awareness related components while trained staff focus on specialised services like psychosocial counselling.

Cost-Effective Innovations and Flexible Programming

The DREAM team employed innovative methods to disseminate information and increase community involvement. Puppet shows, mobile exhibitions, and street theatre were used not only to cut down on cost but also to ensure high engagement. Technology, such as WhatsApp videos and online platforms, was leveraged to reach those unable to attend in-person events, thereby supporting continuity and reach without straining human or financial resources.

Strategic Partnerships and Responsive Interventions

DREAM has been able to sustain efficient programme delivery through well-established partnerships with government and local bodies. Collaborative arrangements with departments such as Excise, Police, and Panchayats allowed for resource pooling and smoother logistics for awareness campaigns and monitoring. DREAM earned a reputation as a reliable and accessible partner.

"We don't have a dedicated facility with CWC, that's when DREAM came in. The plan is good. Don Bosco has been very active in the social sector for a long time. Don Bosco had a registered home. We had interactions and alignment before. DREAM emerged over time and has been active. Two cases were referred from here." — CWC Member, Kasaragod

Monitoring and Local Engagement

Post-training implementation practices like the installation of CCTV cameras in hotspots reveal the indirect benefits and ripple effects of DREAM's interventions. This monitoring not only enhances local surveillance but also symbolises community investment in anti-drug efforts, evidencing DREAM's long-term impact on system strengthening through improved vigilance and proactive community safety measures.

"We installed CCTV cameras after the training to monitor hotspots."— ICDS Worker, Kollam

Addressing Structural Constraints and Service Gaps

Despite its strengths, DREAM faces challenges in scaling its interventions due to systemic barriers. High numerical targets may compromise quality of engagement, and the absence of dedicated de-addiction infrastructure in some districts leads to inefficient referrals and increased costs.

"Reducing the target will improve its effectiveness."— DREAM Staff, Alappuzha

"There is no dedicated centre in Kollam, so cases are referred to Trivandrum. This increases cost and logistical burden." — NMBA District Coordinator, Kollam

DREAM's dependency on permissions and coordination with other schemes like Vimukthi limits its operational freedom, especially in schools. This creates bottlenecks that affect timely planning and execution.

"We cannot plan programmes without the consent of Vimukthi in government schools."— DREAM Team, Alappuzha

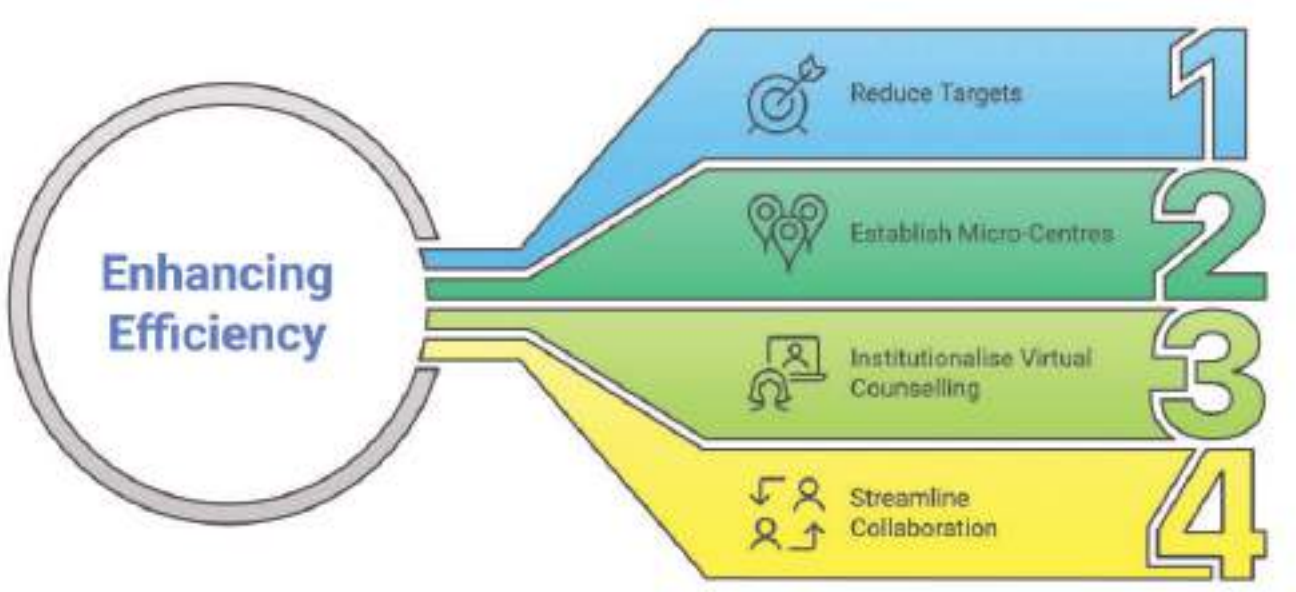


Figure 21: Strategies for Enhanced Efficiency

Overall, DREAM demonstrated a commendable level of efficiency through its use of flexible human resources, innovative and cost-effective programming, and strategic collaborations. Despite structural constraints and occasional limitations in infrastructure, the project continues to deliver impactful services in a timely and resource-sensitive manner.

Feedback from stakeholders suggests that continued investments in dedicated centres, digital outreach, and systemic integration can further enhance DREAM's efficiency.

Efficiency Matrix of Dream: Balancing Effort and Outcomes

The Efficiency Matrix below offers a strategic overview of how DREAM interventions perform when mapped across two axes effort invested and outcomes achieved. This tool helps in identifying which components of the project are most cost-effective, which require sustained support, and which may need adaptation or reconsideration. High outcome-low effort strategies (e.g., use of WhatsApp videos, puppet shows, quick mobilisation of DREAM services) demonstrate excellent cost-effectiveness and scalability. Conversely, high outcome-high effort interventions such as multi-agency collaborations and intensive centre-based care, while resource-intensive, yield significant transformation and should be sustained with adequate support. The matrix also flags areas where high effort leads to low outcomes, for instance, bureaucratic delays in institutions or logistical burdens due to lack of localised infrastructure, which need strategic redesign. Finally, low outcome-low effort initiatives, like generic one-off awareness events, highlight areas for innovation or integration into more comprehensive models. This framework serves as a reflective tool for resource optimisation, ensuring that DREAM maintains a balance between scale, impact, and feasibility.

Other strategies, while impactful, require significant investment of time and resources. For example, integrated psycho-social care through centre-based services and multi-agency collaborations involving entities like Panchayats, Police, Schools, and CWCs can have deep, long-term impacts but demand sustained personnel involvement and infrastructure. CCTV monitoring and deploying interns or community volunteers for outreach also help expand reach and ensure safety, yet they need careful training, supervision, and technical support.

On the other hand, some interventions fall short due to limited reach or lack of follow-up. Short-term or one-off awareness activities, particularly in hard-to-reach institutions, and generic IEC campaigns that are not tailored to local contexts often result in low engagement and behaviour change. Additionally, certain strategies can be resource-draining while offering limited outcomes. These include aiming for broad coverage at the expense of depth, logistical difficulties arising from transporting cases across districts due to a lack of local facilities, and bureaucratic delays when reliant on external trainers or permissions. Such interventions often dilute programme quality and responsiveness, highlighting the need for more strategic planning and localised resource support.

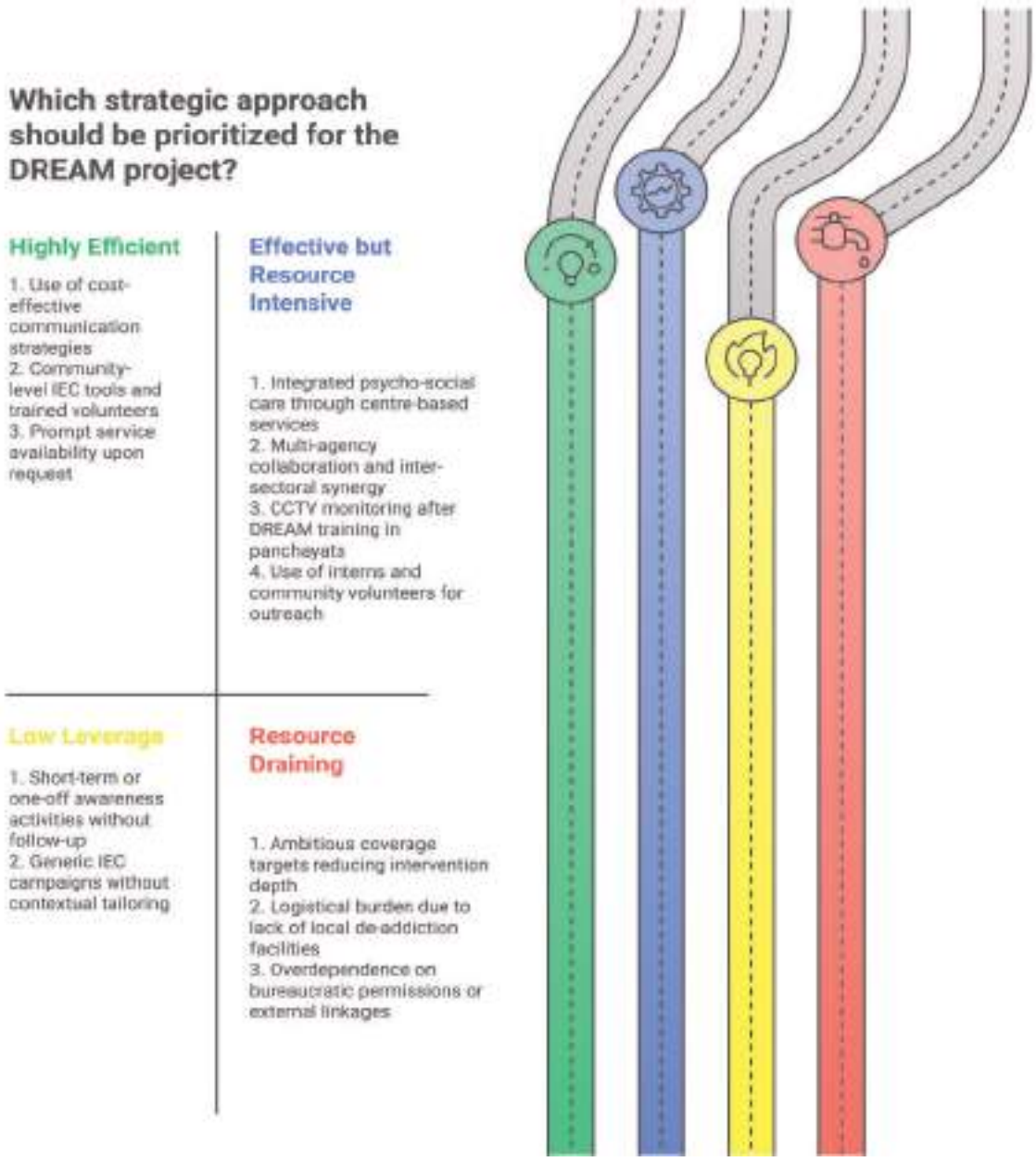


Figure 22: Efficiency Matrix

The figure 22 presents a strategic assessment of various interventions based on their relative efficiency and effectiveness.

1. Highly Efficient (Top-Left: High Outcome, Low Effort)

These strategies offer high outcomes with minimal effort:

- Use of cost-effective communication strategies (e.g., WhatsApp videos, Google Meet sessions for parents; minimal resources, wide access).
- Community-level IEC tools and trained volunteers (e.g., street plays, puppet shows; low cost, wide engagement).
- Prompt service availability upon request (Quick access via DREAM staff coordination; reduces wait and admin load)

2. Effective but Resource Intensive (Top-Right: High Outcome, High Effort)

These yield good outcomes but require substantial resources:

- Integrated psychosocial care through centre-based services (Needs trained personnel and infrastructure).
- Multi-agency collaboration and inter-sectoral synergy (Expands reach/legitimacy but needs sustained coordination).
- CCTV monitoring after DREAM training in panchayats (Installation + monitoring reduce hotspot activity).
- Use of interns and community volunteers for outreach (Awareness-driven; needs supervision and training).

3. Low Leverage (Bottom-Left: Low Outcome, Low Effort)

These approaches are easy to implement but yield low outcomes:

- Short-term or one-off awareness activities without follow-up (Limited behavioural change, especially in less-accessible areas).
- Generic IEC campaigns without contextual tailoring (Low customisation = low community engagement).

4. Resource Draining (Bottom-Right: Low Outcome, High Effort)

These are high-effort and low-impact strategies—generally inefficient:

- Ambitious coverage targets reducing intervention depth (Quantity over quality risks diluted impact).
- Logistical burden due to lack of local addiction facilities (Transport issues increase costs, limit follow-up).
- Overdependence on bureaucratic permissions or external trainers (Delays in government institutions reduce responsiveness)

5. Impact

This section of the findings addresses the question: What difference does the DREAM project make? It explores the extent to which the intervention has generated or is expected to generate, significant positive or negative, intended or unintended, higher-level effects. While direct changes in knowledge, behaviour, or access to services are typically covered under the Effectiveness domain, Impact is understood here in a broader sense. It refers to the deeper, long term, and transformative changes that have emerged through the intervention, socially, environmentally, economically, and systemically.

DREAM's impact is assessed by examining the achievement of its overarching goals set at the inception of the project and the extent to which it has contributed to sustainable, long-term outcomes. This includes not only direct outcomes for children and adolescents but also the ripple effects observed in families, schools, communities, and institutional systems. It aims to capture enduring changes such as the strengthening of support systems, shifts in public attitudes toward substance abuse, the institutionalisation of preventive mechanisms, and enhanced community resilience.

In the context of growing drug abuse among vulnerable youth, the DREAM project has tried to address systemic gaps through a holistic, community-anchored approach. Its

impact is reflected not only in the immediate lives of beneficiaries but also in how it has contributed to broader social change through increased awareness, reduced stigma, capacity building, and policy-level engagements. This section, therefore, highlights both the tangible and intangible legacies of the project, offering insight into its transformative potential within Kerala's drug prevention ecosystem

Positive Individual Transformation

One of the most evident and powerful impacts of the DREAM project is the transformation at the individual level. Children and youth who were previously exposed to high-risk environments or early stages of substance use showed remarkable behavioural shifts. Many children exhibited improved school attendance, better concentration, and reduced instances of aggression or withdrawal, signs that speak to a deeper psychological and emotional healing process initiated by the intervention.

Notably, children who benefitted from counselling, group therapy, and peer-led initiatives developed a clearer understanding of substance abuse and its consequences. In many cases, they could articulate and visualise the DREAM project as the very reason for their turnaround. Student Police Cadets (SPCs) from various districts highlighted the significant impact DREAM has had on their personal development, as well as their role as ambassadors in the fight against drug use among children. Two SPC cadets, designated as ambassadors in their respective schools, shared how their vigilant interventions helped identify children vulnerable to substance use. These timely actions led to meaningful changes in the lives of those children, who were correctly recognised as potential substance users. The knowledge and skills enabling such interventions were acquired through the ambassador training sessions conducted by DREAM.

One student expressed, *"If DREAM hadn't come to my school, I wouldn't be here. I'd still be roaming outside with those guys."*

These transformations were not limited to direct beneficiaries alone. Youth who participated in DREAM's leadership programmes became peer influencers in their schools and neighbourhoods. Many of them developed strong anti-drug convictions and a newfound sense of civic responsibility. Through their engagement with SPC units and other youth forums, they began influencing their peers positively.

From Addiction To Redemption

When 18-year-old Vichithra (pseudonym) stepped into the DREAM Kochi for counselling, referred by Mattanchery Police Station in May 2024, she was a shadow of her former self. Unkempt and restless, she avoided eye contact, bearing the shame and guilt of a money chain fraud accusation and drug addiction.

Raised in an orthodox Muslim family, Vichithra was a bright student, achieving full A+ grades in 10th grade. However, her path took a dark turn when she began experimenting with cigarettes in the 9th grade. Social media attention after her academic success led her into questionable friendships, introducing her to harder drugs like LSD.

As Vichithra entered higher secondary education, her life spiralled further. Multiple relationships and a widening circle of drug-using friends pulled her deeper into addiction. A college acquaintance then lured her into a money chain scheme, resulting in a fraud case when the friend absconded with the collected funds.

During her second counselling session at DREAM Kochi, Vichithra broke down, finally confronting the gravity of her situation. She acknowledged abusing her parents' trust and the web of lies she had spun. Recognising her depression and withdrawal symptoms, the counsellors referred her

for psychiatric treatment at Nair's Hospital, Kochi. Over four months of intensive therapy and counselling, Vichithra made remarkable progress. She developed crucial problem-solving and decision-making skills, gradually rebuilding her confidence. The resolution of her legal troubles, with the arrest of the actual perpetrator, further lifted her spirits.

Today, Vichithra stands as testament to the power of professional intervention and personal determination. Embracing a fresh start, she has enrolled in a residential college to complete her education, leaving behind her troubled past. Her story serves as an inspiring reminder that with the right support and self-reflection, even the most challenging circumstances can be overcome.

Figure 23: Path to Community Transformation

School-Level Strengthening and Systemic Shifts

DREAM's intervention at the institutional level, particularly in schools, created enabling environments for early identification and prevention of drug abuse. The establishment and activation of school-based structures such as the Jagratha Samithi and Protection Groups played a critical role in embedding child protection and substance abuse awareness within school systems. These bodies enabled teachers, students, and parents to collaboratively monitor behavioural red flags and intervene early.

School-level reforms were also reflected in the introduction of civic engagement activities such as mock parliaments, signature campaigns, and awareness sessions. These initiatives, while seemingly symbolic, had a profound impact on the civic consciousness of students, empowering them to speak up, hold conversations with adults, and assert their right to a safe and healthy environment.

"Mock parliaments and campaigns boost civic sense."— Mentor, Kasargod

Improvements In Behaviour and Academics

Data gathered from stakeholders, especially teachers and parents, showed a consistent pattern: children involved in DREAM initiatives displayed noticeable improvements in both academics and classroom behaviour. Reduced absenteeism, increased attentiveness, and participation in co-curricular activities were repeatedly cited.

"A girl here was having a relationship with a boy outside the school, and he was into drugs... one day, she suddenly displayed strange outbursts and behaviour in school. We didn't know what had to be done. We called the project coordinator of DREAM. It was through her timely intervention and counselling that the girl is now okay though she still needs follow up. She is now more concentrated on her studies."— School HM Alappuzha district

Teachers linked improved behaviour to the improved emotional well-being and clarity the children gained through awareness sessions and counselling. Furthermore, the presence of trusted adults and peer mentors within the school system created a culture of openness and safety. This cultural shift allowed children to talk more freely about their experiences, struggles, and aspirations, a crucial step in trauma recovery and resilience-building.

Family-Level Impact and Parental Engagement

A significant outcome of DREAM was the initiation of difficult but transformative conversations within families. Parents who attended awareness sessions or counselling became more receptive to understanding addiction as a psychosocial and medical issue rather than a moral failure. They began to identify early warning signs and were empowered to act on them, changing from passive observers to active agents of change. Parents, even in high-risk communities, were motivated to protect their children, creating ripple effects of resilience and resistance. Moreover, the increased awareness among parents led to more referrals of vulnerable children to counselling and rehabilitation services, indicating a proactive shift in behaviour rather than reactive or punitive responses.

Social Change Through Awareness and Civic Action

DREAM's unique strategy of combining cultural, sports-based, and art-based interventions with awareness campaigns helped penetrate social barriers and made the drug issue a topic of open discussion. Events like street plays, local sports tournaments, and visual art campaigns helped carry the message to broader audiences and communities. These activities catalysed community-wide awareness, reduced stigma, and fostered shared responsibility. For example, peer leaders from SPC units took up roles in organising local campaigns and debates, encouraging other children to become vocal about the risks of substance use.

Underscoring the real-life change rooted in community collaboration and empowerment, the CWC Member from Kasargod says, *"The child (caught using weed) we referred is now completely okay and reintegrated."*

Reduction in Hotspot Activities and Relapse Prevention

Through coordinated efforts with local government bodies, schools, and community-based organisations, DREAM identified and worked within identified drug hotspots. Monitoring, sensitisation,

and child-specific follow-ups in these areas led to a visible reduction in open drug usage and hotspot activity.

Case tracking systems developed under the project played a pivotal role in preventing relapse among those who had undergone counselling or rehabilitation. Trained field staff continued to check in on vulnerable children and youth, which provided them with a consistent safety net and accountability system.

In several cases, children identified through school-based interventions were found, through case reports, to be living in unsafe family environments that contributed to substance use. Some of these children were subsequently admitted to Child Care Institutions run by Don Bosco, through the intervention of the Child Welfare Committee (CWC). DREAM staff reported that the intake and follow-up registry for children identified as addicts or at risk of addiction has been instrumental in both initial assessment and ongoing support. This system ensures continuity of care, allowing even new staff members to effectively track and follow up with children based on the detailed information recorded in the registry. Codes such as reduced relapses and referral to rehabilitation highlight the programme's commitment to follow through, not just initial intervention.

Structural Barriers and Persistent Stigma

Despite the significant gains, DREAM's impact was tempered by deep-rooted structural barriers and socio-political stigma. In areas such as Karimadom (TVM) and Palluruthy, the stigma attached to the place itself limited employment and educational opportunities for residents. This place-based stigma perpetuated cycles of marginalisation and made reintegration difficult for reformed individuals. Additionally, fear of retaliation by drug peddlers discouraged community members, especially women and older youth from taking a public stance or participating in awareness drives. This points to a crucial gap between behavioural change and systemic support, requiring larger policy-level interventions and stronger enforcement.

"Awareness is created, but drug availability weakens impact." — A Stakeholder, Kollam

Emotional Impact and Aspirational Shifts in Children

Perhaps one of the most profound impacts of the DREAM project lies in the emotional lives of children. Children began to identify DREAM as a safe space—a project that "saw" them when others didn't. Many began to hope for a future outside their immediate realities, often visualising careers, education, and opportunities they had never dared to dream of. This was not merely anecdotal but supported by consistent feedback from counsellors, parents, and teachers, who noted increased confidence, emotional stability, and willingness to seek help among children. These are foundational qualities for long-term change and personal development.

In conclusion, the DREAM project has made a significant and multidimensional impact across individuals, families, schools, and communities. It has sparked transformation at various levels emotional, behavioural, structural, and systemic. While challenges remain in the form of structural stigma and drug availability, the intervention has created a solid foundation for sustainable change and community empowerment. The voices from the ground be it children, parents, or teachers resoundingly affirm that DREAM is not just a project, but a movement toward dignity, resilience, and drug-free childhoods.

A Shoulder To Lean On

Balan, an 18-year-old boy from Pashukadav, Kozhikode, was dealing with significant challenges following the death of his mother a year ago. Coming from a low-income family, Balan had to step into the role of primary breadwinner, as his father was paralysed from an accident and unable to work. His older brother had a temporary, low-paying job and moved out, leaving Balan to manage household responsibilities while pursuing his ITI in electronics.

In the first counselling session, Balan expressed feelings of grief and overwhelming responsibility. He shared how the loss of his mother affected his emotional well-being, leading to a decline in his academic performance and difficulties with concentration. He also admitted to smoking to cope with his emotional pain, which further impacted his studies and relationships. In subsequent sessions, Balan was able to set specific goals for himself, to focus on improving his academic performance and developing healthier coping strategies. Mindfulness techniques were introduced to help Balan manage stress, and together with the counsellor, he created a balanced schedule that incorporated studying, part-time work, and household chores.

Balan then worked on enhancing his communication skills to improve family dynamics. He began to express his feelings more openly with his father and brother and sought assistance from teachers and peers, fostering a sense of support. By the final session, AB had made significant progress, with reduced smoking and improved time management, leading to better academic performance. The counsellor recommended follow-up sessions to ensure continued support as Balan implemented the strategies learned.

When Balan had no one to turn to, the DREAM counsellor offered him empathy, support and guidance, helping him regain a sense of agency and develop better relationships in his life.

Force Field Analysis at GVHSS, Kadamakudy, Ernakulam

To better understand the psychological and social factors that drive or deter adolescents from substance use, a participatory Force Field Analysis (FFA) was conducted with students from Government Vocational Higher Secondary School (GVHSS), Kadamakudy, Ernakulam. This activity was part of a Focus Group Discussion (FGD) facilitated under the DREAM project. Students identified motivating and restraining forces that influence substance use, offering a nuanced picture of their inner and outer worlds.

MOTIVATORS	RESTRAINERS
1. Counselling Support from school and DREAM team	1. Peer Pressure leading to experimentation
2. Parental Motivation and supervision	2. Cinema's Influence glorifying drug use
3. Desire for Social Connection—Wanting More Peers but choosing the right company	3. Love Failure as a trigger for escapism
4. School-based awareness & intervention programs	4. Family Problems including conflict or neglect
5. Fear of Health Issues and physical problems due to substance use	5. Tension & Stress—Academic and personal
6. Positive Reinforcement from Success Stories of recovered peers	6. Social Isolation or exclusion from friend groups

Takeaway

Force Field Analysis provided qualitative evidence of the internal conflict and motivation cycles that students go through in contexts of vulnerability. The DREAM project's success lies in its ability to strengthen the motivators and gradually reduce the influence of restrainers, creating a safer, more supportive environment in schools.

The FFA revealed that both risk and protective factors are intricately interwoven into the adolescent experience. Interestingly, many students noted that even in the face of peer pressure or emotional distress, the interventions under DREAM, such as regular counselling, peer discussions, and visual storytelling served as critical anchors. Several students mentioned being motivated by stories of recovery shared by DREAM field officers, and school-level support systems like Jagratha Samithi and Protection Groups.

While peer pressure and family breakdowns remain potent restrainers, the presence of structured, empathetic, and consistent support systems has shifted the balance in favor of positive transformation for many.

Figure 24: Force Field Analysis

6. Sustainability

This section addresses the critical question: *Will the benefits of the DREAM project endure over time*? It focuses on the sustainability of the intervention, assessing whether its positive outcomes are likely to continue after the current phase of implementation ends. The analysis considers various dimensions of sustainability, including financial, economic, social, environmental, and institutional factors within the systems in which the DREAM project operates. By exploring these dimensions, DREAM's potential to be maintained, scaled, or replicated in the long run, either independently or with reduced external support, can be evaluated. It also considers the project's embeddedness within local structures, the ownership exhibited by stakeholders, and the capacity of implementing agencies such as BREADS to sustain the intervention beyond the project period.

Drawing on the OECD-DAC evaluation criteria, this section provides a comprehensive understanding of how the DREAM project aligns with Sustainable Development Goals and the likelihood of its long-term success within the dynamic socio-political and economic context of Kerala.

Figure 25: Sustainability Benefits of DREAM

The figure illustrates the key domains through which the DREAM project can foster long-term sustainability. The sustainability of the DREAM project, implemented from 2021 to 2024, is a critical factor in assessing whether the positive changes achieved

during its course are likely to endure beyond the project period. Sustainability here is analysed through a multidimensional lens encompassing financial, institutional, social, environmental, and systemic capacities. It focuses on how well the intervention is embedded within the community fabric and the extent to which it can be maintained with or without continued external support. Drawing upon both primary and secondary sources, including interviews, focus group discussions, and consultations with stakeholders such as government officials, Child Welfare Committee members, community leaders, and implementing partners, recurring themes that influence the long-term sustainability of the DREAM initiative were identified.

Need for Aftercare Facilities and Continued Psychosocial Support

One of the most pressing concerns voiced by stakeholders was the absence of sustained aftercare and psychosocial support for children and adolescents' post-intervention. While DREAM has made commendable strides in initiating counselling and de-addiction programmes, the lack of follow-up systems has emerged as a critical gap. The long-term success of such interventions is significantly compromised when beneficiaries are reintegrated into toxic or unstable home environments without continued guidance and monitoring. Childcare workers, including those from the Integrated Child Development Scheme (ICDS) personnel, emphasised the critical need for adequate follow-up and rehabilitation facilities to sustain the psychosocial gains achieved through de-addiction interventions for children in need.

This concern was echoed by parents and Child Welfare Committee members, who emphasised the need for structured aftercare solutions, such as long-term residential facilities akin to the Aftercare Home in Palluruthy, Ernakulam. These facilities could provide a transitional space for vulnerable children, reducing the risk of relapse and reinforcing the therapeutic outcomes of initial interventions.

Community Ownership and Inclusive Participation

Sustainability is closely tied to community ownership and inclusive engagement. While the project successfully mobilised several motivated families, it struggled to reach some of the most at-risk and affected households especially those in socioeconomically vulnerable or geographically isolated areas. This gap in inclusion restricts the formation of a collective sense of responsibility, which is essential for any community-led and community-sustained intervention. For instance, substance use issues are more prevalent in vulnerable regions such as coastal areas, urban slums, and border-sharing districts.

While the DREAM project conducts educational programmes targeting children in these areas, community participation can be further strengthened by implementing broader outreach initiatives. These programs should aim to equip and empower community members to actively engage in Social Protection Groups (SPGs), which are already functioning in some locations. Such an approach encourages the community to take ownership of the issue and remain vigilant against delinquent behaviour within their neighbourhoods.

"Street plays should reach markets, not just schools."— ICDS Supervisor, Kollam District

"SPGs have to be strengthened." — School HM, Kasaragod District

"Programmes should reach beyond SPC to wider student bodies."—SPC Commandant, Kollam District

It highlights the limited scale and penetration of DREAM activities. True sustainability demands that community involvement extends beyond the early adopters to include those most affected, fostering collective resilience and a shared commitment to change.

Availability and Accessibility of Local De-Addiction and Counselling Services

The physical and geographic accessibility of services plays a pivotal role in the sustainability of any public health intervention. Stakeholders from remote and tribal regions noted the lack of localised de-

addiction and counselling services as a major impediment to consistent care. Most treatment facilities are situated in urban hubs such as Thiruvananthapuram, making it logistically and financially challenging for families from districts like Kasargod, Wayanad, or Idukki to access essential services.

The rehabilitation centre of the DREAM project, DB Sadan is located in Thiruvananthapuram, the southernmost district of Kerala, which poses significant logistical challenges in accessing treatment and rehabilitation services, particularly for children from the northern districts. Stakeholders from these regions, especially from Kasaragod, the northernmost district, strongly reiterated the need for a similar facility in their locality. Members of the Child Welfare Committee (CWC) emphasised this concern by citing a recent incident where a child could not be admitted to Sadan due to the unavailability of a responsible person to accompany him on the long journey to Thiruvananthapuram.

"We need a de-addiction centre here—it's too far to go to Thiruvananthapuram."— CWC Member, Kasargod

This feedback points to the urgent need for decentralisation establishing district-level or zonal-level resource centres that offer accessible, context-sensitive services tailored to the needs of underrepresented populations, including tribal youth, ITI students, and adolescent girls. Given its current capacity and experience, the DREAM project can either anchor such centres at a zonal level or can collaborate with government bodies and other non-governmental mechanisms to advocate for and establish similar institutions that deliver quality services, supported by adequate staffing and resources.

Strengthening Institutional Frameworks and Systemic Support

For DREAM to evolve from a project-based intervention to a sustainable, state-supported model, it must be embedded within existing institutional and policy frameworks. While BREADS and other civil society actors have played a vital role in implementation, their contributions are yet to be formally recognised or integrated into standard operating procedures (SOPs) or government guidelines.

Stakeholders highlighted the need for cross-sectoral convergence, bringing together departments such as Excise, Education, Local Self Governments (LSGs), Women and Child Development, and District Mental Health Programs (DMHP). Institutionalising these partnerships can establish a strong ecosystem of support that sustains and scales the impact of DREAM.

Financial Sustainability and Resource Mobilisation

A recurring theme across stakeholder discussions was the need for financial diversification to ensure sustainability. While donor support has enabled the initial phases of implementation, the long-term survival of the DREAM project depends on tapping into broader funding avenues. Suggestions included:

- Partnering with corporate entities under Corporate Social Responsibility (CSR) schemes.
- Engaging with faith-based organisations.
- Community fundraising and volunteer mobilisation to foster local ownership.
- Integration of awareness tools like mobile exhibitions and street theatre to garner public attention and support.

These creative avenues not only address funding challenges but also help expand the project's visibility and legitimacy in new spaces.

Leveraging Digital Platforms for Sustained Engagement

DREAM's ability to pivot to digital platforms during the COVID-19 pandemic proved to be a key factor in maintaining outreach and continuity. Online parent training sessions via Google Meet, WhatsApp groups for real-time communication, and digital storytelling initiatives helped keep families and children engaged even in the absence of physical sessions.

Digital tools offer significant potential to bridge geographic and resource-related gaps in service delivery. With further investment in digital literacy and infrastructure, DREAM can continue to reach populations that might otherwise remain excluded, ensuring inclusivity and continuity in its interventions.

Figure 26: DREAM integration with SDGs

Strengthening Dream Through the Sustainable Development Goals (SDGs)

DREAM sustainability is significantly strengthened by its alignment with the United Nations Sustainable Development Goals (SDGs), which provide a globally recognised framework for long-term, systemic impact. By directly addressing SDG 3 (Good Health and Well-being), particularly in the context of mental health and substance abuse prevention among children and adolescents, DREAM anchors its interventions in a broader health agenda. Its focus on inclusive education and awareness campaigns resonates with SDG 4 (Quality Education), especially through school-based modules, life skill training, and parent teacher engagement. Moreover, the project contributes to SDG 5 (Gender Equality) by addressing the specific vulnerabilities faced by adolescent girls in substance abuse contexts, and to SDG 10 (Reduced Inequalities) by prioritising outreach in marginalised and tribal communities. DREAM's emphasis on intersectoral collaboration and policy advocacy ties into SDG 16 (Peace, Justice, and Strong Institutions), fostering accountable and inclusive institutions for child protection. Finally, DREAM's potential to evolve into a scalable, community-owned model supports SDG 17 (Partnerships for the Goals), highlighting the importance of multi-stakeholder cooperation, from local bodies to national-level networks. Embedding the project within this global development framework not only enhances its credibility and funding potential but also provides a roadmap for replicable, sustainable impact in similar socio-political settings.

The findings indicate that the sustainability of the DREAM project depends on several interlinked factors: sustained psychosocial support, deeper community ownership, accessible and localised service delivery, institutional integration, financial resilience, and digital innovation.

Sustainability is not merely about financial viability, it is about embedding the intervention within the social, institutional, and cultural ecosystems of the communities it serves. When seen through this comprehensive lens, it becomes evident that DREAM has laid a strong foundation for long-term impact. With strategic adaptations and stronger systemic alignment, it holds immense potential to become a

sustainable, community-driven response to the challenges of substance use and psychosocial distress among children and adolescents in Kerala.

Best Practices

Under the aegis of the DREAM (Drug Rehabilitation Education and Mentoring) project in Kerala, a diverse range of community mobilisation strategies was implemented to prevent substance abuse and promote mental health awareness at the grassroots level. These strategies were designed to be culturally resonant, emotionally engaging, and physically participatory, effectively integrating themselves into the rhythm of community life. The initiative creatively combined sports, arts, and traditional cultural expressions to draw in wide participation. Events such as roadshows, football tournaments, and awareness marathons were not only recreational but also served as platforms to engage youth in dialogue about substance use. Notably, the use of traditional art forms like Ottan Thullal, a classical dance-drama from Kerala known for its satirical and engaging narrative style, proved to be a highly effective participatory education tool. These performances carried strong social messages, fostering community-wide reflection and reinforcing preventive messages in a manner that was both accessible and memorable.

Through these approaches, DREAM succeeded in mobilising communities across age groups and socio-economic backgrounds, making prevention and awareness a shared responsibility rooted in local culture and collective action.

Roadshows as Public Dialogue: Awareness in Motion

The vibrant roadshow held in Alappuzha district saw a convoy of auto-rickshaws decked with flags, slogans, and awareness posters journeying through the town's busy roads. Spearheaded by college students, volunteers, and local community leaders, this mobile format enabled the DREAM team to reach diverse community segments shopkeepers, students, housewives, and daily labourers, with accessible and eye-catching messages about substance abuse and youth well-being. In Wayanad as well as in Alappuzha, the team mobilised the community using road shows. In Wayanad, the auto rickshaws carried DREAM project's details, such as helpline number and other details to enhance outreach and visibility.

Autorickshaws in Wayanad bearing the DREAM logo and details

Road shows, in general provide an effective channel for community education by transforming everyday public spaces into

arenas of awareness. As Tufte and Mefalopulos (2009)[1] argue, such participatory communication tools are ideal for stimulating civic engagement and grassroots dialogue, particularly in contexts where conventional outreach may be overlooked.

Football And Other Sports for Drug Abuse Prevention and Awareness

In rural parts of Wayanad and other districts, the DREAM project also organised local football tournaments. Sport offers a compelling alternative to harmful behaviours, especially among at- risk youth. It instills discipline, teamwork, and purpose. Football is accessible, low cost, and immensely popular in Kerala, making it a natural medium for sustained youth engagement. Sport has long been recognised as a powerful development tool. According to Coalter (2013)[2], sport-based programmes have the capacity to promote behavioural change, instill discipline, and create shared goals, particularly in communities vulnerable to substance use, violence, and dropout. Football's low cost and high popularity make it especially suitable in the Indian context, where it draws attention across age and class boundaries.

Furthermore, Kidd (2008)[3] highlights that in contexts of poverty or social marginalisation, sports serve not only as a source of recreation but also as spaces of empowerment and collective identity. In the DREAM event, many participants reported that organising football was an effective strategy in community mobilisation.

Ottan Thullal and Art: Culture as a Carrier of Change

Perhaps the most unique approach employed under the DREAM initiative was the revival of traditional Kerala art forms like Ottan thullal to deliver preventive messages in a lively, relatable, and impactful manner. Performed in local dialect with satirical storytelling and expressive body movements, Ottan Thullal resonated deeply with rural and semi-urban audiences. It brought families, elders, and children together to reflect on issues like alcohol abuse, peer pressure, and community responsibility. The use

1 Tufte, T., & Mefalopulos, P. (2009). Participatory communication: A practical guide. World Bank Working Paper No. 170. https://doi.org/10.1596/978-0-8213-8008-6

2 Coalter, F. (2013). Sport for development: What game are we playing? Routledge

3 Kidd, B. (2008). A new social movement: Sport for development and peace. Sport in Society, 11(4), 370–380. https://doi.org/10.1080/17430430802019268

of such culturally rooted processes are also more culturally appropriate and decolonised tools of organising the community.

Art, particularly folk performance, has long played a role in social storytelling and moral reflection. As per Burnett (2015)[4], cultural expressions offer a non-threatening yet thought-provoking space for communities to engage with difficult social topics. When these performances incorporate local idioms and humour, they break down barriers between educator and audience, becoming tools of empathetic persuasion.

Beyond Ottan Thullal, street theatre, murals, and music were also used to reinforce the key messages of the campaign. These allowed people with different learning styles, visual, auditory, and kinesthetic, to access and absorb preventive content in a medium they enjoy.

Art as a Medium for Substance Abuse Awareness: A DREAM & Marghi Collaboration

Art speaks where words fall short, and for the DREAM project teams in Ernakulam and Kollam, it became a transformative tool in the fight against substance abuse. In a vibrant collaboration with Marghi, a local NGO committed to promoting creative education and social awareness, the DREAM initiative explored the power of visual storytelling through an anti-drug themed art engagement programme involving young artists and school students.

Visual Expression & Exhibition

Recognising the deep emotional and cognitive resonance of art, the collaboration aimed to harness its potential to provoke reflection, foster empathy, and inspire conversation. The campaign brought together community volunteers, local artists, students, and social work professionals to create paintings themed on addiction, recovery, resilience, and hope. The result was a stunning collection of thought-provoking art pieces, each narrating a story that was simultaneously personal and universal. These artworks depicted the internal battles of addiction, the healing power of family and community support, the darkness of peer pressure, and the light of self-realisation. The creative process itself was a cathartic experience for many of the young participants, some of whom had witnessed the effects of substance abuse within their families or neighbourhoods.

These art pieces were later publicly displayed in an open-air art installation event under the shade of large trees, as captured in the accompanying photograph. Community leaders, social work professionals, teachers, and students stood proudly alongside the artwork testament to the community-wide ownership of the initiative. The red carpet laid out in front of the chairs

4 Burnett, C. (2015). Assessing the sociology of sport: On sport for development and peace. International Review for the Sociology of Sport, 50(4–5), 385–390. https://doi.org/10.1177/1012690214539486

bearing the paintings symbolised the importance of honouring young voices and their creative courage.

The DREAM and Marghi teams created an inclusive space where art was not just observed but discussed. Visitors were invited to engage with the themes and meanings behind each piece. Facilitators encouraged participants to share their interpretations, feelings, and personal connections to the themes of addiction and healing, deepening the collective reflection.

Art as an Educational Prompt in Schools

Following the public exhibit, these powerful art pieces were taken to schools across Ernakulam and Kollam as part of DREAM's extended awareness outreach. In school auditoriums and classrooms, the paintings became prompts for facilitated interactions with students. Using a child-centred, dialogic approach, DREAM facilitators invited students to reflect on the imagery and share their thoughts. This non-threatening, visual-first approach allowed many children and adolescents to open up about their own experiences, fears, and questions related to substance use and peer influence.

Teachers reported that the art sessions sparked conversations that traditional lectures often failed to initiate. Students used the artworks as metaphors to discuss real-life situations, and the sessions served as a springboard for classroom debates, poster-making competitions, and journaling exercises.

Students performing street play to spread awareness on drug abuse

Strategies for Lasting Impact

What makes the DREAM initiative especially noteworthy is its intersectional approach to mobilisation. By combining traditional communication (like Ottam thullal), contemporary tools (like football), and high-visibility events (like roadshows), it ensures that no group is left out whether it's the elderly villager, the school-going adolescent, the local artists, or the urban youth. Together, these interventions reflect a philosophy of working with the community through their own cultural and social language. They not only create awareness but also build local leadership, instil pride in heritage, and promote alternatives to risk-taking behaviours.

The diverse approaches under the DREAM project demonstrate how culturally rooted, inclusive mobilisation strategies can be powerful tools in health and development interventions. When youth and community members are engaged through familiar, meaningful formats, they are more likely to internalise messages and participate actively in change-making.

Assessing DREAM's Sustainability Through the SWOT Matrix

For a project like DREAM designed to tackle the complex and evolving issue of drug and substance use among children and adolescents in Kerala, such a holistic tool is vital. It enables stakeholders to critically assess the junctures where the project's strengths can be leveraged, weaknesses can be addressed or transformed into learning opportunities, and external opportunities can be harnessed while preparing for potential threats. Ultimately, the SWOT analysis contributes to refining the project's implementation strategy and maximising its long-term impact and sustainability within the sociocultural and systemic realities of Kerala.

A structured SWOT analysis of the DREAM project, based on its four-year implementation period from 2020 to 2024 is given below. Rather than merely listing the strengths, weaknesses, opportunities, and threats, this analysis aims to demonstrate the dynamic interplay between these elements, highlighting how certain threats can be reframed as opportunities, and how weaknesses can be addressed by leveraging internal strengths and contextual advantages.

This matrix was developed by the research team through a reflective process that explored responses to the following guiding questions:

- What are the strengths and weaknesses of the DREAM project when viewed through a lens of sustainability?
- What opportunities exist for DREAM and BREADS, its implementing agency, to enhance the project's long-term sustainability?
- What potential threats might DREAM encounter while striving for sustainability?
- How can the project's weaknesses and threats be transformed into positive outcomes by drawing upon internal resources and capitalising on existing strengths and contextual opportunities?

This holistic approach provides critical insights that inform strategic planning and help pave the way for a more resilient and sustainable future for the DREAM initiative.

Strengths

1. Holistic care approach including education, counselling, and recreation.
2. Evidence-based, structured rehabilitation model.
3. Strong convergence with government institutional bodies like CWC, Excise, Police, SPC and other BREADS projects.
4. Committed and trained staff with child-focused perspectives.
5. Successful use of sport and art-based tools for engagement.
6. Free interventions for children under 18, improving access.
7. Infrastructure in place to accommodate and support children short-term.
8. Referral systems and follow-ups are already part of the protocol.
9. Families report improved behaviour and academic performance post-rehab.
10. Connection with other service homes (e.g., Palluruthy Boys' Home) after treatment.

Weaknesses

1. Lack of a formal, structured aftercare/relapse prevention system.
2. Limited long-term care infrastructure (centres focused only on short-term stays).
3. Minimal involvement of highly vulnerable families in interventions.
4. Dependence on a core team – risks continuity after project closure.
5. Little to no community ownership of the programme.
6. Limited intersectoral collaboration with mental health/child protection beyond CWC.
7. Weak mechanisms for reintegrating children back into mainstream society.
8. Lack of formal protocols for engaging post-rehab families.
9. No localised aftercare hubs in high-risk districts.
10. Weak documentation and data management for long-term tracking.

Opportunities

1. Possibility to link with the JJB (JJ Acts), ICPS, and child protection schemes.
2. High public and media attention on drug use among children and youth.
3. Availability of CSR and donor funding for child and addiction rehab.
4. Existing institutions like Home in Ernakulam can be expanded into aftercare.
5. NGOs, schools, faith-based organisations open to community partnerships.
6. Chance to develop and pilot community-led support groups.
7. Potential for Public–Private Partnership (PPP) models for long-term care.
8. Growing demand for rehabilitation services due to rising cases.
9. Government push for de-addiction campaigns (e.g., Vimukthi).
10. Youth volunteers and trained social work students can be mobilised for continuity.

Threats

1. High relapse rates when children return to toxic environments.
2. Continued influence and threat from drug peddlers in local communities.
3. Reluctance of children to use counselling services.
4. Persistent social stigma attached to children from drug rehab centres.
5. Risk of political changes affecting project funding and institutional support.
6. Absence of systemic legal action against traffickers operating near child rehab centres.
7. Lack of protection for field staff and families facing retaliation.
8. Fear among parents about safety of their children post-rehab.
9. Reduced interest from community once external support ends.
10. Media portrayal may sometimes sensationalise cases, affecting reintegration.
11. Rural-urban disparity in access to long-term services and follow-up.

Opportunity- Strength (OS) Strategies

1. Use documented success cases to advocate for inclusion in state de-addiction policy.
2. Strengthen community partnerships for long-term aftercare (e.g., faith groups, SHGs).
3. Train project staff to build and hand over aftercare units to local youth/social work volunteers.
4. Publish data and impact stories to attract CSR and donor support.
5. Leverage positive recovery stories to reduce stigma and build local support.
6. Integrate aftercare referral pathways with ICPS and DCPU structures.
7. Work with local schools to continue follow-up support post-rehabilitation.

8. Utilise inter-departmental collaborations (Health, Social Justice, Education) for resources.
9. Involve successful alumni as peer mentors in the aftercare phase.
10. Link with state-level platforms (like Kudumbashree) for reintegration through skill building.

Opportunity- Weakness (OW) Strategies

1. Establish structured aftercare protocols by collaborating with established childcare homes.
2. Mobilise CSR funds to build aftercare infrastructure and long-term homes.
3. Design community-based follow-up units in high-prevalence blocks.
4. Build partnerships with local bodies to recruit and train community volunteers.
5. Use state child protection structures to reach the most affected but disengaged families.
6. Use school-based interventions to continue follow-up and relapse prevention.
7. Outsource documentation and MIS to local academic institutions for sustainability.
8. Develop low-cost, tech-based follow-up modules for children after they return home.
9. Create mobile outreach teams for high-risk, low-resource districts.
10. Organise community awareness programs to encourage family participation.

Threat- Strength (TS) Strategies

1. Develop context-sensitive safety protocols for children at risk of retaliation post rehab.
2. Use DREAM's (Don Bosco's) institutional credibility to negotiate with law enforcement for community protection.
3. Build family support circles through counselling to reduce fear and stigma.
4. Document and share successful reintegration stories to reduce community-level prejudice.
5. Develop risk mapping tools to identify children in unsafe post-rehab settings.
6. Organise resilience-building sessions for children in volatile home environments.
7. Collaborate with legal aid services to provide support against threats from peddlers.
8. Leverage staff commitment to create child-friendly follow-up units in high-threat zones.
9. Initiate media sensitisation workshops to promote ethical storytelling of children's cases.
10. Use existing referral systems to filter and track children in the highest-risk categories.

Threat-Weakness (TW) Strategies

1. Build protective aftercare models in collaboration with Child Care Institutions (e.g., Palluruthy Boys Home).
2. Identify and train community champions in volatile areas for programme continuity.
3. Collaborate with legal and law enforcement services to protect field teams and children.
4. Conduct family-centred sessions before discharge to prepare for reintegration risks.
5. Pilot long-term mentorship programs with NGOs in low-trust communities.
6. Implement structured relapse-prevention modules that work in toxic home settings.
7. Create secure drop-in centres for children who relapse or feel unsafe post-rehab.
8. Decentralise programme ownership by creating LSG-based coordination units.
9. Use fear-mapping exercises in communities to design safer reintegration paths.
10. Develop M&E tools that allow follow-up without intensive manpower (using phone/video check-ins)

Strengthening intersectoral collaboration and embedding locally driven follow-up mechanisms will be key to ensuring that the project's positive outcomes endure beyond its operationalcycle, ultimately creating resilient, inclusive systems of care for vulnerable children.

RECOMMENDATIONS

RECOMMENDATIONS BY RCSS

DREAM has effectively captured some of the evidence-based practices[1] and suggestions from earlier studies on enhancing drug abuse prevention, for example, skill training for youths, teacher's skill upgradation, and incorporating programs based on cultural sensitivity. This is evident in teacher training through the mentor's training

programme and incorporation of cultural elements like *Ottan Thullal* and other folk and popular art forms. In addition to this the United Nations Office on Drugs and Crime's "International Standards on Drug Use Prevention" (2018)[2] guidelines focus on school-based intervention and skill-focused programs in their guidelines. In the review study of several such programs globally, Athirah et al 2021 assert that as the youth portrayed drug use as reachable in their society[3], a good prevention programme should probably be attractive, boost participant competence, engage in values clarification, acquire new expertise that is essential for drug prevention, and acknowledge the bad consequences of drug use[4].

Similar recommendation is provided by Kumpfer et al (2005)[5] who highlight the need for family and community-based interventions along with school-based interventions. In this light, some of the suggestions emergent from the interviews, focus group discussions, and non-participant observations are as follows:

1 Kobus, K. (1995). Tobacco and alcohol use among youth. Journal of School Health, 65(9), 360–363. https://doi.org/10.1111/j.1746-1561. 1995.tb08205.x

2 United Nations Office on Drugs and Crime (UNODC). (2018). International standards on drug use prevention.

3 Ishak, S., Jusoh, R., & Hussain, N. H. M. (2015). Youth perception of drug use in society: A qualitative study. International Journal of Social Science and Humanity, 5(1), 80–84.

4 Hansen, W. B., et al. (2019). Effective prevention programs: Revisiting key components. Journal of Primary Prevention, 40(3), 247–263.
Jusoh, R., & Hussain, N. H. M. (2015). Effective prevention strategies: Review of Malaysian experiences. Journal of Social Work Practice, 29(4), 393–407.

5 Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2005). Cultural sensitivity and adaptation in family-based prevention interventions. Prevention Science, 6(1), 49–60. https://doi.org/10.1007/s11121-005-0025-2

School-Based Interventions and Activities

Mentoring

The DREAM project has envisioned school as a crucial site for drug-abuse prevention activities, and in this regard has conducted activities leading to mentoring, ambassadors' programmes, strengthening of Vimukthi clubs, etc. Some of the areas where the scope can be broadened and effects and interventions targeted include:

1. **Strengthening of peer mentoring mechanism**: the peer mentors can be provided effective training in surveillance and monitoring and can further train the peers in detecting, reporting, and identifying peddlers and those using and dependent on drugs in school. This can supplement as well as complement the training programme initiated in phase I.
2. **Peer led sessions:** Peer led session can be an effective medium in Behaviour Change Communication, this can include trained SPC members, Vimukthi club members etc.
3. **Regular meetings with Peer mentors:** Regular meetings at least weekly with the peer mentors with clear action plan and target activities for the mentors would generate more active participation.
4. **Managing peer-pressure:** While the training modules for peer mentoring can focus on above mentioned areas it may also include how to be assertive and how to counter peer influence. This may also include identifying and notifying about spaces—both physical and virtual, where youths are influenced or rather coerced by their peers.

Usage of Effective Information Education Communication (IEC)

The IEC materials and the media for circulation that are relevant, age appropriate, and attractive can be effective in spreading message related to the harmful effects of substance abuse. The studies as well as narratives of the respondents indicate glamorisation of drug usage and media technologies as one of the determinants for increased usage among youth. In this case it is important to reverse and counter the narrative by introducing images, experiences, and videos of drug abuse that provide an antithesis to drug abuse otherwise glorified by popular media. The IEC materials can be interactive theatre, gaming, posters, shorts, and Instagram stories that are socially conscious popular media productions rather than mere mass productions.

- The language of IEC materials can be more participatory in the narratives which are common to youth and children.
- The outlook can be that those that attract the youth, use WhatsApp broadcasting, and digital storytelling were suggested as more effective ways of substance abuse prevention.
- The IEC may also include negative as well as positive resilient stories of youth abusing substances with clear consequences.
- IEC materials and channels should ensure the awareness content is linked to behaviour change and the behaviour change is measurable.
- Teacher training programmes to be strengthened with all or more teachers trained, and recognising and incentivising the teachers for mentoring peer-led groups and initiating activities.
- Training can also focus on integrating substance abuse prevention into the curricula.

School-Schedule, Calendar Alignment

Activities can be planned much in advance in alignment with the school calendar to avoid logistic issues and continue work with a specific group of teachers as well as peer mentors. This will also enable the schools to have more time to implement and monitor activities and have better linkage with other programmes. The alignment will also help identifying time and spaces where children are vulnerable, for

e.g. both teachers and students shared that the examination time is stressful and several peddlers lure children during that time on the pretext of improving their well-being, similarly vulnerability was high during fests and programmes etc. In this case it is ideal to pan interventions accordingly. A school head in this regard, shared,

"...we should change schedule according to the academic calendar, starting in June is an appropriate approach because there is a need for counselling and awareness classes at the beginning."

Other suggestions related to operationalisation include *".....reducing the target to improve its effectiveness, coverage of all the students from 4th grade to plus-two and reduction of the gap between phases."*

Counselling Services

Involving school counsellors in the training programme, a parent during a FGD shared, "Give *space for counsellors to communicate freely with children. Children must be taught laws and policies. They think they can do anything, even if they do something wrong. This school has limited access for children to go out. That's why children are not exposed much. Classes need regular follow-ups. This will bring results. We need comprehensive care by teachers, parents, and agencies like DREAM. Since we cannot punish children ...."*

There are two clear aspects, one that the school counsellors wherever present, could be involved in the school-based interventions, which also becomes the sustainability component of DREAM. In addition, the training and the IEC materials could be shared with them.

Parents, Family and Community-Based Interventions

Parents Inclusion in Interventions

The experiences and sharing during the FGD and KII indicate greater need to include parents as key stakeholders in awareness and mentoring programs. This will further strengthen the community-based interventions. Evidence suggests parenting workshops can enhance the outside-school based interventions as well as school-based interventions. The parents can be trained in identification, surveillance, monitoring, reporting and even rehabilitation and post-rehabilitation support.

Parents as Ambassadors and Mentors

Some parents with skills from the group can also be identified for further specialised training and mentoring to work with existing community resources for prevention, surveillance and risk reduction. Resources such as Listen First by UNODC can be effective in equipping not only students but also parents with social and emotional learning skills; in this case UNODC lists 10 super skills including those related to empathy etc. Neger and Prinz (2015) outline the role of parenting knowledge gaps in increased youth vulnerability to substance abuse7.

Psychosocial Interventions for Substance Abusing Parents

Studies indicate not only high prevalence and vulnerability among children and youth with substance-abusive parents, but with dysfunctional family ties, the skill focus could strengthen parenting and family as a system. A respondent also shared the need for legal awareness among both children and parents, as well as strong community-level interventions. Highlighting the need for family-based interventions, a respondent shared, *"Parents should be the primary focus of drug prevention. There are parents who use drugs that affect and influence the children. Most of the students are from broken families. Awareness should begin with parents. The mother and*

father should attend separate classes. The law and order have so many loopholes. Teachers are in a vulnerable situation in which they must take the blame for every child's action."

Community Awareness

A key suggestion for DREAM is to strengthen community awareness alongside school-based interventions. As highlighted by a headmaster from St. Antony's High School, Valiyathura, Thiruvananthapuram, *"Community awareness is just as important as school-based interventions. Many students fall into substance abuse because of influences within their own neighbourhoods, and without community involvement, the impact of school-based programmes remains limited."*

For these efforts to be truly effective, the awareness programmes should be engaging, and easy to understand, especially in vulnerable areas where literacy levels are low. Traditional, lecture-style sessions often fail to capture attention or convey key messages clearly. Instead, DREAM could consider using street plays, visual storytelling, audio-visual content, or interactive formats to communicate with the community in a more relatable and impactful manner. Regular and periodic interventions through local self-government (LSG) involving primary, community, and family health centres. Ward committees can be trained in monitoring and initiating sports and art-based clubs at the ward level to help youth redirect and channelise their energy to engage in more concrete and creative activities; for example, initiating a football turf and related infrastructure was a suggestion from the parents. The parents have also suggested *"... continued interventions with the community. Through identifying and intervening at the right time, we can prevent more students from getting involved. Collaboration with DREAM is a step in the right direction, but we need continuous engagement and stronger preventive measures at the school level."*

Counselling and Rehabilitation

The current system of counselling rehabilitation is affiliated only with the Don Bosco Sadan at Thiruvananthapuram. It is an effective system and has been accessed by children and agencies working with children and protection statewide. The system is effective in comprehensive care in 90 days; however, a major bottleneck in this area is the location of the rehabilitation centre in only one district, making accessibility difficult for children from central and northern districts of Kerala. Especially in Kasaragod, there has been a pressing need to start and initiate a counselling centre. The urgency of the same was communicated by the Child Welfare Committee member, and the same sentiments were echoed by other members, excise officials in the district, and even parents.

The suggestions shared by the CWC member and others, *"...every district should have a centre. We can motivate them and request that CSRs come up with something else. More players must be in this field. It is a gap. Like NGOs, the de-addiction component must be scaled up, expensive medication and treatment. We wish to refer many children, but the centre is far, especially when it comes to children in conflict with the law; their protection and protocol become challenging during travel to Thiruvananthapuram."*

Also, another respondent shared, *"...more support needed, full-time counselling, expanded awareness, district-level de-addiction centres, free rehab for poor families."*

A centre in northern and central regions of Kozhikode or Ernakulam, or, as capacity allows, any of the 10 districts, can cater to all 14 districts and nearby states as well.

Art-Based Interventions for Rehab

Counselling could include art-based and movement therapy and Alcoholics Anonymous (AA)-type mutual aid-based group work and group therapy models to enhance faster and sustained recovery. The post-rehabilitation process through vocational training in Ernakulam could be replicated with all zonal-level counselling centres. The vocational training may be linked to other community development or vocational training activities under BREADS.

Regular Follow-Up

Another valuable suggestion for the DREAM project is to incorporate consistent follow-up mechanisms to ensure long-term impact and behavioural change. As one community member emphasised, *"Follow-up would be beneficial for making sustainable changes, conducted at least every two months."*

This highlights the importance of sustained engagement rather than one-time interventions. Additionally, programs that are activity-oriented and engaging are more likely to resonate with participants and divert their attention from harmful behaviours. Incorporating creative, skill-based, or recreational activities into the intervention model can enhance participation and retention, especially among youth and vulnerable groups.

Collaborations and Networking

DREAM can strategically leverage the District Mental Health Programme (DMHP) by collaborating with its infrastructure and trained personnel to strengthen mental health support for individuals affected by substance use. By aligning with DMHP's goals, DREAM can facilitate early identification, referral, and follow-up care for those in need, especially in underserved areas. Joint training sessions, awareness campaigns, and school-based interventions can amplify both the programmes' outreach and impact. Also, by connecting with DMHP's network, DREAM can promote community-based rehabilitation and advocate for integrated care models that address both addiction and mental health in a holistic manner.

CONCLUSION

The Drug Rehabilitation Education and Mentoring (DREAM) initiative has unequivocally illustrated the power of a cohesive, community-centred model in addressing the complex challenge of youth substance use. Over 40 months, the project has not only established ten state-of-the-art counselling centres and activated more than 850 Vimukthi Clubs in schools but has also crafted a multilayered support system that seamlessly integrates prevention, early intervention, counselling, and aftercare. Through targeted outreach—from structured life-skills workshops in classrooms to culturally resonant street theatre performances and sports tournaments—thousands of children and adolescents across Kerala have been equipped with knowledge, resilience, and access to professional help when they needed it most. A cornerstone of DREAM's success has been its emphasis on measurable behavioural change. Rigorous baseline and endline assessments documented a significant increase in students' ability to resist peer pressure, a rise in help-seeking behaviours, and improved self-regulation skills. Equally compelling are the qualitative testimonies of families who report strengthened communication bonds, reduced familial conflict, and renewed hope as parents become active partners in prevention and recovery. These outcomes demonstrate that when young people are guided by trained mentors, supported by empathetic counsellors, and surrounded by an informed community, they can reclaim agency over their choices and envision a future beyond substance dependence.

Central to these achievements is the robust capacity building that underpins the DREAM ecosystem. More than 3800 educators (mentors), 3000 student ambassadors, and 680 volunteers have undergone comprehensive training in motivational interviewing, trauma informed care, and pedagogies of engagement. This cadre of local champions now forms an enduring network, empowered to sustain prevention and aftercare activities beyond the project timeline. Complementing human capacity is a cutting-edge digital case-management platform, which has streamlined referral pathways, enabled timely follow-ups through automated reminders, and generated real-time data analytics for continuous programme refinement.

Building upon this strong foundation, the report presents a strategic set of recommendations to ensure DREAM's long-term impact and scalability. It advocates for the formal integration of life skills and drug-education modules into the state school curriculum, supported by clear mentorship protocols and dedicated timetable slots. The creation of specialised aftercare shelters and structured reintegration plans—developed in collaboration with vocational training institutes—will be crucial to sustaining recovery and promoting economic independence for rehabilitated youth. To overcome geographic and infrastructural barriers, the expansion of tele-counselling helplines and mobile outreach units is recommended, guaranteeing equitable access

to counselling services in remote and rural areas. A blended financing strategy—leveraging government allocations, CSR contributions from private-sector partners, and performance-based funding—will provide the financial bedrock for ongoing operations. Finally, a systematic approach to knowledge exchange and joint learning—through district-level steering committees and cross-district visits—will foster innovation and uphold the highest standards of programming.

Looking ahead, the DREAM framework offers a replicable blueprint for integrated substance-use prevention and rehabilitation both within Kerala and beyond. Its success underscores the profound impact of aligning inspired social work principles with evidence-based methodologies and of mobilising the collective energy of families, schools, government agencies, and civil society.

With continued partnership, sustained funding, and unwavering faith in the potential of our youth, we can nurture a generation that is informed, resilient, and empowered to build healthy, productive lives. In doing so, we honour the legacy of St. John Bosco and reaffirm our shared commitment to safeguarding the well-being and dignity of every child and adolescent.

DREAMing A FUTURE

A BREADS' initiative

The Drug Rehabilitation Education and Mentoring (DREAM) initiative, coordinated by BREADS, was implemented by the Don Bosco network between November 2021 to April 2025 across ten districts in Kerala—Thiruvananthapuram, Kollam, Kottayam, Alappuzha, Ernakulam, Thrissur, Kozhikode, Wayanad, Kannur, and Kasaragod.

DREAM is highly relevant in the context of Kerala, which recorded 41,531 NDPS cases totally between Jan 2023-June 2024. The 24,517 NDPS cases at the college level in 2024, reflect a 330% increase over three years. School-based data indicate that 40% of victims are under 18 years, with rising female involvement through covert networks.

DREAM addressed these escalating challenges of substance use and addictions among children and youth through a multi-pronged strategy encompassing prevention, counselling, rehabilitation, capacity building and intersectoral collaboration with multiple stakeholders, especially the Kerala government. DREAM reached over 405,977 school students and 94,620 college youth through awareness programmes, training 3,055 student leaders as peer influencers. DREAM trained 3,876 teachers, 300,562 parents and 681 volunteers to prevent addiction in their local spheres of influence. Advocacy in the ten districts took the campaign against drug abuse to over 88,231 people. DREAM offered mentoring services to 57,940 children and youth. DREAM's de-addiction and rehabilitation centre exclusively for boys below 18 years, Don Bosco Sadan in Monvila, Thiruvananthapuram, successfully treated 207 boys for addictions.

Drawing on the OECD-DAC evaluation criteria, a qualitative assessment of the first phase of DREAM's implementation by various stakeholders, revealed that it was relevant, prompt, and closely aligned with local needs. The initiative was coherent with existing state and central efforts, complementing rather than duplicating resources. It effectively brought about noticeable shifts in attitudes and behaviours among participating youth. DREAM efficiently used resources to create impact in terms of renewed aspirations, restored family relationships and involvement, reduced stigma and greater collective ownership of prevention efforts. The growing sense of local ownership signals DREAM's ability to sustain into the future.

BREADS
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