Drug Abuse among Street Children in Dehra Block, Himachal Pradesh: A Quantitative Study of Socio-Demographic Determinants, Vulnerabilities, and Rehabilitation Needs

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ABSTRACT

Substance abuse among homeless children is a growing public health and social concern worldwide. Rapid urbanization, poverty, migration in search of employment, parental conflict, family disintegration, psychological distress, and peer influence often compel children to leave their homes and survive on the streets. The present quantitative study examined the psychological and social impact of substance abuse among 40 street children in Dehra Block, Kangra District, Himachal Pradesh. The findings revealed that 95% of the substance-abusing street children belonged to nuclear families, while only 5% came from joint families. Furthermore, eight participants reported having experienced arrest or imprisonment, primarily due to their involvement in violence, aggression, and other delinquent behaviour associated with substance use. The study highlights that substance abuse among street children has far-reaching consequences for individual health, public safety, and the socio-economic development of the nation. Although the Government of India and various non-governmental organizations have implemented rehabilitation and welfare programmes to improve the living conditions of street children, their overall impact remains limited. The findings further indicate that many street children become involved in petty crimes, such as theft, snatching, and other minor offences, as a means of survival, underscoring the urgent need for comprehensive preventive, rehabilitative, and community-based interventions.

INTRODUCTION

For most children, home is a place of safety, affection, and emotional security where they receive care, protection, and guidance from their families. Such a nurturing environment is fundamental to their physical, emotional, and psychological development. However, millions of children across the world are deprived of this basic right due to poverty, family conflict, neglect, abuse, migration, and other adverse circumstances, forcing them to live and work on the streets.

Street children are among the most vulnerable and marginalized groups in society. They survive in public spaces such as railway stations, bus terminals, marketplaces, sidewalks, parks, and other urban locations with little or no access to shelter, education, healthcare, or social protection. Their harsh living conditions expose them to exploitation, violence, substance abuse, poor health, criminal involvement, and social exclusion, making them highly vulnerable to long-term physical, psychological, and social harm.

The problem of street children has persisted for decades and has intensified with rapid urbanization, economic inequality, population growth, migration, and family disintegration. Recognizing the vulnerability of these children, the United Nations declared 1979 as the International Year of the Child, and UNICEF subsequently popularized the term street children. Later research acknowledged that street-connected children have diverse living arrangements, with some

permanently residing on the streets while others work during the day and maintain varying levels of contact with their families (Aptekar & Stoecklin, 2013).

Street children remain a major social, public health, and developmental concern. Their exclusion from education, healthcare, family support, and social welfare increases their vulnerability to substance abuse, mental health problems, delinquency, and chronic marginalization. Understanding the factors leading children to street life and drug abuse is essential for developing effective prevention, rehabilitation, and child protection programmes. Against this backdrop, the present study examines substance abuse and its associated psychosocial factors among street children in Dehra Block of Kangra District, Himachal Pradesh, to generate evidence for informing policy, strengthening rehabilitation services, and promoting the social reintegration and well-being of this vulnerable population.

GLOBAL STREET CHILDREN:

Ohab et. al. (2025) The findings of the study indicate that street children are one of the most at-risk populations and experience extreme social, economic, and psychological detriment based on the continued lack of food, inadequate housing, insufficient healthcare, inability to attend school and the rampant degradation and violence examined in the study. The results of the study point out a need for a comprehensive approach to provide solutions for these children, including the development of flexible education, job opportunities, social reintegration, and basic services (e.g. adequate food, clean clothing, medical care, and a stable place to live). The results of the study indicate that although all of these interventions are essential for the protection and empowerment of street children, food security, education, government assistance, and stable housing are of the highest priority. In addition, the study calls for a collaborative, multi-agency approach that includes NGOs, government agencies, and legislators as a way to create sustainable solutions for the protection and empowerment of street children.

According to the United Nations, approximately 150 million children worldwide are living or working on the streets. Poverty, family breakdown, domestic violence, parental neglect or death, armed conflict, natural disasters, and economic hardship force many children into street life. To survive, they engage in informal activities such as begging, rag picking, scavenging, street vending, and shoe shining, particularly in developing countries. While some children live permanently on the streets with little or no family contact, others work during the day and maintain limited ties with their families (Theirworld, 2025).

Street children are among the most vulnerable groups in society, facing exploitation, neglect, trafficking, violence, and physical, emotional, and sexual abuse. They are also highly susceptible to substance abuse, criminal exploitation, hazardous work, malnutrition, infectious diseases, psychological disorders, and premature mortality (UN CRC General Comment No. 21 (2017) on Children in Street Situations | Better Care Network, 2017).

Their continued marginalization highlights the urgent need for comprehensive child protection policies, social welfare programmes, quality education, healthcare, rehabilitation, and effective social reintegration initiatives.

STREET CHILDREN IN INDIA:

Street children in India represent one of the country's most vulnerable and marginalized populations. Rapid urbanization, persistent poverty, family disintegration, migration, and socio-economic inequalities have contributed to the increasing number of children living or working on the streets. These children are often deprived of parental care, education, healthcare, and other basic necessities essential for healthy physical, emotional, and psychological development. They frequently encounter exploitation, discrimination, violence, and harassment, while many are coerced into substance abuse and illegal activities by drug traffickers and criminal networks. Inadequate nutrition, unstable family environments, and limited social support further intensify their vulnerability and psychosocial distress (Panicker & Nangia, 1992).

India has one of the world's largest child populations, with more than 444 million children below the age of 18, representing over 37% of the total population (Census of India, 2011). UNICEF estimated that approximately 11 million street children lived in India (ProcT5 - SPUWAC & SPUNER, Delhi Police, n.d.). Although the actual number is believed to be substantially higher due to the absence of reliable registration systems and the dynamic movement of children between street life and their families. The lack of official identity documents and accurate enumeration makes this population difficult to estimate, underscoring the urgent need for robust child protection policies, rehabilitation programmes, educational opportunities, and comprehensive social welfare interventions.

REVIEW OF LITERATURE

Research on street children has primarily focused on their socio-economic conditions, health status, substance abuse, and rehabilitation. As a literature review strongly helpful for a researcher to find out the gaps in previous studies according to the current circumstances related to the research problem. In this current investigation, research on street children has primarily focused on their socio-economic conditions, health status, substance abuse, and rehabilitation.

Savarkar (2018) explored psychosocial distress among homeless children in Mumbai and reported high levels of psychological distress, particularly among boys and Muslim children. Age, occupation, and duration of homelessness significantly influenced psychosocial well-being. **Jhakar et al. (2017)** investigated drug abuse among street children in Jaipur and found that peer influence, curiosity, emotional distress, hunger, and the desire to escape reality were the major factors contributing to substance use. **Pratibha et al. (2016)** examined the living conditions of street children in

Faizabad and identified poverty, family instability, and gender discrimination as the primary determinants of homelessness. The study also reported inadequate access to food, shelter, healthcare, and protection. According to **(Rajadhyaksha, 2013)** a census conducted by TISS and Action Aid India 2013**,** which aims was to documented the socio-economic profile of street children in Mumbai. Finding of the census revels that most children were engaged in informal work such as street vending and newspaper selling. Further, study recommended that the Department of Women and Child Development and the Juvenile Justice System adopt preventive and community-based approaches rather than relying solely on institutional rehabilitation. **Meshram et al. (2015)** assessed the nutritional status and substance use among street children in Hyderabad and Secunderabad. The findings indicated high levels of undernutrition, anaemia, risky behaviours, and drug use, highlighting the urgent need for integrated health and nutrition interventions. **Mukherjee (2014)** examined the socio-educational and rehabilitation status of street children in Kolkata. The study reported that most street children belonged to economically deprived families, lived in temporary shelters or on the streets, and engaged in informal occupations. Poverty, migration, unemployment, and lack of educational opportunities were identified as the major reasons for street life. Using a qualitative approach, **Sharmila and Kaur (2013)** explored the health perceptions and healthcare-seeking behaviour of street-working children in Delhi. The study found that poor living conditions exposed children to frequent illnesses and injuries and recommended stronger public-private partnerships to improve healthcare access. **Gaidhane et al. (2008)** investigated substance use among street children in Mumbai. Their findings revealed widespread drug use, physical and sexual abuse, and poor health among participants. Nicotine, alcohol, inhalants, and sedatives were the most commonly used substances. The study emphasized the need for proactive outreach and accessible healthcare services for street children. **Malhotra et al. (2007)** examined tobacco use among street children in Delhi and reported that cigarette smoking commonly began between the ages of 8 and 10 years, with peer pressure emerging as the primary reason for initiation.

Knowledge Gap and Need of the Study

The literature reveals limited research on substance abuse among street children in Kangra District, Himachal Pradesh, despite its vulnerability due to proximity to Punjab and drug trafficking routes associated with the Golden Crescent. Existing studies have inadequately explored the socio-demographic, psychological, social, and economic factors influencing substance abuse, as well as the functioning and management of de-addiction and rehabilitation centres. This study addresses these gaps by investigating substance abuse among street children in Dehra. Its findings will contribute to developing evidence-based prevention and rehabilitation strategies and provide valuable guidance for policymakers, social workers, and professionals working in child welfare and addiction treatment.

Research Questions

1. What are the socio-demographic characteristics (caste, religion, and family type) of street children involved in drug abuse?
2. Which types of drugs are most commonly used by street children?
3. What is the pattern of drug consumption among street children in terms of daily and weekly use?
4. What are the major health, social, and legal consequences experienced by street children as a result of drug abuse?
5. How can the findings contribute to the development of effective prevention and rehabilitation strategies for street children affected by substance abuse?

Objectives of the Study

1. To describe the socio-demographic profile of street children engaged in drug abuse with respect to caste, religion, and family type.
2. To identify the commonly used substances among street children.
3. To assess the frequency of drug use on a daily and weekly basis.
4. To examine the adverse health, behavioural, and legal consequences associated with substance abuse among street children.
5. To suggest evidence-based preventive, counselling, and rehabilitation measures for addressing drug abuse among street children.

RESEARCH METHDOLOGY

Research methodology refers to the systematic framework adopted to investigate a research problem through appropriate research methods, techniques, and procedures. It provides a scientific basis for designing the study, collecting and analysing data, and interpreting findings in a manner that ensures validity, reliability, and objectivity. In the context of the present study, the methodology has been designed to address the research questions and achieve the stated objectives concerning the socio-demographic profile of street children who use drugs, the social support available to them, the socio-economic and migration-related factors contributing to their vulnerability, the factors leading to the initiation and continuation of drug use, the impact of drug use on their educational and psychosocial well-being, their awareness of government-sponsored de-addiction programmes, and the role of social workers and rehabilitation centres in their recovery and social reintegration.

This chapter outlines the overall research design adopted for the study and describes the study area, target population, sampling technique, sample size, research instruments, tool development and validation, data collection procedures, ethical considerations, and methods of data analysis. The methodology has been structured to generate comprehensive quantitative and qualitative evidence that adequately addresses each research question and objective. The systematic application of appropriate research methods ensures that the findings are scientifically sound, credible, and useful for understanding the multifaceted problem of drug abuse among street children and for developing evidence-based interventions, policies, and rehabilitation strategies.

Research Design

The present study adopted a cross-sectional, exploratory-cum-descriptive research design employing a mixed-methods approach that integrated both quantitative and qualitative methods. The cross-sectional design facilitated the collection of data at a single point in time, while the exploratory and descriptive components enabled an in-depth understanding of the socio-demographic characteristics, factors contributing to drug use, its impact on children's well-being, awareness of de-addiction programmes, and the role of social work interventions among street children.

Study Area

The study was conducted in Dehra Block of Kangra District, Himachal Pradesh. The area was selected because of the presence of a considerable population of vulnerable and marginalized children, making it appropriate for investigating the phenomenon of drug use among street children and the availability of rehabilitation and support services.

Sampling Technique

A combination of purposive sampling and snowball sampling techniques was employed to identify and recruit the study participants. Street children aged 8–18 years residing in or frequenting Dehra Block, Kangra District, Himachal Pradesh, who met the inclusion criteria, were selected for the study. Purposive sampling facilitated the identification of information-rich participants, while snowball sampling enabled access to additional respondents through referrals from initial participants and key community informants.

Tools for data collection

In accordance with the objectives of the study, primary data were collected using both quantitative and qualitative research tools to obtain comprehensive information on the study variables.

Tools will be used for the current study:

1. Socio-demographic data sheet.
2. Interview schedule

Description of Tools:

1. **Socio-Demographic datasheet and Clinical checklist**

   A semi-structured, self-developed socio-demographic data sheet and clinical checklist was designed to collect information on the respondents' background characteristics, including age, sex, religion, educational status, family characteristics, migration history, occupation, living arrangements, and other relevant socio-economic variables. The checklist also captured information related to drug use history and other pertinent clinical and behavioural characteristics of the respondents.

2. **Structured Interview Schedule**

A **structured interview schedule,** developed by the researcher, was used to collect detailed information related to the objectives of the study. The schedule comprised items covering social support, migration-related factors, reasons for initiating and continuing drug use, the impact of drug use on educational, social, psychological, and environmental well-being, awareness of government-sponsored de-addiction and rehabilitation programmes, and the perceived role of social workers and rehabilitation centres in the recovery and reintegration of street children.

DATA ANALYSIS

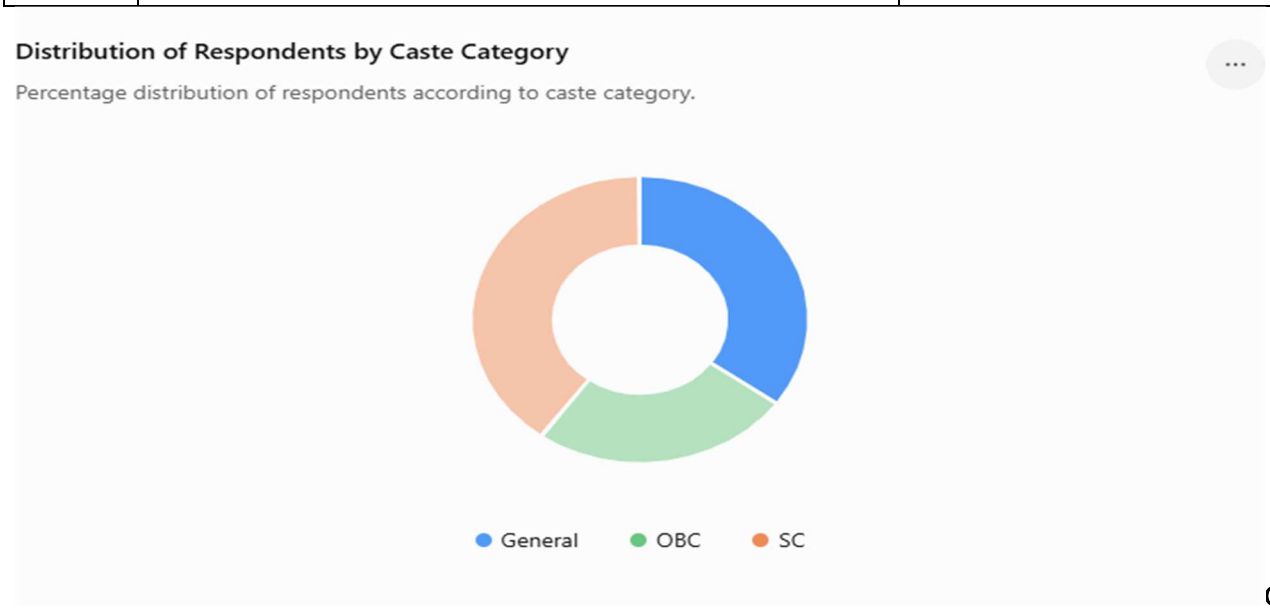
Distribution on the Basis of caste:

Caste is an important socio-demographic variable in social work research, particularly in societies where caste-based inequalities continue to shape people's lives. Collecting caste-related information helps researchers understand social structure, inequality, and the distribution of opportunities and resources among different groups. It also enables examination of the relationship between caste and social, economic, educational, and health-related factors, while identifying patterns of exclusion and deprivation. In the present study, respondents were classified into three major caste categories recognized in the Indian social system: General (Unreserved), Other Backward Classes (OBC), and Scheduled Castes (SC).

Table No. 1 Distribution of drug addicts on the basis of Category

S. No.	Caste Category	% age

1.	General	35
2.	OBC	25
3.	SC	40



Graph No. 1

Data Interpretation

Table 1 presents the caste-wise distribution of the street children included in the study. The findings reveal that **40%** of the respondents belonged to the **Scheduled Caste (SC)** category, representing the largest proportion of the sample. This was followed by **35%** of respondents from the **General (Unreserved)** category, while **25%** belonged to the **Other Backward Classes (OBC)** category.

The relatively higher proportion of respondents from the Scheduled Caste category suggests that children from socially and economically disadvantaged communities may be more vulnerable to street life and substance use. Their overrepresentation may be associated with factors such as poverty, social exclusion, limited educational opportunities, family instability, and inadequate access to social welfare and rehabilitation services. Although various welfare schemes and protective measures have been introduced by the government for marginalized communities, the findings indicate that these interventions may not have adequately reached or benefited all vulnerable children.

At the same time, the presence of respondents from the General (35%) and OBC (25%) categories demonstrates that drug use among street children is not confined to any single caste group. Rather, it is a multidimensional social problem affecting children across different social backgrounds. Since the study employed purposive and snowball sampling techniques, these findings should be interpreted within the context of the selected sample and should not be generalized to the entire population of street children.

The role and responsibility of the family in controlling the growth of drug abuse

The family plays a vital role in preventing drug abuse among children and adolescents. As the primary social institution, it shapes an individual's physical, emotional, psychological, and moral development. A nurturing family environment promotes healthy behaviour, resilience, and sound decision-making, thereby reducing the risk of substance abuse.

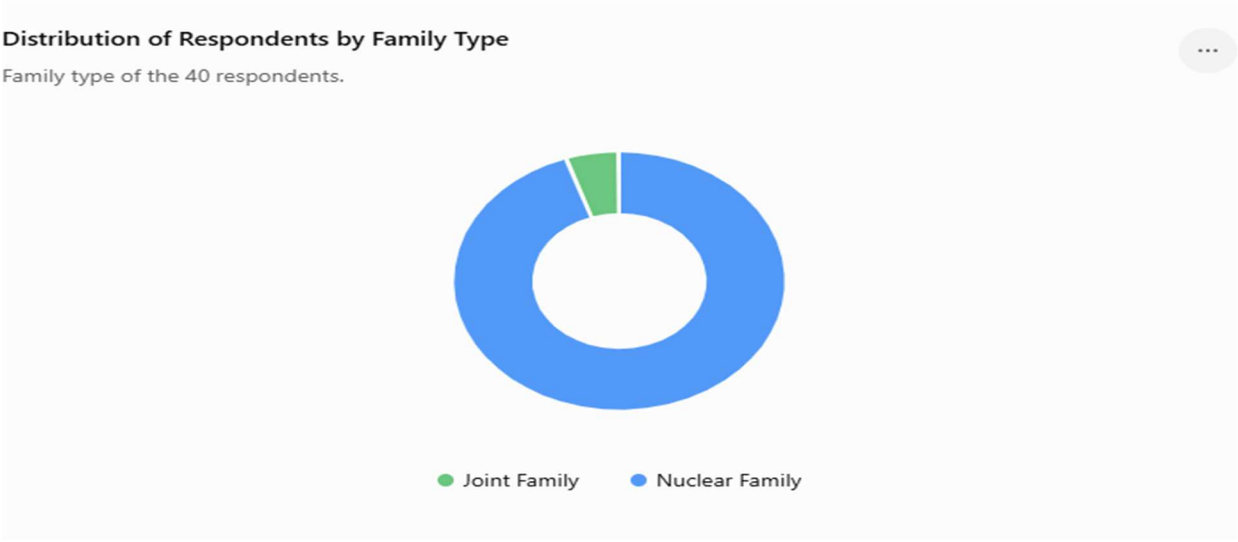
Families can prevent drug abuse by fostering open communication, providing emotional support, setting clear behavioural expectations, promoting healthy lifestyles, and maintaining consistent supervision. Parents should educate

children about the harmful effects of substance use, establish appropriate boundaries, and remain actively involved in their daily lives. A caring and supportive family acts as a strong protective factor against drug use.

In the present study, the relationship between family structure and drug abuse was examined by classifying families into three types: nuclear, joint, and extended. The study identifies the family type with the highest proportion of children involved in substance abuse, providing insights for developing family-centred prevention strategies and strengthening protective factors.

Table No. 2 Distribution of Respondents by Family Type

S. No.	Family Type	Percentage	Frequency
1.	Joint	5%	2
2.	Nuclear	95%	38
2.	Grand total	100%	40



Graph No. 2

Data Interpretation

Table 2 indicates that only **5% (n = 2)** of the drug-addicted street children belonged to joint families**,** whereas 95% (n = 38) belonged to nuclear families. This finding suggests that the vast majority of children affected by substance abuse in the Dehra Block were from nuclear family backgrounds. Although this result does not establish a causal relationship between family type and drug addiction, it highlights the predominance of nuclear family settings among the respondents in the present study. The finding underscores the need to strengthen parental supervision, family support, and early preventive interventions for children living in vulnerable family environments.

Evaluation of Experiences by Addicts:

Drug addiction is a profoundly distressing condition that affects every dimension of an individual's life, including physical health, mental well-being, emotional stability, social relationships, and overall quality of life. What may begin as occasional experimentation or a means of coping with stress can gradually develop into dependency, leading to compulsive substance use and loss of self-control. As addiction progresses, individuals often experience deteriorating health, impaired judgment, social isolation, disrupted family relationships, academic or occupational difficulties, and increased involvement in risky or illegal behaviours.

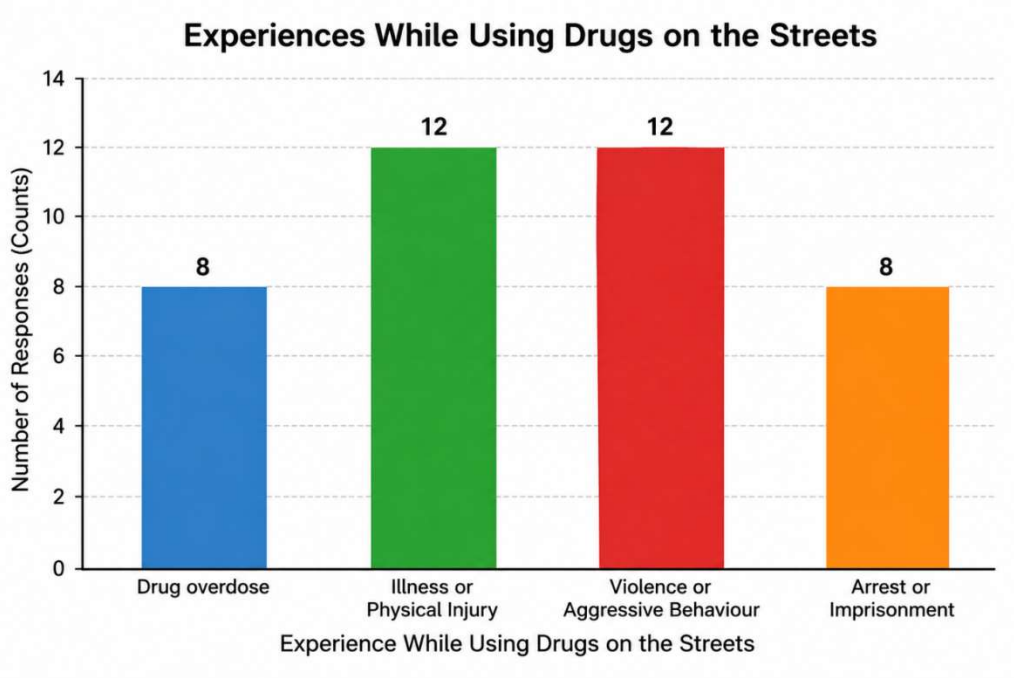
Recovery from substance dependence is a complex and challenging process that requires sustained personal commitment, family support, community involvement, and professional intervention. Understanding the lived experiences of individuals affected by drug addiction is therefore essential for developing effective prevention, treatment, and rehabilitation strategies.

In the present study, the researcher examined four major categories of adverse experiences commonly associated with drug addiction among street children:

These experiences were analyzed to assess the severity and consequences of substance abuse among the respondents and to better understand the social and health-related risks associated with drug addiction.

Table No. 3 Experience While Using Drugs on the Streets and Number of Responses (Counts)

S. No.	Experience While Using Drugs on the Streets	Number of Responses
1.	Drug Overdose	08
2.	Illness or Physical Injury	12
3.	Violence or Aggressive Behaviour	12
4.	Arrest or Imprisonment	08



Graph No. 3

Interpretation of Data

The above figure illustrates the adverse experiences reported by street children while using drugs. Since respondents could select multiple options, the frequencies represent the number of responses rather than individual respondents.

The data show that Illness or Physical Injury (12 responses) and Violence or Aggressive Behaviour (12 responses) were the most frequently reported consequences, indicating that substance abuse is strongly associated with serious health problems and exposure to violence. These findings suggest that drug use not only harms physical well-being but also increases vulnerability to unsafe environments.

In comparison, Drug Overdose (8 responses) and Arrest or Imprisonment (8 responses) were reported less frequently but remain serious consequences. Drug overdoses highlight the life-threatening nature of substance abuse, while arrests reflect involvement with the criminal justice system.

Overall, the findings indicate that street children who use drugs face multiple and severe risks. Health complications and violence are the most common adverse experiences, emphasizing the need for comprehensive prevention, healthcare, counselling, rehabilitation, and social support to improve their safety and well-being.

Distribution on the basis of religion:

Religion is an important socio-cultural factor that may influence individuals' attitudes, values, lifestyle, coping mechanisms, and support systems. It can also shape perceptions of substance use, help-seeking behaviour, and recovery from addiction. Understanding the religious background of respondents provides valuable context for interpreting patterns of drug abuse and identifying culturally appropriate intervention strategies. Therefore, the present study classified respondents into four major religious groups-**Hindu, Sikh, Christian, and Muslim.** This classification facilitates an analysis of the distribution of drug addicts across different religious communities and contributes to a more comprehensive understanding of the socio-cultural dimensions associated with substance abuse.

Table-4 Religion wise Indulged in Taking Drugs

S. No.	Religion	% age
1.	Hindu	70
2.	Muslim	15
3.	Sikh	10
4.	Christian	05

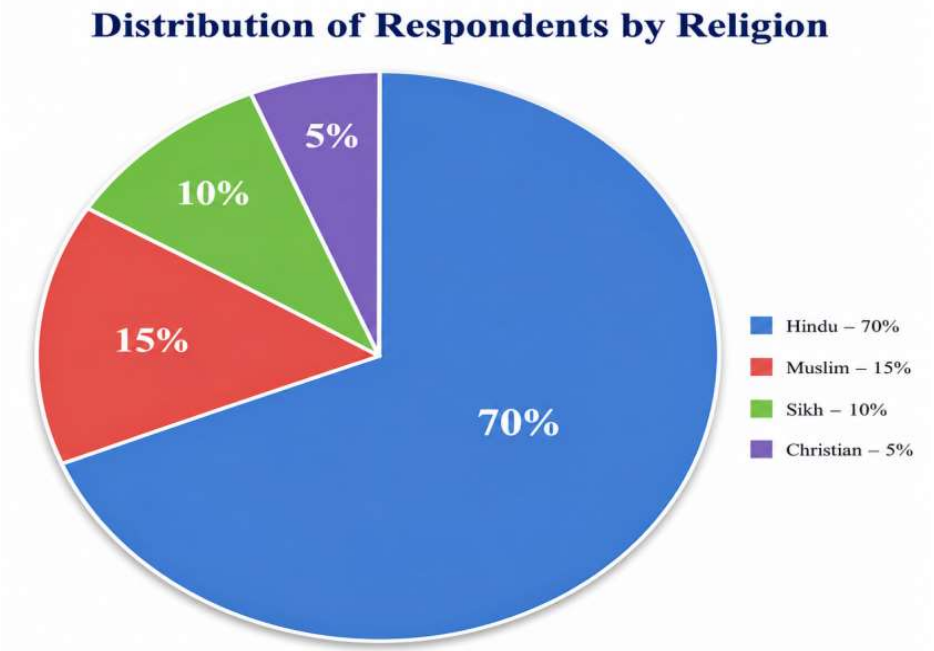


Figure 4.X: Percentage Distribution of Respondents by Religion

Graph No. 4

Interpretation of Data

The above figure presents the percentage distribution of respondents according to their religion. The findings indicate that the majority of the respondents **(70%) belong to the Hindu religion,** making it the most represented religious group in the study. This distribution is consistent with the demographic composition of the study area, where the Hindu population constitutes the largest proportion of the community.

The second largest group comprises **Muslim respondents (15%),** followed by **Sikh respondents (10%),** while **Christian respondents account for only 5%** of the total sample. Although the representation of Muslims, Sikhs, and Christians is comparatively lower, their inclusion ensures that the study reflects the religious diversity of the population and provides a broader understanding of substance abuse across different religious communities.

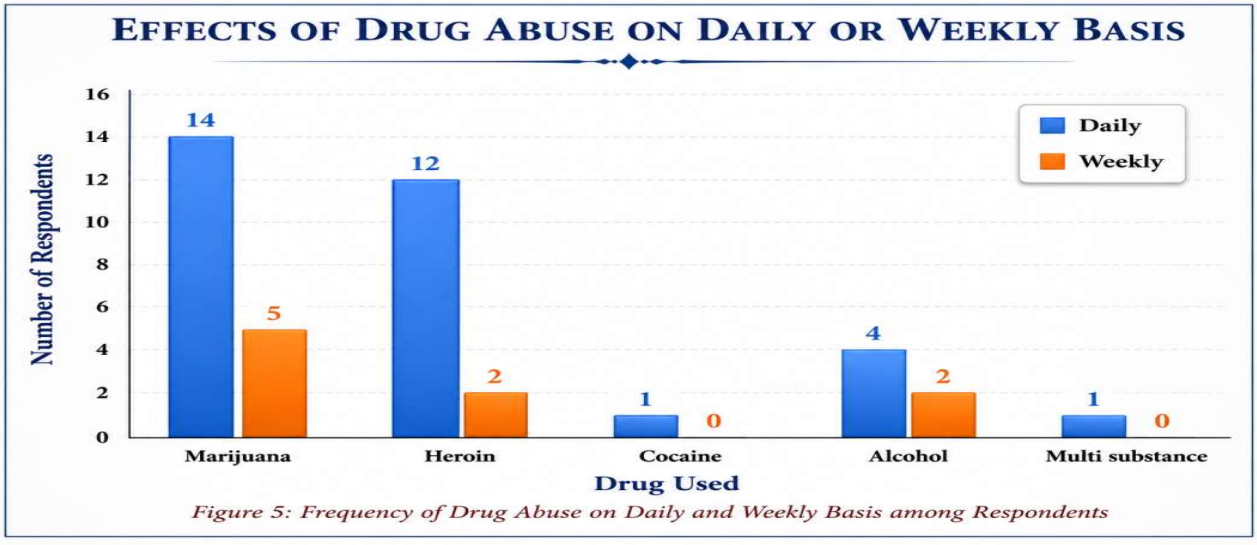
Effects of drug abuse on daily or weekly basis:

On both daily and weekly levels, substance addiction negatively affects many aspects of a person's life. Daily substance misuse impairs cognitive functions, leading to poor judgement, memory problems, and weakened decision-making. It also reduces concentration, resulting in lower performance and productivity. Physically, it damages organs, weakens the immune system, and causes various health problems. Relationships often suffer because of behavioural changes and mood swings. Over time, these effects intensify, leading to increasing financial burdens, greater risk-taking, and potential legal problems. Overall, substance misuse creates a cycle of self-destructive behaviour that progressively undermines health, relationships, and overall wellbeing.

Table No. 5 Shows Effects of drug abuse on daily or weekly basis

Drugs Used	Daily	Weekly
Marijuana	14	5
Heroin	12	2
Cocaine	1	0
Alcohol	4	2
Multi substance	1	0

S. No.	Drug Used	Daily	Weekly
1.	Marijuana	14	5
2.	Heroin	12	2
3.	Cocaine	1	0
4.	Alcohol	4	2
5.	Multi substance	1	0



Graph No. 5

Interpretation of Data

The above figure presents the frequency of drug abuse among respondents on a daily and weekly basis. The findings indicate that marijuana is the most frequently used substance, with 14 respondents reporting daily use and 5 reporting weekly use. This is followed by heroin, which is used daily by 12 respondents and weekly by 2 respondents, suggesting a high level of dependence among users. **Alcohol** occupies the third position, with 4 respondents consuming it daily and 2 on a weekly basis. In contrast, cocaine and multi-substance use were reported by only one respondent each on a daily

basis, while no respondent reported weekly use of these substances. Overall, the data reveal that daily consumption is considerably higher than weekly consumption for all substances, indicating a pattern of regular and habitual drug use. The predominance of marijuana and heroin highlights the need for targeted prevention, de-addiction, counselling, and rehabilitation programmes to address chronic substance dependence among street children.

Major findings of the Study

The present study examined the socio-demographic profile, patterns of substance use, and adverse consequences of drug abuse among street children in Dehra Block of Kangra District, Himachal Pradesh. The major findings are summarized below:

1. Caste-wise distribution revealed that 40% of the respondents belonged to the Scheduled Caste (SC) category, followed by 35% from the General category and **25%** from the Other Backward Classes (OBC), indicating greater representation of socially disadvantaged groups among the respondents.
2. Family background showed that 95% of the respondents belonged to **nuclear families**, whereas only **5%** belonged to joint families, suggesting that most drug-affected street children in the study were from nuclear family settings.
3. Adverse experiences associated with drug use indicated that illness or physical injury (12 responses) and violence or aggressive behaviour (12 responses) were the most frequently reported consequences, followed by drug overdose (8 responses) and arrest or imprisonment (8 responses).
4. Religion-wise distribution showed that 70% of the respondents were Hindus, followed by Muslims (15%), Sikhs (10%), and Christians (5%). This distribution largely reflects the demographic composition of the study area rather than indicating any religious predisposition to substance abuse.
5. Pattern of drug use revealed that marijuana was the most commonly used substance, with 14 respondents reporting daily use and 5 reporting weekly use, followed by heroin (12 daily and 2 weekly users). Alcohol was consumed by fewer respondents, while cocaine and multi-substance use were relatively uncommon. Daily consumption exceeded weekly consumption for all substances, indicating habitual drug use among the respondents.

CONCLUSION:

The present study concludes that drug abuse among street children is a complex socio-economic, psychological, and public health issue requiring a comprehensive multidisciplinary response. The findings indicate that substance abuse is closely associated with socio-economic deprivation, family instability, and unsafe street environments. Most respondents belonged to socially disadvantaged communities and nuclear families, suggesting that poverty, inadequate parental supervision, social exclusion, and weak family support systems increase children's vulnerability to substance use. The predominance of daily marijuana and heroin consumption further reflects chronic dependence rather than occasional experimentation.

The study also reveals that drug abuse exposes street children to serious health and social risks, including illness, injury, violence, aggressive behaviour, overdose, and involvement with the criminal justice system. They are at increased risk of HIV/AIDS, Hepatitis B and C, sexually transmitted infections (STIs), tuberculosis, malnutrition, and other communicable diseases due to unsafe sexual practices, needle sharing, poor hygiene, and limited healthcare access. These vulnerabilities threaten both individual well-being and broader public health.

The findings underscore the crucial role of social workers in identifying vulnerable children, conducting outreach, providing psychosocial counselling, facilitating family reintegration, advocating children's rights, and linking them with health, education, legal, and welfare services. Rehabilitation professionals—including psychologists, counsellors, medical practitioners, and de-addiction specialists—are equally important in assessment, detoxification, behavioural therapy, vocational rehabilitation, relapse prevention, and community reintegration. A coordinated multidisciplinary approach is essential for sustainable recovery.

Education emerges as a key protective factor against substance abuse. Access to quality education, life-skills, value, health education, and vocational training enhances resilience, improves decision-making, reduces school dropout, and promotes socio-economic empowerment. Schools and teachers should actively identify at-risk children, raise awareness, and facilitate referrals to support services while integrating educational initiatives with counselling, mental health care, and community outreach.

The study further emphasizes stronger collaboration among government agencies, child protection services, educational institutions, healthcare providers, NGOs, community leaders, and families to address the root causes of

substance abuse. Evidence-based prevention, accessible de-addiction services, community-based rehabilitation, livelihood support, and effective child protection policies are essential. Overall, the study provides valuable evidence for policymakers, researchers, social workers, and rehabilitation professionals to design holistic interventions that promote the health, education, protection, and social reintegration of street children while advancing national child welfare and public health goals.

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