

## Is INH Waging a Lonely Losing Battle

The Updated National Guidelines for Pediatric Tuberculosis in India, 2012, [1] has rightly emphasized, at length, the need for becoming more aggressive in our treatment of pediatric tuberculosis (dropping out 3 drugs from all regimens *i.e.* HRZ). The area of chemoprophylaxis, however, has been left untouched [except for raising the dose of INH to 10 mg/kg/day]. We all know and accept that resistance to first line AKT is rapidly emerging and the article itself acknowledges that “the drug Category III has been withdrawn in view of high INH resistance [ $>5\%$ ] in our community”. I am sure that there is a lurking fear that this figure may be much higher. In such a setting, are we justified in offering a single drug as prophylaxis? Many years ago, I had suggested that

INH may not be enough for prophylaxis [2]. Today I strongly feel that this is an idea whose time has come. Serious thought needs to be given to the case of adding a second drug so that no contact is exposed to a bacillus which is resistant to the drug he is using, thus negating any benefit to him. This scenario also exposes the contact to the risk of developing tuberculous disease and its complications.

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### REFERENCES

1. Kumar A, Gupta D, Sharath BN, Singh V, Sethi GR, Prasad J. Updated National Guidelines for Pediatric Tuberculosis in India, 2012. *Indian Pediatr.* 2013;50:301-6.
2. Sanklecha M, Raghavan K, Mehta M. Is INH alone enough for prophylaxis? *Indian Pediatr.* 1995;32:105.

## Substance Abuse in Urban School Going Adolescents in India: A Growing Challenge

The epidemic of substance abuse in the young has assumed alarming dimensions in India. Changing cultural values, increasing economic stress and dwindling supportive bonds are contributing factors. The Global Youth Tobacco Survey (GYTS) showed 3.8% children to be smokers and 11.9% using smokeless tobacco [1]. Most studies in India were done on the lower socioeconomic section such as the survey by Bansal, *et al.* [2], which showed 45% street children using varied substances. Most previous studies demonstrate alcohol as the commonest substance used (60-98%) followed by cannabis (4-20%) [3].

We conducted a survey among adolescents aged 12-16 years studying in high school in three prominent urban schools in Bangalore. All participants ( $n=354$ ) (56.7% females) whose parents consented were administered a questionnaire. Results are shown in **Table I**, The most common substances abused included alcohol (28%) and glue-sniffing (20.2%), with a near equal gender

distribution. 15.4% reported a relative and 15.3% a peer as the first person to introduce them to the substance. The most common reason for using any substance was “curiosity” to try a new substance in 16.9% cases, “enjoyment” in 12.2% and “to be accepted by others” in 12%. Smoking and consumption of cannabis and cocaine was limited to boys only.

Contrary to the popular belief that smoking was the most common substance abused, we found prevalence of smoking to be quite low [4]. Hookah consumption was

**TABLE I** PROFILE OF SUBSTANCE ABUSE AMONG URBAN SCHOOL GOING ADOLESCENTS IN BANGALORE (N=354).

	Number (%) (years)	Median age of start of consumption	Number of times consumed per wk (median)
Smoking	12 (3.4)	15	2
Hookah	22 (6.2)	13	1
Alcohol	99 (28.2)	12	1
Glue-sniffing	71 (20.2)	11	3
Cannabis	2 (0.6)	11	1
Cocaine	3 (0.9)	12	2