National Survey on Extent, Pattern and Trends of Drug Abuse in India

New Delhi, 25 June 2004
GENESIS OF THE NATIONAL SURVEY

- 1990s: extrapolations being made on available city- and district-based data
- Need for nationally-representative statistics
- 1999 – joint decision of MSJE and UNODC taken to carry out national survey on a cost-sharing basis
CONTENT OF THE SURVEY

1. National Household Survey (NHS)
2. Drug Abuse Monitoring System (DAMS)
3. Rapid Assessment Survey (RAS)
4. Focused Thematic Studies (FTS)
   - Drug abuse and women in India
   - Burden on women through abusing family members
   - Drug abuse in rural population
   - Drug consumption in border areas
   - Drug abuse in prisons
1. DATA HIGHLIGHTS – NHS

Sample Size: 40,697 males (12-60 yrs)

Prevalence of ‘current’ use (i.e., during last month)

- Alcohol: 21%
- Cannabis: 3%
- Opiates: 0.7%
  - (heroin 0.2%)
- Any illicit drug: 3.6% (excl. tobacco and alcohol)
- IDUs (‘ever’): 0.1%
- 22.3% are poly-drug users
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- Cannabis: 3% 8.7 m
- Opiates: 0.7% 2.0 m
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## 1. DATA HIGHLIGHTS – NHS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Prevalence</th>
<th>Dependency</th>
<th>‘Volume of Work’</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL</td>
<td>62.5 m</td>
<td>16.8%</td>
<td>10.5 m</td>
</tr>
<tr>
<td>CANNABIS</td>
<td>8.7 m</td>
<td>25.7%</td>
<td>2.3 m</td>
</tr>
<tr>
<td>OPIATES</td>
<td>2.0 m</td>
<td>22.3%</td>
<td>0.5 m</td>
</tr>
</tbody>
</table>
## HOW INDIA COMPARES

### CURRENT USE (% of 15 years and above)

<table>
<thead>
<tr>
<th></th>
<th>Opiates</th>
<th>Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>0.3</td>
<td>3.5</td>
</tr>
<tr>
<td>Asia</td>
<td>0.3</td>
<td>1.6</td>
</tr>
<tr>
<td>India (NHS)</td>
<td>0.7</td>
<td>3.0</td>
</tr>
</tbody>
</table>

*Sources: NHS and UNODC, 2001*
2. DATA HIGHLIGHTS – DAMS

New Treatment Seekers in 3 months: 16,942

- Age: <20 yrs - 5%, 21-30 yrs - 33%, 31-40 yrs - 37%, >40 yrs - 25%
- Unemployed : 20%
- Single : 23%
- Illiterate : 16%
- Rural : 52%

203 TREATMENT CENTRES
2. DATA HIGHLIGHTS – DAMS

Drugs used
- Alcohol: 44%
- Opiates: 26%
- Cannabis: 12%
- Stimulants (ATS): 2%
- Others: 16%
- IDU (ever): 14%

Other Features
- Onset of use: 21-30 yrs (46%)
- Duration: used drugs for more than 5 years: 53%
- Previous treatment: 27%

203 TREATMENT CENTRES
Pockets of high alcohol use

Sources: NHS and DAMS

Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations
Pockets of high cannabis use

Sources: NHS and DAMS

Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations
Pockets of high opiate use

Sources: NHS and DAMS

Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations
3. RAS

**UNODC Sites**
- Amritsar
- Jamshedpur
- Shillong/ Jowai
- Dimapur
- Hyderabad
- Bangalore
- Thiruvananthapuram
- Goa
- Ahmedabad

**UNESCO Sites**
- Imphal
- Chennai
- Mumbai
- Delhi
- Kolkata

**Total no. of sites – 14**
(UNODC - 9, UNESCO - 5)

*Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations*
3. DATA HIGHLIGHTS – RAS

Sample size: 4,648 (recruited from street; not in treatment)

Drugs used
Heroin: 36%  
Alcohol: 5%  
Other Opiates: 29%  
Sedatives: 4%  
Cannabis: 22%  
IDU (ever): 43%

Other Features
- Using for more than 5 years: 42% (UNODC sites)
- Drug-using friends: 90%
- Sharing of needles: 0.2 - 51% (different sites)
4. DATA HIGHLIGHTS – FTS (Women)

Sample Size: 75  (3 urban sites: Mumbai, Delhi, Aizawl)
- Single: 31%; Separated: 32%; Employed: 67%
- Key Informants (KIs) felt that drug abuse among women is camouflage.
- Major drugs used (multi-drug use common)
  - Heroin, propoxyphene, sedatives and alcohol
  - IDU: 40 of 75
4. DATA HIGHLIGHTS – FTS
(Burden on Women)

Sample Size: 179 women with drug using family members (in 8 sites) and 143 KIs from 3 sites

- Husbands (one half) sons (one third)
- Several health, psychological and economic/occupational problems
- Money spent on treatment is an additional burden
- Disturbed family environment
- Violence
4. DATA HIGHLIGHTS – FTS (Rural)

Sample size: 202 from 57 villages

Drugs used (note: 2.5% ‘ever’ IDU)
4. DATA HIGHLIGHTS – FTS (Borders)

Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations
4. DATA HIGHLIGHTS – FTS (Borders)

Sample size: 195 users, 80 key informants

- Easy availability of drugs: 7 of 8 sites
- Drugs inexpensive: 3 of 8 sites
- Porous borders: 5 of 8 sites
- Expressed concern about direct relationship between availability of drugs and consumption
- IDUs: 74 out of 195
4. DATA HIGHLIGHTS – FTS
(Prison population)

Sample size: 6,800 users, from a therapeutic community in Tihar Jail

- Survey covers data for 4 years (1997-2000)
- Primary drug used: heroin 76-82%
- Age of initiation for 40% = 16–20 years
- 10 % of prisoners in Tihar Jail are utilizing treatment services for drug dependence (excluding alcohol)
1. CONCLUSIONS

A. Alcohol, cannabis and opiates are the major substances of abuse in India.

B. Prevalence of drug abuse among males the general population is significant.

C. Drug abuse among women exists.

D. Hazards and burden on women due to drug abuse is significant.

E. Number of dependent users ‘not in treatment’ is significant.
1. CONCLUSIONS

F. Pockets of high use exist.
G. Drug abuse as an exclusively urban phenomenon is a myth.
H. IDUs and other high risk behaviours are seen both in rural and urban areas.
I. Drug use results in a significant health, psychological and social burden.
J. Significant gap in service delivery.
2. AREAS OF CONCERN

1. Absolute number of potential treatment-seekers (‘volume of work’) is challenging.
2. Low enrollment in treatment and under-utilization of existing services.
3. Mismatch between pockets of high use (from NHS/DAMS) and availability of treatment centres.
5. Multiple high-risk behaviours
6. Injecting Drug Use (IDU)
3. RECOMMENDED COURSE OF ACTION

1. Attract drug users to treatment.
2. Scale up peer-led interventions, community-based services.
3. Develop programmes for vulnerable groups like youth, street children, women, prisons, etc.
4. Enhance skills of care providers.
5. Improve service delivery.
6. Periodic collection of data to monitor progress (multiple methods, parameters and sites).
7. Continuation of DAMS through training of NGOs.
8. Enhance advocacy (‘Drugs: Treatment Works’).