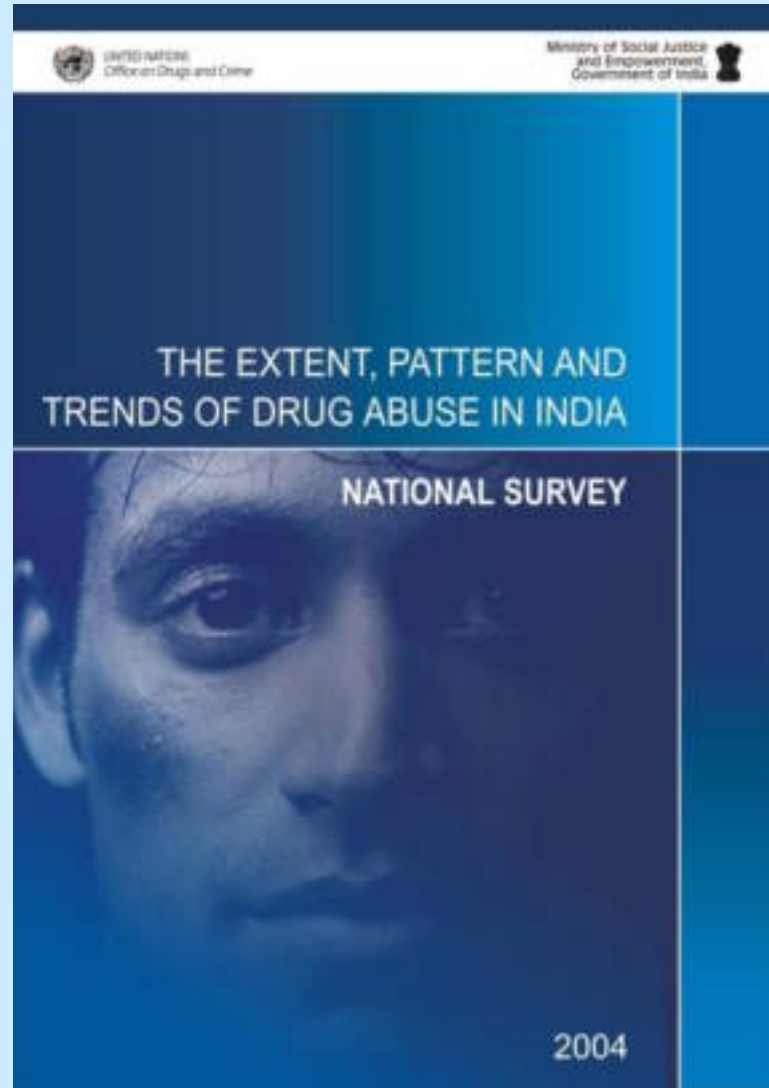




UNITED NATIONS  
*Office on Drugs and Crime*



# 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**
- **Data collection: Mar 2000 – Nov 2001****d**

# 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**

# 1. DATA HIGHLIGHTS – NHS



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- **Cannabis: 3% 8.7 m**
- **Opiates: 0.7% 2.0 m**
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- **IDUs (‘ever’): 0.1%**
- **22.3% are poly-drug users**

# 1. DATA HIGHLIGHTS – NHS



	Prevalence	Dependency	‘Volume of Work’
<b>ALCOHOL</b>	<b>62.5 m</b>	<b>16.8%</b>	<b>10.5 m</b>
<b>CANNABIS</b>	<b>8.7 m</b>	<b>25.7%</b>	<b>2.3 m</b>
<b>OPIATES</b>	<b>2.0 m</b>	<b>22.3%</b>	<b>0.5 m</b>

# HOW INDIA COMPARES



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

	Opiates	Cannabis
■ Global	0.3	3.5
■ Asia	0.3	1.6
■ India (NHS)	0.7	3.0

*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%

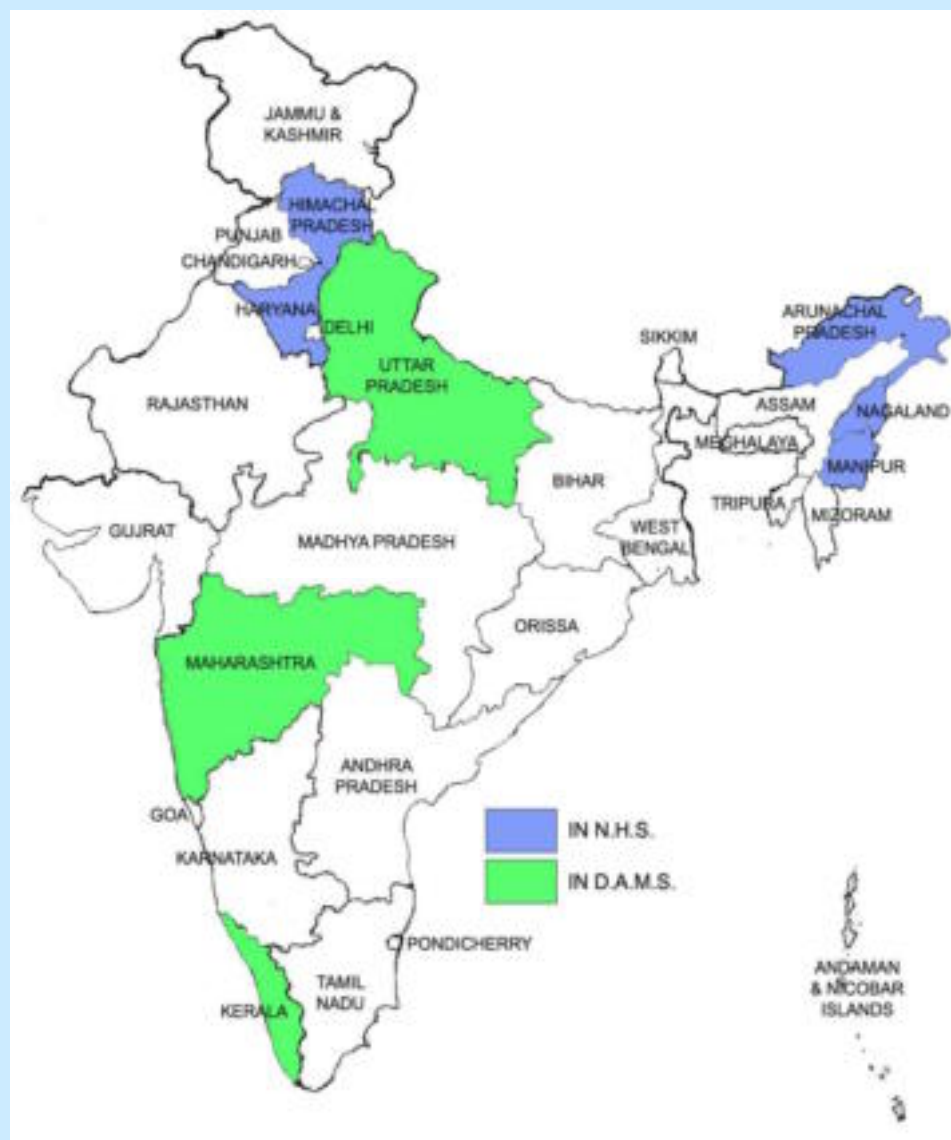
### Other Features

- 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

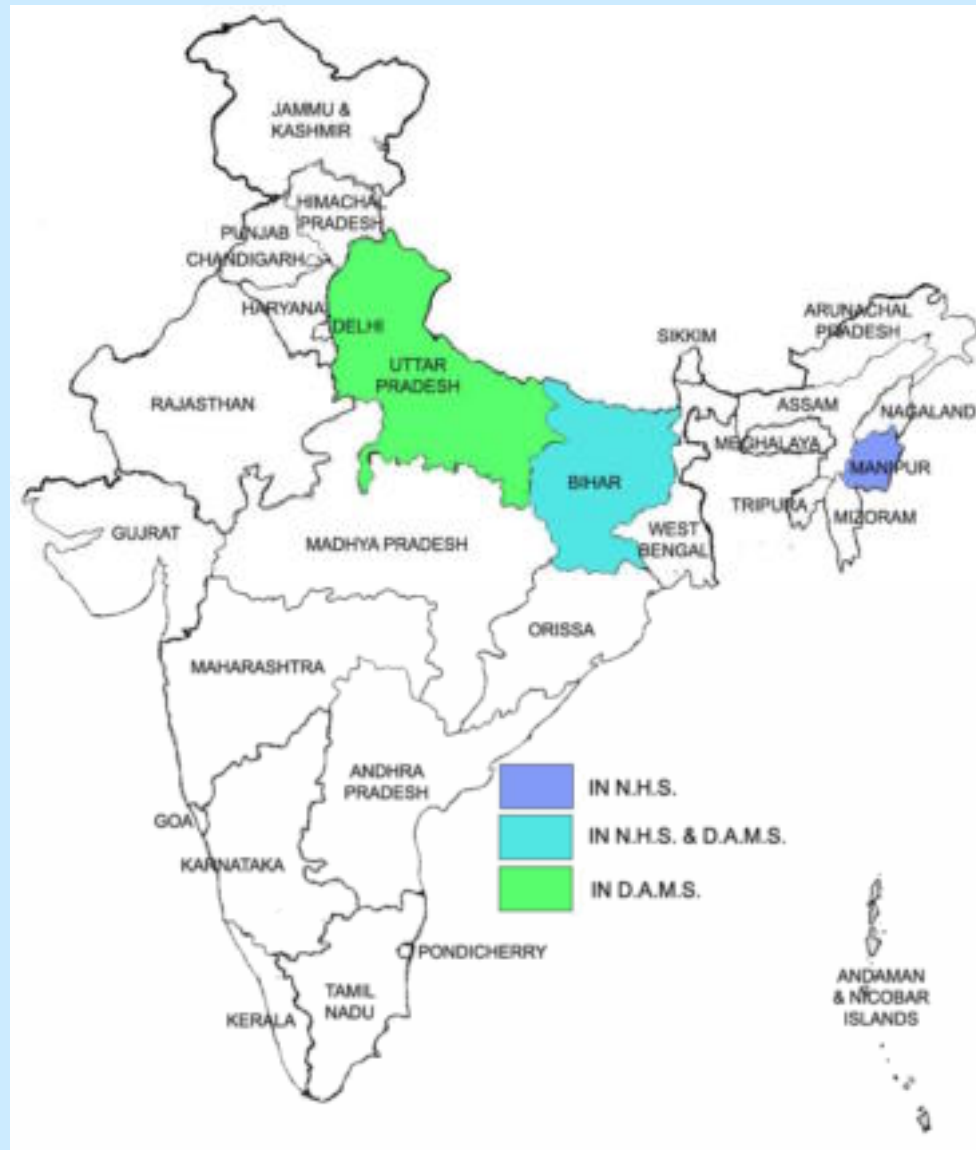
*Sources: NHS and DAMS*



*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

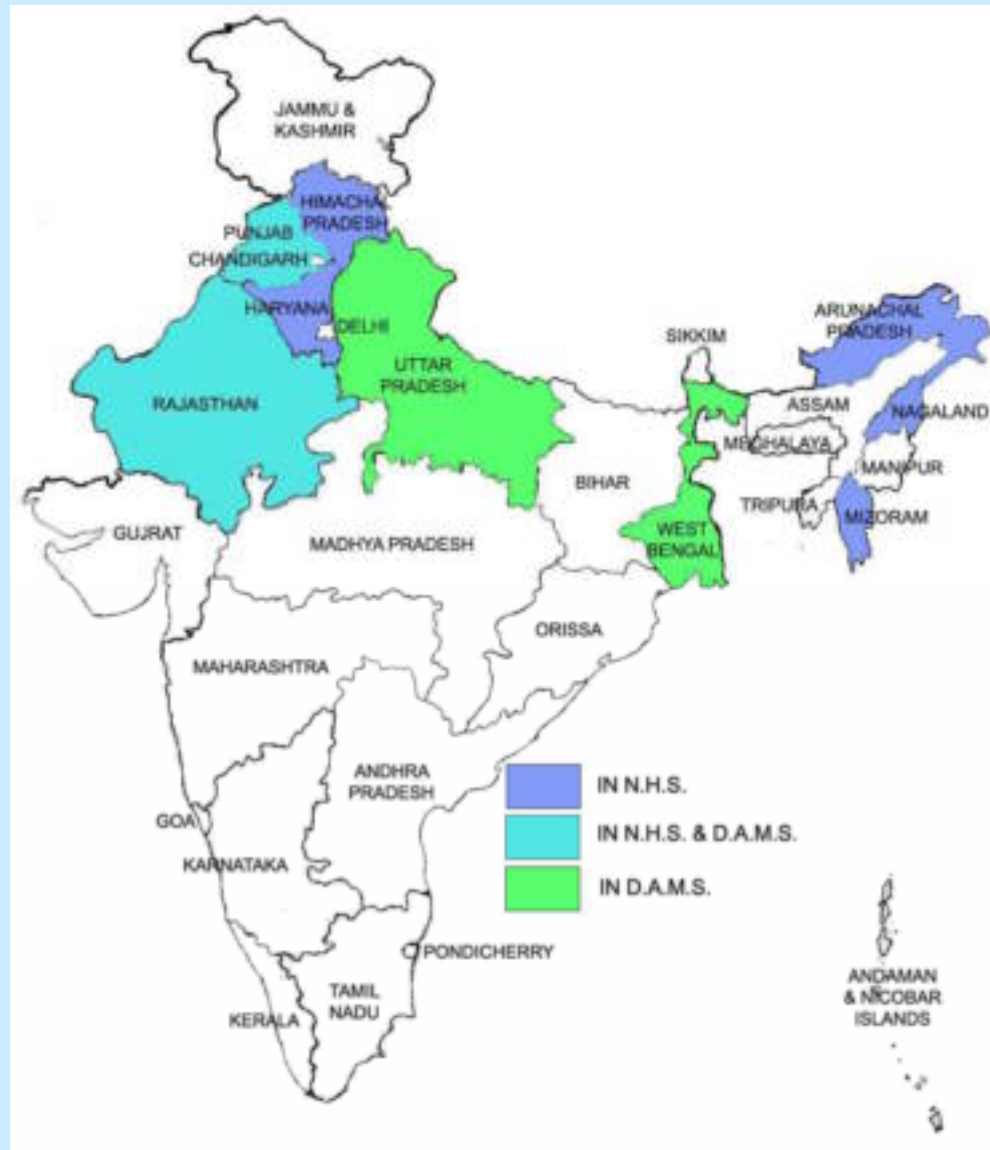
*Sources: NHS and DAMS*



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# Pockets of high opiate use

Sources: NHS and DAMS



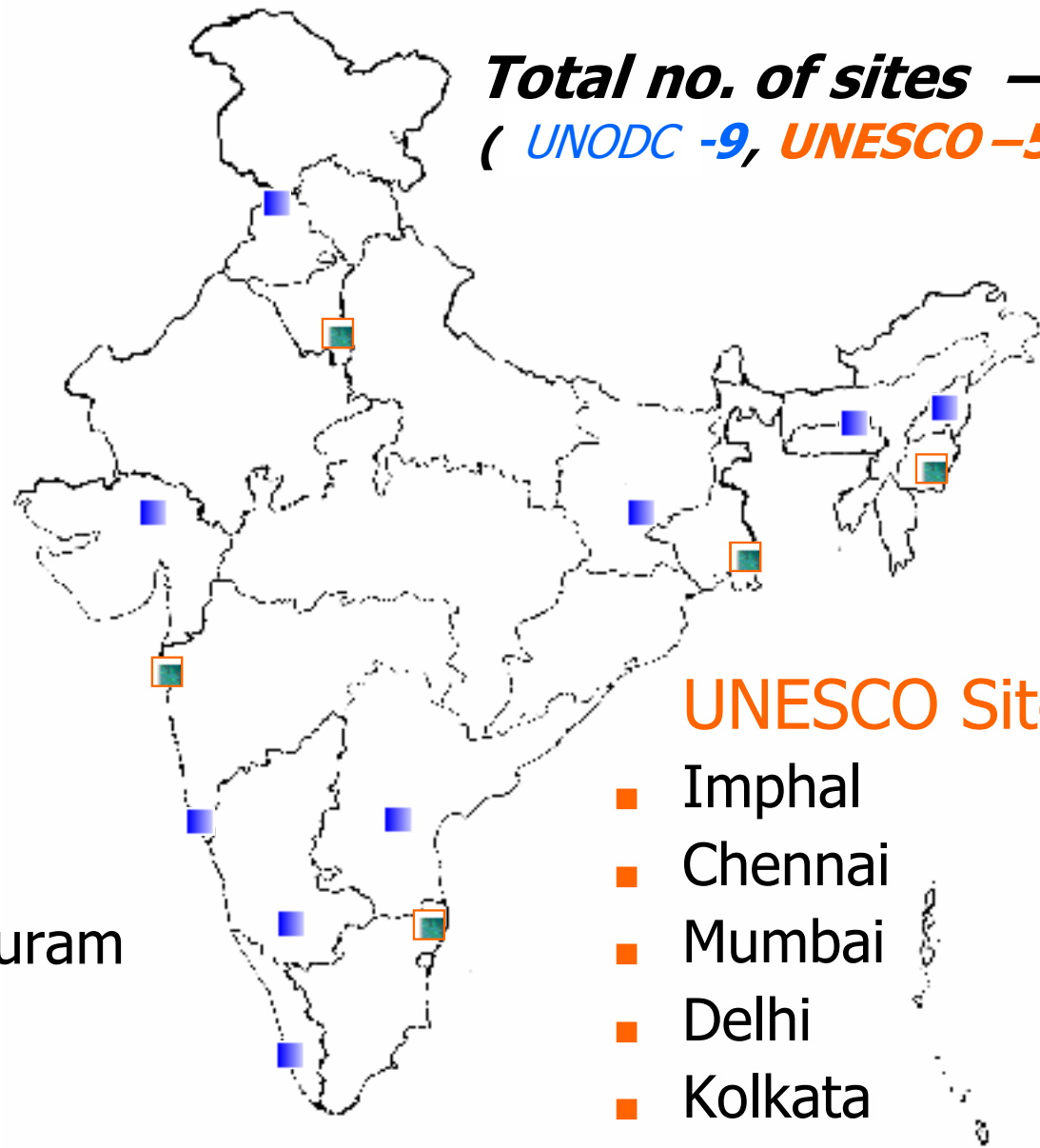
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# 3. RAS

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

## UNODC Sites

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



## UNESCO Sites

- Imphal
- Chennai
- Mumbai
- Delhi
- Kolkata

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### 3. DATA HIGHLIGHTS – RAS



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

#### **Drugs used**

Heroin : 36%

Other Opiates: 29%

Cannabis: 22%

Alcohol: 5%

Sedatives: 4%

*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 camouflaged.
- 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

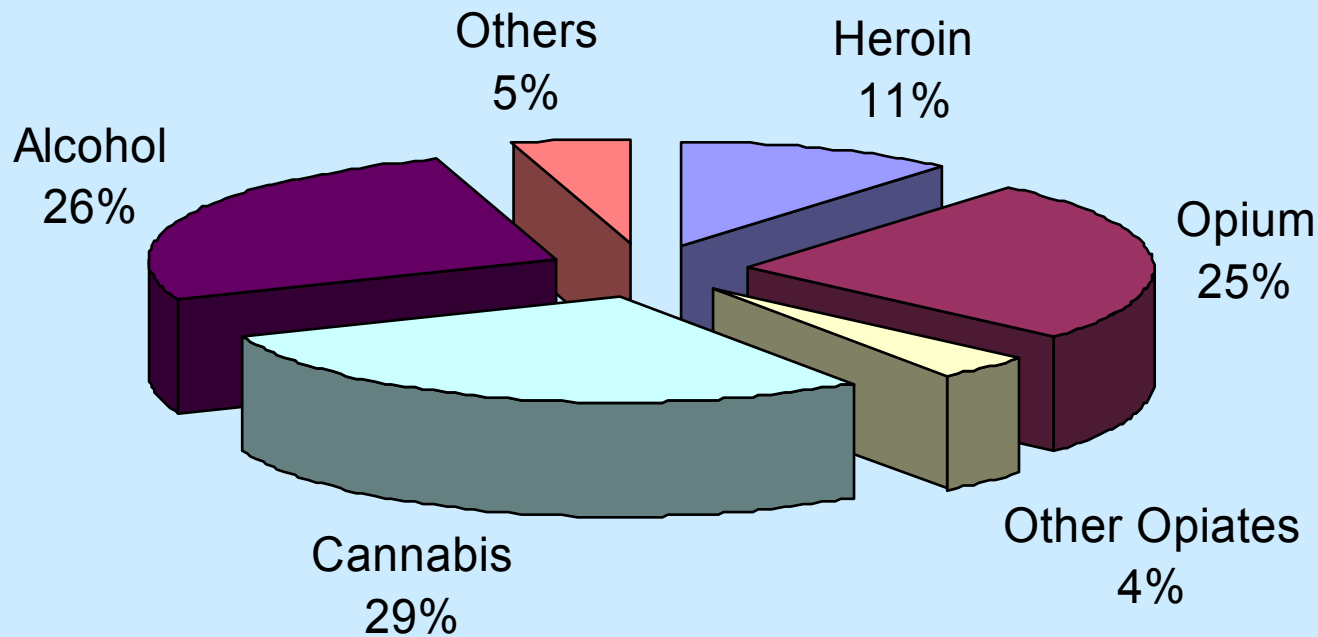


## 4. DATA HIGHLIGHTS – FTS (Rural)

Sample size: 202 from 57 villages



### Drugs used (note: 2.5% 'ever' IDU)



# 4. DATA HIGHLIGHTS – FTS (Borders)



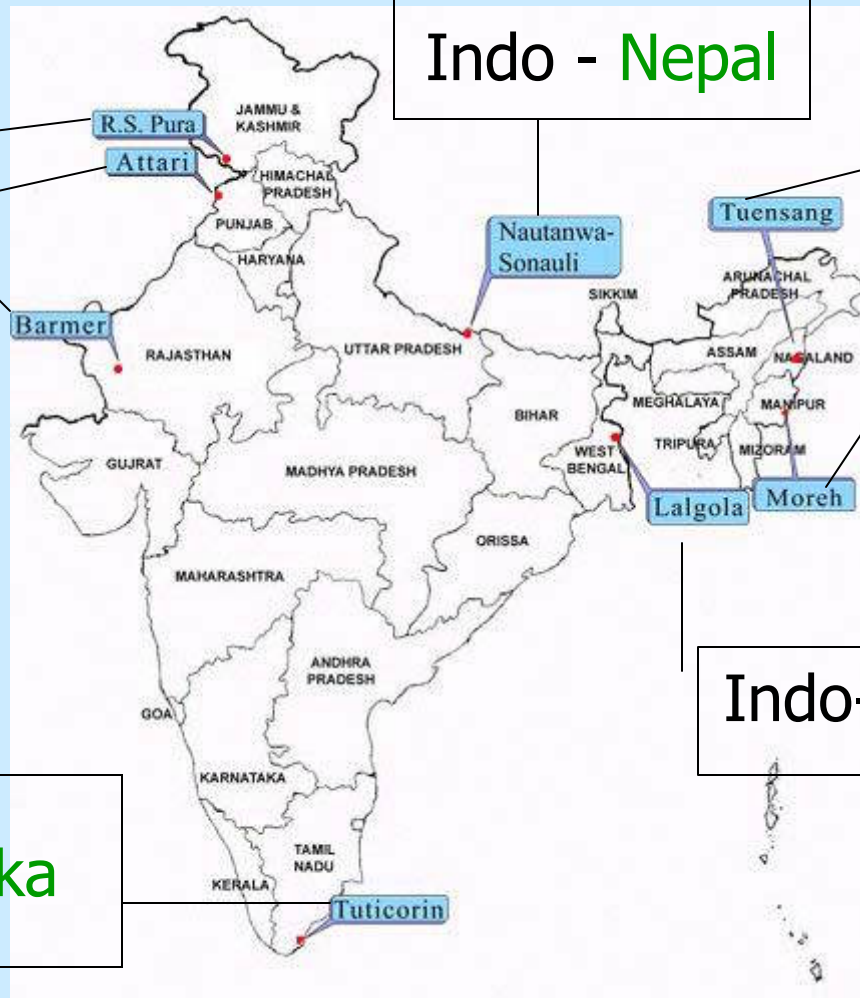
Indo-Pakistan

Indo - Nepal

Indo-Myanmar

Indo-Bangladesh

Indo – Sri Lanka



**SITES**

*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.
4. Long duration of drug use before seeking treatment.
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'*).
9. Funding for evidence-based interventions.

