

# EXECUTIVE SUMMARY

This survey is based on the premise that multiple indicators, multiple methods and information obtained from multiple sites tend to provide a holistic picture of the extent, pattern and trends of drug abuse in a country. It therefore has four major components:

1. National Household Survey of Drug and Alcohol Abuse (NHS)
2. Drug Abuse Monitoring System (DAMS)
3. Rapid Assessment Survey of Drug Abuse (RAS) and
4. Focussed Thematic Studies (FTS):
  - 4.1 Drug Abuse among Women
  - 4.2 Burden on Women due to Drug Abuse by Family Members
  - 4.3 Drug Abuse among the Rural Population
  - 4.4 Availability and Consumption of Drugs in Border Areas
  - 4.5 Drug Abuse among Prison Population

## **National Household Survey of Drug and Alcohol Abuse (NHS):**

The data was collected between March 2000 and November 2001. The NHS was carried out on a nationally representative sample (males only) that was randomly selected across the country. The sample was chosen by

means of a two-stage stratified random sample through PPS (Probability Proportion to Population Size), and the sampling frame was designed following consultation with the National Sample Survey Organisation (NSSO). The data was collected through face-to-face interviews with the respondents by trained interviewers. The diagnosis of dependence was arrived at using WHO (ICD-10) criteria.

## **Drug Abuse Monitoring System (DAMS):**

The data for the DAMS component was obtained from consecutive new patients seeking help in various treatment centres funded by the Ministry of Social Justice and Empowerment, the Ministry of Health and Family Welfare and private psychiatrists. In addition, information on the drug abusing population was also obtained from prisons, NGOs working with children, NGOs working with HIV/AIDS affected persons, youth organisations (Nehru Yuva Kendras) and psychiatric hospitals.

## **Rapid Assessment Survey of Drug Abuse (RAS):**

The RAS collected information on drug use through in-depth interviews of identified drug users (non-random sample), key informants and focus

group discussion from 14 urban sites. The sample was selected through ethnographic mapping.

#### **Focussed Thematic Studies (FTS):**

The five focussed thematic studies were designed to capture information in the following areas: drug abuse among women, the burden on women due to drug abuse by family members, drug abuse among the rural population, the availability and consumption of drugs in border areas and drug abuse among the prison population. Beside the collection of primary quantitative data from the subjects through in-depth interviews of drug users (non-random sample), each study collected qualitative information from key informants such as local experts, government officers, police officers, community leaders and so on.

#### **Highlights of common data parameters**

The data from the NHS and DAMS reflects information on the nation as a whole, while data from the remaining studies provides information on specialised sub-groups of the population and thus applies only to the population studied. Furthermore, while the data from the NHS reflects the general population, the DAMS component reflects the population seeking treatment in the organised sector and the RAS component mainly represents a street population sample. Nonetheless, there were certain common data parameters in the three major components (NHS, DAMS and RAS) and the five focussed thematic studies.

The highlights of the data on common parameters and indicators of drug abuse across various components of the project are as follows:

- Alcohol, cannabis and opiates were the commonest drugs of abuse except in the RAS where the proportion of opiate users was higher.
- Between 22 and 66 percent were poly-drug users.
- The subjects were largely male (91-100%) except the studies focusing on drug abuse among women.
- Most were in their early thirties; drug users in the NHS were older (37.9 years) and younger in the RAS (29.8 years).
- Between 51 and 76 percent were rural subjects except for the sample in the RAS who were all from an urban background. In the Focussed Thematic Study on rural subjects all respondents were, by definition, rural.
- Between 11 and 49 percent were unmarried.
- Between 16 and 49 percent were illiterate.
- Between 3 and 27 percent were students.
- Between 20 and 49 percent had a positive family history of drug abuse.
- The proportion of IDUs varied between 0.1 (NHS) and 43 percent (RAS).
- Buprenorphine, propoxyphene and

- heroin were commonly injected drugs.
- Sharing needles among IDUs was common and on average with three partners per person.
- Sex with commercial sex workers varied between 4 and 24 percent.
- Unprotected sex practices with partners other than the spouse were quite common.
- Several health hazards like weakness, cough, loss of body weight, chest infection, fever and tuberculosis were common across studies.
- Depression and anxiety were the most commonly reported psychological symptoms.
- Between 6 and 49 percent reported drug-related arrest.
- Between 24 and 66 percent reported drug-related violence.
- Most had not sought treatment and very few were currently undergoing treatment.
- Most drug users were earning on average about Rs. 3,000 per month.

The following important themes were evident from the survey.

### Major drugs of abuse

The survey demonstrates that alcohol, cannabis, opium and heroin are the major drugs of abuse in the country. However, there is a difference between their relative importance, as reflected in the survey on the community (NHS) as

compared with treatment seekers (DAMS).

The current prevalence rates (i.e., subjects who had used within the last one month) according to the NHS are as follows:

■ Alcohol	21.4%
■ Cannabis	3.0%
■ Opiates	0.7%
■ Any illicit drug	3.6%

Applying prevalence estimates to the population figures in 2001, based on population growth, it can be projected that in that year there were about 62.5 million alcohol users, about 8.7 million cannabis users and about 2 million opiate users in the country. Not all of the current users were dependent users. Between 17 and 26 percent of current users can be classified 'dependent' users according to the WHO definition (ICD-10, see WHO 1992). Injecting drug use (IDU) was reported (ever) by 0.1 percent of the population. Among opiate users, opium use (0.5%) was most frequently reported followed by heroin (0.2%) and other opiates (0.2%). About 0.1 percent reported had used tranquilizers (ever).

It appears that the abuse prevalence of various drugs is uneven in the country. A high level of alcohol abuse was reported from the North East and Northern regions, high cannabis use from North East and Eastern regions and high opiate use in North East, North and Western regions. No meaningful relationship could be established between high drug use and the socio-economic indicators of any given state.

Data from treatment centres (DAMS)

revealed that the primary drug of abuse among these subjects was: alcohol (43.9 percent), followed by opiates (26.0 percent of which heroin was 11.1%, opium was 8.6%, other opiates were 3.7% and propoxyphene 2.6%, cannabis (11.6 percent), stimulants (1.8 percent) and others (16.7 percent). A few subjects reported abuse of minor tranquillizers, sedatives, barbiturates, amphetamines, inhalants and hallucinogens. Many were poly-drug users.

### **Profile of drug users**

Users of alcohol, cannabis and opiates, as identified in two different settings – namely the community (NHS) and treatment centres (DAMS)– demonstrated certain differences. Uniformly those in the treatment centres were more often unemployed. About 6 percent could be described as new users since they reported that they had been using various substances for less than one year. About 3 percent of the subjects were below the age of 18 years in the RAS component. Among those interviewed in the RAS, about 25 percent were homeless. The proportion of homeless drug users was high in certain cities.

### **Drug abuse among women**

Among drug users interviewed in the 14 urban sites of the RAS, around 8 percent were women. The numbers varied across sites. The data from the FTS on drug abuse among women showed that opiates (heroin and propoxyphene),

alcohol and minor tranquillizers were the main drugs of abuse. Thirty of the 75 women drug users interviewed were IDUs. Most had been introduced to drugs at an early age (under 20 years). Another FTS reported that the burden on women due to drug abuse by their family members was significant.

### **Drug abuse among adolescents and the youth**

This survey demonstrates that drug abuse among the youth is common. Most get introduced to drugs at an early age and some continue to use them. One major concern is the tendency of some young respondents in states like Mizoram and Manipur to inject propoxyphene. Besides being featuring in the regular treatment centres (both government and NGO), young drug users were also noted at youth organisations. Here too, some were IDUs, were sexually active, and engaging in high-risk behaviour.

### **Drug abuse among the elderly population**

The available data on drug abuse by the elderly population, though inadequate, suggests mainly the abuse of alcohol, cannabis and opium. Only a small minority (2-5%) had reported for any treatment.

### **Injecting drug use**

In the NHS component, a total of 52 subjects (0.1 percent of sample ociated

population) were identified as IDUs ('had ever used'). In the DAMS component (in treatment centres), about 14 percent were IDUs ('had ever used'). In the RAS component, about 43 percent of the total sample reported IDU ('had ever used'). Common drugs of abuse by means of injecting were propoxyphene and heroin. It was observed that several high-risk behaviours like unsafe sex and sex with CSWs were associated with injecting drug use. The sharing of needles and non-sterile equipment was extremely common in the sample studied in NHS and RAS where it varied between 58 and 97 percent.

### **Drug abuse in rural India**

Information on drug abuse among the rural population in India is available from treatment centres (DAMS - rural subjects) and the special study on rural subjects (FTS). Additionally, in the NHS component, about 77 percent of the subjects interviewed were from a rural background. All three studies showed that alcohol, cannabis and opiates were the major drugs of abuse. Among opiates, the abuse of opium was more often reported. The abuse of heroin and IDU was also reported to some extent in rural India.

### **Drug abuse in border areas**

This FTS confirms a popular perception that drugs are easily available in border towns where drug abuse is marked among the local population. In these sites common drugs of abuse reported

were poppy husk, opium, heroin and some psychotropic substances. Most of the respondents and the key informants believed that there was a strong correlation between the availability of various drugs and the often high level of consumption.

### **Treatment seeking**

Among the subjects in the DAMS component, only a minority (about 27%) reported that they had undergone treatment for drug use in the past, even though their drug habit may have existed for some years. The drug-using subjects interviewed in the NHS component reported that between 2 and 19 percent had ever taken treatment for drug dependence or associated disorders. In the RAS component too, it was observed that only a minority had ever sought treatment. The findings of the various Focussed Thematic Studies led to a similar conclusion. As a whole, only a relatively small proportion (ranging between 2-33%, depending on the survey component) had reported ever taking treatment for drug abuse. The qualitative findings of the survey demonstrate that available treatment facilities are deemed inadequate. Many users themselves appeared unaware of the treatment facilities available in their localities. Many felt that most treatment centres were understaffed, received poor funding and the skills of the service providers were low. Respondents were concerned that treatment was not free and many considered treatment costs unaffordable.

---

---

### **Areas of concern**

The survey notes several areas of concern, including: the practice of IDU, associated multiple high-risk behaviours, long duration of drug use, drug abuse in the rural setting, IDU among rural subjects, and finally, a significant time lag between the onset of drug

dependence and subsequent treatment seeking. It was noted that overall enrolment in the treatment centres is low and the workload of many established centres appears insufficient. The report makes various recommendations regarding the need to augment treatment services.