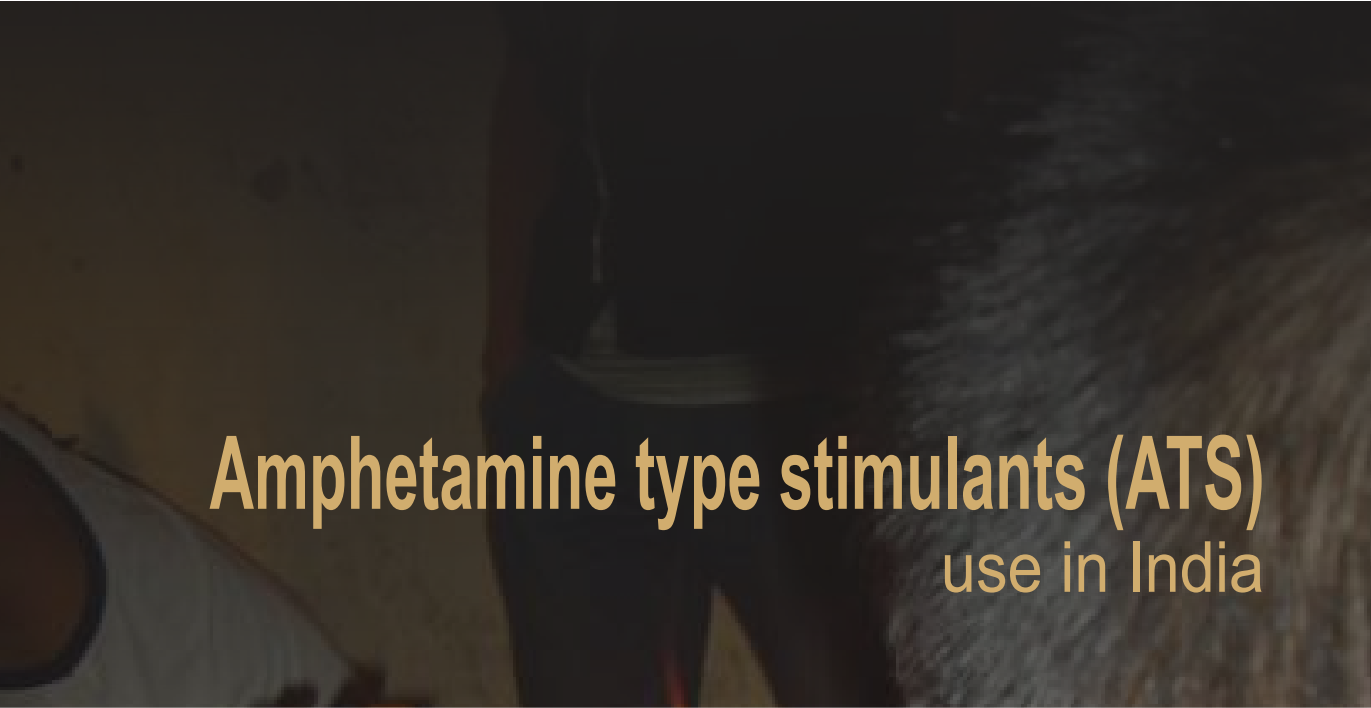




UNODC

United Nations Office on Drugs and Crime

Amphetamine type stimulants (ATS) use in India



An exploratory study

Amphetamine type stimulants (ATS) use in India

An exploratory study

*Project RAS/H13: Prevention of transmission of HIV amongst drug
users in SAARC countries*

Year of Publication: 2015

Published By:

United Nations Office on Drugs and Crime, Regional Office for South Asia

Authors:

Dr. M Suresh Kumar, Dr. Subha Kumar

Supported by:

Dr. Alpna Mittal, Ms. Archana Oinam, Mr. Debashis Mukherjee, Mr. Kunal Kishore,
Dr. Rani Mohanraj

All rights reserved

The text of this publication may be freely quoted or reprinted with proper acknowledgment.

Disclaimer:

The opinions expressed in this document do not necessarily represent the official policy of the United Nations Office on Drugs and Crime. The designations used do not imply the expression of any opinion whatsoever on the United Nations concerning the legal status of any country, territory or area of its authorities, frontiers and boundaries.

The boundaries and names shown on the maps do not imply official endorsement or acceptance by the United Nations.

All the visual elements included in this document have been used for aesthetic purposes and do not express views and opinions of UNODC on the socio-cultural and religious values that they may signify.

Designed & Printed by:

AB Impression Pvt. Ltd.

PREFACE

Evidence from across the globe shows that the use of Amphetamine Type Stimulants (ATS) – one of the more recent drugs - is growing quickly and likely to further increase. India is no exception to the trend: over the last few years, law enforcement agencies have unearthed laboratories producing amphetamine-group substances in several parts of the country. Along with China, India is frequently mentioned as a source country of illicit shipments of ephedrine and pseudoephedrine, two substances that are used to manufacture ATS and a group of related substances that includes a wide range of other substances also such as methcathinone, fenetylline, methylphenidate and MDMA or ‘Ecstasy’ – an amphetamine-type derivative with hallucinogenic properties.

In India, the extent, trends and patterns of the use of ATS and related drugs have not been studied scientifically, making it difficult to visualize the problem to the public in general and to provide a basis for policy makers and national and international stakeholders to develop a common understanding and response. The only data available so far are seizure data from drug law enforcement agencies and testimonies from the drug user community networks, which both suggest that the spread of ATS use is expanding across the country. Awareness and knowledge regarding its health and social consequences are limited and so is consequently the response in terms of health services. Accordingly, in some parts of the country where ATS use is being reported in health facilities, responses are neither integrated nor consistent.

The present study was conducted by the UNODC Regional Office South Asia as a first step towards developing a better understanding of the potential scenario of a future “ATS use epidemic” in India which can be prevented, if we act now. The study was conducted using a combination of both quantitative and qualitative research methods. Data were collected through qualitative in-depth interviews and through a structured quantitative questionnaire applied in five locations in India. These had been consciously identified based on reported evidence regarding the use of amphetamine-group substances.

Based on the findings of the study, we now can state that the present situation in India requires serious attention to prevent that it escalates into a major epidemic of ATS, methamphetamine and/or ecstasy use. We should learn from experience in other countries in Asia and not act too late.

I am confident that this report will serve as a good basis for policy-makers in India to develop a comprehensive response that is health-centric and sensitive towards the needs of the drug using community – both men and women – young and old.



Cristina Albertin

Representative



ACKNOWLEDGEMENTS

This research report is the result of the efforts of several individuals, non-governmental organizations working with people who use drugs in the states of Manipur, Mizoram, Punjab, Tamil Nadu and West Bengal, various experts in the field and, most importantly, people who use amphetamine-type stimulants in seven cities of Aizawl, Champhai, Chandigarh, Chennai, Churachandpur, Kolkata, Moreh across five states of India.

Dr. M. Suresh Kumar, authored the report along with Dr. Subha Kumar, Dr. Rani Mohanraj of SAMARTH, Chennai with significant support from UNODC ROSA staff Dr. Alpna Mittal, Technical Officer; Ms. Archana Oinam, Technical Officer; Mr. Debashis Mukherjee, Research Officer; Ms. Isheetta Sumra, Communication Officer; Mr. Kunal Kishore, Project Coordinator.

The following research team members collected data for the study from different locations: Aarthi from Chennai; Chingsubam Bangkim from Churachandpur, Imphal, Moreh in Manipur; Kongtea Kong from Aizawl, Champhai in Mizoram; Neil Roberts from Chandigarh; and Sutirtha Dutta from Kolkata. Furthermore, Chingsubam Bangkim and Kongtea Kong obtained qualitative data from key stakeholders in the India-Myanmar border towns of Moreh, Manipur and Champhai, Mizoram.

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ATS	Amphetamine Type Stimulants
B. A	Bachelor of Arts
B.Com	Bachelor of Commerce
B.E	Bachelor of Engineering
B. Sc	Bachelor of Science
B. Tech	Bachelor of Technology
CBO	Community Based Organization
CDC	Center for Disease Control
DIC	Drop-In Centre
DJ	Disc Jockey
HTC	Hill Tribal Council
HIV	Human Immunodeficiency Virus
IBM	International Business Machines Corporation
ICD	International Classification of Diseases
IDU	Injecting Drug User
IDU-TIs	Injecting Drug User Targeted Interventions
IEC	Information Education and Communication
IGP	Income Generating Program
JAC	Joint Action Committee
Kg	Kilogram
Km	Kilometer
LLB	Bachelor of Legislative Law
LSD	Lysergic acid Diethylamide
MA	Master of Arts
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDMA	3,4-methylenedioxy-methamphetamine (Ecstasy)
MLA	Member of Legislatoive Assembly
MNF	Mizo National Front
NCB	Narcotics Control Bureau
NGO	Non-Governmental Organization
OD	Overdose

PG	Post Graduate
SASO	Social Awareness Service Organization
SD	Standard Deviation
SDPO	Sub Division Police Officer
SHG	Self Help Group
SP	Spasmoproxyvon
SSH	Short Stay Home
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TI	Targeted Intervention
TV	Television
UG groups	Underground groups
UK	United Kingdom
UNODC	United Nations Office on Drugs and Crime
UNODC-ROSA	United Nations Office on Drugs and Crime-Regional Office for South Asia
US	United States
VIP	Very Important Person
WHO	World Health Organization
YMA	Young Mizo Association

TABLE OF CONTENTS

<i>Preface</i>	<i>iii</i>
<i>Acknowledgements</i>	<i>v</i>
<i>Abbreviations</i>	<i>vii</i>
<i>Executive Summary</i>	<i>xiii</i>
1. Background.....	1
2. Objective.....	5
3. Methodology.....	9
3.1. Sites.....	11
3.2. Sampling and recruitment.....	11
3.3. Data collection and procedure.....	12
3.4. Analysis of the data.....	13
3.5. Problems encountered during the survey and in-depth interviews.....	14
3.6. Ethics and consent.....	14
3.7. Sample characteristics.....	14
4. Findings.....	15
4.1. Quantitative study findings.....	17
4.2. Comparison of males and females who use Amphetamine type stimulants (ATS) drugs.....	24
4.3. Comparison of people who use Amphetamine type stimulants (ATS) drugs from metro cities and northeast region.....	25
4.4. Characteristics of people who are dependent on Amphetamine type stimulants (ATS) drugs.....	28
4.5. Qualitative study findings.....	30
4.6. Cross border study on ATS.....	75

5. Summary	99
5.1. Survey with persons who use ATS drugs	101
5.2. Qualitative study with persons who use ATS drugs.....	103
5.3. History of substance use.....	103
5.4. ATS use and awareness about harms of drug abuse.....	103
5.5. Effects of ATS	104
5.6. Treatment.....	104
5.7. Indo-Myanmar cross border study related to ATS	105
5.8. Limitations of the study	106
5.9. Recommendations	106
6. Conclusions.....	107
7. References.....	111

List of Figures

1. Drug use history	18
2. Age at initiation of drugs	18
3. ATS drugs ever used	19
4. Signs and symptoms of ATS dependence	21

List of Tables

1. Seizure of methamphetamine since 2011, India	4
2. Number of Interviews from study sites	12
3. Demographic characteristics of people who use ATS drugs (N = 100).....	17
4. ATS drug use pattern	20
5. Reasons for using ATS drugs	20
6. ATS and Mental health related issues	21
7. ATS use and legal issues	23
8. Help preferred by ATS users	23
9. Comparison of males and females for certain variables	24
10. Comparison of people who use ATS drugs from Metro cities and Northeast region ...	25
11. Comparison of people who use ATS drugs from Metro cities and Northeast region ...	26
12. Comparison of people who are dependent on ATS drugs with those not dependent on ATS drugs	28
13. Demographic characteristics- Aizawl	30
14. Demographic characteristics - Imphal	31
15. Demographic characteristics- Chandigarh	31
16. Demographic characteristics - Kolkata	31
17. Demographic characteristics- Chennai	32
18. Demographic characteristics- Moreh, Manipur.....	75
19. Demographic characteristics- Champhai, Mizoram	76



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Although amphetamine type stimulants (ATS) use is emerging in several parts of India, information related to the extent, patterns of ATS use and adverse consequences associated with its use is almost non-existent at present. Hence United Nations Office on Drugs and Crime Regional Office for South Asia (UNODC ROSA) carried out an explorative study on ATS use in eight selected cities/towns across five states of India. The methodology included quantitative as well as qualitative assessments. Survey questionnaire based interviews were done with 100 persons who have used ATS from Aizawl, Champhai in Mizoram; Chandigarh; Chennai, Tamilnadu; Churachandpur, Imphal, Moreh in Manipur; and, Kolkata, West Bengal to elicit demographics, pattern of ATS and other drug use, dependence on ATS, adverse health, other consequences and help seeking behaviour. In-depth interviews with forty-seven persons who use ATS drugs from the above sites who agreed to provide detailed information were conducted exploring demographics, history of ATS use, experiences/awareness of harmful effects of ATS use and perceptions on treatment. Additionally, in-depth interviews were carried out with ten stakeholders such as community leaders, drug peddlers and other individuals aware about the movement and procurement of ATS in each of the India-Myanmar border towns of Champhai in Mizoram and Moreh in Manipur. Among the 100 survey participants the median age was 25 years (mean \pm SD: 26 ± 5 years); 25 females completed the survey. Among the 47 qualitative study participants, the median age was 26 years (mean \pm SD: 27 ± 7 years); there were 12 female respondents. Of the 20 key stakeholders in the cross-border study, the median age was 35 years (mean \pm SD: 36 ± 9 years); six of the stakeholders were females.

About two thirds (63%) of the survey respondents had received college level education and 29 percent were students. More than half (53%) were engaged in full time employment. Majority (62%) of the respondents were single. A small proportion (19%) reported earning more than Rs. 30001/- per month. The respondents reported using tobacco (98%), alcohol (97%), cannabis (63%) and pharmaceutical drugs (16%) prior to the use of ATS. The median age of first use of tobacco was 15 years (mean age: 15 ± 2 years) followed by alcohol with a median age of 16 years (mean age: 15 ± 2 years). Initiation into Illicit drugs was reported to begin with cannabis and pharmaceuticals at the median age 16 years (mean age: 17 ± 3 years). The mode of first drug use was reported to be smoking in 71 per cent of the participants. Use of ATS was reported to commence by the median age of 21 years (mean age: 22 ± 5 years).

Ecstasy was the most commonly used among the ever-used ATS drugs and more than a half of participants (55%) reported ever using it. Methamphetamine pills were used by 42 per cent of the respondents followed by methamphetamine powder (36%) and amphetamine (35%). In the major cities, the commonly used substances include ecstasy, methamphetamine powder (referred as ice) and amphetamine (referred as speed). In northeast states the commonly

used ATS was methamphetamine pills; in Manipur they are referred as WY pills, 88, 626 and in Mizoram as 'speedy bee', 'meth' and 'W'. When enquired about last use, 27 per cent reported using methamphetamine pills during the week of the interview. Ecstasy was reported to be last used in the past one-month by 13 per cent and amphetamine by 8 per cent. None of the respondents reported injecting ATS drugs. Ninety three per cent of the respondents reported having friends who used ATS. On an average, participants spent Rs. 3300 for one episode of ATS use. More than three-fourths (78%) of them also reported using ATS in combination with other drugs. The reported reasons for initiation were 'curiosity' (57%) and 'peer influence' (17%); for continuation were like the 'effect of the drug' (38%) and 'to get pleasure' (21%); and, for current use of ATS were 'to be more energetic' (31%) and 'party drug' (20%).

More than half (58%) reported having used ATS before sex with regular partner, almost half (49%) used ATS before sex with a casual partner and 12 percent said that they had used it before sex with a sex worker. Condom use during sex after ATS use was reported only by 31 per cent of respondents. About half of the participants (48%) are dependent users of ATS and the ATS dependence is characterized by three or more criteria for substance dependence by WHO - ICD-10. About two third (62%) reported craving, about three fifth (59%) experienced withdrawal, half (51%) of the respondents had problems in social life and 44 per cent continued ATS despite psychological or physical harm and for 46 per cent ATS use lead to harm at home/work. About half (49%) reported tolerance, one-third (33%) reported impaired control. More than half (55%) reported ATS use in risky situations, while, 31 per cent reported pre occupation with ATS having given up work or recreation and more than one fifth (22%) had problems with law resulting from ATS use.

A quarter of the participants admitted to mental health problems after the use of ATS. More than a half (57%) reported some of the time feeling "aggressive or hostile after ATS use" and 14 percent most of the time. Nearly half of them (49%) "felt sad and depressed after ATS use" some of the time and more than half (53%) reported "feeling nervous after ATS use" some of the time. Forty two per cent reported some of the time "fear of being talked about or harmed after ATS use" and 31 per cent reported some of the time having "heard voices or seen figures after ATS use". Thirty-five per cent of respondents experienced most of the time "sleep problems after ATS use". A third (33%) of the participants reported having "physical problems due to ATS use". Eighteen per cent of the respondents had been apprehended by the police after ATS use and 7 per cent had been in police lock-up after ATS use.

Nearly a half (49%) of the respondents required any help or assistance for the ATS use. While nearly a fourth (24%) required medical intervention, more than a third (37%) of them and a third (33%) of participants required mental health services or counselling respectively. Only a small proportion (16%) believe that they required help for their drug use per se through drug treatment services and only 18 percent of the respondents required drug rehabilitation services for ATS use. While 39 per cent of respondents required education related to ATS, 29 per cent opined that self help groups may be helpful. While 28 per cent reported seeking help from friends, only a small proportion (8%) sought help with family members. Fifteen percent "ever sought help with any psychosocial /mental health services for ATS use", only six per cent each reported ever seeking help from any medical or any drug use treatment services for ATS use.

Compared with females, significantly more males who use ATS drugs have initiated alcohol at an earlier age; more likely to use ATS in risky or dangerous situations such as driving after ATS use; used ATS prior to sex with regular and sexual partners; and, desired self help groups to assist with ATS use.

The following characteristics have been found to be statistically significantly associated with people who use ATS drugs living in the three metro cities of Chandigarh, Chennai and Kolkata compared with ATS users from Manipur and Mizoram in northeast: the ATS users from metros were younger; more students; more had college level education; and greater monthly income; used ecstasy, methamphetamine powder more often and used ATS drugs in combination with other substances; and encountered legal problems after ATS use. The following characteristics have been found to be statistically significantly associated with people who use ATS drugs living in northeast states of Manipur and Mizoram compared with ATS users from metro cities: used ATS as a single drug; the commonly used ATS drug was methamphetamine pill; engaged in risky and dangerous situation subsequent to ATS use; more dependent users; experienced physical problems due to ATS use; neglected work as a consequence of ATS; given up work after ATS use; interference to social life subsequent to ATS; required assistance for ATS use; and, sought educational intervention, medical assistance and drug rehabilitation services for ATS use.

The following characteristics have been found to be statistically significantly associated with people who were dependent on ATS drugs compared with non-dependent users in the sample: hailed from northeast region; younger age at initiation of tobacco use; methamphetamine pill use; used ATS prior to sex with sex workers and casual sex partners; engaged in risky situations after ATS use; reported sick after ATS use ; experienced more physical problems due to ATS use; reported more mental health problems; more aggression, fear, persecutory ideas, hallucinations; consumed ATS larger quantities or for longer period; more adverse consequences such as interference to social life and neglect of work given up work; and, sought assistance for ATS use, specifically medical assistance.

The findings of the survey were validated in the qualitative interviews. The context and settings of ATS use was highlighted in the in-depth interviews. Participants from the north-eastern sites belonged to poorer socio-economic groups as compared to those from the metro cities. The latter were also younger in age and used drugs like ATS mostly in parties whereas the participants from the north-east sites would usually gather in the home of a drug peddler and use ATS drugs that were relatively cheaper in these settings. In northeast these drugs were used to enhance their work performance and partly to escape from the reality of their harsh daily lives.

The Indo-Myanmar cross border study of ATS use revealed drug peddling as a flourishing business across the porous borders. The drugs were usually brought into the country from Myanmar by tribal people and other migrant communities living along the border and therefore familiar with the terrain; a large number of women too were involved in drug trafficking. The types of ATS commonly found in border towns were WY, 626 and 88 and are relatively cheaper. ATS was seen as being less addictive as compared to heroin and perceived to enhance productivity at work. Smoking was the most common method of

ingesting the ATS drugs. Using a soft drink plastic bottle and some straw and silver foil, users would burn the tablet inside the bottle and using the straw inhale the emerging smoke. Improving the livelihoods of people was seen as an important step towards controlling the drug trade. Providing medical intervention and counselling for ATS use was suggested by the stakeholders as an important step as very poor drug treatment facilities were available in these towns. Involving the families of ATS/drug users thereby creating a supportive system would help ATS drug users in their recovery.

The sample covered persons who have used ATS drugs in five different states and it may not truly reflect and represent the people who use ATS drugs across the country and additionally, the number of persons recruited at each locale is small. The current study is explorative and a detailed assessment in the country is necessary to know the extent and patterns of ATS use, which will be helpful to devise appropriate prevention and treatment interventions for people who use ATS drugs. Currently the strategies to recruit people who inject drugs is through street outreach from various parts of the country and this strategy may not be useful to identify and engage people who use ATS drugs. In metro cities it is seen as part of the 'party culture' and hence innovative strategies may need to be utilised to reach out to them. At present the knowledge related to ATS use is insufficient and hence the top priority is to develop appropriate information, education and communication (IEC) materials for the users. Social media can be considered in the dissemination of IEC materials for young persons who are vulnerable to use ATS. As mental health problems are predominant in this group, engaging and involving the mental health service providers in the development of intervention strategies is critical. Capacity building of service providers and professionals providing drug use prevention/treatment interventions is critical for effectively addressing the emerging ATS use in young populations across the country.



BACKGROUND

Amphetamine type stimulants (ATS) consist of amphetamine-group substances and ecstasy-group substances. Amphetamine-group substances include amphetamine, methamphetamine and their derivatives, such as methcathinone, fenetylline, and methylphenidate. Methamphetamine (commonly called “speed,” “ice,” “crystal,” “glass”) can be easily made in clandestine laboratories from readily available, inexpensive ingredients. Laboratories producing amphetamine-group substances, including large scale laboratories capable of industrial-scale manufacture, have been identified in most countries in the Asian region. In addition, there is increase in the use of ecstasy-group substances (i.e., MDMA) in the region.

UNODC (2010) estimated that up to 20.7 million individuals in Asia and the Pacific have used ATS in the past year (Global Smart Programme, 2010). Its use is increasing in east and south east Asia and the Middle Eastern region. Amphetamine-type stimulants can be snorted, smoked, injected, or used rectally. Compared with opioids, most users of ATS administer the drug through non-injecting route.

Intake of ATS, notably the amphetamine-group substances results in euphoria, increased alertness, arousal and libido and elevated heart rate, respiratory rate, blood pressure; in addition, users perceive heightened confidence, energy levels and physical strength (Barr et al, 2006). The HIV-related risks associated with amphetamine group substance use are well documented in the literature and majority of studies demonstrate an association between amphetamine-group substance use and risk of HIV infection, in particular among men having sex with men (Colfax et al, 2010).

In India, the extent, pattern and consequences of ATS use has not been studied. Over the last few years, laboratories producing amphetamine-group substances have been unearthed by law enforcement agencies from several parts of the country. India along with China is the most frequently mentioned source country of seized illicit shipments of ephedrine and pseudoephedrine which can be used to manufacture ATS (UNODC, 2011). Anecdotal reports and clinical data indicate the emergence of use of these substances in several parts of the country. During the last two years there are a number of media reports on ATS use in party, ‘rave’ settings; and, distribution and smuggling related to ATS and other newer party drugs. Additionally reports from the Narcotics Control Bureau indicates that in the recent years there is increase in ATS seizures from several parts of the country, notably the northeast region. Arrests related to ATS smuggling has been reported in several parts of the country. During 2011 and 2012 significant ATS seizures have been reported from Mizoram, Ahmedabad, Imphal and Maharashtra.

Table 1. Seizure of methamphetamine since 2011, India

Sl. No.	Seize Date	Agency	Drug Name	KGs	Grams	Milligrams
1	2/14/2011	State Excise, Aizawl, Mizoram	Methamphetamine	0	0	0
2	12/4/2011	Dir. of Revenue Intelligence, Ahmedabad, Gujarat	Methamphetamine	37	458	0
			Methamphetamine	432	0	0
3	1/24/2012	Narcotics Control Bureau, Chandel, Manipur	Methamphetamine	0	40	0
4	3/5/2012	Narcotics Control Bureau, Chandel, Manipur	Methamphetamine	0	496	50
5	3/20/2012	Narcotics Control Bureau, Imphal West, Manipur	Methamphetamine	0	542	0
6	7/18/2012	State/ut Police, Mumbai, Maharashtra	Methamphetamine	0	50	0
7	7/14/2012	Narcotics Control Bureau, Imphal West, Manipur	Methamphetamine	0	0	0
8	9/26/2012	State/ut Police, Mumbai, Maharashtra	Methamphetamine	14	920	0

UNODC with its mandate to assist the partner countries with necessary evidence generation to effectively design and implement appropriate interventions that reduce the adverse consequences associated with its emerging pattern of drug use under took this exploratory study to assess this situation in eight selected sites across five states in India with reported ATS use.



OBJECTIVES

OBJECTIVE 2

The study was conducted with the following objectives:

- To determine the range, pattern and frequency of use of ATS among a purposive sample of young persons from eight cities/towns spread across five states of Manipur, Mizoram, West Bengal, Punjab and Tamil Nadu in India
- To understand and explore the factors associated with the use of ATS
- To assess the adverse consequences related to the use of ATS
- To understand issues that affect ATS use in these selected areas bordering India and Myanmar, namely Moreh in Manipur and Champhai in Mizoram



METHODOLOGY

The methodology included quantitative as well as qualitative assessments:

- Survey questionnaire based interviews with people who have used ATS to elicit demographics, pattern of non ATS drug use, ATS use pattern, dependence on ATS, adverse health consequences, other consequences faced due to ATS use, and help seeking behaviour among people who use ATS drugs from eight select sites.
- In-depth interviews exploring demographics, history of non ATS drug use, ATS use, experiences/awareness of harmful effects of ATS use and perceptions on treatment with people who use ATS drugs from eight select sites who agreed to provide detailed information.
- In depth interviews with various stakeholders such as community leaders, drug peddlers and other individuals aware about the movement and procurement of ATS in the India-Myanmar border towns of Moreh in Manipur and Champhai in Mizoram.

3.1. Sites

Data was collected from eight selected sites from five states - Manipur, Mizoram, Punjab, Tamil Nadu and West Bengal. There were three sites in Manipur (Churachandpur, Imphal and Moreh) and Mizoram (Aizawl and Champhai). One hundred participants who had ever used ATS responded to the survey questionnaires and among them 47 who agreed to provide detailed information underwent 'in depth interviews'. In addition, in the India- Myanmar border towns of Moreh, Manipur and Champhai, Mizoram, qualitative data was obtained from key stakeholders through in-depth interviews.

3.2. Sampling and recruitment

The study population was people who use ATS drugs consenting for participation in the study. The commonly reported ATS drugs that are taken for consideration in this study are: Methamphetamine pill, methamphetamine powder, amphetamine, dextro-amphetamine and methylphenidate. In addition those who take ecstasy (MDMA) were also considered. Ephedrine and pseudo-ephedrine are precursors of ATS drugs.

People who use ATS drugs were recruited directly from the community, through innovative techniques. For example, in Chennai and Kolkata the sample was recruited through clubs and few known contacts whereas in Chandigarh the sample was recruited through known contacts and social media. In Manipur and Mizoram the sample was recruited through outreach. Data collection took place in selected places that offered convenience, comfort, privacy to facilitate uninterrupted interviews with people who use ATS drugs. Sites were selected from certain regions of the country: Southern India (Chennai, Tamilnadu); North India (Chandigarh); Eastern India (Kolkata, West Bengal); and, North-east India (Churachandpur,

Imphal and Moreh in Manipur; Aizawl and Champhai in Mizoram). These sites were selected based on the following: a) ATS seizure data from India; b) anecdotal reports of ATS use; and, c) feasibility of conducting research in these sites.

The participants were recruited from the above mentioned sites using a purposive sampling strategy. A purposive sampling strategy allowed adequate representation on account of: type of ATS drugs used; geographical areas of residence; socio-economic status; employment status; gender; and age. Table 2 presents the total number of survey and in-depth interviews completed from each site. The original plan envisaged a total of 10 in-depth interviews from each site, this number was possible from all sites barring Kolkata. Here owing to difficulties in finding and obtaining consent from ATS drug users a sample size of 10 could not be achieved.

Table 2: Number of Interviews from study sites

	Survey Interviews	In-depth Interviews
Imphal, Churachandpur & Moreh	20	10
Aizawl & Champhai	20	10
Kolkata	20	7
Chandigarh	20	10
Chennai	20	10
Total	100	47

For the cross-border study the sample was recruited from the border towns of Moreh and Champhai as there is a cross border trafficking of goods including illicit drugs such as heroin and ATS and precursors of ATS. In these border towns various stakeholders such as community leaders, drug peddlers and other individuals with knowledge about trafficking and procurement of ATS drugs were recruited. The sample was purposively selected with 10 participants in each site adding up to a total of 20 interviews.

3.3. Data collection and procedure

The primary means of data collection was administration of a structured interview schedule to one hundred people who use ATS drugs across the eight sites and one-to-one in-depth qualitative interviews with forty-seven users recruited from the selected sites. The data was collected from January 2013 to March 2013

Survey administration with people who use ATS drugs

Survey questionnaire was structured and was developed by the consultant subsequent to discussions with the UNODC ROSA team members. A team of five researchers were identified from the five states in which the study was proposed and they received a centralised training in Chennai. During the two days of training, apart from receiving information to ATS use, they also conducted mock interviews using the structured survey questionnaire in the presence of the consultant. Survey interview lasted between 30-45 minutes and was conducted in venues that offered privacy for the people who use ATS drugs.

In-depth interviews with people who use ATS drugs

Interviews were semi-structured and undertaken using a topic guide. The consultant along with the team members of the UNODC ROSA developed the topic guide for in-depth interviews through a participatory process. The team identified areas that need to be probed and the level of detail required to fill in the gaps in existing knowledge. Specific questions were drafted and ordered based on the selected areas for probe.

A team of five researchers who have had experience in conducting in-depth interviews in the past were selected to collect the data. In addition, they were provided training in conducting in-depth interviews by the consultant. The training emphasised on the following: listening skills, allowing time for interviewees to think and answer, ways of probing into sensitive subjects, use of reflections, checking with respondents to clarify and summarizing key issues at the end of the interview. Interviews generally lasted between 45 min and 1 hour. The interviews were all conducted in privacy and participants were assured of confidentiality. All interviews were audio-recorded after obtaining the participant's permission. All interviews were transcribed and then translated into English.

In-depth interviews with key stakeholders

Interview guides were developed to guide the interviews by the Consultant in consultation with UNODC ROSA team (See Annexure). Two trained interviewers conducted face-to-face in-depth interviews with the recruited participants after obtaining informed consent in Moreh, Manipur and Champhai, Mizoram. The interviews were all conducted in privacy and participants were assured of confidentiality. Interviews generally lasted for 1 h and all interviews were audio-recorded after obtaining the participant's permission.

3.4. Analysis of the data

The data collection across the five states was monitored by the UNODC ROSA team. The data collected was entered into excel sheet and analysed using Epi Info™ 7 (CDC, 2014) and IBM SPSS Statistics for Windows 19 (IBM Corp, 2010).

For the qualitative interviews among the people who use ATS drugs, each site independently transcribed the recorded interviews into English. These transcribed interviews were then sent to Chennai where they were entered into NVIVO, which is a qualitative software that helps to organize and retrieve data. A framework analytical approach was used for data analysis. This process began with becoming familiar with data through reading and re-reading the interviews. A code book was then developed to aid in the coding process after which each transcript was coded inductively by two independent coders to enhance validity. New codes were added as and where required. Once all the interviews were coded, segments of text that were related to a common theme were pieced together to form categories which then aided in the development of a thematic framework. Data were also sifted through to sort out and select quotes which were then placed under the appropriate themes. Similar procedure was employed for the analysis of qualitative data obtained from key stakeholders in the India-Myanmar border towns of Moreh and Champhai.

3.5. Problems encountered during the survey and in-depth interviews

ATS use is not very prevalent across the country and more importantly there is no existing information related to people who use ATS drugs. Similarly in the three cities (Chandigarh, Chennai and Kolkata) where the study was conducted, the use of ATS was reported among the people hailing from certain economic sections and it was difficult to access this population for research participation. All survey interviews (N = 100) were conducted as scheduled but all in-depth interviews could not be completed as planned. Overall, of the 50 in-depth interviews with people who use ATS drugs planned, during the study period, 47 in-depth interviews (94%) were completed.

3.6. Ethics and consent

All interviews were undertaken in confidence, and recorded only after informed consent. All participants provided written informed consent before being interviewed (See Annexure), and all interviewees participated on a voluntary basis. No personal or identifying information was retained within transcripts.

3.7. Sample characteristics

Of the 100 people who use ATS drugs interviewed for the survey interviews the median age was 25 years (N =100; mean \pm SD: 25.7 \pm 5 years). Among these 100 people who use ATS drugs, 25 females completed the survey. Among the 47 qualitative study participants, the median age was 26 years (N =47; mean \pm SD: 27.4 \pm 7.4 years). There were 12 females who participated in the qualitative in-depth interviews. Of the 20 key stakeholders in the cross-border study, the median age was 34.5 years (N =20; mean \pm SD: 36.2 \pm 8.8 years). There were six female stakeholders and 14 male stakeholders.



FINDINGS

4.1. Quantitative study findings

4.1.1. Demographic characteristics

Table 3: Demographic characteristics of people who use ATS drugs (N = 100)

Demographic characteristics	Mean \pm SD or n / Proportion (%)*
Age, years	
Mean \pm SD	25.7 \pm 5
Median	25
Gender	
Males	75 (75%)
Females	25 (25%)
Level of education	
Elementary	2 (2%)
Middle School	14 (14%)
Higher Secondary	20 (20%)
College level	63 (63%)
Employment status	
Employed	53 (53%)
Unemployed	18 (18%)
Students	29 (29%)
Marital Status	
Married	25 (25%)
Single/Unmarried	62 (62%)
Widowed / Separated / Divorced	13 (13%)
Monthly Income	
Upto Rs 10000	12 (12%)
Rs 10001 – Rs 30000	22 (22%)
Rs 30001 and above	19 (19%)

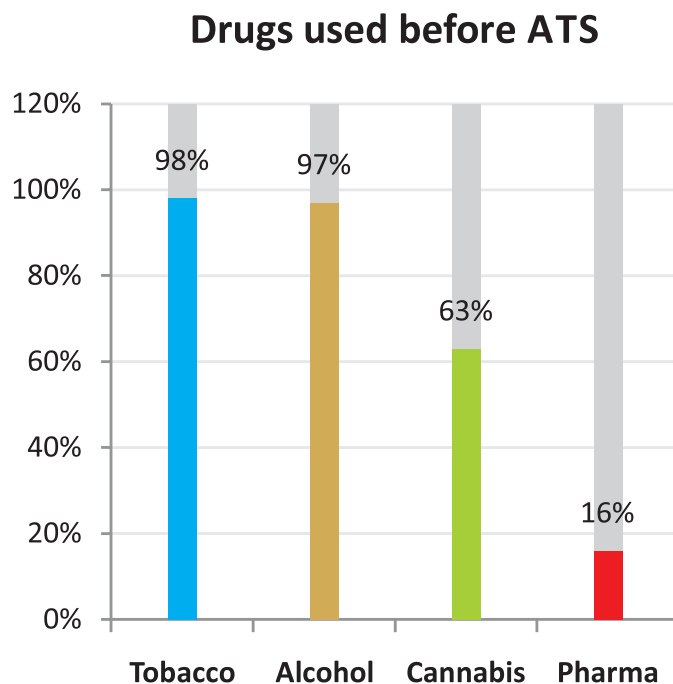
*Based on valid responses

Most of the participants were youths with the median age of 25 years. A quarter of the respondents were females. About two third (63%) of the study sample had received college level education and 29 percent were students. More than half (53%) were engaged in full

time employment. Majority (62%) of the respondents were single. A small proportion (19%) reported earning more than Rs. 30001/- per month.

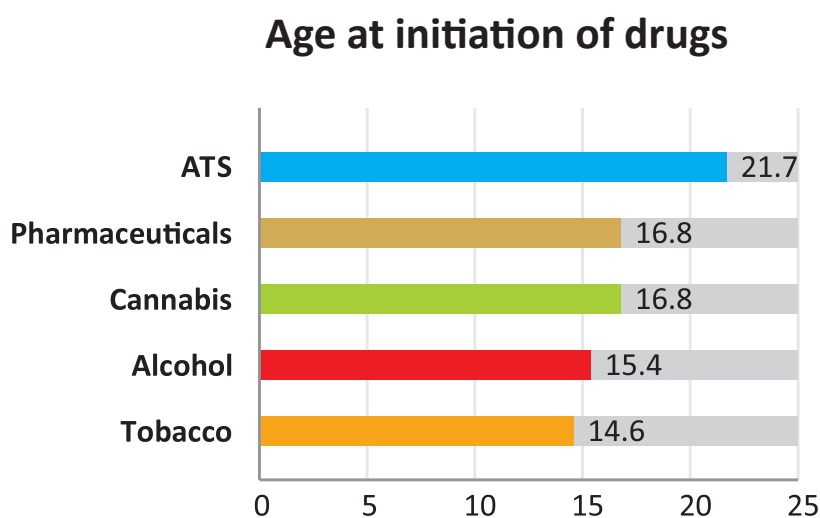
4.1.2. Drug use related characteristics

Figure 1: Drug use history



The respondents reported using tobacco (98%), alcohol (97%), cannabis (63%) and pharmaceutical drugs (16%) prior to the use of ATS.

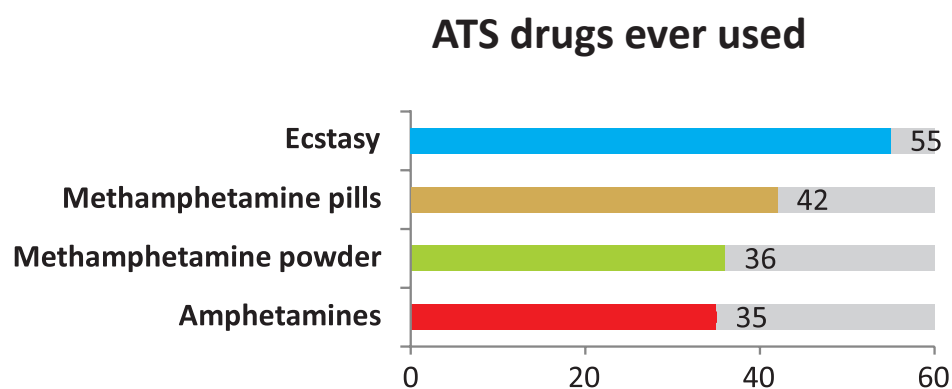
Figure 2: Age at initiation of drugs



The median age of first use of tobacco was 15 years (mean age: 14.6 ± 2.3 years) followed by alcohol with a median age of 16 years (mean age: 15.4 ± 2.3 years). Initiation into Illicit drugs was reported to begin with cannabis and pharmaceuticals at the median age 16 years (mean age: 16.8 ± 2.7 years). The mode of first drug use was reported to be smoking in 71 per cent of the participants. Use of ATS was reported to commence by the median age of 21 years (mean age: 21.7 ± 4.5 years).

4.1.3. ATS drug use related characteristics

Figure 3: ATS drugs ever used



Ecstasy was the most commonly used among the ever-used ATS drugs and more than a half of participants (55%) reported ever using it. Methamphetamine pills were used by 42 per cent of the respondents followed by methamphetamine powder (36%) and amphetamine (35%).

In the major cities, the commonly used substances include ecstasy, methamphetamine powder (referred as ice), amphetamine (referred as speed). In northeast states the commonly used ATS was methamphetamine pills; in Manipur these are referred as WY pills and in Mizoram as 'speedy bee', 'meth' and 'W'.

When enquired about last use, 27.1 per cent reported using Methamphetamine pills and 5.1 per cent methamphetamine powder during the week of the interview. Ecstasy was reported to be last used in the past one-month by 13.1 per cent and amphetamine by 8.2 per cent.

Most commonly reported mode of use of ATS was 'swallowing' (drugs such as ecstasy) followed by 'smoking' (specially, methamphetamine powder in metro cities and methamphetamine pills in Northeast). None of the respondents reported injecting ATS drugs.

Table 4: ATS drug use pattern

ATS Use Pattern	Mean ± SD or n / (%)
Friends using ATS	93(93%)
number of friends using ATS	7.9 ± 8; Median number of friends: 5
Most amount of money spend on ATS	Rs. 5948 ± 7467; Median amount spent : Rs. 3300
ATS use in combination with other drugs	78 (78%)

Ninety three per cent of the respondents reported having friends who used ATS. On an average, participants spent Rs. 3300 for one episode of ATS use. More than three-fourths (78%) of them also reported using ATS in combination with other drugs.

4.1.4. Reasons for ATS use

Table 5: Reasons for using ATS drugs

Reasons for ATS Use	n(%) [@]
For initiation	
Curiosity	57 (57.4%)
Peer influence	17 (17.2%)
For continuation	
Like the effect of drug	32 (33.7%)
to get pleasure	20 (21.1%)
For current use	
To be more energetic	28 (30.8%)
Party drug	18 (19.8%)

@Based on valid responses

When enquired about reasons for initiation of ATS more than half (57.4%) reported curiosity followed by peer influence (17.2%). In response to the reasons for continuation one third (33.7%) said “like the effect of the drug” and just more than a one fifth (21.1%) “to get pleasure”. While citing reasons for their current use 30.8 per cent reported “to be more energetic” and 19.8 per cent used it as a “party drug”.

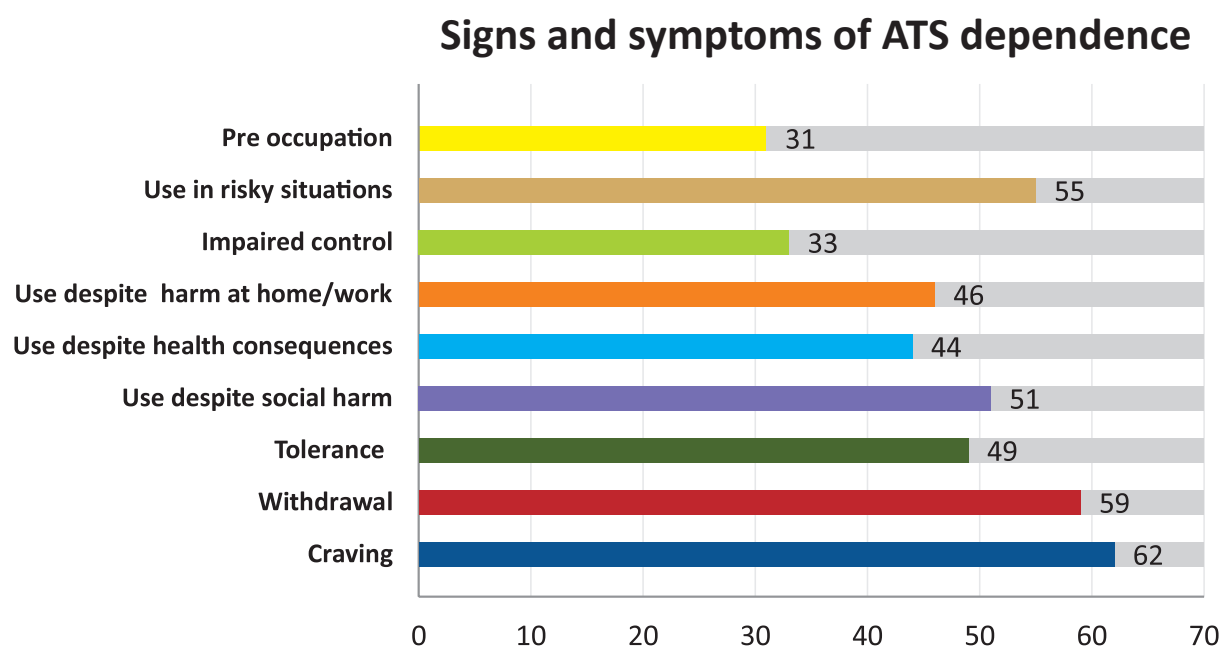
ATS use and sexual behaviour

Ninety three percent had the experience of sexual intercourse. The median age of first sexual experience was 17 years (mean± SD: 17.2 ± 2.5 years). Ninety two per cent reported having sex with the opposite sex. More than half (58%) reported having used ATS before sex with regular partner, almost half (49%) used ATS before sex with a casual partner and 12 percent said that they had used it before sex with a sex worker. Condom use during sex after ATS use was reported by 31 per cent of respondents.

Adverse consequences of ATS use

In this study population of 100 persons who use ATS drugs, about half of the participants (48%) are dependent users of ATS. The ATS dependence is characterized by three or more criteria for Substance dependence by WHO - ICD-10.

Figure 4: Signs and symptoms of ATS dependence



The respondents reported signs and symptoms of ATS dependence as part of the consequences of ATS use experienced by them. About two third (62%) reported craving (“persistent desire to take ATS”), about three fifth (59%) experienced withdrawal (“sick when ATS effect wears off”), half (51%)of the respondents “continued ATS use despite harm (problems in social life)” and 44 per cent “continued ATS despite psychological or physical problems (harm)and for 46 per cent “ATS use “lead to (harm) problems at home/work”. About half (49%) reported tolerance (“using ATS in larger quantities or longer period”),one-third (33%) reported impaired control(“difficulty cutting down ATS use”) and more than half (55%) reported “ATS use in a risky situations” also reflecting loss of control.

While, 31 per cent reported pre occupation with ATS having “given up work or recreation“, more than one fifth (22%) had “problems with law resulting from ATS use”.

4.1.5. ATS use and health related issues

Mental health

Table 6: ATS and Mental health related issues

Mental health related characteristics	n / Proportion (%)
Ever had mental health problems due to ATS use	
Yes	25 (25%)
No	75 (75%)
Felt calm and peaceful after ATS use	
All the time	15 (15%)
Most of the time	45 (45%)
Some of the time	26 (26%)
None of the time	14 (14%)

Mental health related characteristics	n / Proportion (%)
Felt sad and depressed after ATS use	
All the time	1 (1%)
Most of the time	4 (4%)
Some of the time	49 (49%)
None of the time	46 (46%)
Felt nervous and fearful after ATS use	
Most of the time	6 (6%)
Some of the time	53 (53%)
None of the time	41 (41%)
Hallucinations after ATS use	
All the time	1 (1%)
Most of the time	5 (5%)
Some of the time	31 (31%)
None of the time	63 (63%)
Persecutory ideas after ATS use	
All the time	1 (1%)
Most of the time	5 (5%)
Some of the time	42 (42%)
None of the time	52 (52%)
Aggression or hostility after ATS use	
All the time	2 (2%)
Most of the time	14(14%)
Some of the time	57 (57%)
None of the time	27 (27%)
Sleep problems after ATS use	
All the time	17 (17%)
Most of the time	35 (35%)
Some of the time	38 (38%)
None of the time	10 (10%)

A quarter of the participants admitted to mental health problems after the use of ATS. While 15 per cent of the respondents reported having “felt peaceful or calm after ATS use” all the time, 45 percent felt so most of the time. More than half (57%) reported some of the time feeling “aggressive or hostile after ATS use” and 14 percent most of the time. Nearly half of them (49%) “felt sad and depressed after ATS use” some of the time and more than half (53%) reported “feeling nervous after ATS use” some of the time. 42 per cent reported some of the time “fear of being talked about or harmed after ATS use” and 31 per cent reported some of the time having “heard voices or seen figures after ATS use”. 35 per cent of respondents experienced most of the time “sleep problems after ATS use and 38 per cent reported sleep disturbance some of the time.

Physical health

While, 33 per cent reported having “physical problems due to ATS use”, 44 percent of participants reported “having lots of energy after starting to use ATS” all the time.

4.1.6. ATS use and legal Issues

Table 7: ATS use and legal issues

Legal Issues	n(%)
Apprehended by police after ATS use	18 (18%)
Apprehended by pressure group after ATS use	1 (1%)
Been in police lock-up after ATS use	7 (7%)
Been in pressure group lock-up	2 (2%)
Been in jail after ATS use	0 (0%)

Eighteen per cent of the respondents had been apprehended by the police after ATS use and 7 per cent had been in police lock up after ATS use. One had been apprehended by the pressure groups and two of the participants had been in their lock ups subsequent to ATS use.

4.1.7. ATS use and help seeking behaviour

Table 8: Help preferred by ATS users

Help preferred by ATS users	n(%)
Require any help/assistance for ATS use	49 (49%)
Require medical help for ATS use	24 (24%)
Require mental health help for ATS use	37 (37%)
Require counselling for ATS use	33 (33%)
Require drug use intervention for ATS use	16 (16%)
Require education related to ATS use	39 (39%)
Require Self-help groups for ATS use	29 (29%)
Require drug rehabilitation for ATS use	18 (18%)

Help preferred by users: Nearly a half (49%) of the respondents required any help or assistance for the ATS use. While nearly a fourth (24%) required medical intervention, more than a third (37%) of them and a third (33%) of participants required mental health services or counselling respectively. Only a small proportion (16%) believed that they required help for their drug use per se through drug treatment services and only 18 percent of the respondents required drug rehabilitation services for ATS use. While 39 per cent of respondents required education related to ATS, 29 per cent opined that self help groups may be helpful.

Help sought so far by users: While 28 per cent reported seeking help from friends, only a small proportion (8%) sought help with family members. Fifteen percent “ever sought help with any psychosocial /mental health services for ATS use”, only six per cent each reported ever seeking help from any medical or any drug use treatment services for ATS use.

4.2. Comparison of males and females who use Amphetamine type stimulants (ATS) drugs

There were 75 males and 25 females who use ATS drugs in this study and they were compared for all variables. There was no significant difference between the gender groups in all but five variables, namely age at initiation of alcohol use, ATS use in risky situations, ATS use before sex with casual partners, ATS use before sex with regular partners, and help with self-help groups for ATS use.

Table 9: Comparison of males and females for certain variables

Variables	Males (N =75)	Females (N=25)	P value
Age at initiation of alcohol use	Mean ± SD: 15.1 ± 2.1 Median age: 15 years	Mean ± SD: 16.1 ± 2.2 Median age: 17 years	0.0449
ATS in a risky or dangerous situation			
Yes	46 (61.3%)	9 (36%)	0.0274
No	29 (38.7%)	16 (64%)	
ATS use before sex with regular partners			
Yes	47 (62.7%)	10 (40%)	0.0094
ATS use before sex with casual partners			
Yes	41 (54.7%)	7 (28%)	0.0012
Desire self help groups for ATS use@			
Yes	26 (50%)	3 (18.8%)	0.0271
No	26 (50%)	13 (81.3%)	

@Based on valid responses

Compared with females, males who use ATS drugs have initiated alcohol at an earlier age and this is statistically significant ($P = 0.04$). Male participants were more likely to use ATS in risky or dangerous situations such as driving after ATS use compared with female respondents and this was statistically significant ($P = 0.03$). Males used ATS prior to sex with regular and sexual partners and this was statistically significant compared with female respondents ($P = 0.009$ and 0.001 respectively). Significantly more proportion of male participants desired self help groups to assist with ATS use compared with females ($P = 0.03$).

4.3. Comparison of people who use Amphetamine type stimulants (ATS) drugs from metro cities and northeast region

Among the study participants, 60 were recruited from the three metropolitan cities of Chandigarh, Chennai and Kolkata, while 40 were recruited from two states of Manipur and Mizoram, in Northeast. A comparison was made between these two groups for all variables. Only characteristics with statistically significant difference between the two groups are presented in the following tables.

Table 10: Comparison of people who use ATS drugs from Metro cities and Northeast region

Variables	Metro cities (N =60)	Northeast (N=40)	P value
Age	Mean \pm SD: 24.9 \pm 3.6 Median age: 25 years	Mean \pm SD: 27 \pm 6.5 Median age: 26.5 years	0.0348
Students			
Yes	23 (38.3%)	6 (15%)	0.0118
No	37 (61.7%)	34 (85%)	
College level education			
Yes	48 (80%)	15 (37.5%)	0.0000
No	12 (20%)	25 (62.5%)	
Age at initiation of ATS use	Mean \pm SD: 20.3 \pm 2.3 Median age: 20 years	Mean \pm SD: 23.8 \pm 6 Median age: 22.5 years	0.0001
Friends using ATS			
Yes	60 (100%)	33 (82.5%)	0.0030
No	0 (0%)	7 (17.5%)	
Use of ecstasy			
Yes	55 (91.7%)	0 (0%)	0.0000
No	5 (8.3%)	40 (100%)	
Use of methamphetamine powder			
Yes	34 (56.7%)	2 (5%)	0.0000
No	26 (43.3%)	38 (95%)	
Use of amphetamine			
Yes	34 (56.7%)	1 (2.5%)	0.0000
No	26 (43.3%)	39 (97.5%)	
ATS related encounters with law enforcement			
Yes	19 (31.7%)	3(7.5%)	0.0105
No	41 (68.3%)	37 (92.5%)	

The following characteristics have been found to be statistically significantly associated with people who use ATS drugs living in the three metro cities of Chandigarh, Chennai and Kolkata, compared with ATS users from Manipur and Mizoram in Northeast. The mean and median age of ATS users from metros was younger compared with the mean and median age of users from Northeast (median age of users from metros vs. Northeast: 25 years

vs. 26.5 years). More than a third (38.3%) of the users from metro cities were students in comparison with 15 per cent of users from Northeast. Most (80%) of the ATS users from metros were having college level education compared with more than a third (37.5%) of users from Northeast. The monthly median income of ATS users from metros was higher than users from Northeast (Rs 5000 vs Rs 3500).

The mean and median age at initiation of ATS among users from metro cities was younger as compared with users from Northeast region (median age at initiation of ATS: 20 years vs. 22.5 years). Unlike the ATS users of Northeast who predominantly used methamphetamine pills, the users from the three metro cities used other type of drugs that included ecstasy (91.7%); methamphetamine powder referred usually as ‘crystal meth’ or ‘ice’ (56.7%); and amphetamine pills (56.7%). In comparison among the ATS users in Northeast, there was no report of ecstasy use and a very small proportion used methamphetamine powder (5%) or amphetamine pills (2.5%). Nearly a third (31.7%) of the users from the metros have encountered legal problems related to the use of ATS and in comparison only a small proportion (7.5%) of ATS users from Manipur, Mizoram faced legal trouble due to ATS use.

Table 11: Comparison of people who use ATS drugs from Metro cities and Northeast region

Variables	Metro cities (N =60)	Northeast (N=40)	P value
Use ATS drug as a single drug			
Yes	3 (5%)	19 (47.5%)	0.0000
No	57 (95%)	21 (52.5%)	
Use methamphetamine pill			
Yes	3 (5%)	39 (97.5%)	0.0055
No	57 (95%)	1 (2.5%)	
Use ATS in a risky or dangerous situation			
Yes	27 (45%)	28 (70%)	0.0138
No	33 (55%)	12 (30%)	
ATS dependence			
Yes	22 (36.7%)	26 (65%)	0.0055
No	38 (63.3%)	14 (35%)	
Experience physical problems due to ATS use			
Yes	12 (20%)	21 (52.5%)	0.0004
No	48 (80%)	19 (47.5%)	
Neglect work due to ATS use			
Yes	20 (33.3%)	26 (65%)	0.0018
No	40 (66.7%)	14 (35%)	
Given up work due to ATS use			
Yes	14 (23.3%)	17 (42.5%)	0.0423
No	46 (76.7%)	23 (57.5%)	
Social life affected due to ATS use			
Yes	17 (28.3%)	34 (85%)	0.0000
No	43 (71.7%)	6 (15%)	
Seek assistance for ATS use			
Yes	18 (30%)	30 (75%)	0.0000
No	42 (70%)	10 (25%)	

Variables	Metro cities (N =60)	Northeast (N=40)	P value
Seek education for ATS use			
Yes	13 (21.7%)	26 (65%)	0.0000
No	47(78.3%)	14 (35%)	
Seek medical help for ATS use			
Yes	6 (10%)	18 (45%)	0.0000
No	54 (90%)	22 (55%)	
Drug rehabilitation services for ATS use			
Yes	5 (8.3%)	13 (32.5%)	0.0048
No	55 (91.7%)	27 (67.5%)	

The following characteristics have been found to be statistically significantly associated with people who use ATS drugs living in Northeast states of Manipur and Mizoram compared with ATS users from metro cities. Nearly a half (47.5%) of the users from Northeast used ATS as a single drug in comparison with a very small (5%) proportion of users from metros. Almost everyone (97.5%) of the ATS users from Northeast region have used methamphetamine pill in comparison with only five per cent from metros. Engaging in risky and dangerous situation subsequent to ATS use was found in 70 per cent of users from Northeast compared with 45 per cent from metros. Nearly two-thirds (65%) of users from Northeast region were found to be dependent users in comparison with more than a third (36.7%) of users from metro cities. More than a half (52.5%) of users from Manipur and Mizoram have experienced physical problems compared with a fifth (20%) of users from the three metro cities. While nearly two-thirds (65%) of users hailing from Northeast have neglected work, a good proportion (42.5%) have given up work after ATS use. In comparison, a third (33.3%) of users from metro cities have neglected work and nearly a fourth (23.3%) have given up work on account of ATS use. Most (85%) of the ATS users from Northeast reported interference in social life subsequent to ATS, whereas just more than one fourth (28.3%) of users from metro cities admitted to disturbance in social life. Compared with three-fourths (75%) of ATS users from Northeast, 30 per cent of users from metro cities required assistance for ATS use. The proportion of ATS users from Northeast seeking educational intervention, medical assistance and drug rehabilitation services were 65 per cent, 45 per cent and 33 per cent respectively, compared with 22 percent, ten per cent and eight per cent respectively among users from metro cities.

4.4. Characteristics of people who are dependent on Amphetamine type stimulants (ATS) drugs

There were 48 ATS users in the study population fulfilling the criteria for drug dependence as defined by ICD-10. These dependent users were compared with other users for all characteristics.

Table 12: Comparison of people who are dependent on ATS drugs with those not dependent on ATS drugs

Variables	Dependent users (N = 48) @	Non-dependent users (N =52) @	P value
Geographical location			
Metros	22 (45.8%)	38 (73.1%)	0.0054
Northeast	26 (54.2%)	14 (26.9%)	
Age at initiation of tobacco use	Mean \pm SD: 13.9 \pm 2.3 Median age: 14 years	Mean \pm SD: 15.3 \pm 1.99 Median age: 15 years	0.0027
Use of ecstasy			
Yes	21 (43.8%)	34 (65.4%)	0.0298
No	27 (56.3%)	18 (34.6%)	
Use of methamphetamine pill			
Yes	28 (58.3%)	14 (26.9%)	0.0014
No	20 (41.7%)	38 (73.1%)	
Use of methamphetamine powder			
Yes	10 (20.8%)	26 (50%)	0.0024
No	38 (79.2%)	26 (50%)	
ATS use before sex with casual partners			
Yes	30 (62.5%)	18 (34.6%)	0.0053
No	18 (37.5%)	34 (65.4%)	
ATS use before sex with sex workers			
Yes	10 (20.8%)	2 (3.8%)	0.0212
No	38 (79.2%)	50 (96.2%)	
ATS use in risky or dangerous situations			
Yes	33 (68.8%)	22(42.3%)	0.0079
No	15 (31,3%)	30 (57.7%)	
Felt sick after ATS use			
Yes	43 (89.6%)	16 (30.8%)	0.0000
No	5 (10.4%)	32 (69.2%)	
Physical problems after ATS use			
Yes	25 (52.1%)	8 (15.4%)	0.0000
No	23 (47.9%)	44 (84.6%)	
Aggression after ATS use			
Yes	40 (83.3%)	31 (59.6%)	0.0090
No	8 (16.7%)	21 (40.4%)	
Fear after ATS use			
Yes	34 (70.8%)	25 (48.1%)	0.0208
No	14 (29.2%)	27 (51.9%)	
Persecutory ideas after ATS use			
Yes	33 (68.8%)	15 (28.8%)	0.0000
No	15 (31.2%)	37 (71.2%)	

Variables	Dependent users (N = 48) @	Non-dependent users (N =52) @	P value
Hallucinations after ATS use			
Yes	26 (54.2%)	11 (21.2%)	0.0006
No	22 (45.8%)	41 (78.8%)	
Used larger amounts or longer time ATS			
Yes	31 (64.6%)	18 (34.6%)	0.0027
No	17 (35.4%)	34 (65.4%)	
Social life affected after ATS use			
Yes	36 (75%)	15 (28.8%)	0.0000
No	12 (25%)	37 (71.2%)	
Neglect work after ATS use			
Yes	32 (66.7%)	14 (26.9%)	0.0208
No	16 (33.3%)	38 (73.1%)	
Given up work after ATS use			
Yes	25 (52.1%)	6 (11.5%)	0.0208
No	23 (47.9%)	46 (88.5%)	
Seek assistance for ATS use			
Yes	30 (62.5%)	18 (34.6%)	0.0053
No	18 (37.5%)	34 (65.4%)	
Seek medical help for ATS use			
Yes	19 (39.6%)	5 (9.6%)	0.0010
No	29 (60.4%)	47 (90.4%)	

@ Based on valid responses

The following characteristics have been found to be statistically significantly associated with people who were dependent on ATS drugs compared with non-dependent users in the sample. More than a half (54.2%) of the dependent users hailed from Northeast region. The mean and median age at initiation of tobacco use was younger among dependent users in comparison with non-dependent users (median age: 14 years vs. 15 years). Use of methamphetamine pill was associated with dependent ATS use while ecstasy and methamphetamine powder use was associated more with non-dependent ATS use. More dependent users compared with non-dependent users used ATS prior to sex with sex workers (20.8% vs. 3.8%); and casual sex partners (62.5% vs. 34.6%). ATS dependent users in comparison with non-dependent users engaged in risky situations after ATS use (68.8% vs. 43.3%). In comparison between dependent and non-dependent users, it was observed that more dependent users reported sick after ATS use (89.6% vs. 30.8%); and experienced more physical problems due to ATS use (52.1% vs. 15.4%). Mental health problems were more frequently reported by ATS dependent users compared with non-dependent users: aggression (83.3% vs. 59.6%); fear (70.8% vs. 48.1%); persecutory ideas (68.8% vs. 28.8%); and hallucinations (54.2% vs. 21.2%). Nearly two-thirds (64.6%) of dependent users consumed ATS in larger quantities or for longer period, compared with non-dependent users (34.6%). The adverse consequences were more commonly reported by the dependent users compared with non-dependent users: interference to social life (75% vs. 28.8%); neglect of work (66.7% vs. 26.9%); and given up work (52.1% vs. 11.5%). Nearly two-thirds of dependent users sought assistance for ATS use compared with more than a third (34.6%) non-dependent users. Medical assistance was required more by dependent users (39.6%) compared with non-dependent users (9.6%).



4.5. Qualitative study findings

4.5.1. Demographic characteristics

Tables 13-17 present the demographic characteristics of each of the participants from the five study sites. Participants from Aizawl and Imphal had poorer levels of education compared to those from Kolkata, Chandigarh and Chennai. Participants from Aizawl were mostly engaged as part time employees in a variety of occupations ranging from weaving, carpentry to small family business. Those from Imphal, too, were employed in a variety of small businesses. Two participants were involved in drug peddling. Participants from Chandigarh were employed as managers or were freelance artists and web designers. The scenario in Kolkata was similar with most participants in full time employment. Participants from Chennai were mostly students, with two having dropped out of college and were unemployed. There was a total of 32 males and 15 females. The sample was predominantly young with most participants in their twenties and early thirties. There were a few older persons whose ages ranged from 35 to 57 and they were all from Imphal.

Table 13: Demographic Characteristics- Aizawl

ID	Age	Gender	Education	Occupation	Marital Status
1	28	Male	2nd Year B.A	Business	Married
2	23	Female	Undergraduate	Part Time Worker (Helps in Family owned shop)	Single
3	21	Male	Higher Secondary (11th)	Part time employed working in local weaving industry	Single

ID	Age	Gender	Education	Occupation	Marital Status
4	20	Male	1st Year B.Com	Student	Single
5	28	Male	Undergraduate	Businessman	Married
6	20	Male	8th Class	Works part time in weaving industry	Single
7	28	Male	7th Class	Works part time as driver and farmer	Separated
8	24	Male	8th Class	Works at family owned carpentry shop	Single
9	22	Male	3rd Year B.A.	Student	Single
10	18	Male	12th class	Student	Single

Table 14: Demographic characteristics - Imphal

ID	Age	Gender	Education	Occupation	Marital Status
1	33	Male	Graduate	Project Manager (Male IDU TI)	Married
2	35	Male	Class VII	Small business (hotel)/ drug user	Married
3	34	Female	Class 12	Drug peddling	Married
4	41	Male	Graduate	Business (CBO President)	Married
5	42	Male	LLB	SDPO-Sub Division Police Officer, (Manipur Police)	Married
6	23	Female	Class V	Drug peddling	Married/Widow
7	27	Male	Class X	Part time job/ drug user	Single
8	48	Male	Class 12	Govt. job/Head Clark (local leader)	Married
9	28	Female	Nil	House wife/drug user wife	Married
10	57	Female	Nil	Small business (Community Women Group leader)	Married

Table 15: Demographic characteristics- Chandigarh

ID	Age	Gender	Education	Occupation	Marital Status
1	21	Male	B. Tech (Final Year)	Student	Unmarried
2	26	Male	B. Tech	Business	Unmarried
3	27	Male	Computer Engineer	Free lance web developer, owns a cafe cum gaming cafe in Shimla	Unmarried
4	25	Female	Graduate in Tourism	Manager in a book cafe, Free lance travel consultant	Unmarried
5	27	Male	B. Tech Computer Science	Student	Unmarried
6	28	Male	Graduate	Business	Unmarried
7	21	Female	M.A Economics	Student	Unmarried
8	25	Female	B.A., LLB	Manager in a Book cafe, works in a school	Unmarried
9	26	Female	Graduate	Free lance artist presently working at food cafe in Shimla	Unmarried
10	24	Male	+2	Musician	Unmarried

Table 16: Demographic characteristics - Kolkata

ID	Age	Gender	Education	Occupation	Marital Status
1	23	Male	Perusing Degree course on Media	Owns an Advertising Agency	Never Married
2	29	Male	Completed Class XII	Unemployed	Divorced
3	30	Male	Graduate	Full time employed	Divorced

ID	Age	Gender	Education	Occupation	Marital Status
4	23	Male	MA Advertising & Media	Advertising Agency	Never Married
5	24	Female	Post Graduate	Student/Family Business	Single
6	29	Female	Post Graduate	Full time employed	Divorced
7	29	Female	Under Graduate	Full time employed	Divorced

Table 17: Demographic characteristics- Chennai

ID	Age	Gender	Education	Occupation	Marital Status
1.	25	Male	B.Com	-	Single
2.	23	Male		Designer	Single
3.	24	Male	B.E	Business	Single
4.	27	Male	Diploma	-	Single
5.	22	Female	Undergraduate (Engineering)	Student	Single
6.	25	Female	Dropped out of College	Unemployed	Single
7	21	Female	MBBS	Student	Single
8.	-	Male	B.Com discontinued	Dancer	Single
9	29	Male	College drop-out	Executive in a company	Single
10	27	Male	BSc discontinued	Unemployed	Single

Following qualitative analysis and interpretation, four themes emerged that can best explain the phenomenon of ATS use.

4.5.2. Themes of analysis

1. History of Substance Use
2. ATS Use
3. Experiences / Awareness of Harmful Effects / Unexpected Consequences of ATS
4. Perceptions on Treatment

1. History of substance use

Use of tobacco in the form of cigarettes was the first exposure to substance use for all participants excepting two who said they tried alcohol first. For all participants, their substance (cigarettes/alcohol) use began when they were between the ages 10 to 15. There were one or two exceptions in some sites wherein they had started even earlier. With respect to circumstances which led their initiation into drug use, most of them were witness to a family member, mostly father/mother smoking and drinking alcohol. This used to be a fairly common occurrence and as cigarettes were always left lying around the house, it gave participants easy access to its use. Only one participant from Chandigarh spoke of marijuana as his first exposure to drugs. This was attributed to his seniors in school who forced him and his class mates into smoking it *“as part of punishment”*.

Smoking and drinking alcohol was also reported as a widely prevalent and common practice by participants from Manipur and Mizoram. Consequently, most families saw nothing wrong in young people drinking and smoking. Another reason cited by some participants from

Manipur was the belief that taking drugs like opium or cough syrup enabled them to work more during summer. They believed it gave them the ability to withstand the hot summer days and work better in the fields.

The first time I did smoking and that was in 7th standard, we bunked from school, bought a cigarette..... just one cigarette and five people shared it. It became like a habit, so whenever we used to bunk we used to smoke a cigarette. After that I started smoking cigarettes like every day. After that I started having alcohol – from my father.

Male, Chandigarh

I tasted cigarette at the age of 12. My father is a chain smoker. At that age he was my role model. Out of curiosity, adventure, thrill, feeling like becoming matured like my father, I tasted cigarette.

Male, Kolkata.

When I was 16, I picked up smoking cigarettes. It was more of a fashion statement so to speak, smoking would be so fashionable. It was almost like you had a different social persona if you were smoking was what I felt.

Male, Chandigarh

As among the tribal community especially among the female eating/chewing tobacco is very common so I have started from the female friends.

Female, Manipur

When I was 8 or 10, I remember one of my uncles was staying with us. He was big built and muscular. I wanted to be like him and I used to exercise like him. He used to leave cigarette 'buts' all around. I used to pick it up and smoke it.

Male, Chennai

During my class 9, I started directly drinking alcohol (Beer) with my friends for the first time. Then in class X, I started using SP tablets. But during that time I never used any kind of tobacco.

Male, Manipur

I smoked weed for the first time in 11th grade when I started to smoke regularly with friends. A classmate gave me that staff and I smoked with him during lunch time.

Female, Chennai

In my place alcohol, hash/cannabis, opium and heroin are very common, there are many people addicted to these drugs, in my family too except my mother. We also made local alcohol at home and sold it. I had alcohol when I was around 11 years old and started smoking hash from 15. Hash is easily available and very cheap and people used it anytime and anywhere so for me it just came natural to take the drug. Then when I was around 16 or 17, I started to smoke opium and heroin. Since our family is involved in this business it was very easy to use these drugs. My father also told me not to use too much.

Male, Mizoram

At the age of 17, I was introduced to opium smoking as opium is widely cultivated in my village and many people smoke it. People believed that smoking opium can make people work more in the hot sun and in the field. I have also seen often when they smoke opium. So one day I joined them to try its kick.

Male, Manipur

Often these older male people use to tell me if you drink cough syrup you will feel more comfortable and earn more money. So I also wanted to try this cough syrup (phensedyl) so I have tried it at the age of 17 then I have got addicted on it.

Female, Manipur

The theme History of substance abuse is further divided onto following sub-themes: Transition to other substances, Method of administration of substances and its frequency of use, settings and patterns of substance abuse.

Transition to other substances

From cigarettes/alcohol, the transition to other substances was almost immediate among all participants. Some of the commonly tried drugs ranged from cannabis (marijuana, hash, pot, weed) to cocaine, heroin and ATS. The drugs that they were initially exposed to were mostly cannabis, LSD, heroin and cocaine. Opium use was reported mainly by participants from Manipur. Participants from Chandigarh and Chennai also mentioned occasional use of ketamine which they quit because of its unpleasant side effects. Use of ATS immediately after their first exposure to smoking and drinking was reported by only one participant. While many of them started abusing drugs when they were in college, abusing such drugs while in school was not uncommon. One such participant spoke of having gone out on a school trip to Goa where she met with some local people who introduced her to the drug.

Most commonly stated reason for abusing substances was to get 'high' and enjoy the pleasure of 'being in that state'. A few participants did speak of experiencing 'emptiness' in their lives, of feeling like there was a "void", or of feeling that they were "not loved". Participants from Chennai, Chandigarh and Kolkata did not attribute their substance abuse to any particular emotional need. They were mostly from stable homes, had family members who cared for them and were financially well off. However, their counterparts from Manipur and Mizoram came from poor homes and lived under harsh circumstances. Added to which their early exposure to drugs and other substances made their abuse of drugs almost inevitable. Curiosity about these drugs, desire to do something different and for social acceptance were other compelling reasons that pushed participants into abusing drugs. One participant in Manipur who was abusing cough syrup said she used it because it helped her to work for long hours.

After smoking for two/three years I started smoking (KHAKU or Khut-pung- local terminology of opium). I learned this from my friends as many of them smoke opium in my locality and opium is widely and easily available in our locality.

Male, Manipur

I had a number of friends who told me about the various kinds of joints that are available and I really tried a whole lot of stuff. I had my first ecstasy pill in Goa when I was in 10th std. Went to Goa on a school trip and had it.

Female, Chandigarh

Drugs let me live happy. One pop, one stamp under your tongue, one snort. It was easily available. It was better than alcohol. It could be brought into the house or party without anybody noticing it. There were no alcohol bottles to carry. It could be easily slipped in.

Male, Chennai

Since I was the only child at home, I used to feel really lonely as a kid and it used to get cripplingly boring, compared to the friends who had brothers and sisters and other people to chill out with at home. I became a complete hobo since I felt that the best fun and freedom is only out of the house and not inside the house. Because of which I started picking up vices like smoking as a kid.

Male, Chandigarh

I know I have a problem when it comes to drugs. Any mood altering substance, once I start using it, I can't stop. This gives me a kind of relief and gives me some freedom from emotional problems, which I can't handle. This makes me feel better especially when I am low. I keep trying different kind of drugs convinced that it would help me. I cannot stop myself. I keep on trying. I know it's not good for me.

Male, Chennai

We (3 friends in school) were very curious & we wanted to explore more from life. One day we went to a bar in school dress. I mean we changed our shirts when we bunked school but trousers were hard to carry in the school bag. We were not allowed to enter. That was a like a thrash on our faces. I told one of the seniors in school who then took brought us whisky & that was the beginning you can say. That dude also made us a joint one day & we all smoked together after school. Soon after grass became a part of our 'addas'.

Male, Kolkata

I always wanted to be different, you know, to be identified as somebody who is different from the rest of the people. Someone who is completely special. So doing drugs, I thought you know something special, something cool. It just started off as a curiosity kind of a thing. I actually met a few friends who were doing it. And that's when I got into it.

Male, Chennai

I smoked marijuana for the first time during class 10, I was around 16yrs that time, during those times it sounded cool to use the grass, my idol was always Bob Marley.

Male, Mizoram

I was not very fond of alcohol because I always like to be in control of my body and I did it for social acceptance, and that was the socially accepted behaviour for college. So during college my alcohol use continued.

Male, Chandigarh

My friends told me if you smoke KHAKU (Opium) it is nice talking with girls. One of my friends from the locality one day told me lets have KHAK. After smoking it for 5 days I became addicted. I have started everything with my friends - tobacco and alcohol at the age of 20. I know its bad but due to peer pressure I have started doing it.

Male, Manipur

Let me tell you that girls get attracted to boys who do some mature things. If a boy is smoking in front of a girl then she will get attracted by that". "It was more to fit into the situation, since there were pretty girls around, and I had to kind of impress them so I smoked it. So that was my first experience - experience so to call it. That was very pleasant since I was in very pleasant company and it was very comforting and it was very good.

Male, Chandigarh

Friend took me to a discotheque when I was 17 where the situation was all different. Everybody was dancing over a peg. I liked the ambience. Then after I tasted all kinds of speed trips- pills, MDMA & acids.

Male, Kolkata

Since Moreh is a very hot place after when I have become addicted on cough syrup I didn't feel hot and I can work more and more. Two months later I started drinking half of the bottle (75ml) then full bottle. After three months later I have started drinking two three bottle in a day.

Female, Manipur

Method of administration of substances and its frequency of use

The method of administration did not follow any pattern and changed depending on the kind of drug that was taken. The usual methods of consuming the drugs were by swallowing, snorting, chasing / smoking or injecting. A few participants spoke of ingesting LSD in liquid form while others ingested it in crystal form. Many mentioned that LSD was usually consumed in a group setting and never alone. The quantity and frequency of substance use, ranged from once in a day during weekend parties, a few times during the week, to almost every day. Almost all participants reported everyday use of cigarettes and/ alcohol.

With respect to other drugs like opium, heroin, LSD, cannabis etc, many mentioned that they used these during weekends and while at parties. There were many participants who

also said that they smoked more than a packet of cigarettes a day and drank more than one alcoholic beverage a day. If it was heroin or cannabis, they said they would use it thrice or four days in a week. Two participants, one each from Chennai and Chandigarh said they used cannabis (pot) almost every day.

For all of them the drug use depended mostly on what they liked and what was newly available at that point in time. Participants from Manipur reported frequent use of drugs like Spasmoproxyvon. Some of them were consuming as many as 6-8 pills per day. Regarding cost, participants from Chandigarh and Chennai reported spending as much as Rs. 1,500 to Rs. 2,000 per gram on drugs such as cocaine at a time while those from Manipur spent much less on drugs, about Rs. 20-30 at a time.

I smoke pot every day. I wake up in the morning and I smoke pot. I take a dump, brush my teeth, have a bath and then I smoke pot, then I got for work, I finish my work and I come back from work smoking only pot. Then I bump into friends see I have come to a new city Chandigarh and I am really having a ball here..... I really like the whole vibe and I have made some really nice friends. ---- is my favourite. I bump into her and then we again smoke pot. So that is what my daily schedule is like.

Male, Chandigarh

By the time we moved to 12th grade, I knew where to get the stuff and it wasn't that difficult. By then I was smoking pot fairly regularly. Some days I will smoke more and some days less but for the past two years you can say I smoke up every day.

Female, Chennai

Preparing ready to take opium is very time consuming. Tender young banana stem is taken from the banana tree and cut it into very tiny pieces and dry in the sun. During smoking we mix this dry stuff with the raw opium and make small ball then light up and smoke it. During that time some of my friend suggested that I inject the raw opium. From that day onward I have injected raw opium for about 6 months.

Male, Manipur

I have smoked opium for nearly 2/3 years then I shifted to the heroin through my friends. As my other friends often told me that heroin has a good kick than the opium so I wanted to try this too. So I shifted to heroin, as I wanted to try. Initially I chase (smoke), as heroin is very cheap I can get for 20/30 rupees.

Male, Manipur

When I was in the class 10 standard, I started popping SP pills with my friends. Initially I started with one tablet then the progression also started from one to three then 6/8 tablets in a day. I think during that time I was 18 years old. For nearly 6 years I only use SP tablets and from my age 23 I started using heroin.

Male, Manipur

When I was in 11th standard a few of our friends were using pills(Niravet-10) they looked very pretty and confident in class, one day a classmate asked me if I wanted to try it, I was very curious and I also wanted to feel confident and cool so that day I joined them I took one pill and I just loved the kick. I also felt it made me look beautiful, but sometimes I found it hard to concentrate on studies but I did not care. After a few weeks I consumed 2 to 3 pills daily and we usually paid Rs 100/- to 200/- per strip.

Female, Mizoram

LSD has two forms, one is the liquid one and another is the crystal one. Even in crystal, you can chase it. But crystal form of LSD is a kind of thing which takes you like higher. It is better than the liquid.

Male, Chennai

I have left drinking and tobacco (chaini) completely. I have been on hash for about 6 months now and am enjoying the high. Yes when there are five six of us and we decide to go out then we have acid. So we buy LSD at least twice a year.

Male, Chandigarh

The first time we did ketamine we flamed it into crystals and then we sniffed it. Then once we all injected it....., we were all in my room only, we were 3 friends - so we all injected. It was a different trip all together when you sniff it and when you inject it. It is a different high altogether. It wasn't just ketamine, we were constantly smoking up. In fact in the middle of it my body was also kind of paralyzed. For half of an hour I was just paralyzed. Because I think we had injected also that is why.

Female, Chandigarh

Settings and patterns of substance abuse

With respect to the settings in which participants engaged in drug abuse, almost all said that they liked smoking, drinking or doing drugs in the company of like-minded friends. They would meet up with them either at a party or at someone's place and try out various drugs. Participants from Chennai, Chandigarh and Kolkata reported meeting friends at parties where they would begin with alcohol and then move on to drugs like cannabis, opium and then finally on to ATS. Participants from Chandigarh reported visiting nearby hill stations, where they would spend the weekend smoking, drinking and consuming drugs. Participants from Mizoram would either meet at a drug peddlers' home and abuse drugs or else do it on their own and not necessarily with friends. The reasons for the choice of drug were dependent on the type of drug available, affordability issues and whether they liked what the drug did to them.

I started smoking up like every day when I was in first year or second year of college. I had some friends in my college..... And so we started making some trips to the hills. We used to lie to our families that we are going on trips with college and go with friends..... Then we used to have a lot of fun.

Female, Chandigarh

I don't remember who rolled me the first joint but it was somewhere at the lake where I used to hang out with friends while returning from school. There I met a guy who was a DJ, only 2 years elder to me. He offered me good 'Manali Charas' one day. It was amazing. Then all drugs started coming to me one after the other and I kept on experiencing everything.

Male, Kolkata

I usually like grass when I am alone without friends around me, but I prefer alcohol when being with friends. Grass is just like a substitute for me since it is easy to carry.

Male, Mizoram

And at present I inject heroin and also smoke ATS and in a day I spend 200 rupees for injecting heroin and 600 rupees for smoking ATS.

Male, Manipur

I started doing a lot of things like heroin, cocaine, ecstasy everything. It was a phase but we wanted to try everything. It used to be like whatever we used to find good in the market at that time, just do that. If you find good heroin..... do heroin, If you find good coke..... Do coke, ecstasy and ketamine also.

Female, Chandigarh

We drive down Kodaikanal. That is where I got introduced to mushrooms. I love mushrooms. But mushrooms and LSD, they have a connection. You know they make you hallucinate. So whatever you dream of you can really begin to see. It was really good but then I kind of addicted to mushrooms, Nobody could ever find out you are using them.

Male, Chennai

The first time I did stamp. I was in a party and chilams were being passed, and things were being passed and somebody came with the stamp and was like 'you know have you ever done this before' and blah blah blah ,I was like look I really want to try that... so again half a stamp .. Like half a pill, half a stamp. Ummm... not sure if it was a combination. But this energy was like crazy. Like wow. And acid is something that I wanted the next day.

Female, Chandigarh

2. ATS use

Regarding the specific types of ATS that participants reported using, Ecstasy (MDMA), Ice (methamphetamine powder) and Speed (amphetamine pills) were the ones most commonly mentioned by participants from Chennai, Chandigarh and Kolkata, while in Manipur WY pills (methamphetamine pills) were mostly used. In Mizoram, participants reported using 'speedy bee', 'meth' and 'W' (methamphetamine pills).

The theme on ATS use has been classified into sub-themes, namely, First Exposure to ATS, Reasons for ATS use, Context and Setting of ATS use, Method of Administration, Quantity and Frequency of ATS use and Availability, Accessibility and Cost of ATS use.

First exposure to ATS

All participants said that they first heard about ATS through their circle of friends with whom they had done other drugs. It was primarily curiosity about experiencing a new drug that pushed them into taking ATS in the first place. One participant from Chandigarh said his first exposure was in Bali where he had gone for a music show and where lot of drugs (mostly LSD & MDMA) were being provided. He was introduced to ecstasy (MDMA) by a female music lover. He liked the effect so much that he continued to abuse the drug whenever he got a chance. Another participant said that she had heard about a pill called “ecstasy” from her friend who said that it would make her sexually alive and very happy and so decided to go to Goa where she believed she would have access to it. For most participants, it was in parties that they got exposed to ATS. For participants from Mizoram and Manipur, their first exposure to ATS was also through friends. One participant from Manipur said that he tried ATS for the first time because a friend had suggested that he could recover from heroin overdose by taking ATS.

When you start doing something information (about drugs) just comes to you. Like when I started smoking marihuana I got knowledge about smack, opium, about other depressants you know like cough syrups, poppy seeds and I started doing that. When I was doing that, people were telling me about ecstasy, about stamps, about crystal meth, so yeah I was...I don't really remember from where I got all this information, but it was just something flowing in because I was already in that sector.

Female, Chandigarh

She was travelling from Mumbai to Indonesia and by the end of the flight she had convinced me to do MDMA since I was also taken up by LSD. So in a way she almost influenced me to try MDMA, and she convinced me and that was a turning point and after that whenever I was offered to do MDMA... it was never a no for an answer.

Male, Chandigarh

He (friend) frankly told me 'this (ecstasy) will make you horny and this will make you happy' I was like, I want the pill that makes me happy. I was given the information that Goa is the place where you are going to find it. So I went to Goa. I realized getting the pill when I was 16 in Goa wasn't tough, though I had to ask ma lot of people. Now it's definitely not tough- like every single soul is standing on there on the beach and selling it.

Female, Chandigarh

It is in the party circles, I was introduced party drugs. The first thing I used in the party other than weed was ecstasy. "There are lots of boys and girls-nice ones and it is a great thing. I love the parties. My life is so much fun and joy, thanks to these lovely parties.

Female, Chennai

After high school I started to go pubs & discotheques with few friends whom I had met in a club over a peg. Every weekend we partied. We hopped discs. Soon I had to choose a girl to get couple entry which was much lesser than stag entry. She was into speed trips & there I started to take ecstasy & other speed pills with her. Initially I had just 1 pill but it increased over the period of time. Presently 4-5 pills with alcohol & hash makes my weekend.

Male, Kolkata

I was partying big time. One of my friends gave me something called Happy Pills. I tried it. I popped a couple. There was no smell or nothing. I felt so nice. It was like you were in a different trance. Your thought process was different. Later was told they were ecstasy pills.

Male, Chennai

One day my friend offered me the pill which we call "Speedy Bee", he said I would feel much lighter and energetic. I took the pill and that night I felt very calm and composed, my craving for alcohol declined.

Male, Mizoram

Regarding initiation of ATS one day, suddenly I got heroin OD and during that incident one of the Burmese user friend told me 'if you smoke (WY) ATS the WY effect will kill the heroin kick and you will become fresh'. So I tried on that day- that was 2 years back I have smoked it and then my body/health became fresh once again.

Male, Mizoram

Reasons for ATS use

Participants gave a wide variety of reasons for using ATS but the predominant one cited by most participants in Chandigarh, Chennai and Kolkata was the effect the drug produced in them. It made them feel highly energised which enabled them to dance for long hours at parties. Further, the general feeling of euphoria and happiness that accompanied the use of the drug made it very attractive and deeply desirable for most participants. They spoke of feeling "confident", of feeling "different", and of "wanting to be with the crowd". Participants who were generally diffident or shy felt bold and confident after consuming the drug and felt able to handle any kind of situation. They also spoke of the drug helping them get over their depressive symptoms.

In contrast, participants from Manipur and Mizoram, far from using ATS as a recreation drug during parties, reported using it for the energy it gave them which enabled them to carry out physical work for longer durations. They also stated that they preferred ATS to heroin because this drug did not make them feel "sleepy or lazy". They felt able to work for longer duration, concentrate for longer hours and what was more the effect lasted for days in some individuals.

A few school students from Mizoram also stated that they used these drugs because of its effect on their concentration which helped them to focus more on their studies. Most participants also believed that the drug was not addictive like other drugs, and was only doing them good as they were able to work better under its influence. Some even said that unlike heroin users who were easily recognizable, ATS users could not be identified.

I used it during these 1 or 2 day parties - so you kind of needed to have the energy to dance and chill out so it was needed for that. I would dance through the night in fact I would dance for 2 days.

Male, Chandigarh

I wanted to have it and I had it. I liked the trip. It's exactly of my kind. I didn't like brown because it makes you idle. Stimulants give you energy and it's not exactly a drug, as my interpretations of drugs are. I love the trip. It keeps me awake for day and I can dance for longer hours in parties.

Male, Kolkata

I love crystal or ecstasy..they are different but one thing is common. I feel a lot more active, and I feel like dancing with R (boyfriend) through the night. In party circle, all of them love us as we are wild, dance like hell and don't get tired. Both hit the floor from beginning till the end. We last out longer than others.

Female, Chennai

I can do anything. My confidence is increased. Out of these 6-8 hours, 2 hours is full power. When party is going on, then I like to dance full power.

Female, Chandigarh

I feel really euphoric and energized. I feel on top of the world after having it. I look forward to Saturdays. I overcome the loneliness and exertion I go through. Everybody spends their weekends some way or the other. We do it our way. It lasts for long. I can't say till when but next morning I when we are way back home from drive after the last joint we are all awake with full of energy and our eye wide open for another night.

Female, Kolkata

I feel speedy. I can run faster than any athlete. I can play tennis better than Paes. It gets you exactly what is intended and promised, if there is any. I feel psychedelic. I love to hear psychedelic music & trance after it. It energises the whole body & mind and keeps you jumping for long.

Male, Kolkata

I use to get that energy level high, lively, vigorous and also aroused. Initially, use to perform in a much better way while having sex. This is one of the most important reasons for doing ATS.

Male, Kolkata

The main reason for smoking ATS is it makes me physically strong, I feel happy and able to work more and more to earn money.

Male, Manipur

The kick last long about 6 hours during that time I work everything whatever I can either it could be loading good in the trucks, carrying goods including cements bag to earn money. Another reason is as I have also mention earlier I use to work as a generator operator at the night time from 6 pm till 1 am so in order to be awake in the night I have started using WY.

Male, Manipur

I have started using WY as I wanted more happiness and enjoyment because it has different kick. Heroin does not have the kick, which WY has as heroin makes dull physically whereas WY is very energetic, after taking two or three tablet it does not make me feel sleepy whereas heroin makes me feel sleepy most of the time and I could not work. If I use WY people does not know or realise that I use drug, but heroin use, people can easily make out that I am a drug or heroin user.

Male, Manipur

As most of the time I got depressed due to my husband's attitude. I also wanted to try WY. One day some of my male user friends were smoking WY in front of me so I tried it one day. I think that was one year back.. From that day onwards I have been using WY daily.

Female, Manipur

The first time I took it (speedy bee)I think the effect had lasted for about three days, I did not drink and I could go to work without any problems. My craving for alcohol declined and I started Speedy Bee once in a while. I loved the effect and my surroundings started to improve, even my girlfriend was very pleased with me, even though she did know what I used.

Male, Mizoram

When I am high on Meth, I like to do the house chores like cooking and collecting water from a nearby well. Our house never ran out of the supply of water since I continuously collected it from the well and my sisters were always happy. I also liked to collect fodder for our pigs, we have three pigs.

Male, Mizoram

We popped the pills and that night we talked the whole night and even forgot to eat our dinner. At midnight we washed the floor of our room and even polished it. The kick was so different from weed but at the same time it was something very special.

Male, Mizoram

I always feel energetic, alert and confident. It makes me want to do the work which I have put away due to laziness and it has also helped me in becoming more competent at class. I also feel the need for someone close by to talk to all the time. It has made me to stay more at home with my family. Apart from doing physical work or studies it made me concentrate better in watching movies or listening to music.

Male, Mizoram

Drug peddlers seem to know everything about drugs, one day when we were buying brown, the peddler offered us Meth pills. He said it was useful for studies and many students were using it. I was 17 yrs old and I also knew that I was neglecting my studies very much and this made me very curious so we purchased a few pills. Later that night I felt very alert, refreshed and awake. I also found that I did not feel sloppy when studying my text books. I felt that I could concentrate much better and I liked this very much.

Male, Mizoram

See reason (for taking ecstasy & speed) is really nothing. It is nothing about something going wrong or some going right. Once you smoke too much pot - then I started to realize that I was done with this thing and I needed something more and I needed something bigger. I felt that my mind was bigger and that is when I started taking all of those (ecstasy & speed) things.

Male, Chandigarh

When I took one (meth pills), I immediately liked the effect it had in me, I felt very energetic and it took away the thoughts about our broken family, I could focus on other things and I also wanted to go back to college and study again. I also liked to once again hang out with friends and it made me feel very cool and confident. I also dreamed about my future and many things seem to once again brighten for me.

Female, Mizoram

Actually peer influence and curiosity led me into ATS using. The after effects and the high compelled me to get back to ATS again and again. On a regular basis it all started when I was 19 because I wanted to be the centre of attraction and I also wanted to be with the mass. Gradually it developed my self confidence. My feelings were marvellous. Having a concept of going to a different world, can dance better, can speak and can perform better, altogether a feeling of being the best.

Female, Kolkata

I think meth and ecstasy aren't so bad like heroin and other stuff like coke. Actually meth gives me energy. The reason I don't want to give it up is that it is not addictive as I don't use every day. I use it weekly maybe - more important it makes me to enjoy life better with my friend (boy friend). You see we are so close to each other - lot of it we owe it to meth.

Female, Chennai

MDMA was a drug that I felt was very pleasant, it brought about a lot of togetherness, the connections that I always searched for that flowed though very easily in that. My problem in that was that it infused a state of mind, in that if you give it to a sad person it would make them happy temporarily for that moment and in drugs what I was looking for was much beyond an infused state of mind and hence my attraction towards LSD was more rather than doing MDMA. But again socially I was driven to situation and people where I would be taking MDMA or ecstasy, but never a persistent use of either of the two.

Male, Chandigarh

Once when I was on MDMA I remember seeing a waterfall in Kasaul and I remember the waterfall just seeming sooo beautiful to me that I just fell in love with it in fact I just feel in love with absolutely everything that I looked at. The next day that I saw it was not that beautiful.

Female, Chandigarh

Why I use these? - to have fun and also because I am a loser. In college I did not have a lot of free time and that's the main reason why I take these drugs now. Guess also the fact that since I am a musician, and there is the opinion that musician do drugs..... so it was almost like destined to do.

Male, Chandigarh

I have ecstasy and MD and stuff like that but they were only change drugs for us man. Change drugs in the sense that we were always tripping on stuff like hash and acid and we used to be making music and stuff like that, but we used to do stuff like pill and occasionally coke and all for concerts and performances. Besides that I have done a bit of ecstasy and also 2cb and 2ce also, both separately and together.

Male, Chandigarh

Context and settings of ATS use

Participants from Chandigarh, Chennai and Kolkata said that ATS could be taken only when there was the right kind of ambience. This usually happened in group settings or at parties. Many participants reported being aware of the availability of ATS at parties they went to. Some participants from Chandigarh also said that they went on trips (to Goa or nearby hill stations) with friends where they planned on using these drugs.

Most participants reported using ATS in combination with other drugs for the special “kick” it gave, while few reported taking them alone, and some used it along with alcohol. Participants had their own preferences for the specific kind of ATS they liked to use, some preferred methamphetamine while others liked Ecstasy. In places like Mizoram and Manipur, majority of the participants reported using ATS in the homes of the drug peddlers where they were provided with the equipment needed for smoking these drugs. They would gather here along with other drug users and consume the drug of their choice.

When you are high on MD or Ecstasy you just realize that you just need to smoke pot in the middle. That is how you extend your trip. Finally when that thing leaves your blood circulation then it is over. So on an average after 3-4 hours then the trip starts weakening.

Male, Chandigarh

We have alcohol and those speed pills together. I love vodka and the pink pill combo. I feel peaceful and away from all worries after having it.

Female, Kolkata

I smoke pot in combination with LSD because I have read about it that you pump your trip so that you let the LSD kick in faster, and on LSD if you smoke pot it gives you a very nice buzz. So ya I would smoke pot with LSD or MDMA.

Male, Chandigarh

I usually start with a charas joint. Then lots & lots of alcohol, different types of alcohol, mainly scotch if I have money, then some whisky & of course vodka, I love it. Then if dudes want to dance more I take 1 or 2 pills & I can move my feet for 3 hours. Then again some rest & if the party continues some more alcohol & speed together. You can't smoke joints inside the pubs yaar. After we finish we roll joints & then my friend gives some nice pills (sedatives) which brings me down.

Male, Kolkata

"Some time back we went as a group to Goa for a beach party and it was the time that I used maximum. I used ecstasy, meth, LSD, coke and marijuana. I even drank some wine as I wanted to sleep. Took some sleeping pills to come down on the trip.

Female, Chennai

*Yeah I liked ecstasy and would I do it again ...well if I feel like doing it again.....
But then you have to have the right kind of place and people to actually enjoy it. I will definitely have Ecstasy again but I am not too sure about the MD. It could be that the MD wasn't good or whatever but the Ecstasy trip was really good.*

Female, Chandigarh

Its ecstasy and amphetamine speed pills mostly. I love the pink pill engraved 'Y' the most. We have a combination of alcohol and the pills when we are at the floors. I really enjoy it. I never get tired after starting on using speed.

Male, Kolkata

Most of my MD use happened in Goa, the setting was mostly a beach, maybe a group of 6-7 friends visiting the beach and wanting to share a powerful experience together. So that would include sharing a drug so that the experience would involve something beyond what you do every day. So that was the setting and that was the drive to do the drug

Male, Chandigarh.

I'd run you through a situation..... We'd drive to Goa, we would reach there in the middle of the night wherever and however. We had our fixed places to go to, pick up whatever we needed, maybe some MDMA and maybe some LSD and find spaces. If there is a party.....we would go there check it out if it was good enough for us to be in an open state of mind that these drugs would bring us to be there and do that and maybe the whole night and the rest of the day until the party ends. After that we would go, sit on the beach and relax in the day - hydrate ourselves and feed ourselves and then go back.

Male, Chandigarh

I have never tripped alone; I can smoke weed or hash alone..... cigarettes alone. But I can't do ecstasy or LSD alone because it's a bad trip, you really need to have like-minded people around because it is a social drug and it's not an antisocial drug. So I have never done it alone, and when I am on the drug I would only like to be with the people who I am tripping with.

Male, Chandigarh

Right now I'm doing Speed pills namely Micky-Mouse & Ecstasy. I have also tasted Ice in beach parties of Goa and also in Kathmandu. But those are not available here at Kolkata. Only pills are found that also are very hush hush.

Male, Kolkata

Regarding use of ATS I never use alone and I could not use at home in front of my husband so I always use at the peddler places with my friends. The peddler also provides using place or room at their own free of cost. I personally know more than 25 ATS users out of which 9 of them were female. So most of the time I always smoke with my using friend.

Female, Manipur

Method of administration, quantity and frequency of ATS use

Some of the different ways by which ATS was used by participants entailed snorting, smoking or oral administration by either swallowing or dissolving in water or juice. Many participants from Manipur reported smoking as the common method of administration of ATS drugs. The preparation of the smoking paraphernalia was said to be time consuming which is why most participants from Manipur reported going to the homes or specific places allocated by the drug peddlers where they would all share the smoking equipment and smoke their drugs.

With regard to quantity and frequency of ATS consumption, almost all participants from the five sites reported that their quantity increased fairly rapidly over a short period of time. With regular use they found the need to increase the dosage to obtain the same effect and sustain its duration. However, the availability and cost of the drug were other factors

that affected their consumption. For participants from Chennai, Chandigarh and Kolkata who came from wealthy backgrounds, heavy use of drugs during weekend parties was the norm. Others from Mizoram and Manipur reported daily use of it while there were a few who reported using it occasionally because of its prohibitive cost, poor availability and the problems they had in coping with the excess energy it left them with.

Like I said if I ever consume anything I would consume it by eating it. I would not consume it through my nose or any other way. And anal entry is out in my case. I would never put anything in my anus.

Male, Chandigarh

MDMA was a liquid and we dissolved it in water and had it. Ecstasy was a pill and Speed was again a pill so we swallowed it.

Male, Chandigarh

Regarding smoking ATS we use silver foil to burn the tablet and to smoke it we use sprite bottle by putting straw in the middle of the bottle. In order to cool down the smoke we put half of the water inside the sprite bottle then we suck the smoke from the neck of the bottle. This is common practice we do it here. Making or preparing smoking paraphernalia (equipment) is little time consuming so I always smoke at the peddler places and we all share smoking equipment.

Male Manipur

Cocaine, Ecstasy & Speed Pills are widely available here at the pubs. Sold very secretly. The speed pills are found in many colours, yellow, pink, red etc. I had those only orally. Mainly with beer I prefer. I haven't taken anything of these through injections.

Male, Kolkata

Ecstasy was a pill and I swallowed it and the MD was just a powder which I put onto my finger and put it on my tongue and then drank juice over it.

Female, Chandigarh

We (me and my friend) would usually take one pill (W) each and mix it with grass, After an hour the kick is simply amazing.

Male, Mizoram

Normally I take ecstasy or crystal meth only during weekends. I take it by swallowing the pill or mixing the crystal myth in orange or cranberry juice. I usually take a maximum of 2 pills in the night and two times crystal meth.

Female, Chennai

I don't have persistent desires to use. I do it sometimes by choice- only when we go for parties. Its only once a month or so.

Male, Kolkata

Meth became the choice for me. For nearly a year and a half I am on it. I take it during every party and there is one or more party every week. It made me bolder and assertive. It gave the courage to face anything. I was not afraid of doing anything and I was willing to do anything that gave me pleasure.

Female, Chennai

When you have been using for a long time you feel like using more and more and more. This happened with me and Ecstasy. First time I took only ½ a tablet and then I used 1 and then 1 1/2 and that slowly kept going up to. Same with Acid, I first did 1 drop in water then ¼ stamps then ½ stamp and then a full stamp so on same with alcohol. So this has happened with me and all drugs. My body gets used to it very fast.

Female, Chandigarh

In the past year I am taking meth at least once in a fortnight but we take only during the parties. Of course we smoke up weed every day. Ecstasy has become a rarity these days as we don't get it easily.

Female, Chennai

But in the initial days I did not do it daily I used to smoke it 3 times in a week and 6 times in two weeks. But now I am using it for every day. For me in a day normally I use to smoke 2 times, if I have more money then I use to smoke 3/4 tablets (three four times). But to those people who are using only ATS they smoke more than 6/7 times in day. If I smoke at 7 am it will (kick) go till up to 12 pm about 6 hours. Yes, if I did not use two tablets in a day I am little uncomfortable.

Male, Manipur

Initially I have started with the small doses of ATS 1/2 pill in a day very soon the doses also increased gradually. I am addicted to ATS for almost 6 years.

Female, Manipur

I never use it in huge amounts, I just take it so that it made me more energetic and I loved to talk and laugh with people without getting heavy headed like alcohol. I use one or two pill per week. On other days I consume alcohol or grass. I don't like to take more pills at one time because it makes me too energetic and I run around at night doing something or the other and the next day I feel tired, so I only use one dose at a time, another thing is that, if I use more I cannot eat well.

Male, Mizoram

It has been around two years that I am taking Meth. But I always try not to exceed my limit, I do not want to be addicted to it like cough syrup and Nep-10, so I don't consume a lot, I only take it when the occasion demands. My friend (from Kolkata) usually sends me two types of Meth, I feel that the brown colour one is more stronger than the other, if I take the brown colour Meth, I do not feel the need to take it for more than two days, there are times that I do not take Meth for a week or two. But I always take Nep-10 in between.

Female, Mizoram

I don't usually take huge amounts, I usually take one or two doses a week, it is about three years now that I am regularly using it.

Male, Mizoram

Availability, accessibility and cost of ATS

Some participants from Chandigarh reported poor availability of drugs of good quality. They spoke of the difficulties in getting pure quality and therefore would travel to places like Kasaul where they were able to access these drugs. Although they were usually able to get these drugs from dealers, they would sometimes get cheated and would end up with poor quality drugs that had no potency. One participant from Chandigarh however said that knowing the right dealer was the key and she never had any difficulty in obtaining ATS. Participants from Chennai spoke of difficulties associated with getting Ecstasy and even crystal meth. Most participants from Mizoram and Manipur got their required doses of WY,88 and 626 from peddlers, while one said that he got meth tablets from friends in Kolkata. Almost all spoke of spending a good amount of money to nurture their drug habit which ranged anywhere from Rs. 2000 to Rs. 20,000. Participants from Mizoram and Manipur spent much less, ranging from a minimum of Rs. 60 to a maximum of Rs. 200 per pill.

Crystal meth, I have never seen it all. No. may be, I can give it to you in writing that they wouldn't get it in Chennai. Only if you know the person through another contact, you call them up, they will ask you to come to a place, and that's when they give you the drug. So there are lot of things involved and it's not like how they sit and sell cannabis.

Male, Chennai

Since ATS is easily available I don't plan ahead its happen suddenly with my friend. And every peddler has provided using place or room at their own house so I don't find much problem for using.

Male, Manipur

We got MD for 2000 bucks. I don't know really remember how much, (quantity) but I know I spent 2000 bucks to get that.

Female, Chandigarh

I have no idea if ice is available here in Chennai much, but then speed is available. MDMA is not easily available in Chennai. It has to be brought from Goa only. I think in rave parties they (MDMA) started happening around in 2010. They used to sell it for 2500 or 3000 bucks a pill. It is a big one.

Male, Chennai

Though I don't know how much he (boyfriend) spends on each pill but it might be around 2K per night. That won't include the other expense. We actually don't care much for the expenditure in the weekends. We are there to party.

Female, Kolkata

Now a days we can get ATS (88 and 626), it has three colours dark pink, blue and light green. The light green is one of best quality and this is more expensive and we could not get it often. As it does not come separately out of the 100 dark pink tablets only very few tablets like 10 /20 are there. And 88 cost about 130 rupees and 626 cost about 160 rupees per one tablet. And the green one cost about 200 rupees.

Male, Manipur

And now for the last 7 years I have been using WY. Actually I have started using WY first then substitute into heroin. Because WY is very expensive so sometime I could not afford WY so I have started using heroin as substitution as I can get heroin for 20 rupees. At present I am using both the drugs.

Male, Manipur

3. Experiences / awareness of harmful effects / unexpected consequences of ATS

Most participants had experienced a variety of harmful effects following consumption of ATS/other drugs. It is important to note that almost all participants spoke of consuming a variety of drugs while at parties. They would usually begin with alcohol and from there move on to ganja, hashish, opium etc., and then finally ATS. A few of the participants reported that they did not regularly use ATS although they had tried it on a few occasions. Their preferred choice of drug was either cannabis or opium. It was also evident that while some awareness of the possible harms of taking such drugs were present among several participants right from the beginning, they either never envisaged that they would get addicted to these drugs or else never gave any thought to such matters and simply went along with the situation.

One participant from Chandigarh stated that he would never get addicted to drugs and despite the fact that he was using a variety of drugs, felt that as he had no idea where to procure them from and only did them in the company of friends, there was no way he would get addicted. Few participants, specifically from Manipur, indicated that they were not aware of any harmful effects of ATS. Over time as they regularly began consuming ATS and other drugs, they began to experience several negative physical and mental effects like sleep disturbances, loss of appetite, tiredness, memory problems etc., and then they realised the effect their addiction was having on them. In the interest of clarity and detail these harmful effects of ATS drug use are presented separately and classified as affected physical and mental health, affected work and studies and affected relationships and affected sex life.

Affected physical and mental health

Some of the commonly reported physical effects following ATS use ranged from loss of weight, disturbed sleep, dizziness and headaches to palpitations, breathing problems and a general loss of energy and stamina. One participant spoke of feeling extremely “dehydrated” after he had been in a party where he had consumed ATS and hardly drank or ate anything other than drinking alcohol. There were reports of participants recovering from such revelry by simply sleeping it off only to wake up the next day feeling exhausted and drained, craving more of the drug. Another spoke of the physical harms following ATS/other drug use in terms of the painful withdrawal symptoms he experienced when he was not on it. The

seizures and severe body pain would ease only when he took another dose and at that time he felt “he was in heaven”.

The perception that abusing drugs had ruined their lives in every way possible was reiterated by several participants. One participant from Chandigarh, however, stated she had never experienced any ill effects of ATS use and attributed this to the fact that she was knowledgeable about these drugs and knew what she was doing unlike several others and therefore considered herself “lucky”. She perceived these drugs as, “a part of her life”. The belief that consumption of ATS was not harmful was reiterated by a few participants one of whom rationalised this by stating that ATS was also used as a prescription drug by doctors and was therefore not “life-taking”.

It is all about chasing the drug, I messed my life, I missed the bus. Everything is over. It seemed like that you know. Everything was over, and I never was going to come out of this. I am never going to lead a proper life.

Male, Chennai

Use of ecstasy has not affected my life my relationships. That’s the thing. I live a normal life. Throughout my life, it’s a part of my life.

Female, Chandigarh

I think. I have never had really bad experiences, really bad trips and real downers because of the fact that there was already knowledge in me about these drugs or about their trips, about how this is going to react, or about this is going to feel because of the fact that I knew people were doing this stuff like this around me ...so I think I was lucky in a way because ...I did learn from my own experience. My trips were my trips. I knew at what point I was where. But to get to a point where I had basic knowledge.. I feel lucky in that way. Like there were so many people who did not get that first knowledge and lose it. I had friends like that also.

Male, Chandigarh

I don’t want to do drugs and I want to be clean. I want to give up hash too even though it is not harmful. Only I need Ritalin to pass my exams. I will take as prescribed and not increase the dose.

Female, Chennai

Well I have always been very active physically, So I have never had too much of a problem so I feel prolonged use had quite a few adverse effects..... I feel it supremely dehydrates your muscle and it makes you really skinny if you did a lot of it..... and it was because of your muscle getting dehydrated. If you jump around for a couple of days and if you mostly just have chai and water and eat like minimum then that is exactly what would happen. Yea if that is the situation then that would create adverse effect to one’s health. And I always felt the need to recuperate from such and experience and I always needed a day of doing nothing and feeding your body and relaxing and calming down.

Male, Chandigarh

I do not really understand the effects of Speedy Bee, but sometimes it troubles me because I know I am abusing this drug, I have experienced dizziness, insomnia and headache after use of this drug. Usually I just take paracetamol and anacin to cure the headaches. If I cannot sleep I usually take the local liquor in small amount. I have been abusing this drug for around three years now and I have not had any problems that are too hard to deal with, but I fear that someday it will really effect me. My wife or my community does not know about it and my daughter is still very young, I feel shameful and due to this I cannot sleep well. I have looked up internet and other sites regarding ATS use and sometimes I feel afraid but I find it hard to simply give up the drug. I have not talked to anybody regarding my fear, I think this is the first time I am open to the issue. I would be very glad if there is a simple way to stop using this drug.

Male, Mizoram

Initially I was not aware but when got hooked up with the chemical, I understand its difficult to cut down and unable to step back using it. Quantity increased in a very short span of time.

Female, Kolkata

I was in Bangalore for 6 days and lost 9 Kgs, I don't know whether it was because it was because of any particular drug or it was because I was smoking Ganja, since I was smoking Ganja and I am a pure Charas smoker. Because when I came back after those 6 days and I checked my weight everyone looked at me and said, dude you are like literally dead, what the fuck were you doing, I was on shrooms (magic mushroom) i was on drugs and i was on Ganja so i don't know what dropped my weight. Like I said everything is done in combination so you don't know what is affecting you. That was one massive weight loss that I had, then recently, when I had come back from Kasaul after this 3 day party and I got massively sick, I was in the hospital and all, but then again I don't know if I got sick because of the drugs or because I was travelling so much. ...If I have really felt anything it would be dehydration, because I have jumped so much, and because the acid is making you jump and it making you sweat out and it is going to make you thirsty. I haven't had like a headache or a stomach ache.

Female, Chandigarh

In the beginning the ATS effects last for 6 hours but in the later part after using it continuously for 8 months there is high demands, I always wanted to smoke again and again (may be 1/2 hours gap in between). Once the kick is over or if I did use it for sometime I feel so physically exhausted, don't want to eat anything (don't feel like eating, self-esteem is very low (very moody), breathing problem, chest pain, wanted to stay alone don't want to communicate with anyone. In those cases I only wanted to smoke ATS and I do it anyhow.

Female, Manipur

I am not aware about harmful effect of ATS. But some common experience I have come across after starting using WY is, I could not sleep at night, constipation and fast heart.

Male, Moreh

Honestly, I am not well aware about its short and long term side effect and many people also are not aware about this. Some of the common side effect which I have experienced is the strong desire to smoke again and again when the kick is over. And when I try to stop for sometime there is my physical health problem like I could not sleep in the night, chest pain and also I feel physically weak. Apart from this I have also experienced mood swings/depression when I have try to stop for sometime. I don't want to communicate or talk with anyone.

Female, Manipur

The ATS drugs affects you physically, mentally & so many other things can happen but they are not life taking. I have heard doctors prescribe these in some diseases, how can that be harmful. I don't take too much. Its all in control.

Male, Kolkata

I think I am seeing there is change in physical stamina, energy and strength compared to earlier. Before initiation of WY I was physically very strong. If I smoke then I can do anything but if I don't smoke then I am not able to do anything. The immediate effect I have experienced after smoking WY is un-normal (very fast) heartbeat and if I did not use it I am physically too tired. So in those cases I use either heroin or WY. I also have a high obsession on WY. I don't have much problem on increasing the quantity as if I have smoke 2 or 3 WY I can manage.

Female, Manipur

In terms of the effect of ATS drugs on mental health, participants predominantly spoke of experiencing memory loss, of finding it difficult to remember what had ensued the previous day, and of feeling mentally tired and exhausted. Memory loss was highlighted by quite a few participants with some stating that they had absolutely no recollection of large tracts of their lives when one day simply merged into another with only their craving for the drug controlling them. However, one participant felt that if she really wanted she just needed to concentrate hard and she would be able to remember all past events.

Still others described, what to them were frightening experiences; of people trying to harm them; of various visual and auditory hallucinations; of having nightmares and of feeling lonely and depressed. One participant from Chennai while describing his experiences when under the influence of drugs spoke of how dysfunctional he had become and of the auditory and visual hallucinations that constantly haunted him making it impossible for him to distinguish reality from the illusory world he had been drawn into.

The desire to isolate oneself and not communicate with anybody was another effect that a few participants spoke about. They became more and more reclusive shunning family and friends. A few spoke of being haunted by nameless fears, of waking up at night in a cold sweat and of being unable to go back to sleep because of the intense fears that gripped them. Sleep disturbances which also included being unable to sleep after a heavy night of partying and drug abuse was reported by many participants.

Feelings of guilt were expressed by a couple of participants who said that while they were aware of the pain and sorrow they were causing their families they were unable to resist their cravings for the drug. They felt ashamed at what they had done to themselves and were aware that this long term abuse of drugs had seriously affected their mental and physical health as well as their future but they felt unable to resist their craving for the drug. Thus, the cycle of drug abuse followed by feelings of shame and guilt continued. Feeling irritated and even becoming aggressive and abusive was also reported by a few participants.

Actifed, alcohol, fixing brown and smoke joined. So all these I was repeatedly doing it..... I started hallucinating, visually auditory..... I thought third world war was going on. I was hiding under my bed and waiting for soldiers to invade. I thought all my friends were cheating on me... having affairs with my girlfriend and Karunanidhi is going to give his share of money (both laugh) so I thought that there was a camera recording in the toilet and I broke that thing. At 4am in the morning I would wait for a guy some random guy to walk out with a brief case of money. I would be talking on the phone but nobody would be there on the line. Things like this. I didn't realize it. You know until friends would call me and ask what is wrong with you? Have you lost in it? I didn't understand what was going on.

Male, Chennai

There was a time when I knew everything and I could tell you everything. If I knew this car number I could tell you this car number for life. Then came the time that I knew nothing since I was doing so many drugs. That was the time when weeks together and months together would go completely missing. When I say missing, I would say like a month later, dude yaar aaj kya date hai, then we would realize that whole month had gone by. So I have had days like that also..... Now, after college when I started working and when I took a break for awhile and all, I do not remember anything from that period because I did not want to remember anything from that period. Now that I have taken up studying again and I am trying to get back into stuff like that and again remembering stuff. So I wont say it has completely gone, but the more I try to remember the more I am able to, so it is coming back. So now that I am paying more interest to it, it is happening again. So I can't say that my memory loss is because of something, or that my memory loss has become worse, I feel that if you really want to concentrate on it and if you really want to remember it you will remember it. And if you don't want to remember it you won't remember it. There are so many years of my life that I don't remember anything about because I don't want to remember anything about them. Then there are so many episodes in the middle that I remember so clearly because I want to remember, because I feel memory loss or no memory loss is a personal thing. Obviously drugs take it out of you and they make you forget so many things, but then alcohol does the same thing..... that's why people do these things that's why people do these drugs so that they can momentarily forget things and forget what is happening around them.

Female, Chandigarh

I cannot sleep after using meth. I need to take a sleeping pill. I was suggested Restyl and take 4 tablets to sleep. I don't like booze and at times when I run out of pills, I drink and try to sleep. It gives me a bad headache and hangover. At times after taking meth, I get irritated easily. In particular if I go home after using this drug, I get angry with my mom easily and shout at her. She thinks that I am losing my mind and needs to be taken to a doctor as I use bad words in anger. I also argue with the maids at home unnecessarily and pick up fights on the way back home. I get irritated if someone honks from behind and I use bad words against other drivers on the road. At times my friend also joins me in the fights and we think we can get away with shouting. Once we got into a fight with a call taxi driver and he slapped me. This incident also didn't deter me from getting into fights later on. I don't know whether the drug makes me angry as it does not happen all the time. When I smoke only weed, I don't get irritated at all and I am very calm and not disturbed by any external factor. When I am only smoking weed, my parents think I am completely normal and they think I am off everything. The trouble is only when I use meth and I seem to get upset for small reasons too.

Female, Chennai

I feel lonely and depressed if I don't take it and I feel drowsy and weak. I have somehow come to be addicted to it. We have also have contacts here in Aizawl where we can buy the pill now. Since I cannot eat well due to that effect my weight have come down a bit but my main problem is that I cannot sleep well, I have nightmares and sometimes I see ghosts and other figures in the bathroom and other places. Sometimes I also feel that someone is always sitting near me and saying something, this has troubled me. I have shared it with my wife but she does not seem to understand and she wants me to see the doctor which I refused at first. There was an incident one night when I went to my shop at around 10PM, I had forgotten my wallet, when I went inside and put on the lights I saw in the corner someone sitting on one of the scooters, I was so frightened that I nearly screamed, I ran outside and took a deep breath, I knew it was my mind playing tricks I took courage and went inside again this time the figure was gone. There are a few incidents I have like this. I thought maybe I had some vitamin deficiency so I bought vitamins and I use it regularly. I also try to improve my health by having healthier food and mineral drinks.

Male, Mizoram

Lately I have also experienced bad dreams like nightmares and sometimes I just stay awake at night because I am frightened I will experience them again. Also I feel sorry for my father who is so hard working and spends so much time and money to look after me, My drug use have made me to stop spending time with family members, at home I mostly like to be alone and I avoid others. Many times I dream a lot and think I may not live long any more and I feel depressed and frightened.

Male, Mizoram

Once I had this experience. I was tattooing a person. I was under the influence of this drug. The client asked me something. It took me 15 mins to answer him. He was shocked! I did not know what level I was in. Then I became dysfunctional. I told him we had to do this some other time. The effect was terrible. Worse than heroin or cocaine. It affected my thought process. Even when I quit, my mind was not clear. I was confused.,,, I started living in fear. I was hallucinating. I lived in fear. I felt people were out to get me. I started seeing things. I started hearing things. When I checked it out, there was nothing. All this was due to the thoughts I had created when I was on this trip. My thoughts would come rushing by. All the visions I had created. When I decided to quit, I had many withdrawal symptoms.

Male, Chennai

Affected work/studies

The fact that abuse of ATS drugs had affected the education and work performance of participants was commonly acknowledged by participants across all sites. Most spoke of how they either kept failing in class or simply quit studies. Initially, parents and family members knew nothing of their children's drug habits and simply believed them to be studying in school/college. But as the drug habit intensified, it became more visible and difficult to conceal and their poor performances at school and college was noticed by family members. Participants spoke of finding it difficult to focus on lessons taught in class, their minds would drift and they would be lost in some strange fantasy world. In the guise of attending school or college they would meet up with their friends and spend the whole day smoking, drinking and experimenting with drugs.

The drugs consumed were mostly some form of opium, or marijuana. One boy from Chennai spoke of repeatedly quitting one course after another and failing to complete any course fully as his craving for drugs made it impossible for him to concentrate and complete the course requirements. Consumption of ATS happened later and usually in parties. A few participants stated that they had not let the drugs affect their work performance or their studies; they were able to balance their lives by taking drugs only when they wanted to relax but never during working hours.

The Northeast sites like Imphal and Aizawl, however, presented a slightly different picture. Most participants from these sites belonged to poor socioeconomic backgrounds and had withdrawn from school when very young primarily because their families were unable to support their education any further. Most reported taking to drugs at a very early age and usually consumed drugs like heroin and WY. They started working as daily wage labourers when very young and spent a good proportion of their earnings to support their drug habit. One such participant from Manipur stated that he necessarily had to work or else he would not have the money needed to support his drug habit. Another reported that only by using drugs did he feel able to work

I don't know – but I guess I am very moody these days. While I look forward to the weekends with great interest, I wonder whether it is to do with drugs. Of course, I smoke pot every day. That is no big deal. I don't like to go to the college – it is so uninspiring, boring. I have got more than 80% arrears in the four semesters. Simply I haven't been studying and appearing for the exams. I don't want to be an engineer – never wanted to

be one. I just want to do visual communication as I love arts.. But my parents are simply too orthodox. They pushed me into this.. I hate what I am doing.. it is so de-motivating.

Female, Chennai

Well because of all this I never went for relationships, I broke up since I liked to hang out with my friends, besides it affected my studies. I just kept taking breaks and chilling for 10-15 days and that kept going on. According to my family I was studying but actually I was not.

Female, Chandigarh

Yeah. I have not let it affect me negatively. My brother told me not to take it negatively. Even if I sometime have drugs. I mean when it's time to study, I do that, when it's time to enjoy. so it's like that. He told me you don't have to think about this in your head and not to think faltu (unnecessarily).

Male, Chandigarh

To be honest, I have not been able to give my best in work under the influence of these drugs. All the best of my work has been when I was sober and NOT under the influence of drugs. Initially it helped me. But later I am not able to proceed. My mind is far away. I became detached. People became aware that I was not able to work and I was under the state of drugs. All that I could do when I took this drug was I could listen to music and be in a state of trance.

Male, Chennai

Although sometime there is financial problem to support my drug habits but somehow I manage myself to get the money by doing any kind of (labor) work in and around the Moreh Bazar as I can earn money easily.

Male, Manipur

I have stopped my education/studies long before my drug use habit as my family can't afford the monthly fees and admission so it is not related with WY use. If I did not use WY I could not work and I am not interested in sexual relationship.

Female, Manipur

Work/earning I could not stop, if I stop there is no money to support my drug habits so after using WY I always work to earn money. Regarding work if I did not use drugs (WY & heroin) I could not earn and at present I am working as a daily wage earner by doing any kind of work including labour.

Male, Manipur

So far I did not come across any issue like studies, sex life, relationship, money and legal. As regarding the money I can manage myself, the current work can easily support the drug use habits. Since I am not staying with my family members I don't have problem about the relationship.

Female, Manipur

I don't have much of these issues as I have already stopped my studies long before the WY use. But about the work if I did not smoke WY I could not work properly and most of my earning has been finished in WY use and day to day living expenses.

Male, Manipur

One disadvantage of grass was that I was not able to study well, I could not learn my lessons properly especially mathematics, whenever I studied, something else always came in my mind. I even failed my 1st year due to this, so I tried to cut down my dose many times. I succeeded a few times but till today I did not pass my graduation due to grass. It was so hard to concentrate on studies. But at the same time I had wild imaginations and concentrated on building my dream shop and making money, which I am doing today.

Male, Mizoram

Affected relationships

The use of ATS drugs had contributed to worsening relationships with friends and family, and this was acknowledged by many participants. They were sensitive to the fact that following use of these drugs- which in turn had caused major changes in their behaviour- their relationship with family members had taken a serious beating. Some spoke of the deep distress they had caused their family members, of the frequent fights and constant friction between them, and of the efforts made by their family members to get them into rehabilitation programmes. Despite all these problems, many participants spoke of the support and care that their families continued to give them. Others reported moving away and not keeping in touch with family members. One girl from Kolkata described how, following ATS use, her relationship with her family members had greatly deteriorated; another spoke of having become a loner by working hard the whole week to complete all her assignments so she could take drugs and party hard during the weekend.

In a few cases, participants spoke of how they had lost all their long time good friends and now socialised only with other drug users. Their often rude and aggressive behaviour, coupled with constant demands and requests for money, was largely responsible for many of their friends moving away and dissociating themselves from them. Some of the male participants also described how their drug habit had caused their girl friends to break away from them. In some cases participants had made half hearted attempts to mend their ways but these were usually not very successful and they would tend to relapse after a short period of abstinence.

It is important to note that most participants were fully aware that their drug habit was harming them in more ways than one but felt helpless to fight their craving for the drug. One participant from Manipur reported feeling "guilty and ashamed" of himself because in order to support his habit he had gone to the extent of selling off everything he owned including his ancestral property, thereby causing great hardship to his family. Another participant from Chennai in his narrative described how the ATS drug use had seriously interfered with his thought process and caused him to have emotional outbursts that most often resulted in him becoming overtly aggressive. Invariably, his family or close friends

would be at the receiving end which in turn seriously compromised the nature of their relationships. Only a few participants indicated that their drug use had not really affected their social relationships, largely because they lived on their own, had little or no contact with family members and socialised only with other drug users.

I wanted to talk to people. I wanted to hyperventilate my thoughts. I would go into a fearful state. When I called any person and they did not pick up the phone, I would get anxious. Is it that they did not want to talk to me? My thought process was too fast. I would send text messages which I should not. It affected my friends, family, my social net working. I could not cope. I got emotional. I could not handle myself. My friends all fell away. They could not handle my mood out bursts. Whichever place I went, I would see familiar things which would bring back familiar experiences which I had undergone. My thought process would now say. "Let me go back to that drug which I was taking at that point of time." Then I would switch drugs. ...Depends on the people. If I am angry, I get aggressive. I go out of control. Next day I realize when people tell me what I did... that I hit this person or I broke something or whatever. I go completely blank. If people provoke me. I get out of control.

Male, Chennai

If I have to do it (take drugs), I do it and if I don't want to do I don't..... Sometimes I do it 6 months continuously and sometimes I do not do it for 3 months straight , No problem with my social life, we get more social than before, talk to more people and you get a new passion to make friends.

Male, Chandigarh

It has made me a loner because I know at the end of the week I am going to get high. I mean I stay busy all throughout the week, am very hardworking, I stay alone whole week which is again very pleasurable at times. I work with more concentration and focus, it doesn't hamper my normal routine life. Though this lifestyle has been increasing distance with family members and other relatives and friends it gives me great relief. I am a spendthrift, in this case I actually spend less. In my imaginary world I am a hero. I have made a world for myself away from the real world. To keep up with my high society friends I have to maintain standards. Thus the expenditure becomes huge.

Female, Kolkata

Yes in a very major way. My life got affected because of ATS. I lost my job, lost my parents and few good friends who were not into using. They denies to recognise me at times, broke up with my boyfriend who was not a user. Financially I am absolutely bankrupt.

Female, Kolkata

I don't socialise much. I don't talk much I am not able to mix easily with people. One thing what happened was that one of my friends died, who I used to hang out with. So after that I stay alone. Now I have met D and all. They are good friends. Besides that I never do anything alone. Neither smoking, nor drinking, I never try anything alone ever. I know a lot of people but very few close friends....There is no one at home. Mom has expired. My father who stays out. There is a small brother....no no problem at all.

Male, Chandigarh

Use of ecstasy has not affected my life, It doesn't affect. That's the thing. I live a normal life. Throughout my life, it's a part of my life.

Female, Chandigarh

I always kept it (drug habit) from my friends. They probably know that I smoked marijuana once. But the pills, etc. they don't know. But again I was having bad rapport with them because of all the money I was borrowing. And also my suspicious nature, I would speak about one friend to the other. I talked nonsense about one guy to the other. Really worsened my relationships. So by the end of it, most of them are like sick and tired of me... They did ask me about it, three of them did.. They said something was different in me and what was going on? I just got out and that's the thing. But now they are aware..... I think it needs some work for me to actually come out and start interacting with them again. And again my friends are very few. I am not a guy who is like an extrovert and especially without drugs it is going to be even more difficult. But I am just comfortable with two three people.

Male, Chennai

Yes ATS has affected my life. I didn't complete my studies after starting on drugs. Work & sex life were better off before. Relationships.. yes I have to lie & sometimes compromise on the time spent. Financial loss is too much. Its too much expensive nowadays. But the best part is its so expensive that you can't get addicted to it. Its tough to sustain the habit.

Male, Kolkata

Yes, I know the harmful effect of using ATS; the first one is relationship with the family and relatives. I am not able to meet them or live as a normal people do in the locality. My wife and parents are always crying for me, as no one in family uses any kind of drugs. My sons and wife are really worried for me. I cannot meet any of my old friends in the locality. I cannot look after my brothers or sister being an elder brother – and I feel guilty and ashamed of myself for my habits. Yes, it has really affected my life in terms of my relationships with wife, family members and friends. And finance as I have finished many things – I even sell my own property.

Male, Manipur

There is always problem in the family and I never wanted to attend any social activities due to my drug use habits. I have problem due to WY, most of the time I fight with my wife and it also affects our sex life.

Male, Manipur

Regarding problem at home – since I am living separately from the family members I don't have much problem with the family and work. So far I did not experience any kind of sexual act or relationship with anyone. And about relationship with the family members since I am living far away from home my parents are not aware about my drug using habits.

Male, Manipur

Due to WY use I have problem in relationship in the family and also money. As WY is very expensive it requires a lot of money to buy. I am also very much dependent on the family members to buy the drugs. So WY use affects my life. But regarding studies since I have left school long time back I don't have any issue. And there is no issue for sex life and legal.

Female, Manipur

Affected sex life

A wide variety of opinions and experiences were expressed by participants with regard to their drug use and its effect on their sex life. One opinion expressed was that sex after or while under the influence of drugs was very enjoyable and more important enabled them to sustain their enjoyment for as long as half an hour to one hour. In sites like Chandigarh and Chennai these sexual encounters usually followed a heavy night of drinking and abusing drugs in a party. Participants from these sites stated that they usually never took the drugs with the intention of engaging in sex but invariably all those who attended such rave parties, were aware that sex would usually happen- more like a by-product- after a night of partying. These participants further described that these sexual encounters were not always with their respective girlfriends/boyfriends and quite often they would engage in group sex, sometimes quite oblivious as to who their sex partners were. Sex with members of their own gender was also described.

Another point that participants made was that drugs like LSD had a different effect on them wherein sex was the last thing on their mind. When they were “tripping” on such drugs it's unreal and hallucinogenic effects made them feel good about themselves; they would simply sit in the company of others like themselves and drift off into this illusory world, which they found most pleasurable. However, drugs like methamphetamine and ecstasy filled them with energy, they felt vibrant and strong and capable of doing anything and also increased their libidinal energy. As a result, a lot of sex tended to happen under its influence. While a few reported taking care to wear condoms whenever they engaged in sex others declared that this was not possible when they were under the influence of drugs. Their heightened sense of arousal and eagerness to engage in sex pushed all thought of practicing safe sex from their minds. The fact that they were placing themselves at risk of contracting sexually transmitted infections, including HIV, was something many were aware of but declared that the hold of the drug on them at that point in time was so strong that they fell prey to its machinations. Still others said that they used condom only when they visited sex workers but not when having sex with their girlfriends/boyfriends.

Participants also spoke of enjoying sex only with their respective partners with whom they were on a steady relationship. In such cases they rarely if ever used condoms. In some cases both the participant and his/her partner would be on drugs while in others only the

participant. However, this participant from Aizawl said, “Even my sexual partner says that I am very energetic and perform well. My desire has increased a lot lately and I have even started seeing sex workers sometimes which I have never done before”. Thus, persons who were originally in steady relationships, also spoke of seeking sex outside on account of their increased sex drive which was attributed to the effects of ATS.

Another very distinctive opinion expressed by another group of participants was that they did not in the least feel sexually aroused following abuse of ATS/other drugs. On the contrary they found sex uninteresting and in a few cases repugnant as in the case of this participant from Manipur who said, “Since I have been using both the drugs heroin& WY, honestly I don’t have any interest in having sex even with my wife. I even hate the smell of my wife”. A few participants from Mizoram were unable to state whether using ATS had increased their sexual desire. While it had certainly enhanced their physical energy they felt unable to state whether their sexual energy was more following its use. These participants were older and most were married. They spoke of having sex only with their spouse and of never seeking it either with sex workers or even elsewhere. They saw the drug as something that helped them cope with their daily work routine and not so much as a recreational activity unlike participants from Chennai and Chandigarh.

Sexual relationship was just normal. Lust was a big problem for me in Singapore. And towards the end, it really became a big problem. I couldn't just stay focused with my girlfriend. And I was seeking sex from, you know, people at school and people I met, and it became a problem because I was looking at every woman just as an object to satisfy myself. I wasn't really looking deep, you know, and that they were actually human beings. So all my actions, thoughts, it was just focused in trying to get somebody into bed, I mean anything I did would have that motive. You know, helping somebody in projects or doing something for somebody would have motives. And of course, this obviously led to problems with my then girlfriend. And she noticed me detaching from her and she kept warning. She was a very understanding girl. Eventually she left me.

Male, Chennai

After having sex all my stamina/energy has gone away so most of the time I don't want to have sex.

Male, Manipur

About sex I never had sexual relationship if I used ATS or heroin – my husband never wanted to have sex if he know that I am intoxicated with any kind of drugs. “Rather having sex I enjoy myself with my drug kick” Yes, ATS has ruined my life in my earning (business), sex life, relationship and Finances as I have told you before.

Female, Manipur

In my experience, I have seen like two women, they were using crystals like and they become very horny and I heard like, not only them, there are lots of women who use crystal like they will be like that....It will be like group sex.. four girls and three boys, I think so. yeah, two boys and two girls at that time...., I know that I am having a relationship with the woman. I know her. She is my friend. But I feel like, you know, once I had a sex with her, you know once I finish everything like, then I feel like lucky so you go away, and I don't want... it is a kind of fast kind of sex.

Male, Chennai

Frankly speaking, you just make a fool of yourself. We really cannot go forth or "make out" with some one? You know? We cannot have a normal intercourse. We behave like animals. We just don't know what we are doing? Whenever I have had intercourse under the influence of drugs ,it was never romantic or satisfying... Yes when we are in this state of drugs, we don't know what we are doing, you really don't know what actually happened. You don't even remember who the person was.. We have no control of ourselves. We don't know whether we are using a condom or not. ... People have become very liberal minded now. Yes we sometimes make out with our own gender as well. People get abused, people get taken. People, who have been abused, don't remember. They drop the charges, because they don't remember what happened to them. Who their partner was, or partners were for that matter.

Male, Chennai

Regarding sex I am not very active, and I don't have sex with people I don't know, especially after meeting my boyfriend I have not had sex with anybody else.

Female, Mizoram

Whenever you have LSD or Acid you know you are probably never going to have sex. What's on the agenda is good music, good food, good juices. In fact on LSD if you end up having sex it is the end of your trip. They are just party drugs, that's what they are for and I will do them only at a party. But yes where I am doing MDMA I will definitely definitely definitely want women around, maybe not to have sex with all of them, but just to create the positive vibes.

Male, Chandigarh

The experience of sex after using MDM was beautiful. It was very connecting. It was very energetic, but at the same time very tender because at the same time the sensitivity increases. Maybe for that to increase to feeling of the experience it was more longer lasting there was so much energy involved in the process. So all these things put together it was different from the usual sexual experience. ...Well the first time I used MDMA we did know that it opened you up sexually, and the first time I used it I was with these two friends of mine who were girls and we just all ended up being together, because of how it opened us out. But after that yes it was a conscious decision...It would basically be after the party the sexually experiences so it would always follow. That is what it became. So it would always follow an occasion. So it was never used just for the sexual experience. It was always some kind of a party or some kind of an occasion and sex would follow later.

Male, Chandigarh

We never use the condom. No, you cannot wear a condom at that time. You feel like you want to shout, you shout, that's all. You don't feel, you don't have any idea of wearing a condom. We go for direct. That's all like. That time you will be in a, you know, you will be aggressive. Not in the mood, you come to the mode of aggressiveness. It's a mode of aggressiveness. Again you will get back to the mode of staying calm.... Even in sex, we need to do a lot of different types of sex with one woman. Two guys with one woman. We have done it once. Like she really got pissed off. She was into the substance. And she didn't feel the pain. The next day like, she is totally damaged. She called up and she is asking like what the heck you did to me? You know, that scene and all, it happened.

Male, Chennai

I have had sex of all types. Oral, Vaginal & Anal. Many partners I have. My girlfriend is also open to it. It depends about the protection part. Not all, I use it with, I don't take it with whom I know. The casual ones, am very aware & try wearing it. Its not very difficult.

Male, Kolkata

Initially I used to have sex with my steady girlfriend immediately after 30 mins / 1 hour of doing ATS. We use to have oral-vaginal sex only. Initially I use to perform in a better way; the whole episode lasted for around 30 mins to an hour too. But afterwards didn't get that kind of feeling like having sex regularly. Normally we never use condom.

Male, Kolkata

When I have sex with my wife we both enjoyed together (ejaculate in the same timing) and never use condom. I don't have any other sexual partner apart from my wife till date. But now I am not interested in having sex with my wife anymore after getting addicted to ATS.

Male, Manipur

After smoking WY sex is really enjoyable it really enhance my stamina – it is more good than those sexual stamina tablets which we get from the pharmacy” – WY is the best it is long lasting for sexual activity. “If I smoke 1 tablet and have sexual relationship with girl friend she could not wait for too long she asked to finish soon”. Where heroin does not erect the penis, if erect also it will suddenly go down (stop erection)”...The sex, which I have with my girlfriend, is in the initial days of WY use only two or three times. Yes it gives me more sexual satisfaction and longer duration about 20/25 minutes...“I know there are many WY user friends who use to have sex with different sexual partners after having WY” as WY user often talk about sexual enjoyment after the WY smoke.

Male, Manipur

I have experienced sexual act once or twice with my girl friend but that was long time back. But I could not tell you the real experience, as I really don't know whether I am sexually active or not. Beside I also don't have much sexual experience and I am not very much interested in sexual activities. After WY use/smoking quite often I felt some sort of unusual sensations (hallucinations) that other people are walking or talking against me.

“Actually before initiating heroin I am interested in having sexual relationship but after I have become addicted to drugs (heroin and WY) I am no longer interested in having sexual activities”. Now I am more interest in having drug only.

Male, Manipur

I don't have any girl friends and I never experienced sexual practice nor I never do any sexual activity with other female including sex worker. I don't know about masturbation, I don't have feeling or obsession on sex honestly.

Male, Manipur

So far I did not have any sexual experience in my life. I use to have girl friend at the village long before I was initiated into WY but we never had sex. Nor I ever try to have sex with any other persons.

Male, Manipur

Since I have separated from my husband, I am not interested in having any kind of sex relationship after the WY use. Even my closed friends use to ask about my sexual activities after the WY use but I never felt having sex after using it.

Female, Manipur

Earlier I used to have girl friend but at present I don't have girl friend. I never experienced sexual practice after using WY. Only when I stayed at the rehab centre for 4 months and after coming out during that time I was interested and was obsessed about having sex. During that time I used to have sex with my girl friend and never used condoms. This is long time back no longer I have girl friend now. Once I started using drugs I am not interested in having sex with anyone. Apart from my girl friend so far I did not have any sexual experience with any other person.

Male, Manipur

Regarding sex, I cannot really explain if Speedy Bee has any effects, but sometimes I feel that the desire is very strong and I can last for very long time. I sometimes feel the need to masturbate since my wife has to do night shift at the hospital. Despite all this, I have never had sex apart from my wife and I do not intend to go beyond, my friends tell me that they have extreme desire for sex, as for me I do not have the extreme desire. My wife and I do not use condoms during sex.

Male, Mizoram

The difference between No4 and Met is that No4 does not give me a huge desire for sex but Met usually urges me to have sex or even masturbation. Even my sexual partners say that I am very energetic and perform well. My desire have increased a lot lately and I have even started seeing sex workers sometimes which I have never done before.

Male, Mizoram

I have used "W" before having sex, but I usually have taken grass and alcohol also, I cannot say there is a lot of craving for sex, but due to the energy in my body I feel that I have a better sex drive. I have also had sex with other woman apart from my wife, I have also seen some sex workers in Aizawl. Apart from my wife I usually use condoms. I find it hard to answer the question and also differentiate it with sex without "W".

Male, Mizoram

Harmful consequences

Despite fairly heavy abuse of ATS, most participants said that they had at least managed to steer clear of the police and law. A few of them had been sent to police lockup for a couple of days, while a couple reported bribing the policeman who then let them off without imprisoning them or even imposing a fine. One participant from Chandigarh reported using "influence" when he and his friends were caught during a raid conducted by the police which enabled him to escape being jailed.

A participant from Chennai spoke of being caught and placed in the police lockup but the very next day his family members managed to get him out. What exactly they did to get him out was unclear to him as he was still under the influence of the drug and had no idea what was happening. A couple of participants from Manipur reported being caught by the "underground police", also referred to as "RZO", who questioned them about the drug peddler from whom they had got the drugs, but apart from this they did nothing, they let them off after a couple of days.

Most participants confessed they were involved in accidents, brawls and fights. Almost all had been involved in quarrels and arguments which, most of the times, ended in aggressive physical fights. Arguing with family members was common and many participants were unable to remember the reasons for arguing and quarrelling with their friends and family members. Participants told they became easily provoked and angry. Even the slightest little trigger was enough to annoy them as the drug infused such a sense of power in them that they felt strong and able to cow down anybody even if that person happened to be bigger and stronger than them. In a few cases, participants spoke of physically beating up even policemen.

Accidents, too, were fairly commonly reported, more so by men who reported driving bikes and cars under the influence of drugs. They would drive at high speed and, in inebriated state, had little control over their vehicles. Consequently, accidents happened; however, none reported any fatalities although some of them suffered fairly serious injuries that required them to stay in hospital for a few days.

On the other end of the spectrum, there were participants who reported never having experienced any accidents, or fights or even altercations with the police.

Some of the young female participants from Chennai and Kolkata had become pregnant and ended up having an abortion. Some of them had undergone more than one abortion which for the most part they had managed to conceal from their family members. In the minds of several participants, particularly those from sites like Chandigarh, Chennai and Kolkata, drugs were not viewed as harmful and so they believed that the issue of getting off it did not arise. On the contrary, the sheer enjoyment, happiness and unparalleled energy they felt when on it, was so good that they perceived no harm in partaking of it.

I don't think I will ever stop weed as I see no harm but only good. For a person like me who has problems like poor attention, it helps to improve my concentration. Also I think meth and ecstasy aren't so bad like heroin and other stuff like coke. Actually meth gives me energy. The reason I don't want to give it up is that it is not addictive as I don't use every day. I use it weekly maybe - more important it makes me to enjoy life better with my friend.... I am only worried about anger and I think I should go for yoga.

Female, Chennai

People will take drugs - no matter what you do. Young people love fun and drugs mostly are fun. Maybe you all should warn them about dangerous ones like brow sugar or coke. You cannot put everything together and that does not help. We are all having access to internet - the information is out there - no one will believe if you go tell the young girls and boys that all drugs are bad and that is nonsense. Let people experiment and they need to realise on their own what they can handle and what they cannot handle. There are other bigger problems to attend to.

Female, Chennai

Yes, of course, I have had unwanted pregnancies and have aborted twice. And also have lost many jobs due to absenteeism, as after doing the drugs going back to work was a real pain. I had to leave home for few months and stay separate because in between my folks came to know about my life and the kind of drugs I was doing. To avoid the trouble I moved out of my house.

Female, Kolkata

It has been around only a year since I have used Meth and I have never been caught with the police or other Pressure Groups regarding this. I have had conflicts many times in issues of Cannabis and other pills but not with Meth. Many of them don't even know what it is. I can recall one incident I had when my eldest sister and her husband had come to our home for dinner, I was high on Meth and I simply just did not like their presence, so I quarrelled with them on simple matter and anything that came up, I just got angry for no reason and they had to go back home. The next day when I thought about the incident I feel that Meth was having a bad effect on my brains. Other than this there were also times when I just came in arguments with my mother for simple reasons which I cannot remember very well. From these incidents I can say that Meth has started some sort of effect on me which I never possessed before, sometimes I think at night and I feel frightened that it may make me mad. I sometimes I find it hard to sleep thinking about these things.

Male, Mizoram

I am using "W" just for energizer now and I don't have any side effects or mental effect. "W" has not done any damage in my life, but just a month earlier I had a quarrel with my wife and I hit her, I don't know if it is because of "W" effect but earlier I have never hit my wife, I feel that it made me get rough suddenly which I could not control myself. My wife ran away to her parents home but our family have started making talks and arrangements for her to come back soon. In future I will also try my best to control my emotions.

Male, Mizoram

I behave very arrogantly and like for an example, I break one cop's face like I have hit him very hard in the middle of the road, I don't know what happened and the next day I was in the cop station. My entire family was there. And they took me out. I am telling like I don't know what I did. It makes me so numb but I am awake..., accidents happened. twice, while driving the bike have had accidents but nothing happened like more serious issues. But while driving a car I have had serious issues. The engine has come in to the knee.

Male, Chennai

Till date I did not come across any kind of major incident like arrest, accidents or violence. But of course due to my ATS use there has been a lot of fights with my husband due to this reason we were separated more than 3 to 4 time only recently we were united and staying together at present.

Female, Manipur

Regarding the unexpected consequences of WY use, I was arrested once by the UGs (underground police - RZO). And after when they caught me they told me to inform the peddler place but I never informed them. I told them that I did not know peddlers, my friends use to bring this WY tablet; I lied that I only have to inform or tell my friends to get WY drugs and I buy from them. Apart from this I did not come across any incident like police arrest, fighting or accidents with me.

Female, Manipur

Apart from my wife and friend nobody else knows about my pill usage and I have not faced any unexpected consequences from society, but there were times when I forgot pills at my shop and my co workers would ask what it was and they are becoming very curious about it. I just tell them its my medicine.

Male, Mizoram

I have had problems with community pressure groups once since I had a fight with one user. They took us to the headquarter but we did not have any drug with us at this time and they released us in the evening. People here knows I am using Cool and pills but not about "W", my father also does not know yet about "W".

Male, Mizoram

Yes I have got in trouble with the police many times. When the police come when we are partying and I am under the influence of drugs, I tell them I am from the US or UK. I tell them I am a gangster. Whatever I visualize when under the influence of these drugs, these characters come “alive”. I “become” one with these imaginary characters. I live them out. You know what I mean? I am them. Many times I tell stories to the police. They all know I was under the influence of drugs. We used to use influence and nothing would happen to me.

Male, Chandigarh

So far I did not come across any unexpected consequences or incident due to WY use.

Female, Manipur

In regards to WY used so far I did not come across experience that I was caught by the underground outfit or Police but for heroin use I have been caught by the underground outfit. Whenever they caught me they took me to their camp and beat me and also ask me to tell them about heroin peddler.

Female, Manipur

4. Perceptions in treatment

There were mixed reactions with respect to the need and usefulness of treatment. One perspective was that the drugs were not harmful, and participants also believed that they were not addicted to it. Simply taking it over weekends at parties or for enhancing their work performance was not considered untoward. On the contrary, these drugs were viewed as not only providing pleasure but had taken them through difficult periods in their lives. One participant from Chennai said that she saw “no harm, only good” in drugs like weed as it had helped improve her concentration. Another participant from Chandigarh went on to say that, “Taking drugs is not wrong, Selling drugs is wrong”; he further added that if one wanted to take drugs it should be done in a private place or in the company of close friends and not in the open. Another perception was that drugs would always be used by people and it was best to let people explore for themselves and realise how much they could handle.

To others, the realisation that drugs were harming them came after several years of abuse. Even then, most participants found it very difficult to give it up. Several spoke of having given up using and abusing drugs for short periods of time but were unable to sustain it for long. Invariably, the memory of the pleasure it gave them when they were on it, combined with peer pressure to start taking it and their own stresses and inadequacies, acted as triggers to resuming the drug habit.

Participants accepted the fact that abusing drugs had caused them immense physical harm, had contributed to destroying their relationships with close family members and friends, and seriously affected their studies/work performance. Despite this awareness they felt compelled each time to go back to using the drugs. One participant from Aizawl however said that participating in a religious retreat had done him a lot of good as he felt “God still cared” for him. As a result he started going back to Church. Although he continued to use drugs he believed he had brought it under control by keeping in mind his future and his health.

In terms of treatment, many participants from the Northeast sites spoke of poor to no facilities available for treatment and rehabilitation of individuals using and abusing drugs which they perceived as a major handicap. In the absence of such treatment facilities they felt unable to give up their drug habit. The importance of counsellors who could guide and support an individual and help him/her to kick the habit was stressed by one participant. Support from friends and family were cited as a factor that had helped some participants through the difficult times when they were going through detoxification. One participant from Kolkata said that what eventually deterred him from continuing to use the drug was the fact that it was too expensive for him to sustain.

Few Mizo students know about our drug use and I am afraid my father will find it out, I am currently trying to reduce my drug dose and even my father has asked about how much I am spending and I feel he is suspicious. I will try and stop it after my studies here. I have not talked to any person regarding treatment or help but I feel that in the near future I must do something.

Male, Mizoram

About the stimulants – I think of them only during weekends and while partying. Yes, for party, dance and sex I love it. It is too good to be true. I don't want to give it up.. for what? It is not heroin. I don't touch hard core stuff like heroin. Neither does R (her boyfriend). We are happy with our stuff- weed, ecstasy, crystal meth, LSD and occasionally coke. Actually I don't like coke too.. What is the big deal. Everyone requires something. Yes if I want to give up anything it is cigarettes man, I hate it, it is addictive.

Female, Chennai

I had a persistent strong desire to take ATS, had difficulty in cutting down, increased quantity to get desired effect, neglecting or problems at home/social life/work. I didn't complete my studies after starting on drugs. Work & sex life were better off before. Relationships, yes I have to lie & sometimes compromise on the time spent. Financial loss is too much. Its too expensive nowadays. But the best part is it is so expensive that you can't get addicted to it. Its tough to sustain the habit.

Male, Kolkata

I knew that I had to clean up that for myself. Because I knew that everything was going out of control. It was unmanageable, you know, my life, my education and suspicious behaviour. It will drive a person to commit suicide. I don't talk about drugs to my friends, what we have done and what we have not done. I don't talk about it. There is no point. I can talk about what I have done but there is no point in talking about what I haven't done. Because when I start thinking about what I have not done, maybe, I start getting curious about it.

Male, Chennai

So I never really am able to quit it on my own. It makes me feel so good. I don't need anything else. And the thought is always there. The euphoric recall keeps coming. And I do have a fear that I might again relapse. But again keeping the possibility that I might go back, you know, it kind of keeps a check on me. I acknowledge that at any time I might go back any time so I need to put in more effort to make sure that I don't.

Male, Chennai

Narcotic anonymous meetings, that's the one way of getting help. Dr. S has always been there for me for the last few years. My grandparents again you know, if not for their unconditional love, it wouldn't have been possible for me to come out of it. So they kept believing me and giving me chance after chance. I felt there is hope....., the funny thing is, no matter what anybody does for you, even if you have a lot of money, you have the best wife or job, it is still not going to stop me from going back if I want to go back. So I need to acknowledge and say that I had enough. And if I go back, these are the consequences so I shouldn't go back. The very fact that I am telling you guys I know that if I go back this will happen itself is... I am just grateful for that awareness. Because, before, I never had it. But every once in a while I need to kick my backside to remind myself this is just a daily maintenance. I need to talk to people like me. I want to keep reminding me, you know if somebody is going through that problem I can relate to it and it will remind me that ok, stay away.

Male, Chennai

I often thought about stopping smoking WY it but I could not stop it. Now I also have physical health problem I am fed up about my drug use habits but I don't have any options. So I continue using it.

Female, Manipur

As I have already told you last year fortunately I was able to go for treatment at Imphal. Since there are no treatment facilities here in Moreh, I have gone all the way from Moreh to Imphal to get treatment there. I have stayed for 6 months with my small daughter, 3 months in the rehab and another 3 months at the short stay home (SSH) run by SASO (NGO) in Imphal. While I was staying in the SSH I was able to learn many things about addiction and also other risk associated behaviour with the drug use. They also take care of my health and my daughters. There I was able to learn IGP, when I have come back at home they also provide some small amount to start IGP for my own. So, now I am planning to start small piggy farm with my husband.

Female, Manipur

Yes because I know that someday I will be really addicted, I would like to stop using drugs, but I cannot stop it right now, I have approached some NGOs but have not shared everything with them. I have talked to a few NGO field workers regarding drug use but they do not have information to satisfy what I really need. Most of them don't even know "W" and I don't want them to know I am a user.

Male, Mizoram

I would like to share also that my mother is praying for me all the time and this somehow makes me feel safe and it gives me relief apart from all my other thoughts and weaknesses. I am also glad I shared my life to you.

Male, Mizoram

I feel if there is proper awareness spread about usage of drugs and the ways it can harm you, and the way it can be got out of your system, perhaps there is a hope for the youngsters. Then they will say, okay, there is a place for me to go if I go out of control. But unfortunately there is no awareness and no education on drugs; kids if they feel this drug does not work, let me try another. Maybe this will work for me? Then it becomes too late. The parents are far too busy going out to their Cosmopolitan clubs and leading their fast lives. They don't realize what their kids are up to until the son bashed up their car.

Male, Chennai

Perception of harm

Almost all participants became aware of the harms caused by their addictive behaviour. Initially, what was seen as fun and something that was very pleasurable began to be perceived as a harmful substance that was affecting them both physically and mentally. Most wanted to give up this habit but felt unable to do so. By the time they had realised that their drug habit was doing them more harm than good, they had become truly addicted to the drugs.

Some spoke of the drugs helping to fill a void within them which was engendered by the fact that their relationship with family members and close friends was not going well. Many had broken up with close childhood friends and had distanced themselves from their family and found them quite alone. In hindsight, participants realised that the euphoria they felt when on drugs was short lived and in no way had helped to address their problems. This was compounded by the fact that their education/career was not going well and added to this their drug habit posed a severe financial strain on them.

Some felt that following abuse of drugs their character had changed; they had become aggressive and abusive. Quite a few participants, however, saw the drugs as helpful to them as it had enabled them to study and clear their examinations while others felt it had enhanced their work performance. These participants saw no harm in their continued use of the drugs.

I mean now I can say, no it didn't fill my void as such. It was only a temporary relief for many things I go through at that point of time. But at that point of time if you would have asked me I would have said, this is the solution to all my problems. I feel that's how the drug makes me think. Because once I remember when I was sitting in a toilet, just smoking and enjoying it I just thought I had the whole universe figured out. I thought I know how in politics sport, countries were functioning. You know something in depth. So it is just a temporary solution to all my problems. And that's the reason again and again.

Male, Chennai

You know, everything is changing because of my drug abuse, you know. It took a while for me to come to an understanding and by the time I came to understand this, I was addicted. I couldn't get rid of it, you know. I wouldn't get rid of it and yeah, with lot of medical advice and treatments all that, it was something which I went through hell. Initially it was all fun, it was happening. And moreover if we go these parties, we find women using all these you know. We find women smoking grass, and doing ash, and popping pills and LSD and all that, so when you see them do it, immediately it hits you, you know. Come out, (voice unclear) of a man, you look better and you can do more than that. That's where it all started.

Male, Chennai

I have done the drug to the extent that my body could handle it. I really don't like drugs when I start swearing..... because I have done that once and what is the point in doing drugs when you can't have a nice fruitful conversation with somebody. And where is the question of getting laid on MDMA when you can barely talk. You should only do MDMA where you can handle yourself and behave yourself.

Male, Chandigarh

I can definitely say that drugs has had effects on me physically and mentally but I cannot say that it is because of "W" because I had used it just for one year and I mostly take it with other drugs. I sometimes recognize that it had made me very aggressive and I easily get angry quickly, I quarrel and fight with friends more often now than before. When I become angry I don't fear any one even if they are stronger or bigger, I just want to fight to get even. Before, I used to be quiet and friendly, but lately my character has changed immensely and I don't know why.

Male, Mizoram



4.6. Cross border study on ATS

4.6.1. Demographic characteristics of sample

There were a total of 10 participants from each site (n=20). In Manipur this included 6 men and 4 women while in Mizoram this comprised of 8 men and 2 women. The participants from both sites were predominantly married and literate with most having completed up to secondary schooling. There were a total of five graduates and two post graduates of whom only one was a woman, all others were men. In terms of their occupation, these ranged from small businesses, casual labour, selling liquor and peddling drugs to better paid jobs like being a teacher, clerk and serving in the police force.

Table 18: Demographic characteristics- Moreh, Manipur

ID	Age	Gender	Education	Occupation	Marital Status
01	33	Male	Graduate	Project manager (Male TI)	Married
02	35	Male	VII Std.	Small business (Tea shop)	Married
03	34	Female	XII Std.	Small business	Married
04	41	Male	Graduate	Business/CBO President	Married
05	42	Male	LLB	Sub divisional police officer	Married
06	23	Female	V Std.	Drug peddler	Widow
07	27	Male	X Std.	Casual labour	Unmarried
08	48	Male	XII Std.	Clerk-Electricity dept., Community leader	Married

ID	Age	Gender	Education	Occupation	Marital Status
09	28	Female	Non Lit.	Housewife	Married
10	57	Female	Functionally Lit.	Vegetable vendor	Married

Table19: Demographic characteristics- Champhai, Mizoram

ID	Age	Gender	Education	Occupation	Marital Status
01	46	Male	Graduate	Businessman	Married
02	30	Male	VI Std.	Carpenter	Divorced
03	44	Female	VI Std.	Sells liquor	Widow
04	38	Male	VII Std.	Director-Kharislabon Society	Married
05	34	Male	PG	Teacher	Married
06	25	Male	XII Std.	Social worker	Unmarried
07	33	Male	Graduate	ASI-Mizoram armed police	Married
08	26	Female	PG (Social Work)	Social worker	Unmarried
09	35	Male	IX Std.	Driver	Married
10	44	Male	X Std.	Farmer	Married

4.6.2. Themes of analysis

Following were the themes that emerged following analysis of the data transcripts

1. Availability of ATS drugs and trends in its Use
2. Movement of ATS drugs across the border
3. People who use and sell ATS drugs
4. Suggestions on preventing ATS use and helping ATS users

1. Availability of ATS drugs and trends in its use

Several issues related to the availability and trends in the use of ATS were described by the participants. These have been classified as availability and cost, people's awareness about ATS, reasons for its use and perceptions on adverse consequences.

Availability and cost

Most participants from Manipur spoke of the relatively easy availability of ATS drugs in their towns. While they agreed that it was not openly sold in the markets, it could easily be procured from drug peddlers. People belonging to certain tribes were predominantly engaged in drug peddling. A large number of women were reported to be engaged in selling these drugs. Most of them were widows. In several cases their husbands had been drug users or peddlers and after their demise the women desperate for a source of livelihood, simply took up the job of peddling drugs. The drugs were usually smuggled in from Myanmar and then through these drug peddlers were sold to drug users. One participant said that while the use of ATS was quite widespread in Moreh town it could only be procured from a known source. The drug peddlers would usually sell the drug only to known persons. Drug peddling was reported as being a flourishing business as with little effort the peddler could earn his livelihood. The types of ATS commonly found in Moreh town were WY, 626 and 88 which

were pink in colour. While WY cost about 60 rupees, 626 and 88 cost a little more and were priced at Rs. 130 and Rs. 150 respectively. Mention was also made of a pure version of 88 as against a less pure one which could be identified by the shade of pink. The purer tablet was darker pink in colour and believed to have a much stronger and longer lasting effect as compared to the less pure one and consequently was also more costly. A few participants admitted that they had no idea about the availability of ATS drugs. Another participant who was in the Manipur police force spoke of the difficulty in monitoring and controlling the sale of ATS drugs. He further said that on several occasions he had observed his own staff working in collusion with the drug peddlers. Such persons he said were duly punished. But these problems combined with the difficulties associated with monitoring the long porous border dividing Manipur and Myanmar made it very difficult to control and prevent the sale and use of drugs in many parts of Manipur.

ATS drugs are available only in tablets form here in Moreh, there are three different types of ATS available. In local names ATS are known or call as "MARU" (Pill/Tablet). The three different types available at the present are WY, 88 and 626. WY cost around 60 rupee, 88 cost is 150 rupee and 626 is about 130 rupee. Mostly 88 tablet are commonly used by the users... This drug is easily available and one can buy from the peddlers in the locality. It is not very easy to get or procure ATS as the peddler never gives ATS to unknown persons. It is not freely, openly sold in the market. I mean a layman could not get it easily but one can get it easily through a user person. Regarding the change in the availability I could not say properly but it happens sometime when people could not come out from home, border security is tight and there is no stock in the market - during such cases the prize goes up. Heroin peddler also sells; apart from them there are also people who only sell ATS but these are mainly done by the female only. And user never sells ATS drugs.

Service Provider, Moreh Manipur

Two ATS drugs are available at present in Moreh town and it is only in the tablet form. These tablets are known as WY and 88 tablets; these tablets are in pink colour. WY cost about 90 rupees and 88 cost about 150 rupees. In the local name people call it (Maru - means pill or tablets in local language). In the surface of the tablet it is written down as WY or 88 so ATS user known by these figure or number but locally most of them call it 'MARU'. Apart from these two tablets there is also one green colour but we can't get it separately out of 400 ATS tablets packet there will be 4 or 6 tablet but it is also written down as 88 in the surface....Earlier I used to sell other brands but now that tablets are not available now - one is in yellow colour and another is known as "Fengoi". ...It is really easy to procure or buy ATS in this area as there are many people who do this business as people can easily earn money from this business. Apart from this, it is a new drug people do not take much attention; so there is no much problem like heroin in the locality. And instead of finding the bigger ATS business or smuggler person they come to find us who are doing small business in the locality..... Since Moreh is border town and also a business hub most of the time drug is easily available there is no much problem. I think most of the locality in the Moreh town, drugs are easily available but the tribal and Meitei community sell mostly drug. But if I compare the number, the number will be higher among the tribal community as many tribal people indulge in this business. As they are the strong and also most dominated community in the Moreh town....About the cost of the ATS drug, WY we sell it @ Rs. 90 and 88 @ Rs. 150 but if bought in bulk 400

tablet packet we can get for 6000 rupees. It is cheap if we buy in bulk so we can get lot of profit from this drug.

Female Peddler, Moreh, Manipur

I know few women who are also selling ATS and heroin; it is cat and mouse game. Our police Commando do not target the drug peddler. They will tell lies that they don't sell drugs - to be honest with you - sometime our staff takes money from the peddler and I will call the staff and give punishment among them. We tell the peddler not to sell drugs they will say yes but we could not monitor all the time...As per the information I have received from my junior staff in most of the locality ATS drug is easily available.

Police, Moreh, Manipur

In contrast participants from Mizoram uniformly stated that ATS use was not prevalent in Champhai and it was heroin that was the drug commonly used in Champhai. The fact that ATS drugs were being smuggled in from Myanmar was acknowledged by many participants but they felt that the drugs were then taken to Manipur, Assam and Kolkata where there was a big market for it. What little use of ATS that was reported to occur in Mizoram, happened close to the border of Manipur. One participant said that while most Mizos in Champhai did not use ATS, there were substantial numbers of migrants living in this town and among them ATS use was reported to be quite common. Among these groups ATS was referred to as 'WY', 'DK' or 'dikeh' and 'eksy'. All participants professed to not knowing what these names meant and also said that they were not aware of any Mizo name for it. The reason why ATS drugs did not seem to be preferred by the drug users in Champhai could not be ascertained from the interviews.

ATS drugs do not come in large quantity here as far as I know, only heroin comes in large quantity. Burmese smugglers always say there is no profit in ATS drugs in Mizoram. I have no idea about exchange of drugs and other related issues. I have never touched ATS before and I am very blind in the matter. Some people say that there are many people from the mainland such as Guwahati and Kolkata who are involved in ATS smuggling other than the Mizo people.

Female liquor seller, Champhai, Mizoram

In Champhai people tell me there are no ATS drugs available. But occasionally they maybe available on the very close border especially on the Manipur side. We also hear Manipuri people are involved in ATS use. I have heard about ATS drugs 2yrs back. People don't talk much about it so I think it is not increasing. ...Back at home I am also a member of our locality YMA, we have meetings and discussions on drug activity but most of them don't know about ATS. Few parents who have their kids studying in other cities like Delhi, Bangalore etc have knowledge about it. .. News of ATS drugs are very rare in Champhai. Sometime back I have heard there was a haul of ATS pills by Armed forces on the Mizoram Manipur border, I doubt if ATS is available on the street, even in Aizawl we do not hear of it.

Male driver, Champhai, Mizoram

I am aware about the ATS use in and around Moreh area but honestly I don't know much in - depth about what types of drugs are available in the locality. What I have heard from the other friends and our organisation members is that they are available in the tablet form and they are known as WY tablet.

Community Leader, Moreh, Manipur

I don't know any details about different types of WY drugs available in our area. I have only seen it in the tablets form. I think here people call it "GULI" meaning tablet.

Drug user wife, Manipur

If you ask me about Champhai I am not able to give you any information since I have not met any locals who use ATS. But ATS users are present especially among the migrant population. I have seen tablets and powder. I have also seen it in liquid form but I am not sure if it is ATS...There were many names that migrant users used to call but I have forgotten most of them since they were also hard to pronounce. 'WY' was a common name and it sounded like 'Vai' when pronounced. Some of them also called it 'Dk' or 'dikeh' and 'eksy', I don't know what it means. As far as I know there is no Mizo name for it.

Male farmer, Champhai, Mizoram

The people that I know have shown me irregular home-made tablets with different inscriptions on them. They come in different colours and they are not kept in strips like other medicines. I do not know any local names or how they call them. I have seen these tablets only a few times ATS drugs may have been introduced here very very recently. Maybe two or three years ago. Drug using community here are not involved in ATS use. I don't think it is increasing at all. ...No, ATS use is very un-common here and I don't even think the community is aware about it....

Social worker, Champhai, Mizoram

During my service I have had a chance to see ATS drug in tablet as well as powder form. We did not seem to have knowledge of the local names, they were simply prescribed/described as methamphetamine. These were meant to be transported to West Bengal.

Armed Police, Champhai, Mizoram

Perceptions on its use and reasons for its use

There were mixed reactions to community awareness about the use of ATS drugs. Some felt that people by and large were not very aware about the drug while others felt that awareness about ATS drug use was gradually increasing because of its increased use. Peddling of ATS drugs was becoming very common in Manipur as a result people were becoming aware of how it was being smuggled in from Myanmar and other places. One participant, a male drug user spoke of how the Hill Tribal Council (HTC) had even banned the use of ATS as a result of which its use had stopped for about 3 - 4 months but with increasing demand, the drug was back in the market. He went on to say that he suspected some commission was being paid to the Tribal Council to stop them from enforcing any ban and making it easy for users to access these drugs. In stark contrast, participants from Champhai, Mizoram believed that people were not aware about ATS use and further felt that it was mainly among the migrant community that ATS was being used, not so much among the local people. It was

also reported that Champhai served as a trade route with the drugs being brought in from Myanmar and smuggled into Aizawl through Champhai. According to this participant, these ATS drugs were not even sold in Aizawl but were taken to other north eastern states like Assam, Manipur etc. where they were distributed and sold at much higher prices.

But in my place most of the users are from Burma and my locality does not know that ATS is available at my place. Since I am selling opium in my locality people are not aware about ATS selling in my place. My place is little far away from Moreh main market area, it's not as crowded as other peddler place in the main market.

Drug Peddler, Moreh, Manipur

Yes, local community are aware about the ATS use as Hill Tribal Council (HTC) has banned using and selling of ATS earlier and stopped it for 3 /4months. But people started again as there is high demand from the users and now they cannot control. "I think the peddler has given tax to the HTC so that there is no problem now".

Male Drug user, Moreh, Manipur

I heard this drug come from the Burma side four five years back and initially many people did not use it. But now we are hearing people started using it among the youth and other business personals. I don't think many people are aware about ATS use in the locality but we did not see much health implication like we have seen among the heroin user.

Community Leader, Moreh, Manipur

I really don't know when this drug is introduced. But for the last two to three years people in the locality started talking about this tablet so people in the locality are aware about this. And I also believed since people have started talking about this surely its use will increase in our area.

Drug user wife, Moreh, Manipur

As far as I know, amphetamine drug use is very un-common, people here don't use it. In our village we locally we call it FE. In Champhai I have known of it only as a red colour pill, I also used to smuggle this pill, I have not seen any other forms here in Champhai.

Male carpenter, Champhai, Mizoram

As far as I know ATS drugs are not sold here in Champhai, it is just a trade route. People bring it from Burma and take it down to Aizawl and then distribute it to other states. I have heard that they do not sell it even in Aizawl.

Social worker, Champhai, Mizoram

At this stage ATS is not known and people may not know about it. Even in our Department many are not very familiar with it.

Police, Mizoram

Once again I cannot say much about your question, maybe there are people who are using this drug but there is no information and the community is completely unaware of this yet. The migrants that I have seen, all seem to be addicted to the drug, maybe it is less harmful, I don't know.

Female liquor seller, Champhai, Mizoram

Participants spoke of a wide variety of reasons for which ATS was used. These ranged from using the drug for recreational purposes, particularly among young people when they got together, to enhancing productivity at work. It was seen as infusing a person with a lot of energy thereby enabling them to work for longer hours. However, over time they began to depend on the drug more and more and became addicted to it. Another belief among many participants from Manipur was that ATS was considered to be less addictive as compared to heroin. Heroin was also believed to cause more harmful side-effects as compared to ATS. One participant from Manipur described how he had continuously taken ATS for a week and after stopping it did not experience any painful withdrawal effects - which were common among heroin users.

Participants from Champhai, Mizoram felt that people in general did not have much awareness about ATS and knew even less about the reasons for ATS use among users. Drugs like heroin, cannabis and opium were more commonly consumed here and people were more aware about these drugs than ATS. One participant, however, said that he had heard from other drug users that ATS was more like an “energiser” and was not really a drug.

As per interaction and information given by the young user community to me they take it as a recreational drug and those older people who are using take it for their business purpose as it helps them in their work. Regarding the substitution of drugs there are few numbers that has substituted from heroin to ATS and from ATS to heroin. But I really don't know the real reason behind.

Service Provider, Moreh, Manipur

Among young user they think that it is a recreational drug and believed that it has less addictive potential as compare with heroin. And among the hard-core heroin user they could not earn so people shifted from heroin to ATS. People often think ATS has less harmful side effect as compare with the other drugs like heroin.

User at peddler place, Moreh, Manipur

I really don't know about this as I told you the drug users believe that after using ATS they felt physically strong, people wanted to try. Even my husband use to smoked ATS for sometime during the Holi festival but after I scolded him now he has stopped. I think ATS is also addictive like as heroin and also health complain - but I don't know much in-depth details.

Female peddler, Moreh, Manipur

People initially started for recreational purpose then got addicted to it. When there is any festival season new introduction on ATS is very high like during the Holi, Chavankut (tribal festival), Laiharaoba (Goddess festival), New Year eve and Christmas timing... People also substitute especially among the heroin injectors they smoke ATS. Even in my experience I started heroin injection first. After injecting for sometime I shifted to ATS as Heroin kick make me lazy, I am not able to earn properly whereas ATS use make me very active and I can earn more money. Another reason among the heroin injectors why they have shifted to the ATS is – heroin user believed that when someone is going to OD after heroin injection, if someone smokes ATS immediately, heroin kick is over. As compared with the heroin user ATS is less harmful as after smoking for week and stopping it did not have much complaints in the body whereas heroin effects a lot - like withdrawal of heroin but ATS I did not find much problem to me.Yes, those people who are using ATS for a very long time might be having health problem but for the occasional user there is not much affect in the body and addictive personality is also low as compared with heroin. When I stop ATS smoking there is problem like pain in the throat but no much problem in the body.

Male drug user, Moreh, Manipur

Any drug is always not good for health - this people might be knowing it is an addictive drug. These are the people who could not control themselves; they always want to spend time with drug, which they think is enjoyable. Which is not good at all.

Women Leader, Moreh, Manipur

It seems that ATS helped them in business and they profited on their work. I dont know exactly how this drug works but it seems to be their super booster in terms of energy as well as intelligence. It may seem funny but this is what I exactly heard from a few users I met before. One of them even said that it was not a drug it was an energiser.

NGO director, Champhai

Some people have told me it is less harmful than other hard drugs such as heroin.

Social worker, Champhai, Mizoram

The community is still completely dumb regarding ATS drugs, people only know about heroin, cannabis and opium. Many drug users themselves may not know about ATS.

Male farmer, Champhai, Mizoram

With respect to the manner in which ATS was consumed most participants from both sites said that smoking was the most common method of ingesting the drug. Using a soft drink plastic bottle and some straw and silver foil, users would burn the tablet inside the bottle and using the straw inhale the emerging smoke. A few participants from Mizoram spoke of having seen users swallowing the tablet and “chasing” it also.

Here in Moreh people use ATS by smoking only. No one use orally or injecting. To smoke they used plastic bottle like cold drink bottle (500 ml), straw and silver foil etc. They also use lighter by putting 2ml syringe needle in the lighter point so to light up tablet slowly as they never want to lose the tablet.

Service provider, Moreh, Manipur

People only smoke ATS no one take orally or injecting.

Female peddler, Moreh, Manipur

As far as I know, user only smoke ATS no one use it orally or inject. They used plastic cold drink bottle (500 ml) with straw and silver foil for smoking ATS.

CBO Leader, Moreh, Manipur

People only use ATS by smoking, no one inject it. ATS smoker used only cold drink 500 ml plastic bottle or other normal plastic bottle, straw, silver foil and lighter etc.

Drug peddler, Moreh, Manipur

Most I know swallow the tablet, but there are some that also chased it like heroin. Male farmer,

Champhai, Mizoram

I have seen people smoking and inhaling smoke on cigarette foil. Many say they just swallow the pills.

Female liquor seller, Champhai, Mizoram

Burmese people who come here usually swallow the tablet, some also said they chased it like heroin.

Teacher, Champhai, Mizoram

From a few drug dealers and smugglers we have information on oral as well as chasing. Some have told me of chasing and smoking, most have talked of swallowing it in the tablet form.

Male driver, Champhai, Mizoram

Perceptions on effects of ATS & its adverse consequences

Participants from Manipur predominantly spoke of ATS as having less negative effects as compared to other drugs like heroin, opium etc. They felt that ATS users were more active after using the drug as compared to those who used heroin or opium. The latter would invariably be dull and sleepy and quite unaware of what was going on around them. One female drug peddler clearly brought out the contrast between ATS and heroin drug users when she said that she usually had a hard time dealing with heroin users because after consuming the drug they would be quite oblivious to what was going on around them and could be seen lying around in a trance. On the other hand, ATS users would behave normally, simply take the drug and go about their work. Others spoke of how ATS made even quiet and shy people to behave boldly, sometimes even aggressively. In terms of adverse consequences, a few

participants who had actually experienced taking the drug described that after the effects of the ATS drug had waned, they felt physically exhausted and drained. They had no appetite, found it difficult to sleep and some of them even complained of feeling low and depressed. A few spoke of experiencing enhanced sexual pleasure following consumption of the drug. Some participants, though not fully aware of its adverse effects believed that as it was a stimulant, there would necessarily be negative health consequences.

So far I have not come across any incident or experience after using ATS. They look normal and there is no problem while communicating with them whereas heroin users once they are high or after their use it is really hard to communicate with them. So I did not notice any difference after using or smoking ATS – most of the time they are cool and gentle and there is no issue to discuss or talk with them....So far in my experience I don't know and I haven't come across any incident like mental health, violence, accident or sexual risk due to the ATS use.

Service provider, Moreh, Manipur

Most of the time people do not stay long; after the use at the peddler place they will leave the place and go to their work or their business. Among the ATS users I did not find any intoxication like we have seen among the heroin injector, after injecting many of the heroin injector sit there and experience sleepiness, laziness etc. And the peddler scolds them and tells them to leave the place immediately. Whereas among the ATS use they will smoke and leave the place quickly, they would not stay there for long.

User at peddler place, Moreh, Manipur

They are very active after smoking ATS, whereas heroin use they are always lazy so I had a hard time to control them so I need to monitor after injecting I need to tell them to go away otherwise they will sit (MUNGBA) high/nodding which is not nice to see. Whereas ATS use soon they finish smoking ATS they will immediately go away from here.

Female peddler, Moreh, Manipur

Yes, I have seen some changes among the ATS users, quiet and gentle people after smoking ATS become very active and talkative but never seen intoxicated like heroin injector does it. And those moody people also became very active.

Male drug user, Moreh, Manipur

As I have observed from my husband if he did not use WY he become moody and do not want to do anything at the home or at shop. But if he comes back after using he use to work many house hold things. I have seen there is difference between heroin use and WY. As after using heroin he always is sleeping but in the case of WY after using most of the time he works.

Drug user wife, Moreh, Manipur

The most common adverse effect I have come across after the ATS use for sometime is there is no appetite, not able to sleep, body is very active and want to do work or anything I could not stay long without doing nothing. So when kick is over my body become so tired (physically fatigue). And if I don't smoke in the next day I feel depressed and lonely but never indulge in violence or accident. Regarding sexual risk I don't know much about this, as I am never involved in sexual relationship with other unknown person. Other user told me after using ATS there is high pressure on sexual activity but for me I don't want to engage in the sexual activities rather I enjoy much on working or doing things for household activities. It depends from person to person. But I am sure that after using ATS my body is very much physically active.

User at peddler place, Moreh, Manipur

I don't know much about mental health, accident or sexual risk due to the ATS use. But sometimes I have seen some sort of fighting among the ATS user mainly for money like someone has to borrow money and not give back. And sometime due to backbiting in those cases but this are not very common among the ATS uses. In those cases peddlers always tell them go away...“About the sexual activities after the ATS use some of my friend told me, the sexual duration is longer and it is more pleasurable to have sex without condom. Without ATS smoking ejaculation is fast but after the ATS smoking ejaculation time is longer”.

Male drug user, Moreh, Manipur

I don't have much in-depth details on this but since ATS is stimulant drug it must be having lot of health implication among the users.

Police, Moreh, Manipur

Similar perceptions were expressed by participants from Mizoram. One participant described how his usually quiet and shy son suddenly seemed to have acquired a lot more friends, and became more talkative. His demands for “material things” also increased side by side. Others described how ATS had contributed to making individuals more alert and confident and capable of working harder for longer periods of time. Another perception was that the drug also made people more aggressive and prone to getting into fights and quarrels. Here too participants drew a clear distinction between ATS and heroin/opium users similar to what had been said by the participants in Manipur. ATS users were seen as being “normal” and people with whom one could communicate unlike heroin users who were usually seen in an intoxicated and inebriated state. The risk of contracting HIV infection was also cited as a major problem both among ATS and other drug users. One participant added that ATS users also engaged in a lot more sexual activity when under the influence of the drug.

From the experience I have from seeing my son, he has changed on few behaviours, he is usually very quiet and shy, but lately he has started having many friends, he has started to keep awake for long hours at night, he has started talking to his mother for long duration on the phone, he has started losing weight. I have also noticed that his demand for material things has increased, even the way he likes to dress has changed a bit, I guess.

Male Businessman, Champhai, Mizoram

ATS when mixed with alcohol or heroin makes the person very alert, they also seem to have much more confidence in themselves. They also work harder. I have seen people fight over small matters quite often. They get violent and some hurt each other very badly. There was also one incident I remember when a friend hit his best companion with a sickle due to a small argument about food while crossing river at Triaui. Later they made up and said it was due to the effect of the drug.

Male farmer, Champhai, Mizoram

Sometimes ATS users quarrel a lot when they are high. I cannot say much since I have not closely observed these people.

Female liquor seller, Champhai, Mizoram

As of now I did not see much harmful consequence due to ATS use like heroin use so I think it has less harmful as compared with the other drugs. Among Heroin user there are high chances of HIV infection through sharing needle and syringes. Yes of course ATS is stimulant drug so there are high chances of sexual tendency and unprotected sex hence the risk through sex but honestly I do not have any in-depth experience on this aspect. ATS use is still harmful but as compare with heroin I think it is still low. Whereas ATS user we can communicate with them easily as they look normal after using it but among the heroin user it is really hard to communicate with them.

Male driver, Champhai

I think people become violent even though I am not very sure. I have seen small men fighting with men much bigger than their size after being intoxicated with amphetamines.

Male carpenter, Champhai, Mizoram

Users have told me they indulged in many sexual behaviours that they did not do before.

NGO director, Champhai, Mizoram

2. Movement of ATS drugs across the border

Participants from Manipur spoke of the ease with which drugs were being smuggled across the Myanmar border into India. Smugglers looking to make easy money were familiar with places along the border where policing was weak and from where it was easy to bring the drugs into the country. Further, many people were willing to smuggle the drugs across at a price. The border being long, it was difficult for the army to maintain a strict vigil to prevent such smuggling as a result drugs were brought in quite easily. One participant spoke of certain tribes living along the border who were very familiar with the terrain and whose services were often used to get the drugs across to Manipur. Another opinion expressed was that as using and selling drugs in Myanmar was very difficult, the drug peddlers and users found it easier to smuggle them across to India through the porous borders dividing Myanmar and Manipur. The need to strengthen policing and ensure seizure of drugs brought into the country was strongly emphasised by many participants. Although the Indian military presence was in evidence, the difficulties in patrolling the long borders made it relatively easy for drug smuggling to happen fairly unhindered.

Similar issues were stated by participants from Mizoram. They spoke of drugs like ATS being brought into Mizoram from China or Thailand and later moved to larger cities like Kolkata, Delhi and Mumbai. Drugs being smuggled from across the border with Myanmar were also reported. Drug smuggling increased during dry weather when the river beds were dry and made for easier transportation. Others were not so aware of exactly what kind of drugs and from where the drugs were being brought in. One participant said that while he had not seen amphetamines entering the border, large quantities of ephedrine and pseudoephedrine were being secretly brought in. The need to have stronger and more efficient policing of the border was recommended by all participants.

I am little confused about the movement of the ATS in which part this drug were brought as there is lot of open space where people can easily enter. I think this drug has come through these open space areas through many paths. And it can be easily transported any time when the army are not present. I also believe transport is not a big issue across border as there are many individuals involved in the carrying of goods by taking money. So by giving money to these individuals one can carry these drugs easily at any time from Burma. Yes, they are some sort of special groups of people who transport the goods through smuggling. Since Moreh is a hilly region in those open space areas people can enter easily without even obtaining a pass.... I really don't know about the policy and program for the Indian and Manipur Govt. as few years' back they have started fencing about 4 to 5 Km but now it has been stopped so drugs of any kind or illegal things can easily cross the border. From Chaouwanphai the open space started till up Menan River (Khujairok river in Manipur language) it is a very long distance about 16 to 17 Km. And this river, big half is Indian side and another half is Burma side, in this area there is one Army check point the rest is open space. So the Army can't monitor all the time.....For police they do not involve much in the cross border issue they are more involved in the day to day issue which happen in Moreh town.

Service Provider, Moreh, Manipur

I think drugs are brought from these area/places/border where Army people can't control all the time so there is no particular point I can't say. As there are lot of open spaces in the border area and by foot is the main transport. It is not difficult at all to transport or cross the border. There are many people who are involved in this business people who can speak both the language some sort of special group from the tribal community.

Drug user, Moreh, Manipur

Burmese drug users are not allowed to use and sell drugs in Burma so all the drug user from Burma come here in Moreh to use drugs. And for local people it is not difficult to move across the border, officially two gates are open from 7 am to 4 pm but due to poor border area the Burmese people can come in any time. For the illegal business there is special group of people who take the money to carry goods from one side to another. I believed drugs mainly come through this open space by route but I can't say from which direction as there is lot of open space where people can easily come and go all the time.

CBO Leader, Moreh, Manipur

*Obviously it must be coming through footways transportation in those uncontrolled areas but I cannot say exactly from which direction these drugs are coming. As far as I got information from the other people such a business is done by the tribal community as many of them reside near the border area where they can easily access both the places and another advantages for them is many of them can speak Burmese language. Army use to have their camp at the border area but they cannot always check the entire border so drugs are always easily coming to our side from Burma. **Female vegetable vendor, Moreh, Manipur***

What I would like to say is to control drugs (ATS or Heroin) coming from Burma side it will be hard as it is a very long open space people can easily transit so as long as border is not properly sealed drugs will keep on coming at the Indian side. Once these Govt. officials start doing their duty honestly it can easily be stopped and controlled. There are many other drugs (tablets) which might also be coming which I do not know. As long as they keep on producing in illegal ways and sending it bulk through air cargo, it will be hard to control drug trafficking from Burma. Let them produce in crores in illegal ways but the moment Airport people become sensitized, Imphal and Pallel police start their duty, drugs can easily be stopped going to Burma, once these supplies are stopped the ATS and heroin will also reduce coming in Indian side.

Police officer, Moreh, Manipur

Hearing from friends ATS was mainly brought from China or Thailand and moved here and later shifted down to larger cities like Calcutta , Delhi and Mumbai. When it reaches Aizawl, it is carried on by Indians from the mainland. I don't have information of special groups or insurgencies involved, to me they seem like ordinary private smugglers just like me.

Male farmer, Champhai, Mizoram

If I am not mistaken amphetamine drugs comes mainly from Myanmar from different routes which is Farkawn side and Faibawk side, it does not usually come from Zokhawthar since security is better there. Transportation of drug depends on the weather, the contacts you have in Mizoram and the confidentiality of your carrier, many are caught due to some reports from fellow partners who get some money for giving information. Police and Army is there but it seems they are not too intelligent or maybe there are less in manpower.

Male carpenter, Champhai, Mizoram

I do not know much about ATS drugs, but other drugs like heroin and opium are coming from mainly three directions and other passage from Manipur. During the dry season when the river is dry we see an increase in the drug import. Security is present but only at a few points.

Social worker, Champhai, Mizoram

We have not seen much of amphetamines entering the border, but there is a large quantity of ephedrine and pseudoephedrine being secretly exported. Combined forces have hauled crores of these tablets. These are mainly done by local people in combination with migrants, drugs are simply exchanged at the border secretly. We have heard that many times Forces at the Myanmar border are easily bribed but we do not have specific proof to this.

Armed Police, Champhai, Mizoram

The participants spoke of a constant movement of people across the border between Manipur and Myanmar as well as Mizoram and Myanmar. A lot of trading happened across these borders. Many wooden items like furniture and other household goods, fruits, vegetable etc were being brought in from Myanmar. Tourism had also picked up and people needed to get special permission to travel to Myanmar. Alongside all this, trafficking in drugs too was common. Participants from Manipur described how drug peddlers from Myanmar would come into their cities to peddle drugs. Apparently, the penalty for drug use and trafficking was severe in Myanmar and so peddlers and users both preferred to cross the border into India and continue their trade in small towns like Moreh and Champhai. One participant from Mizoram spoke of five passages from Myanmar to Champhai, and ATS drugs were easily smuggled in through these passages. Another participant spoke of a major migration of people from Mizoram into Myanmar during the 60s on account of the insurgency movement. Subsequently, many of them keep coming back to Mizoram to meet their family members and use this as an opportunity to smuggle drugs across the border.

As you know, Moreh is a business hub, many people come here for business purpose, as many things are exchanged regularly. In my opinion it is not difficult to move across the borders, as India Burma border is the poorest border in the country. Burmese people come at the India side early in the morning and during winter they stay late in the evening to sell many thing in our side. There are two official gate in the border they open from 7 in the morning till 4 in the evening but before opening gates people already arrive at our side. As there is huge difference in the value of money they always come to sell something or the other for their livelihood and Army and police also cannot not control properly. Another advantages are those Mizo and Kuki tribal community who are residing at the Burma side. They can easily access both the side as they don't have problem in language... When Burma Govt. open Namphalong Market in the gate no. 2 few years back business became the main source of income for the people who are residing near both the border area.

Community leader, Moreh, Manipur

For the local people it is not difficult to move across the border, officially these are two gates open from 7 am to 4 pm but due to porous border area the Burmese business people arrive at 5.30 am in the morning at the Moreh market. These are the people who are selling vegetable, rice, fish and other eatable items. This is because of the porous border as there is no proper fence, few years back Govt. has started fencing the border in the northern part for about 4 to 5 km now also they have more than 12 km open space so people can easily enter and cross the border.

Program manager - IDU TI, Moreh, Manipur

Moreh is one point of the Golden Triangle, Moreh is in India but if you look at it geographically Moreh is more of Burma. For the last many years Moreh is under the control of Govt. of Indian and Manipur Govt. but the administrative and law and order is ineffectively control by the government. For last so many years Govt. of India and Manipur has not effectively exercise to control border town Moreh. Now we have come here with our Commando team. Due to poorest of the border it is very difficult to control any problem, you name anything- everything is here and it is not effectively control – drug problem, prostitution, human trafficking and animal trafficking because of this porous border.. Now as you said correctly, as long as Burmese side is producing drugs and there is high demand from there to produce heroin and ATS chemical somehow people will try bringing these drugs either through flight or truck. So people take the advantage of the poorest border so they produce the drugs and bring back our soil. If we want to solve this problem, long-term solution will be to effectively seal the border. “In simple words if something has happen at my home I need to take care of my house”. With having proper gates only we can control the drug trafficking. But to seal border is a very long-term process even though we need to do. When we start talking about drug trafficking from the Burma as long as we do not seal/fence and discuss – it will fail and useless.

Police Officer, Moreh, Manipur

People who are doing business such as garments, household goods and eatables are the ones who are mostly moving across borders, sorry I forgot to mention drug smugglers as well. Crossing border is as simple as crossing the Triaui river, in fact a small stream during the dry season. But sometimes if there is a report from other people you can get caught by police or the army. If you are doing legal trade goods are exchanged everyday and you pay custom fees and so on. There are police, army and other government departments which I dont know very well.

Male carpenter, Champhai, Mizoram

Legal as well as illegal businesses have been going on the borders for a very long time. Daily essentials, eatables, cigarettes and garments are a few common goods. People who are doing these business are mainly Chin society of people, they are actually Mizo's who had migrated to Burma during the conflict of MNF and the Indian Army in Mizoram. Many of these people are involved in drug smuggling and arms trade. Apart from them there are always Mizos who go to the Burma side to have a look at the RIH Lake which is believed to be a historical and cultural landmark of the Mizos.

NGO director, Champhai, Mizoram

70% of the population who move across the borders are mainly Burmese residents who call themselves Mizo. They can speak the Mizo dialect and they are also Mizo descendants. Many come in to visit families, many are doing business and many are also in the drug trade. We have outposts at different places across the border, the main route is the village of Zokhawthar, the Triaui river is the border line all the way across India and Myanmar. Cross border trade takes place daily, commodities are exchanged regularly. Compared to other border areas we are lucky there are not much insurgency groups. Forces are able to control the situation.

Armed Police, Champhai, Mizoram

During the 60s many Mizo people migrated to Burma due to the MNF insurgency movement, many have built their homes and work there. Now after many years they keep coming back to Mizoram to visit families and relatives, many are involved in trade. Many take advantage in smuggling drugs and arms across border.

Teacher, Champhai, Mizoram

Seizure of Drugs

Participants from Manipur spoke of several instances of seizure of drugs on the Indian side of the border. Consignments containing several kilograms of ephedrine, pseudoephedrine, heroin and ATS tablets have been seized. Participants said that on several occasions, officials in the army, police commandos, airline personnel and even sons of MLAs were involved in smuggling these drugs. Over the years the smuggling of drugs has been on the rise with more and more cases of seizures of drugs being reported. One participant who works part time in the customs department said he had come across several kilograms of heroin and ATS tablets which had been confiscated during raids. These drugs were being brought in from Myanmar to be supplied to various cities and towns in Manipur. This was a very common practice and was happening all the time. Participants from Mizoram too were aware of seizures of drugs taking place but these were mostly drugs like heroin. Seizure of ATS drugs did not happen so much and many were not aware of it.

Yes, I am aware in the recent days there is lot of cases about seizure of ATS by the Army. But this are not in the main border, seizure happens in the Indian side. Most of the time Army/police personal also check the drug peddling sites and have caught drugs which they have burnt. But I have never come across any incident where huge consignment of ATS is seized in the main border. About the seizure drugs (Ephedrine/Ephenol) related to ATS production in this recent 3 to 4 months there has been more than 6 to 7 cases, a lot of people have been caught which includes Army Majors, Commando personal, Indigo Flight officials and sons of MLAs and these consignment have cost more than 4 to 6 core of Rupees. These consignments were directly sent from Delhi through flight and from Imphal these people who are involved took the responsibility to carry these drug to Moreh and sold to Burma. Regarding the Army Major case he was directly carrying the Ephedrine tablets which cost about Rupees 5 core and he was caught by the Manipur Police Commando personnel on the Imphal Moreh highway within the Chandel district – this was during February 2013.

Program manager – IDU TI, Moreh, Manipur

I heard about seizure of WY tablets in Moreh town by the Custom, Army and Manipur police Commando often. And I heard about seizure of chemicals by the police many times. These drugs were brought from Imphal to sell it to Burma, these chemicals are used to produce ATS drugs. But I really don't know the name of the chemicals...I think this trend is increasing as people are aware about this drug and many people also started using it in the locality. Besides smuggling of chemicals and other drug, ATS seizure is also increased over the years. I also heard this ATS drug has been smuggled to the other states like Meghalaya/Shillong”.

Tea shop owner, Moreh, Manipur

In the recent months there were lot of cases about seizure of ATS related drugs (Ephedrine tabs) by the Manipur Police Commando. All these news had come in the local newspaper. But this mainly happened on the Imphal to Moreh highway. I also know in this business there are many VIPs (Army officer, MLA sons) involved as they were also caught very recently. But in Moreh town I did not come across seizure of ATS related drugs – I don't know why it is so? There were more than 6 to 7 cases in this year all these cases involved huge amounts. I think it is increasing over the years.... Since I also work part time at the Custom department I have come across three four times..... Kgs of heroin and ATS tablets caught during this year, which had come from the Burma side. Drugs come from the Kalemayou side, which is 3 hours journey from Tamu. From Kalemayou the smuggler bring drug till up to Tamu from there they will contact in Moreh to supply the drugs. This is the normal process they do but to carry these drugs there are special persons who do such business by taking money from the smugglers.

Male casual labourer, Moreh, Manipur

I have heard and am aware that there is increasing trend of seizure of chemicals in the recent months as all this information has come up in the local newspaper. In this business many VIP (Army, Police personals, MLA sons) were also involved. And if you look at it economically ephedrine tablets cost about 7 rupees per strip and when it is converted to ATS it will increased in the higher prize and they will send back to our soil, we also need to know this. We will lose economically and will have health implication among the young people our leader must know this.

Female vegetable vendor, Moreh, Manipur

I do not know much about seizures of amphetamine drugs, but there are a lot of Heroin seizures. I am very much aware of ephedrine and pseudoephedrine seizures, this is very common, everybody knows about it. Seizures of ephedrine and pseudoephedrine tablets seems to be increasing each day, I have also heard that many local people are involved in this business.

Male carpenter, Champhai, Mizoram

I have no idea about seizures of ATS drugs, we only hear of Heroin seizures and ephedrine seizures. Ephedrine seizures and export of the drug seems to be increasing not only here but in Aizawl and other places in Mizoram.

NGO director, Champhai, Mizoram

Amphetamine seizures are rare as compared to heroin and opium. As said before ephedrine tablets seizures are very very common. It seems to be increasing.

Armed Police, Champhai, Mizoram

I have heard only once of ATS tablet seizure near the Mizoram Manipur border. Ephedrine and pseudoephedrine tablets seizure is common in Mizoram not only in Champhai district but in all other districts too.

Male driver, Champhai, Mizoram

3. People who use and sell ATS drugs

A service provider from Manipur reported that Moreh has 16-18 ethnic groups and majority of these groups belong to certain tribes among whom drug use is very common. Participants from Manipur reported easy availability of drugs in Moreh which were predominantly sold by the locals. Many of the respondents stated that only those who had been living in Moreh for a long time, who were aware of the town, its people and infrastructure were usually involved in the drug business. A few respondents from Manipur also said that a large number of women were involved in the drug business. Other communities like migrant Tamils were also involved in the drug business. Few respondents said that there are small time drug sellers and also big drug distributors. The small sellers were mostly peddlers who buy from these big drug dealers and sell in their respective locality.

In Mizoram too, drugs (mostly heroin) was sold by locals and some Burmese migrants. The Burmese were reported to be the largest drug dealers in Mizoram. The locals who sold the drugs were also users and with the money obtained through peddling of drugs, they were able to foster their drug habit. Many participants said that drugs were transported directly to Aizawl from Champhai and from there distributed to other places.

People from the age group of 20 to 45 and above use drugs and Tribal community will be the highest to use drugs followed by Burmese and Tamil community. And many of them are from the poor economic and educational background involved in the day to day earning by carrying goods for business people.

CBO Leader, Moreh, Manipur

People who sell drugs are mainly the local people who have been living here in Moreh for quite long time. And they are also people who are involved in this business for a very long time and know the scenario and changes of Moreh properly. As new people or personal can't do such a business to sell drugs here at Moreh.

Service provider, Moreh, Manipur

Mainly heroin and ATS drugs are sold by the local people. But there are other community people who are also involved in the smuggling these drugs like Tamils who are residing here.

Female drug peddler, Moreh, Manipur

In Moreh the women do this small selling business. May be this is because they can earn money easily through this business.

Woman Leader, Moreh, Manipur

For the peddlers it is very easy to procure drugs from the big suppliers, as there are so many suppliers here in the Moreh town. I also know some of the houses who do this business in very big profile, he is from the Mizo community his house is like a palace.

Male drug user, Champhai, Mizoram

Drug dealers come in a large range of community, peddling amongst users is very common. There is also a large population of the local people who are involved in dealing with drugs and local alcohol. Then the largest dealers are composed of Burmese migrants. In Champhai heroin is easily available and it is brought here directly through dealers and smugglers and given at whole sale rate to local dealers. This is then sold at retail rate to smaller dealers and eventually to users.

Social worker, Champhai, Mizoram

In Champhai there are many involved in selling drugs and alcohol, we can easily make out drug users who sell drugs, you may also notice the migrant population doing it. Then there are the people who are doing large business secretly. They may not be from Champhai but from other places, they are mostly well off people”.

Male farmer, Champhai, Mizoram

People who sell drugs are mostly drug users themselves. Many times I have also sold cannabis and heroin to drug users, but I dont do it all the time.

Female liquor seller, Champhai, Mizoram

In Champhai heroin is easily available and it is very cheap and the quality of drug is said to be 1st class.

NGO director, Champhai, Mizoram

Pressure groups and underground groups

Participants from both sites were asked about local groups and their role in controlling drug use. Participants from Manipur reported two kinds of groups functioning, namely, pressure group formed by the ethnic groups and the underground groups (UG) formed by Burmese migrants. Most of them said that these groups were no longer involved in control of drugs. One female peddler said that the pressure groups were active in warning drug sellers two years back but not currently. She recalled an incident two years back when drug peddlers were threatened and asked to close their activities in 40 days. She said they all requested for a time period of 6 months. Till today there has been no communication from them to stop their activities as a result they have all resumed their drug peddling activities. One user also reported that pressure groups were no longer interested in controlling drug use because of the tax (commission/bribes) they received from drug peddlers and distributors. The lack of coordination between these pressure groups belonging to different ethnic backgrounds was another reason for poor drug use control among the pressure groups. In Mizoram on the other hand, many participants spoke of the good work carried out by various pressure groups and NGOs in controlling the use of drugs. One participant went on to say that the ATS drug use in Champhai was miniscule because of the work of these NGOs. However, heroin use was still considered a major problem.

In Moreh town every ethnic group has some sort of pressure groups (civil society organisation), they also monitor the drug use and selling business namely Hill tribal council and Meitei Council. But now a days due to various kinds of other social emerging issues in the town, drug use issue has been neglected.

Service Provider, Moreh, Manipur

The underground (UG) people do not monitor much as they get monthly tax from the peddler. In Moreh there are more than 4 underground outfits operating and they all get monthly tax from the peddler. Other pressure groups like civil society organisation in the community response once in a while in their own community as they also do not take much interest on this. This may be due to differences in ethnicity. One ethnic group can't directly approach to stop such an activity to another community.

Drug user, Moreh, Manipur

As you know most of the UG groups are staying in the Burma side they know everything what is happening here in Moreh". In that incident while talking one UG group leader told me 'I know you will response this', they told us to stop selling drugs within 40 days. But I requested them to give us six months till we have started a new business after sometime they have stop monitoring us so for the last three years there is no much problem from the UGs groups.

Drug peddler, Moreh, Manipur

Drug dealers are mostly local people, Myanmar migrants and the users themselves. Champhai YMA and NGOs are doing excellent work, this maybe one reason amphetamine drug is so scarce here.

Male carpenter, Champhai, Mizoram

Champhai YMA (Young Mizo Association), JAC (Joint Action Committee) and Champhai local council are the main groups monitoring these activities.

Social worker, Champhai, Mizoram

Champhai YMA (Young Mizo Association), JAC (Joint Action Committee) and other NGOs are involved in monitoring as well as preventing drug use and trade. In the Mizo society these Pressure groups are given high authority and many times they have done better work than Police or so on.

NGO director, Champhai, Mizoram

4. Suggestions on preventing ATS use and helping ATS users

Many participants expressed concern with the growing number of ATS use in their communities. They provided suggestions on ways to prevent ATS use and to help ATS users. They believed that drug use was a huge problem and was difficult to contain because drug peddling had become an important means of livelihood for many people living in these areas. A CBO leader stated that there were differences in drug users from the different cities. While those from Imphal were from financially well to do families, those from Moreh predominantly came from poorer socio economic backgrounds and were mainly engaged in casual labour. The support groups operating in big towns like Imphal were found to be quite effective in providing support to drug users there but this unfortunately was not the case in small towns like Moreh.

The most common suggestions provided by participants related to medical intervention and counselling for ATS users. Many participants spoke of the lack of treatment facilities for managing and providing treatment for drug users. Educating the drug users on the adverse consequences of drug use was reported by many participants as an important step towards prevention. A few participants also said that involving the families of the ATS users thereby creating a supportive system would help all drug users, including those abusing ATS. One participant indicated that reducing ATS use may prove to be challenging because of the high demand for this drug and the fact that there seemed to be a constant supply of these drugs. A CBO leader from Manipur said that the government should extend its 'sincere and honest commitment' to address this issue.

In Mizoram, many participants expressed their difficulties in helping drug users because of the secrecy which shrouded all their drug use activities. Drug users were believed to be very wary of seeking treatment or information and were largely unwilling to talk about their drug use. Participants spoke of the absolute need for confidentiality when developing programmes to help drug and ATS users. One participant from Mizoram who was an abuser suggested the use of free online and telephonic counselling and information sharing for drug users. He said that he too needed information on the side effects of amphetamines and therefore, creating awareness through media like radio, TV and films would prove more effective than doing it through the support groups.

I felt there is need for medical help, counselling and treatment for the ATS user in Moreh town. I also strongly believed that family sensitization and their involvement is very important, as without their support users can't stop using drug.

CBO Leader, Moreh, Manipur

I really want to stop selling ATS and opium as my husband also died due to heroin use. But I don't have any option to support my living. Living alone without the help of family is hard for me.

Drug peddler, Moreh, Manipur

I think so many ATS user are not aware about its health complications after ATS use so we need to provide them medical intervention, counselling and treatment in the Moreh town. As there is no facility where people can access any kind of ATS use health related service facilities.

Drug user, Moreh, Manipur

Education maybe the best solution. Most of us tend to do things which we are curious about, but if we understand the danger we tend to avoid it. Many are using heroin because we see very less danger in it. At this stage ATS users maybe in the hiding so it is hard to see how we can help them through self help group etc, but awareness on radio, TV or film maybe a better choice.

Program manager - IDU TI, Moreh, Manipur

First and foremost there should be some awareness. There should be people who are open to the issue. Unless there are patients to treat how can we talk about treatment. Counselling given by experts maybe the best solution currently. Families of users can be given education on the issue.

Male driver, Champhai, Mizoram

Prevention of ATS use

With regard to prevention of ATS use in these two places, many respondents suggested strict border patrol. The police officer from Manipur said that drugs are trafficked into Moreh through the borders and also by air. Many participants, including the police spoke of the poor security along the borders thereby making drug smuggling very easy. They said that the commitment to control drug trafficking was poor among all concerned authorities right from the local police to the border security personnel. The only way to prevent ATS use they felt was by strengthening border security. Many participants were also critical of the border police and said that many of them were themselves involved in drug trafficking. The need to create awareness in the community about all drugs (including ATS) and its harmful effects on body and mind was underscored by many participants. One drug user from Manipur suggested that such awareness programmes could be held in churches and that church authorities too needed to be sensitized to the drug related issues.

A participant from Manipur felt that different ethnic groups joining together to curb the use of drugs in Manipur would be a very effective strategy, but unfortunately the lack of cooperation among these groups acted as a major deterrent. A service provider from Manipur said that it was important to gather information on the number of drug users and who they were, information that was not currently available. Such information he believed would help the authorities to get in touch with drug users and plan an interventions for them.

The drug user community need to know the consequence of health related and other related problem with drug use issue so that they may slowly give it up. Beside police also need to work honestly to prevent the drug use in Moreh area.

CBO Leader, Moreh, Manipur

Above all there is urgent need to have assessment to find out the ATS user population so that we may directly approach to prevent the ATS use. To effectively initiate and implement such activity ATS user active involvement and participation is required for an effective prevention program. Through this we will be able to identify their needs and requirement.

Service Provider, Moreh, Manipur

So as long as there is security compromise we may not be able to control the drug trafficking. And also since the drug regulation act is not effectively implemented in our country drug trafficking will continue. These drugs were brought through flight from Delhi, Kolkata and Mumbai by negotiating with Army, it reaches here in Moreh town and from here the trafficker sell to Burma. Let's keep police aside for sometime - Army, NCB, , excise, custom, custom preventive force everything is here but drug reaches here so it shows that all these departments were compromise.

Police, Moreh, Manipur

It will also help to prevent ATS in the locality through churches every Sunday as many people go to Church. So if church authority could highlight the ATS use issue in the locality it will be good. To do this first we need to sensitize the Church authority, make them understand health related complication due to ATS use.

Drug user, Moreh, Manipur

We need to provide them another alternative option like linkages with the social welfare department and other livelihood options for women who are involving in such a business. For the female widow drug peddlers we need to link them with the widow pension scheme.

Police, Moreh, Manipur



SUMMARY

5.1. Survey with persons who use ATS drugs

One hundred participants with experience of ATS use responded to the survey questionnaire. Most of the respondents were youth with the median age of 25 years. A quarter of the respondents were females. About two third of the respondents had received college level education and more than half were engaged in full time employment with about one fifth reporting being in business. Nearly two-thirds were single.

The respondents reported using commonly tobacco, alcohol, cannabis and pharmaceutical drugs prior to the use of ATS. The mean age of first use of tobacco and alcohol were 15,16 years respectively. Initiation into Illicit drugs was reported to begin with cannabis and pharmaceuticals at the mean age 17 years. The mode of first drug use was reported to be smoking. Use of ATS was reported to commence by the mean age of 22 years.

Ninety three per cent of the respondents reported having friends who used ATS. On an average, respondents spent Rs. 3300 for one episode of ATS use. They also reported using ATS in combination with other drugs. Ecstasy was most commonly used among the ever-used ATS drugs and more than a half reported ever using it. Methamphetamine pills were used by 42 per cent of the respondents followed by methamphetamine powder (36%) and amphetamines (35%). When enquired about last use, more than a fourth reported using methamphetamine pills and a small proportion (5%), methamphetamine powder during the week of the interview. Ecstasy was reported to be used in the past one-month by 13 per cent. The reasons for initiation to ATS included curiosity followed by peer influence. In response to the reasons for continuation one third said “like the effect” and one fifth “to get pleasure”. While citing reasons for their current use about a third reported “to be more energetic”.

Nearly three-fifths of participants reported having used ATS before sex with regular partner, almost half used ATS before sex with a casual partner and 12 percent said that they had used it before sex with a sex worker. About a third of them used condoms during sex after ATS use.

Nearly half of the respondents were dependent users of ATS. About two thirds reported craving (“persistent desire to take ATS”), about three-fifth of them experienced withdrawal (“sick when ATS effect wears off”), half of the respondents “continued ATS use despite harm (problems in social life)” and 44 per cent “continued ATS despite psychological or physical problems (harm) and for nearly a half “ATS use lead to (harm) problems at home/work”. About a half reported tolerance (“using ATS in larger quantities or longer period”), one-third reported impaired control (“difficulty cutting down ATS use”) and more than a half reported “ATS use in a risky situations” also reflecting loss of control.

While, nearly a third reported pre occupation with ATS having “given up work or recreation“, more than one fifth had “problems with law resulting from ATS use”. Equal proportion (44%) of respondents reported having “physical problems due to ATS use” and “having lots of energy after starting to use ATS”. While, 15 per cent of the respondents reported having “felt peaceful or calm after ATS use”, more than half reported feeling “aggressive or hostile after ATS use”, half of them “felt sad and depressed after ATS use” and more than half reported “feeling nervous after ATS use”. Forty two per cent reported “fear of being talked about or harmed after ATS use”, more than a third experienced “sleep problems after ATS use”, nearly a third reported having “heard voices or seen figures after ATS use” and a quarter of the respondents reported experiencing “mental problems after ATS use”. Less than a fifth of the respondents had been apprehended by the police after ATS use and a small proportion (7%) had been in police lockup after ATS use; one had been apprehended by the pressure groups and two had been in their lockups after ATS use.

While more than a fourth reported seeking help from friends, 15 percent “ever sought help with any psychosocial / mental health services for ATS use”, a small proportion (6%) each reported ever seeking help from any medical or any drug use treatment services for ATS use.

Compared with females, statistically significant proportion of males who use ATS drugs initiated alcohol at an earlier age; more likely to have used ATS in risky or dangerous situations such as driving under the influence of substance; ATS use prior to sex with sexual partners; and, desired self help groups to assist with ATS use.

The following characteristics have been found to be statistically significantly associated with people who use ATS drugs living in the three metro cities of Chandigarh, Chennai and Kolkata compared with ATS users from Manipur and Mizoram in northeast: the ATS users from metros were younger; more students; more had college level education; and greater monthly income; used ecstasy, methamphetamine powder more often and used ATS drugs in combination with other substances; and encountered legal problems after ATS use. The following characteristics have been found to be statistically significantly associated with people who use ATS drugs living in northeast states of Manipur and Mizoram compared with ATS users from metro cities: used ATS as a single drug; the commonly used ATS drug was methamphetamine pill; engaged in risky and dangerous situation subsequent to ATS use; more dependent users; experienced physical problems due to ATS use; neglected work as a consequence of ATS; given up work after ATS use; interference to social life subsequent to ATS; required assistance for ATS use; and, sought educational intervention, medical assistance and drug rehabilitation services for ATS use.

The following characteristics have been found to be statistically significantly associated with people who were dependent on ATS drugs compared with non-dependent users in the sample: hailed from northeast region; younger age at initiation of tobacco use; methamphetamine pill use; used ATS prior to sex with sex workers and casual sex partners; engaged in risky situations after ATS use; reported sick after ATS use ; experienced more physical problems due to ATS use; reported more mental health problems; more aggression, fear, persecutory ideas, hallucinations; consumed ATS in larger quantities or for longer period; more adverse consequences such as interference to social life and neglect of work given up work; sought assistance for ATS use, specifically medical assistance.

5.2. Qualitative study with persons who use ATS drugs

Participants from the north-eastern sites like Manipur and Mizoram for the qualitative study belonged to poorer socio-economic groups as compared to those from Chennai, Chandigarh and Kolkata. The latter were also younger in age and used drugs like ATS mostly in parties. Participants from the north-east sites of Manipur and Mizoram would usually gather in the home of a drug peddler and use the drug there. The drugs used here were also cheaper and went by the name of WY, 88 and 626.

In sites like Chennai, Chandigarh and Kolkata, ATS use usually followed a night of heavy drinking and use of other substances like cannabis. The ATS drugs used here were also more expensive and went by the name of ice or crystal meth. Another interesting difference evident from this sample was that in sites like Chennai, Chandigarh and Kolkata, ATS was used more for fun and to have good time. So the phrase 'party drug' was meaningful. But in sites like Manipur and Mizoram its easy access and availability combined with the harsh life these participants were exposed to suggest that these drugs were used to enhance their work performance and partly to escape from the reality of their daily lives. It is also important to add that contrary to usual beliefs, that people take to drugs to escape from emotional stress, trauma or some sort of dysfunctional home environment, participants in this current sample, particularly those from Chennai, Chandigarh and Kolkata, more often than not, just took the drugs for 'kicks', to experiment or to try something new. In only a couple of cases the drug habit was attributed to a problem or conflict at home. However, as they all mostly belonged to wealthy families they had access to a lot of money which made it easier for them to sustain the habit.

5.3. History of substance use

In almost all cases- men and women alike- smoking cigarettes was their first exposure to the world of substance use which usually started during their early or middle adolescence. Smoking and drinking also appears to be an accepted practice among people in the north-east. Most participants from these regions were used to seeing their parents and family members smoking and drinking (Aizawl and Imphal) and a few reported being introduced to it by their own family members. The curiosity to 'try' these substances, typical of adolescent behaviour, played a major role in getting participants started on their drug habit. Their liking for cigarettes and alcohol then extended to other substances like heroin, cannabis, LSD as they progressed from school to college. It was also evident that far from feeling anxious or nervous about trying drugs, participants instead were eager to try new drugs. Once they got acquainted with drugs and experienced the 'high' it gave them, they began to want it more and more. Most reported experimenting with these substances with their friends.

5.4. ATS use and awareness about harms of drug abuse

Where ATS use was concerned, it was primarily a party drug for participants from Chennai, Chandigarh and Kolkata. The high energy it gave them for dancing and having fun coupled with the enhanced sexual pleasure they derived when having sex under its influence made it a very attractive choice of drug. In contrast, sites like Manipur and Mizoram used ATS

more because it enabled them to work for longer hours. Awareness of the harms caused by drugs presents a mixed picture. Some perceived it as being harmless whereas others had begun to realise the damage it had caused them after years of abuse. Some participants were quite convinced that they would never get addicted. They believed that as they had it only at parties during weekends they did not see how this could be harmful. What must be highlighted was that to many participants, drugs like ATS which energised them and made them physically more active was only doing them good so they saw no harm in its continued use.

Those who had been abusing the drug for a long time had begun to be aware of the negative effect it was having on them in terms of poor mental and physical health, difficulties in concentrating on their work, breaking up with long time friends and becoming distant from their family. They understood the need to stop abusing drugs but most felt powerless to do so. Many made sincere attempts to rid themselves of the drug habit but most relapsed. It is also evident that many participants particularly those from Aizawl and Imphal had very poor understanding of the potential harmful effects of drugs unlike the more up-market participants from Chennai, Chandigarh and Kolkata. Participants from Chennai, Chandigarh and Kolkata spoke of engaging in sex while under the influence of ATS. Although many participants were aware of the risk of contracting sexually transmitted diseases, they were not always careful about wearing condoms.

5.5. Effects of ATS

While reports of ATS making them feel energetic and happy were commonly reported some also spoke of feeling aggressive, irritable and abusive. It is important to remember that ATS was almost always used in combination with alcohol and other drugs like cannabis, cocaine, heroin etc which too may have contributed to these different experiences reported by the participants. The negative effects of drugs in general were pointed out by many participants following many years of abuse. Many did not believe that they would ever get addicted and some even perceived it as a wonderful substance as it made them feel good. It was only following many years of abuse when they started experiencing several mental and physical health problems that they began to feel the need to stop this habit. ATS was also seen as enhancing sexual prowess and energy. This was particularly evident among the party going section, some of whom specifically took the drug with the intention of having sex. This was not so evident among participants from the north east.

5.6. Treatment

While a few participants had attempted to get rid of the habit and had gone in for detoxification programmes, they invariably relapsed and seemed unable to sustain remaining clear of drugs. Others, particularly those from Manipur and Mizoram reported having poor access to treatment facilities and though some desired to kick the habit felt helpless in the absence of good treatment facilities. Quite a few participants were of the view that they did not require any treatment and knew how to manage their drug habit.

5.7. Indo-Myanmar cross border study related to ATS

From the two towns of Moreh, Manipur and Champhai, Mizoram ten key stakeholders each were interviewed. Drug peddling was reported as being a flourishing business in both Manipur and Mizoram. The town of Champhai served as a trade route with the drugs being brought in from Myanmar and smuggled into Aizawl through Champhai. Although policing by the army and the border security forces was happening with fairly big hauls of drugs being seized, the porous borders between Myanmar and India facilitated drug trafficking. Often the authorities themselves (police, army, civil servants, politicians) were hand in glove with the smugglers, thereby giving the drug lords a free hand in plying their trade. The drugs were usually brought into the country from Myanmar by tribal people and other migrant communities living along the border and therefore familiar with the terrain. A large number of women too were involved in drug trafficking. Considering their impoverished condition, drug peddling was seen as a relatively easy way of making one's livelihood.

The types of ATS commonly found in Moreh town were WY, 626 and 88. While WY cost about 60 rupees, 626 and 88 cost a little more and were priced at Rs. 130 and Rs. 150 respectively. The drugs were used for recreational purposes, particularly among young people and also for enhancing productivity at work. ATS was seen as being less addictive as compared to heroin. Heroin was believed to cause more harmful side-effects as compared to ATS. Smoking was the most common method of ingesting the ATS drugs. Using a soft drink plastic bottle and some straw and silver foil, users would burn the tablet inside the bottle and using the straw inhale the emerging smoke. "Chasing" the drug and swallowing in tablet form were other methods of consuming the drug.

ATS was considered to have less negative effects as compared to other drugs like heroin, opium etc. ATS users were observed to be more active after using the drug as compared to heroin or opium users who would invariably be dull and sleepy and unaware of their surroundings. In terms of adverse consequences, participants described that after the effects of the ATS drug had waned, they felt physically exhausted and drained. They had no appetite, found it difficult to sleep and some of them even complained of feeling low and depressed. A few spoke of experiencing enhanced sexual pleasure following consumption of the drug.

Pressure groups had some role in controlling use of drugs in Manipur. While these groups had been very active two years ago their influence had since waned. It was believed that these groups too received bribes from drug peddlers and distributors. Participants from Mizoram on the other hand spoke of the good work carried out by various pressure groups and NGOs in controlling the use of drugs in their town. Improving the livelihoods of people was seen as an important step towards controlling the drug trade. Providing medical intervention and counselling for ATS users was suggested as an important step towards prevention as very poor treatment facilities were available for drug users in these towns. Involving the families of ATS/drug users thereby creating a supportive system would help all drug users, including those abusing ATS. Secrecy surrounding drug use was another major deterrent to seeking help. Drug users were wary of seeking treatment or information and therefore the need for confidentiality when developing programmes to help drug and ATS users was considered important. Creating awareness through media like radio, TV and films was also suggested.

5.8. Limitations of the study

The limitations of purposive sampling should be considered when interpreting the data. The sample covered persons who have used ATS drugs in five different states and it may not truly reflect and represent the people who use ATS drugs across the country. Additionally, the number of persons recruited at each locale is small. Yet, given the fact that ATS is just emerging in this country and this study being the first one to explore the characteristics of ATS users across different parts of the country, meaningful conclusions can be derived from the findings. In addition to the quantitative data, rich qualitative information was obtained from a number of persons who use ATS drugs. Moreover qualitative data from two cross-border towns highlighted some critical information that is useful to develop appropriate responses for ATS control in northeast region.

5.9. Recommendations

The study findings help us to know that ATS use exists in several parts of the country. As the characteristics of persons who use ATS drugs differ from metro cities to northeast region, different strategies may be required to effectively address the emerging ATS problem in these two regions. It is recommended to conduct a detailed study on ATS use across the country. The current study is explorative and a detailed assessment in the country is necessary to know the extent and patterns of ATS use, which will be helpful to devise appropriate prevention and treatment interventions for people who use ATS drugs. Currently the strategies to recruit people who inject drugs is through street outreach from various parts of the country and this strategy may not be useful to identify and engage people who use ATS drugs. In metro cities it is seen as part of the 'party culture' and hence innovative strategies may need to be utilised to reach out to them. At present the knowledge related to ATS use is insufficient and hence the top priority is to develop appropriate information, education and communication (IEC) materials for the users. Social media can be considered in the dissemination of IEC materials for young persons who are vulnerable to use ATS. IEC materials should target the meanings of ATS use, the perception of harm by ATS drugs and the strategies to deal with pathological or dependent patterns of use. As mental health problems are predominant in this group, engaging and involving the mental health service providers in the development of intervention strategies is critical.

As many of the ATS users are young, educated and from the upmarket urban population - afraid of seeking treatment due to fear of identity being disclosed but more likely to be information technology friendly - a web or application based information service, self assessment tools and recommendations for seeking reliable treatment may be developed. ATS use, being relatively new and number of people seeking treatment being very low - the service providers in the government supported drug treatment centres may not be equipped to deal with ATS use. Capacity of these service providers need to be built to enable them provide quality treatment. The young financially better off metro based ATS users are more likely to visit the private practitioners to seek treatment for ATS related disorders. Thus capacity of these private practitioners should also be developed.



CONCLUSIONS

CONCLUSIONS 6

Though the use of ATS is recognised as a major public health problem in several parts of Asia (Maxwell et al, 2010; UNODC, 2012), as yet not much information is available on the extent and patterns of ATS use in India. An explorative study was conducted by UNODC ROSA with mixed methodology in which 100 people who use ATS drugs in five states of Tamilnadu (Chennai), West Bengal (Kolkata), Chandigarh; Manipur (Churachandpur, Moreh); and Mizoram (Aizawl; Champhai) were assessed with survey interviews and 47 users were independently assessed in-depth using semi-structured interviews and 10 key stakeholders from the two Indo-Myanmar border towns of Moreh, Manipur and Champhai, Mizoram were interviewed in-depth.

Despite the limitations such a small sample size and purposive sampling, the findings highlight the existence of ATS use in various places of the country and help to understand the pattern and consequences of ATS use in different contexts. It is necessary to address this emerging issue as lessons from other countries indicate that ATS use can diffuse rapidly among populations, in particular, young populations. If unaddressed, given its strong links to mental health problems ATS use could become a huge health burden for the already inadequate mental health system and services. A judicious combination of law enforcement with demand reduction is needed to control ATS. India is a major producer of precursor chemicals such as ephedrine and pseudoephedrine and efforts should be taken to prevent the diversion of these licit chemicals to illicit manufacturing of ATS. Cross-border cooperation and collaboration is crucial for successful control interventions. Demand reduction must consider the contexts and settings of use as well as the meanings of ATS use. The educational interventions can be effectively delivered to young persons in metro cities and other urban cities/towns through innovative methods including social media. Before devising a response to deal with this important emerging issue, it is vital to design and conduct a detailed assessment on ATS use across the country.



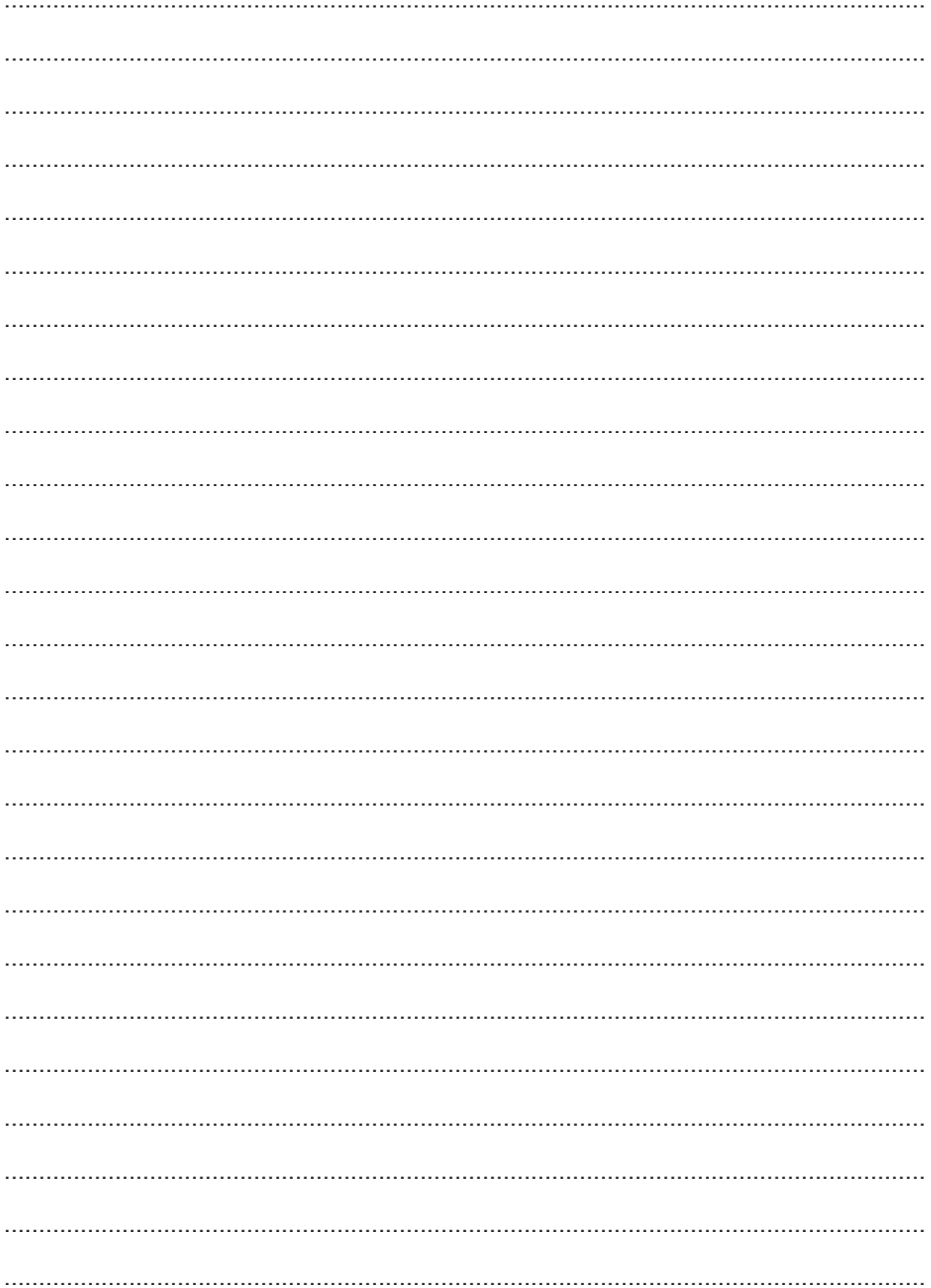
REFERENCES

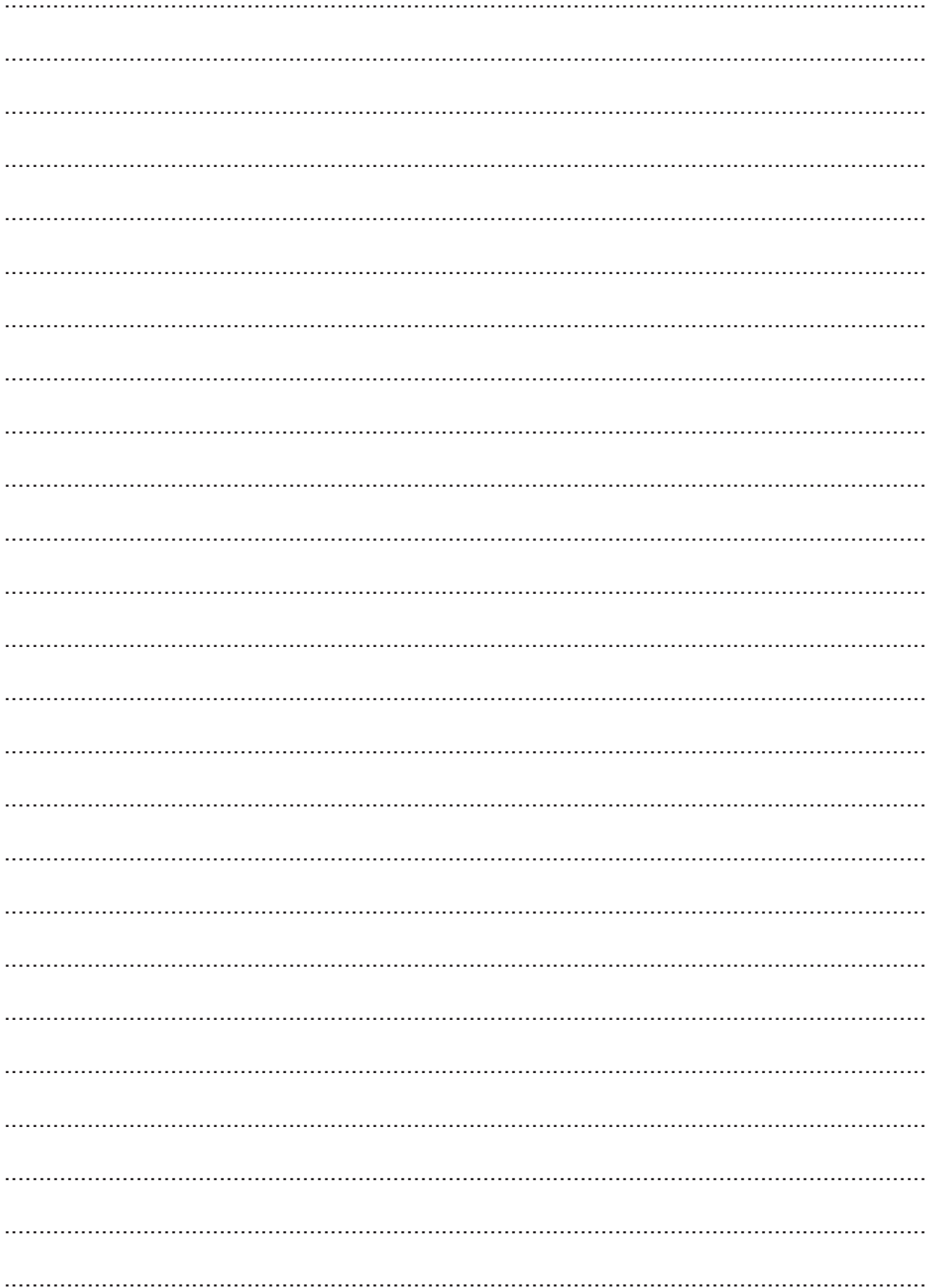
REFERENCES 7

- Barr A, Panenka W, MacEwan G, Thornton A, Lang D, Honer W, et al. The need for speed: an update on methamphetamine addiction. *J Psychiatry Neurosci*. 2006; 31(5):301–313.
- Colfax G, Santos GM, Chu P, Vittinghoff E, Pluddemann A, Kumar MS, Hart C. Amphetamine-group substances and HIV. *Lancet* 2010; 376: 458-74.
- Global SMART Programme, 2010. Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific. http://www.unodc.org/documents/scientific/ATS_Report_2010_web.pdf.
- Marshall BD, Werb D. Health outcomes associated with methamphetamine use among young people: a systematic review. *Addiction*. 2010;105(6):991-1002.
- UNODC. https://www.unodc.org/documents/eastasiaandpacific/2011/09/global-ats_2011/ATS_Global_Assessment_2011_Exec_Summary.pdf
- UNODC. World Drug Report, United Nations Office on Drugs and Crime Vienna, 2012

Notes

A series of 25 horizontal dotted lines for writing notes.







UNODC

United Nations Office on Drugs and Crime

Regional Office for South Asia,
EP 16/17, Chandragupta Marg,
Chanakyapuri, New Delhi-110021, India