

DRUG ABUSE MONITORING SYSTEM

A Profile of Treatment Seekers



United Nations
Office on Drugs and Crime



Ministry of Social Justice
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DRUG ABUSE MONITORING SYSTEM (DAMS): A PROFILE OF TREATMENT SEEKERS

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

Ministry of Social Justice and Empowerment,
Government of India

&

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

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FOREWORD

The Ministry of Social Justice and Empowerment, Government of India, in collaboration with the United Nations International Drug Control Programme (Regional Office for South Asia) has undertaken a "National Survey on Extent, Patterns and Trends of Drug Abuse in the Country". Drug Abuse Monitoring System as one of the strategies for survey has, for the first time, attempted a system of profiling the drug and alcohol dependents seeking counselling and treatment services of the government and non-government institutions all over the country. This pilot initiative is a precursor to the development of a comprehensive system for monitoring the trends of alcohol and drug abuse in the country on a periodic basis, and would, thus, address a much felt demand in the international community. The government is now seized with issues and bottlenecks for institutionalising the system, which includes designing the performance, training of professionals, sensitising the institutes etc. This monograph entitled " Drug Abuse Monitoring System - A Profile of Treatment Seekers" would provide an insight into the core findings of the study and consequently a perspective on the current national scenario of alcohol and drug abuse.

Jayati Chandra, IAS

Joint Secretary (SD)

Ministry of Social Justice and Empowerment

PROLOGUE

The drug menace touches millions of lives in both developed and developing countries. Its most negative impact is concentrated amongst the vulnerable and marginalized in societies.

Cognizant of this fact and in line with its mandate, the United Nations International Drug Control Programme, Regional Office for South Asia (UNDCP, ROSA) and the Ministry of Social Justice & Empowerment, Government of India, have launched major initiatives in the area of drug demand reduction through several projects. One of the projects “Survey on the Extent, Pattern and Trends of Drug Abuse in India” included a study which recorded information from clients seeking treatment.

This monograph entitled “Drug Abuse Monitoring System - A Profile of Treatment Seekers” highlights the various issues concerning drug abuse among people seeking treatment in various government and non-government centres. This study was undertaken with the broad objective of putting in place a drug abuse monitoring system in the country, which would provide systematic information on various aspects of drug abuse on a regular basis. Thus the project can be called the pilot phase and the feasibility study of such an effort.

This monograph is an important step forward in the joint efforts of UNDCP, ROSA and the Ministry of Social Justice & Empowerment to generate knowledge on vital drug related issues in the region. It is hoped that this research will also provide reference points for assessing long-term change in years to come. We hope to undertake a number of specialized studies in the future, with greater depth of analysis, to serve as useful tools for decision makers in the region.

Renate Ehmer
Regional Representative
UNDCP, ROSA

PREFACE

Much of the information on abuse of drugs in India is anecdotal and the available reports are from small-scale surveys carried out in isolated areas of the country. Rational responses and national programme planning require accurate data accumulated through painstaking research from many parts of the nation. In 1999, the Ministry of Social Justice and Empowerment, Government of India and the United Nations International Drug Control Programme, Regional Office for South Asia decided to undertake a large-scale national survey to obtain information on the extent, pattern and magnitude of drug abuse in the country. Multiple indicators and several methods to assess the situation were chosen for this purpose.

The major components of this study are the National Household Survey of Drug and Alcohol Abuse (NHS), the Rapid Assessment of Survey of Drug Abuse (RAS) and the Drug Abuse Monitoring System (DAMS). Additionally, focused studies on specific populations like women, rural subjects, people living in border towns and prison population have also been carried out. Treatment seekers provide another opportunity to study the demand for service facilities.

The current project (DAMS), based on treatment centre data, provides a unique opportunity to study the extent and pattern of drug abuse in the country and describes the profile of drug abusers seeking treatment. Furthermore, the study provided the opportunity to document profile of drug abuse in different states of India. This monograph extracts information from the project component Drug Abuse Monitoring System (DAMS) and describes the various aspects of drug abuse as seen through the organised treatment sectors. The information described in the monograph enriches the National Survey and for the first time, describes the profile of addicts in a methodical way.

The report is the collective effort of several persons who designed, executed, participated and carried out analysis for this study. It is hoped that the monograph would provide sufficient impetus to implement a Drug Abuse Monitoring System for the country on a regular basis.

It is expected that the detailed information in this monograph policy makers the necessary frameworks within which to develop responses and strategies for interventions and to modify treatment facilities available in the country.

Rajat Ray
Scientific Editor

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The UNDCP, Regional Office for South Asia (ROSA) and the Ministry of Social Justice and Empowerment, Government of India, gratefully acknowledges the contributions of the NGOs, governmental organizations and the private psychiatrists who participated and contributed the data in this project (see annexure). This study would not have been possible without their support.

The study was co-ordinated by Professor H.Y. Siddiqui who is also the Principal Author of the Monograph. We are grateful to the Department of Statistics, Jamia Millia University for their help in the analysis of data. We are also grateful to the following resource persons who carried out the training before the actual data collection began: Dr. M. Suresh Kumar, Dr. Samiran Panda, Mr. Gabriel Britto, Mr. Jaynat Shah, Mr. V. Sasi Kumar, Dr. A. Jayanta Kumar, Capt. Lalzamlova, Dr. Vishwanathan Mani, Fr. Desmond Daniels and Dr. P. K. Dalal.

National Survey on Extent, Pattern and Trends of Drug Abuse in India (AD/IND/99/D-83)

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EXECUTIVE SUMMARY

National programme planning and resource allocation for drug abuse management depends upon the availability of reliable data on the extent and patterns of drug abuse and the profile of drug abusers. There are several methods to collect information on the drug using population. One of the most cost-effective methods is to collect data from drug abuse treatment centres. Such a system is usually called Drug Abuse Monitoring System (DAMS) and it collects information through various treatment agencies. The data is pooled and analysed by a central agency to project a national scenario of drug use.

India currently has no national system to monitor drug abuse. An attempt was made to develop and establish a National Drug Abuse Monitoring System as a part of larger project - the 'National Survey on Extent, Pattern & Trends of Drug Abuse in India'. This project, a collaborative effort between the Ministry of Social Justice and Empowerment and UNDCP, Regional Office for South Asia, had several other components to collect and analyse data on drug use in the country. The components included studies on data from the National Household Survey of Drug and Alcohol Abuse (NHS), the Rapid Assessment of Survey of Drug Abuse (RAS) and focused thematic studies on special populations. The current monograph presents the highlights of the data collected through the Drug Abuse Monitoring System, or DAMS, component of the project.

The DAMS study focussed on the:

- ♦ Profile of drug abusers
- ♦ Select drug types being abused
- ♦ Patterns of drug use in and across various states

The study obtained information on drug abusers seeking help at treatment centres funded by the Ministry of Social Justice and Empowerment and the Ministry of Health and Family Welfare. Additionally private psychiatrists who are members of the Indian Association of Private Psychiatrists (IAPP) were also requested to participate in the study. Data was collected from new clients between August 1 and October 30, 2000. The information was recorded on a pre-designed proforma.

Main Findings of the DAMS study:

- ♦ Data from a total of 203 agencies (NGOs, governmental organizations & private psychiatrists) was analysed
- ♦ Total number of drug users in the study: 16,942
- ♦ Total number of drug categories reported: 20,169 (combination drug use as many subjects were multi-drug users)
- ♦ 97.2% of the sample was male
- ♦ Age Distribution of sample: 20 years and below - 4.9%, 21-30 years - 33.1%, 31-40 years - 36.9%, 40 years and above: 25.1%.
- ♦ 71.9% of the sample was married and 22.8% were not.
- ♦ 15% of the sample was illiterate; 12% were graduates
- ♦ 7.4% of the sample was currently unemployed; 12.4% had never been employed.
- ♦ 51.7% of the sample lived in rural areas and 48.3% were urban.
- ♦ The mean monthly income of a user was Rs.3408 (US\$73) and mean monthly expenditure on drugs was Rs.1653 (US\$35).

- ♦ The 5 states reporting the largest numbers of drug users in descending order were: U.P, Maharashtra, Punjab, Bihar, and Kerala.
- ♦ The primary drug used by treatment seekers was: Alcohol - 43.9%, Opiates 25.9% [Heroin (11.1%), Opium (8.6%), Propoxyphene (2.6%), Other opiates (3.7%)], Cannabis 11.6%, Stimulants 1.8% and Others 16.7%.
- ♦ The mean age of first use was 24 years
- ♦ 57% of the sample reported an addiction lasting 5 years and above.
- ♦ Injecting Drug Use: ever- 14%, current (last one month)- 9%
- ♦ Sharing of needle - Ever - 8%, Current (last one month) - 4%
- ♦ Single sexual partner - 50%, Multiple partners including Commercial Sex Workers - 4%
- ♦ Drug users with no previous treatment history - 27%.
- ♦ Drug related arrest: Ever - 13%, Current (last one month) - 4%
- ♦ Drug abuse present among family members: 49%
- ♦ Heroin abusers were younger (21-30 years), and alcohol and opium abusers were older (above 40 years).
- ♦ Opium abusers were predominantly from rural background and the heroin abusers from urban areas.
- ♦ Injecting drug use more often reported among heroin abusers
- ♦ On other parameters, alcohol abusers and abusers of cannabis, heroin and opium resembled each other.

The monograph recommends the establishment of nation-wide monitoring system on a yearly basis. Measures to sustain and supplement the system have also been proposed.

1. INTRODUCTION

Prolonged regular use of illicit substances and alcohol can prove harmful to both the individual and to society. To develop effective measures in response, policy initiatives must take into account that drug use in any society varies considerably across socio-economic groups, across time and regions, and reflects the cultural practices of different sections of society. Since the ultimate beneficiaries of these programmes are drug abusers, programmes also need to be developed keeping in mind the specific needs of the drug abusers and the contexts they inhabit.

Given these variations in, and shifting nature of drug use patterns, it is necessary for substance abuse trends to be monitored regularly and the development of any national programme for drug abuse prevention, treatment and rehabilitation, per force, requires considerable amount of monitoring inputs. A one time, single, cross sectional assessment may not be sufficient as drug use patterns show a certain degree of change over time and hence there is a need to conduct repeated assessments.

At present there is no system in the country to monitor the use and abuse of drugs. Though some studies have been carried out to provide the necessary data in the past so far no effort has been made to streamline and systemise the process of data collection and to collect data on a periodic basis. It is however, essential to collect such data regularly and over time to be able to discern shifting trends, both in terms of the profile of drug abusers and the types of drugs being used.

This monograph describes the methodology, data items and findings of the study 'Drug Abuse Monitoring System' - the effort meant to set up a system for monitoring drug abuse in the country based on treatment centre data. This study was carried out as part of a larger national project: 'National Survey of the Extent, Patterns and Trends of Drug Abuse in India', co-sponsored by the Ministry of Social Justice and Empowerment and UNDCP, Regional Office for South Asia.

Monitoring drug abuse

Data for such monitoring purposes can be obtained through several methods and sources, including population surveys, data obtained from treatment centres, ethnography and indirect indicators. Indirect indicators include information from various official sources like police officials, psychiatrists, and welfare agencies. Direct surveys involve conducting intensive studies with drug dependent persons. These surveys could be conducted on the general population, special populations, or among high-risk groups. In ethnographic studies, investigators reach out to drug abusers and key informants and obtain information from them

Monitoring of data from treatment centres is a quick and reasonably cost effective method to obtain information on drug abuse in the country. Such a system usually involves collecting information through various agencies, pooling this data at a central location and carrying out research and analysis. The different sources from where information could be collected are hospital emergency rooms, hospital outpatient departments or inpatient care facilities, de-addiction centres, counselling centres, rehabilitation centres and death registries. The main methods of reporting for these sources are: (i) Event reporting, (ii) Case reporting, and (iii) Case register.

In 'event reporting', various medical events in a person's life are recorded, e.g. a visit to the emergency room, a medical complication, admission or death. Since only events are recorded with no reference to the patient's identity, there can be double counting due to multiple visits to the same site by a single patient. In 'case reporting', events in an identified individual patient's medical history are recorded. This helps in preventing repetitions. In the 'case registers' method, events occurring in an individual patient's medical history across multiple sites are linked together.

International Drug Abuse Reporting Systems

Many developed nations have had drug abuse reporting systems in place for several years, even decades. In the United States of America, an event reporting system - the Drug Abuse Warning Network (DAWN; www.nida.gov) - has existed since 1972. It collects information on patients reporting to selected hospital emergency rooms, crisis centres and medical practitioners. To be eligible for inclusion in DAWN, any emergency room must be open round-the-clock, and must have at least one thousand patients visit every year. The information emerging from the DAWN system has been used by several agencies like the Drug Enforcement Administration (DEA) and the National Institute of Drug Abuse (NIDA) in the US to develop prevention, treatment and rehabilitation projects.

The Client Oriented Data Acquisition Process (CODAP) was a case reporting system developed and used in the USA in the mid 1980s. It provided information on clients seeking treatment from different agencies, their progress while in treatment and status at the time of discharge. Data from CODAP helped the US government estimate the incidence of drug abuse, future treatment needs and resource demands. Besides the USA, other countries like Sri Lanka, United Kingdom, Canada, Australia and Hong Kong have developed drug abuse monitoring systems of variable kinds.

Drug Use Monitoring in Australia (DUMA) was a pilot project, which sought to measure drug abuse amongst people charged with criminal offences. Data from DUMA was used to examine issues such as the relationship between drug use and violent crime, to monitor patterns of drug abuse across time, and help assess the need for drug treatment amongst offenders.

The Indian experience with Drug Abuse Reporting Systems

A study based on treatment centre data, 'Drug Abuse Monitoring System', sponsored by the Indian Council of Medical Research, was conducted in 1989-91 in three cities: Delhi, Jodhpur, and Lucknow (Mohan et al, 1993). A 32-item proforma was devised after reviewing several international instruments for monitoring drug use. Treatment centres run by both governmental organisations and NGOs participated in the study. The data produced

a profile of 10,320 drug users (new patients seeking treatment), their drug use history, drug related problems and their treatment history over a period of three years. The data varied across cities and over the years.

In brief, the results of the study showed that:

- ♦ Between 97 and 99 percent of treatment seekers were males
- ♦ The majority (58-61%) belonged to the age group 21-30 years
- ♦ Most (62-68%) were married
- ♦ Between 23 and 27 percent were illiterate
- ♦ Between 3 and 29 percent were unemployed
- ♦ A very small minority (0.1-0.2%) were students
- ♦ Most (64%) were introduced to drug use between 15 and 25 years
- ♦ Between 42 and 80 percent were abusing heroin and 15 to 35 percent were abusing alcohol
- ♦ Most (73-79%) did not report any previous treatment
- ♦ A few (0.7-2.7%) were injecting drug users (IDUs)
- ♦ Most (83-88%) did not report any drug related arrests
- ♦ About 60 percent had been using drugs for 5 years or longer
- ♦ A small percentage (1-5%) of the subjects were reported from more than one centre in a given city in a particular year. They could be called possible duplicates. This proforma was further modified and an abbreviated form was used for further data collection.

Developing a Drug Abuse Monitoring System in India

The treatment centre methodology for drug abuse monitoring was selected for the DAMS because of the successful international experience with it, and because it can be modified to meet local needs. The resources required for this system are significantly less than those required for population surveys. Further, treatment and counselling centres (both government & non-government) are the only organizations which interact with a large number of drug abusers in the country on

a regular basis and where some kind of records are maintained about the drug abusers and the drugs being used. The information collected from these institutions is useful in describing treatment demand, the extent to which treatment is sought and clearly indicate the resources required for delivery of care.

As with other similar systems, the core items to be monitored were: demographic characteristics (age, gender, etc.), episode characteristics (overdose, withdrawal, etc.), source of substance (legal prescription, street purchase, etc.), list of drugs used, usual route of administration (emphasis on injecting drug use), problems related to drug use, referral source, level of service (inpatient, outpatient departments,

etc.), psychiatric problems and days waiting to enter treatment.

The quality of the data collected is crucial to provide reliable insights. Thus, such an effort at monitoring drug use through treatment centres needs the commitment of staff to collect data, and rigor during data entry and analysis. It is important that quality control procedures are observed to guarantee the reliability and integrity of the data obtained. Further information on drug use or abuse is sensitive in nature and therefore should be collected only from sources who are voluntarily prepared to share it. These imperatives were taken into consideration while planning and implementing the DAMS.

2. OBJECTIVES AND METHODS

Objective of the DAMS Study

The broad objective of the DAMS study was to put in place a monitoring system in the country that would provide data on a regular basis in respect to persons abusing drugs, the type of drugs used and the methods of consuming different types of substances.

Planned Major Outputs

1. Develop a Drug Abuse Monitoring Tool
2. Develop a methodology for data collection
3. Identify the sources for data collection.
4. Train treatment and counselling centre staff in the collection of data and in maintaining proper records for the DAMS.
5. Develop methodologies for supplementing treatment centre databases.
6. Develop a guideline for the Ministry of Social Justice and Empowerment to sustain this work.
7. Prepare the base year report for trends in drug use based on treatment centre data collected during the year 2000.

Methodology

A simple pre-coded monitoring tool was developed for collecting data. All treatment centres and private psychiatrists were requested to gather data for a period of three months from all their new clients. The form was filled out on the first day of contact with the client, though it could be subsequently revised if the person remained in contact for a longer duration. A suitable manual that explained the method of data collection, the codes used and contained other useful information was also developed to assist with data collection.

The person responsible for the centre was then asked to send the completed questionnaires to the office of the national consultant of the DAMS component, where the data was entered and analysed.

The DAMS Instrument

The DAMS instrument included questions on the following:

User Profile-Age, Sex, Education, Residential Location,

Employment Status, Occupation, Income, Family history of drug use, Sexual practices, etc.

Drug Profile - The Profile of Abuse of Various Drug Types.

State Profile - Consumption Patterns of Drug Use among the Different States of India,

The purpose was to develop a profile of drug abusers seeking help from treatment centres and record the different drugs being used, the methods of their use and any resulting implications. The data provided a profile of abusers of different kind of drugs including their socio-economic status, family background and sexual practices etc. It also helped in discerning regional patterns of drug abuse, and the prevalence of injecting drug use among treatment seekers, important for managing the spread of HIV/AIDS.

Data Items

There were altogether twenty items in the DAMS instrument. These were:

- ♦ Demographic parameters (8 items)
- ♦ Drug use history (3 items)
- ♦ Average expenditure on drugs per month
- ♦ Drug related arrests and incarceration
- ♦ Previous treatment attempts
- ♦ Sexual history (2 items)
- ♦ Family history of drug abuse
- ♦ Parental education.

Sources of Data

The main source for collection of data was treatment centres including counselling centres being funded by the Ministry of Social Justice and Empowerment (NGOs) and the Ministry of Health and Family Welfare (governmental organizations). In addition, members of the Indian Association of Private Psychiatrists were also requested to participate and provide information on drug abuse among patients under their care.

Training Sessions for the DAMS

In order to familiarize participating NGOs and individuals with the DAMS tools, the manual, coding systems and data collection, 18 training sessions were organised and carried out at different sites. One staff member from each of the treatment centres/counselling centres run by the Ministry of Social Justice and Empowerment and the Ministry of Health and Family Welfare and some psychiatrists

undertook this training. They in turn were expected to train other staff members involved in clinical care at their centres. A total of 223 persons attended these sessions. The sessions were conducted by resource persons with an emphasis on interviewing a drug user and obtaining information in a single interview.

Data Collection Period

The data was collected from 1st of August to 30th October 2000.

3. RESULTS

Treatment Centre Data

Response rate

One Hundred Sixty Four NGO centres (treatment and counselling centres), 25 government treatment centres (GOs) and 20 private psychiatrists responded to this study. Overall, the participation rate was low. It was around 57 percent for the NGOs and it varied between 7 and 27 percent for remaining participants. Data from six centres arrived late and thus could not be analysed. The current monograph thus presents the data obtained from 203 such centres (NGOs, GOs and the private psychiatrists).

Distribution of Centres across States

Data was available from 23 states, 2 union territories and the National Capital Territory (NCT). Three new states were created in the country after the project started, however the data presented here refers to the state structure existing during the time of the data collection. The number of respondents and number of persons reported per centre are seen in the following table (Table 1). The table also shows the number of organisations participating in each state. Uttar Pradesh followed by Maharashtra returned the largest number of questionnaires, and provided data from 2473 and

Table1. Distribution and Number of Centres Across States

States	No. of Centres	No. of Respondents	No of cases reported per centre
Uttar Pradesh	27	2473	91.6
Maharashtra	26	2230	85.8
Punjab	14	1798	128.4
Bihar	17	1394	82.0
Kerala	21	1360	64.8
Haryana	9	919	102.1
West Bengal	12	880	73.3
Madhya Pradesh	8	657	82.1
Delhi	4	638	159.5
Manipur	9	620	68.9
Andhra Pradesh	9	619	68.8
Karnataka	9	535	59.4
Tamil Nadu	5	489	97.8
Rajasthan	5	477	95.4
Chandigarh	4	250	62.5
Gujarat	2	237	118.5
Mizoram	3	233	77.7
Goa	2	223	111.5
Nagaland	4	204	51.0
Assam	4	181	45.3
Orissa	2	134	67.0
Pondicherry	2	126	63.0
Tripura	2	117	58.5
Himachal Pradesh	1	67	67.0
Meghalaya	1	54	54.0
Jammu & Kashmir	1	27	27.0
Total	203	16942	83.5

2230 drug abusers respectively. The average number of respondents in a centre was 83.5.

A total of 16,942 drug abusers were reported from 203 centres in 23 States, 2 union territories and the National Capital Territory. About a quarter of the sample used more than one drug and altogether a total number of 20,169 drug types (combinations or categories of drug being used) were reported, Hence the data with regard to drug types is also being analysed in this study.

Drug Use and Drug User Data

The drug use results are presented in three sections. Section A provides an analysis of the composite national data along with data from specific states. Section B provides information related to various drug types and Section C discusses rural-urban differences in drug use.

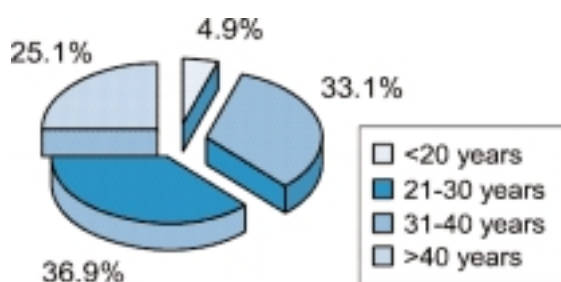
A. Composite National and State Specific Data

Age

Nationally, the mean age of drug using subjects was 35.3 years. The largest numbers of drug abusers were found in the age group 31-40 cohort (36.9%), followed by the 21-30 years age group (33.1%). About 5 percent of users in the sample were aged 20 years or below. One fourth of drug abusers were more than 40 years old (Figure 1). It is clear that drug users reporting for treatment in this study are in the productive years of their lives.

A few states contributed large numbers of young drug abusers i.e.: those 'below 20 years' of age. These young abusers were mostly from Mizoram (37.9%), Jammu and Kashmir (18.5%) and Nagaland (16.7%). Older subjects i.e.: those 'above 40 years,' were more frequently reported from Tamil Nadu (45.8%), Kerala (44.8%), Goa (41.7%), Pondicherry, Karnataka and Andhra Pradesh (39% each).

Figure 1. Age Distribution of Drug Abusers



Sex

An overwhelming majority of the subjects were men (97.2%). There were a few female drug abusers and they were more often reported from Andhra Pradesh (10.5%), Manipur (9.8%) and Mizoram (6.9%).

Marital Status

A majority of users (71.9%) were married, with less than a quarter of the subjects being unmarried (22.8%). Very few were divorced (1.2%).

Tamil Nadu (90.0%), Gujarat (89.5%), Haryana (85.4%) and Andhra Pradesh (83.2%) reported higher percentages of married drug abusers. Unmarried drug abusers tended to be from Mizoram and Nagaland.

Education Status

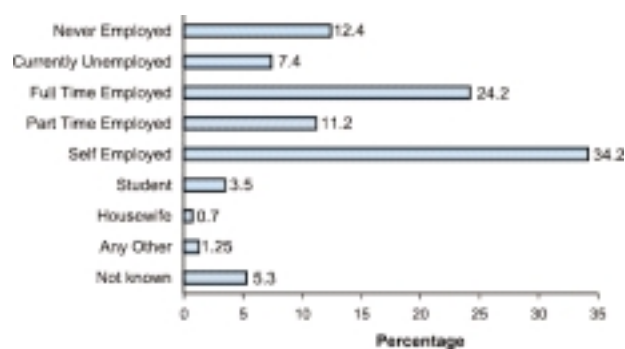
A significant number of treatment seekers in the study were educated with only about 15 percent of the sample being illiterate. About 42 percent had completed higher secondary schooling or above. About 12 percent were graduates.

Higher proportions of illiterate subjects were reported from Rajasthan (34.4%), Andhra Pradesh (28.0%) and Uttar Pradesh (25.7%). By contrast, higher levels of education were found in Mizoram, Nagaland, Himachal Pradesh and Assam.

Employment and Occupation

Most respondents (around 70%) were employed. 12.4 percent have never been employed and an additional 7.4 percent was currently unemployed. Students comprised 3.5 percent of the sample (Figure 2).

Figure 2. Distribution of Employment Status Among Drug Abusers



A few states had a very high number of 'never employed' respondents, namely Mizoram (48.1%), Nagaland (46.1%) and Gujarat (32.1%). High proportions of student drug abusers were reported from Mizoram (27.0%) and Nagaland (26.5%).

Nearly one fourth (23.3%) of drug abusers in the sample were farmers and/or fishermen by occupation; about 12 percent were service workers and 16 percent were labourers.

Farming and/or fishing were more often reported as occupations in Tamil Nadu, Punjab, Rajasthan and Haryana. Labourers were more often reported from Andhra Pradesh and Gujarat.

Monthly Income and Expenditure on Drugs

The mean income of drug abusers seeking treatment was Rs.3408 (USD 73) per month (SD 2409). The median income was Rs.2200 (USD 47) per month. Only a minority of respondents (about 13 percent) had an income of over Rs.5000 (USD 107) per month. As against the mean monthly income of around Rs.3408 (USD 73), the mean current monthly expenditure on drugs was Rs.1653 (USD 35). Thus the subjects in the sample were spending almost 50 percent of their income on drugs. This scenario of high expenditure on drug use was further complicated by the fact that most respondents reported that their expenditure on drugs was increasing.

Some respondents from Nagaland, Himachal Pradesh, Jammu & Kashmir and Meghalaya reported higher levels of income than the national average.

Rural-Urban distribution

The respondents were almost equally distributed between rural and urban areas with 51.7 percent being from rural areas and 48.3 percent from urban areas.

The highest percentages of rural drug abusers were in Goa (78.0%) and Punjab (77.5%), whereas higher

numbers of urban drug abusers reported for treatment in Mizoram (91.0%) and Meghalaya (90.7%).

Family Background

Overall, about 30 percent of fathers of the current sample were illiterate. Largely, the fathers of these drug abusers were farmers and/or fishermen. However, between 14 and 35 percent of the respondents did not report the educational and occupational status of their parents.

Illiteracy was higher among fathers of opium abusers in Punjab, Pondicherry and Jammu & Kashmir. About 50 percent of mothers were illiterate and illiteracy was more often reported from Pondicherry, Haryana, Punjab and Rajasthan

Family History of Drug Use

About half of all drug abusers reported they had a family member who abused drugs. Fathers comprised the majority of drug abusing family members.

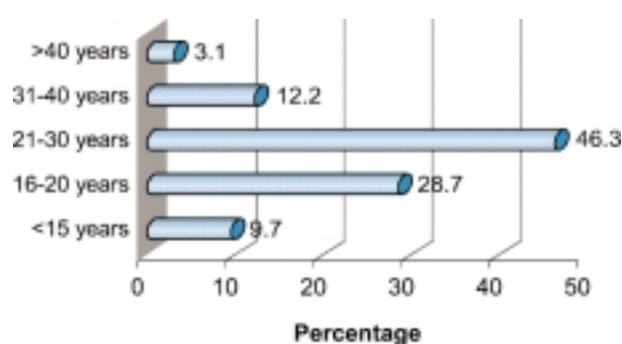
The percentage of users having a drug abusing family member was higher in Tamil Nadu, Kerala, Mizoram, Himachal Pradesh and Pondicherry in comparison to other states.

Age of First Use

The mean age of initiation into drug abuse was 24.0 years. Nearly one-tenth of users (9.7%) started before reaching 15 years of age, while a little more than one-fourth started when they were between 16 and 20 years old. Almost half of the sample started using drugs between the ages of 21 and 30 years (Figure 3).

Early onset of drug use (use before 15 years of age) was more frequently reported from Mizoram, Meghalaya, Rajasthan, Jammu and Kashmir, and Nagaland.

Figure 3. Distribution of Age of First Use



Demography - Salient Features

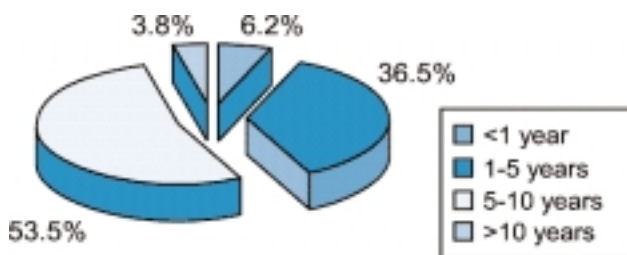
- ◆ Mean Age - 35 years
- ◆ Male - 97%
- ◆ Unmarried - 23%
- ◆ Illiterate - 15%
- ◆ Unemployed - 20%
- ◆ Rural - 52%
- ◆ Occupation - Farmer/ fishermen (23%)

Duration of Drug Abuse

The majority of drug abusers reported that they had been using drugs for more than five years (around 57%). A few (around 6%) had used drugs for less than one year (Figure 4).

In the states of Tripura, Tamil Nadu and Karnataka, between 75 and 80 percent of the sample reported that they had used drugs for between 5 and 10 years. Assam reported a comparatively higher proportion of subjects who had used drugs for ten years and longer. Rajasthan and Jammu & Kashmir had a higher proportion of subjects who had been using drugs for less than one year.

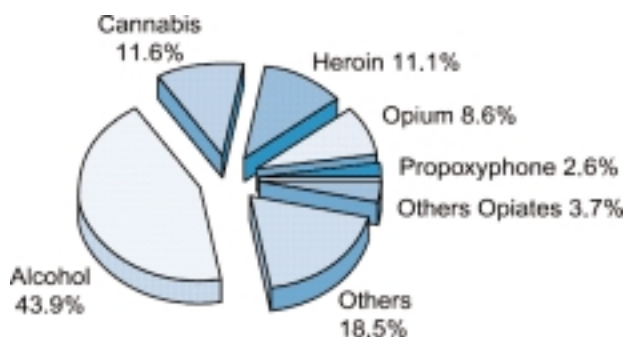
Figure 4. Distribution of Duration of Drug Abuse



Commonly Abused Drugs

Alcohol, cannabis, heroin and opium emerged as the most common drugs abused among treatment seekers. The majority of respondents were abusing alcohol (43.9%), followed by cannabis (11.6%), heroin (11.1%) and opium (8.6%). Very few reported abuse of other drugs like propoxyphene, barbiturates, hallucinogens and inhalants (around <2% each). Amphetamines were the least abused drugs (0.2%). Nearly 19 percent of drug abusers have reported abuse of several other compounds like tobacco products, ayurvedic medicines and non-narcotic painkillers (Figure 5). Overall, about 26 percent reported abuse of opiates.

Figure 5. Distribution of Commonly Abused Drugs



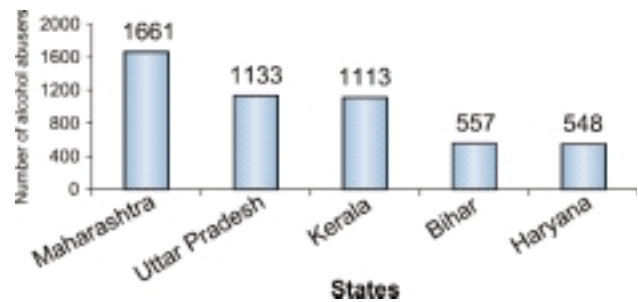
There were a few differences seen across the states. These are discussed below briefly.

Alcohol Abuse

Alcohol abusers were reported from all the 23 states, 2 union territories and the National Capital Region

The largest numbers of alcohol abusers in the sample came from Maharashtra (18.8%), followed by Uttar Pradesh (12.8%), Kerala (12.6%), Bihar (6.3%) and Haryana (6.2%) (Figure 6).

Figure 6. Alcohol Abuse: Top Five States (N=5012/8857)

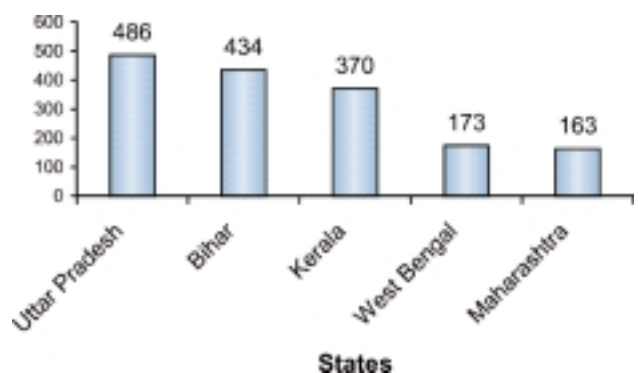


Cannabis Abuse

Cannabis abuse was reported from all the states except Jammu & Kashmir.

The states contributing the largest numbers of cannabis users to the sample were Uttar Pradesh (20.8%), followed by Bihar (18.6%), Kerala (15.8%), West Bengal (7.4%) and Maharashtra (7.0%).

Figure 7. Cannabis Abuse: Top Five States (N=1626/2335)



Heroin Abuse

Amongst the 2246 heroin abusers in the study, none were from Himachal Pradesh or Tripura. The largest numbers of heroin abusers were found in Uttar Pradesh (17.3%), followed by Delhi (16.3%), West Bengal (15.0%), Manipur (10.1%) and Bihar (10.0%) (Figure 8).

Figure 8. Heroin Abuse: Top Five States (N=1541/2246)

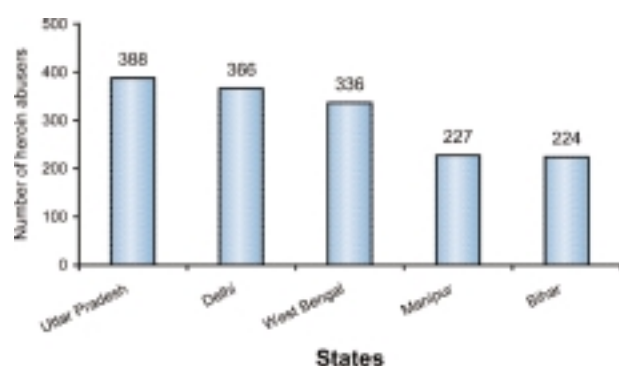
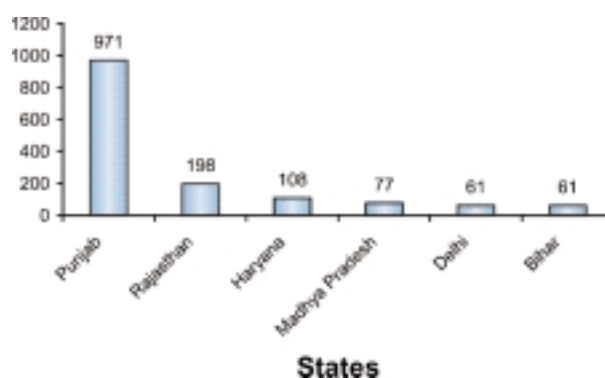


Figure 9. Opium Abuse: Top Six States (N=1476/1725)



Opium Abuse

Altogether 1725 opium abusers were reported in the sample. There were no cases of opium abuse reported from Mizoram, Tamil Nadu and Tripura. The state with the largest number of opium abusers was Punjab (56.3%), followed by Rajasthan (11.5%) (Figure 9).

Distribution of Drug Abusers within Various States

The following table (see Table 2) shows the most commonly used three drugs for each state. It can be seen that the proportion of subjects using a particular drug type varies from state to state. It is important to note that even though a state may report a small

Table 2. Three Major Drugs Used In Various States (% of state sample)

States	Most Common	Second Most Common	Third Most Common
Andhra Pradesh	Alcohol 73.0	Cannabis 11.3	Inhalants 3.6
Assam	Alcohol 59.8	Cannabis 24.4	Heroin 4.1
Bihar	Alcohol 37.1	Cannabis 28.9	Heroin 14.9
Goa	Alcohol 84.8	Cannabis 2.6	Opium 1.3
Gujarat	Alcohol 59.3	Heroin 7.7	Cannabis 5.4
Haryana	Alcohol 51.4	Opium 10.1	Cannabis 6.5
Jammu and Kashmir	Alcohol 21.1	Opium 10.5	Heroin 7.9
Karnataka	Alcohol 64.3	Heroin 1.3	Cannabis 0.4
Kerala	Alcohol 50.8	Cannabis 16.9	Minor Tranquilliser 5.3
Maharashtra	Alcohol 65.4	Other sedatives 6.9	Cocaine 5.1
Madhya Pradesh	Alcohol 43.1	Heroin 17.9	Cannabis 15.6
Manipur	Heroin 32.2	Alcohol 19.3	Inhalants 7.1
Mizoram	Propoxyphene 25.2	Alcohol 24.9	Cough syrup 19.8
Meghalaya	Alcohol 76.7	Cannabis 3.3	Heroin 1.7
Nagaland	Propoxyphene 47.3	Alcohol 14.2	Heroin 7.7
Orissa	Alcohol 30.9	Heroin 20.7	Opium 7.5
Punjab	Opium 42.7	Alcohol 18.9	Propoxyphene 6.6
Rajasthan	Opium 39.8	Heroin 30.5	Alcohol 19.5
Tamil Nadu	Alcohol 58.2	Cannabis 1.8	Other sedatives 1.4
Tripura	Alcohol 74.3	Cannabis 15.4	Minor Tranquilliser 8.8
Uttar Pradesh	Alcohol 42.8	Cannabis 18.4	Heroin 14.7
West Bengal	Alcohol 34.0	Heroin 32.1	Cannabis 16.5
Delhi	Heroin 44.7	Alcohol 26.4	Buprenorphine 7.7
Chandigarh	Alcohol 45.4	Opium 11.8	Propoxyphene 8.9
Pondicherry	Alcohol 71.2	Cannabis 6.4	Opium 1.3
Himachal Pradesh	Alcohol 64.6	Cannabis 25.6	Opium 3.7

number of drug abusers of a particular drug type, the distribution of drug types used, within a state sample, may be very skewed.

Across states, the percentage of cannabis abusers among those reporting for treatment was high in Bihar (28.9%), Himachal Pradesh (25.6%), Orissa (25.0%), Assam (24.4%) and Uttar Pradesh (18.4%). Similarly, the highest proportions of heroin abusers were found in Delhi (44.0%), followed by Manipur (32.2%), West Bengal (32.1%), Rajasthan (30.0%) and Orissa (20.7%). Opium abusers accounted for 42.7 percent of the sample in the Punjab and 39.8 percent in Rajasthan. The percentage of alcohol abusers was highest in Goa (84.8%), followed by Meghalaya (76.7%), Tripura (74.3%), Andhra Pradesh (73.0%) and Pondicherry (71.2%).

Injecting Drug Use (IDU)

About 14 percent of the sample reported 'lifetime' injecting drug use, while about 9 percent was currently (used in last month) injecting drugs. However, about 18 percent of respondents did not report their current status.

Higher proportions of IDUs (both lifetime and current) were reported from Mizoram (76.0%) and Manipur (75.5%). Nagaland (51.0%) reported a larger number of lifetime IDUs. IDUs were less often reported from Tamil Nadu and Gujarat, and Tripura had none.

Sharing of Needles

About 8 percent of the current sample reported sharing needles in their lifetime (ever), while about 4 percent reported sharing needles in the last month (current).

The percentage of respondents reporting sharing of needles was high (43-66%) in Manipur, Mizoram and Nagaland.

Sexual Practices

Almost half of the drug abusers in the study had a single sexual partner. Only a minority (around 4%) reported having multiple sexual partners including partners who were commercial sex workers. (Table 3). Practice of 'safe sex' (use of condoms - always) was reported by 17 percent of the sample, whereas unsafe sexual practises (use of condoms -never) were reported by one-fourth of the sample.

A higher proportion of people reported sexual encounters with multiple partners in Himachal Pradesh

and Rajasthan. The states reporting high percentages of unsafe sexual practices were Gujarat and Mizoram.

Parameter	Percentage
Sexual partners	
Single partner	46.5
Multiple partners	14.4
Multiple partners including casual partners	5.6
Multiple partners including CSWs*	4.4
Safe sexual practices	
Always	16.8
Sometimes	21.7
Never	25.9

*CSW = Commercial Sex Workers.

The figures for the sexual practices variables were not very reliable, as many subjects (29-36%) did not respond to one or more of these items.

Drug Related Arrests

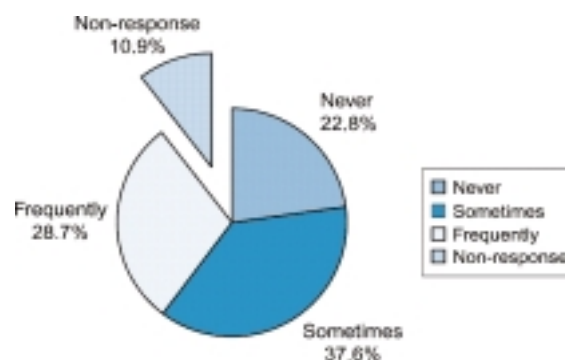
About 13 percent of drug abusers reported being arrested at least once in their lifetime (ever) and about 4 percent reported being arrested in the last one month (current).

The figures for drug related arrests, both current and lifetime, were high for Mizoram, Nagaland, Manipur, Kerala and West Bengal. However, between 10 and 22 percent of respondents did not respond to the above questions.

Drug Related Family Violence

Drug related family violence was common and was reported by two-thirds of the subjects in the sample (Figure 10). As the figure below shows, about 29 percent of respondents reported frequent occurrence of drug related family violence.

Figure 10. Frequency of Drug Related Family Violence



A higher percentage of family violence was reported from Gujarat, Pondicherry and Manipur, while Himachal Pradesh had the fewest number of such incidents.

Previous Treatment

All the subjects in the study (DAMS) were currently undergoing treatment. However, only about 27 percent reported having received treatment prior to the current treatment episode.

The percentage of those having obtained treatment in the past was higher in Nagaland, Mizoram and Goa.

Drug Abuse - Highlights of Select Parameters

- ♦ Common Drugs of Abuse - Alcohol, Cannabis, Heroin and Opium.
- ♦ Average age of first drug use - 24 years
- ♦ IDU - 14% (lifetime) & 9% (Current)
- ♦ Needle Sharing - 8% (lifetime) & 4% (current)
- ♦ Drug Related Arrest - 13% (lifetime) & 4% (Current)
- ♦ Previous Treatment History - 27%

B. DRUG SPECIFIC DATA

This section focuses on drug specific parameters in the DAMS instrument. Parameters for alcohol, cannabis, heroin and opium are being presented below as they were found to be the most commonly abused substances in the study.

This section provides information on i) Demographic parameters across drug types and ii) Drug use related variables. The profile of drug abusers using a particular substance is also noted and compared to the composite national profile developed in Section A.

Demographic Variables

It can be seen from the Table 4 that heroin abusers were commonly found in the 21 - 30 years cohort. Opium and alcohol abusers tended to be older and more often seen in the 40 years and above age group. Most users, irrespective of substance used, were male (between 95-99%). Heroin abusers were more frequently unmarried (37.5%), while opium and alcohol abusers were largely married. Opium was the most commonly used drug among illiterate respondents. Conversely, students formed the smallest group among opium users.

Table 4. Select Demographic Parameters (%)

	Entire DAMS Sample	Alcohol Abusers	Cannabis Abusers	Heroin Abusers	Opium Abusers
Age					
<20 years	4.9	3.0	7.3	8.1	3.1
21-30 years	33.1	25.5	34.5	48.8	28.9
31-40 years	36.9	40.2	34.5	32.3	35.8
40+ years	25.1	31.3	23.7	10.8	32.2
Males	97.2	97.3	95.3	97.6	99.4
Unmarried	22.8	15.7	25.3	37.5	15.7
Illiterate	15.6	14.0	15.9	14.7	31.9
Employment					
Never employed	12.4	11.0	15.8	11.3	5.5
Currently unemployed	7.4	6.6	8.0	15.9	4.1
Student	3.5	1.8	4.6	5.5	1.2
Occupation					
Sales worker	10.4	8.8	13.0	14.4	5.2
Manufacturing	8.1	7.3	8.9	12.0	5.5
Transport operators	8.2	6.9	7.8	10.5	11.3
Farmers/ Fisherman	23.3	21.5	21.2	11.0	47.7
Family history of drug abuse					
Present	48.8	55.0	53.5	35.2	28.9

Nearly one-fourth (23.3%) of drug abusers in the sample were farmers and/or fishermen and most of these used opium (47.7%). Heroin abusers were evenly distributed among different occupational categories. Nearly 12 percent of all drug abusers were service workers, and 16 percent were labourers.

The drug abusers in the sample were generally poor. Nearly 39 percent had an income of less than Rs.2000 per month and nearly half had an income between Rs.2000-5000 per month. Almost half of the cannabis abusers (47.7%) had a monthly income of less than Rs.2000.

Between 29 and 55 percent of respondents had a drug using family member. This figure was higher among subjects reporting alcohol and cannabis use.

Drug abusers were evenly distributed between rural and urban areas. However, opium abusers were predominantly rural (75.6%), while most (63.2%) heroin users were from urban areas.

Drug Use Variables

It can be seen in Table 5 that about half of all drug users started using drugs between the ages of 21-30 years, irrespective of the substance they used. Overall, about 53 percent of the drug users had been using drugs for 5 -10 years. Alcohol and opium abusers seemed to have longer drug use careers with 60 percent reporting abuse for 5-10 years. Heroin abusers had relatively shorter drug use careers before they sought treatment.

Injecting drug use (ever) was highest among heroin abusers, as was the percentage of subjects reporting sharing of needles. Heroin users also reported a greater number of previous attempts at treatment.

As was noted earlier, drug related family violence was found among a large number (63-68%) of the sample. The frequency of occurrences of family violence was very similar across drug types. A family history of drug abuse was more commonly seen among alcohol and cannabis users.

Table 5. Select Drug Abuse Related Variables (%)

	Entire Sample	Alcohol Abusers	Cannabis Abusers	Heroin Abusers	Opium Abusers
Age of first use					
<15 years	9.7	9.4	10.8	8.6	11.8
16-20 years	28.7	28.0	26.5	27.5	19.4
21-30 years	46.3	47.3	47.0	49.9	43.9
Duration of drug use					
1-5 years	36.5	31.4	39.9	51.8	30.0
5-10 years	53.5	57.9	51.5	41.2	58.9
Injecting Drug Use (IDU)*					
Ever	14.3	9.1	8.0	25.4	6.6
Last month	9.4	5.0	4.0	17.2	3.0
Sharing of Needles *					
Ever	7.7	3.3	4.7	16.7	3.3
Last month	4.4	1.4	2.1	11.5	1.3
Drug related arrests					
Ever	13.1	11.9	15.6	20.6	6.4
Last month	3.8	3.1	4.2	5.4	1.5
Previous attempt to abstain					
Yes	27.4	23.0	25.2	39.7	26.1
Sex with multiple sexual partners including CSWs					
Yes	4.4	4.0	7.3	6.5	3.5

*IDU and sharing of needles were usually seen among persons who abused heroin or were multi-drug abusers.

The responses with regard to sexual relationships and the practice of safe sex were largely similar across drug types. It has already been pointed out in the earlier section that the data regarding sexual practice may not be very reliable as the response rate to sexual practice data items was low.

C. RURAL-URBAN DIFFERENCES

The current section describes certain differences and similarities seen among rural and urban drug abusers in the study. Altogether, 51.6 percent of drug use was reported from rural areas with the remaining 48.4 percent coming from urban areas.

Age Distribution

It can be seen from Table 6 that the number of older respondents was slightly higher in the rural group; the mean age being 36.6 and 34.0 years for rural and urban subjects respectively.

Age	Rural (N=10417)	Urban (N=9752)
<15 years	0.3	0.4
16-20 years	3.6	5.6
21-30 years	30.3	36.0
31-40 years	37.5	36.2
>40 years	28.2	21.7

Drugs abused

Alcohol was the most commonly abused drug in both rural and urban areas. Cannabis use was more frequently reported by respondents from rural backgrounds whereas heroin was more frequently used in urban locations (Table 7).

Indicator	Rural (N=10417)	Urban (N=9752)
Drugs used		
Alcohol	46.2	41.5
Cannabis	13.4	9.6
Heroin	7.9	14.6
Other opiates	16.6	10.7
Others	15.9	23.6

Age of First Use

Most respondents were introduced to substance abuse in their early twenties, irrespective of their geographic location. The mean age for initiation into substance use was 24.7 years and 23.1 years in rural and urban areas respectively.

Current Expenditure on Drugs

The mean monthly income of rural drug abusers (Rs.3050, USD 66) was slightly lower than that of urban drug abusers (Rs.3789, USD 81). Along with higher incomes, urban drug users also reported higher mean expenditure on drugs, which was Rs.1814 (USD 39) per month. Most rural as well as urban abusers were spending little over Rs.1000 (USD 21) per month on their drug habit.

Other Parameters

It has been stated earlier that about 27 percent of the entire sample reported previous histories of treatment. Among these respondents, the number of attempts reported was largely similar by area, with the mean number of attempts being 1.0 and 1.2 for rural and urban users respectively.

The data on drug related family violence is presented in the following table (Table 8). Large numbers of subjects reported drug related family violence. The figure stood at around 66 percent for both the groups.

	Rural (N=10417)	Urban (N=9752)
Never	20.8	24.9
Sometimes	38.2	37.1
Frequently	27.9	29.5

*Between 8.5% and 13.1% did not respond to the question

High Risk Behaviour

About 18 percent of subjects from urban areas reported injecting drug abuse (IDU - ever). This is in comparison to the 10 percent who reported IDU from rural areas. Thus, IDU was more often reported in urban areas. This difference was also true of the extent of needle sharing, which was about 10 percent in urban areas and 5 percent among rural respondents.

Data on high-risk sexual practices is presented in Table 9. About half of rural drug abusers had a single sexual partner, whereas about two-fifths of urban drug abusers had a single sexual partner. Both rural and urban samples had equal proportions of multiple sexual partners. The pattern of safe sexual practices (use of condoms) was also similar in both urban and rural groups

Table 9. Sexual Practices Among Rural And Urban Drug Abusers* (%)

Indicator	Rural (N=10417)	Urban (N=9752)
Number of Sexual Partners		
Single	50.2	42.4
Multiple	14.4	14.4
Multiple & casual sexual partner	5.8	5.3
Multiple & sex with CSW*	3.2	5.7
Safe Sexual Practices		
Never practiced	26.9	24.9
Sometimes practiced	22.3	20.9
Always practiced	18.1	15.5

*CSW: Commercial Sex Workers

It should also be mentioned that between 26 and 38 percent of respondents did not answer the questions on number of sexual partners and practice of safe sex. Thus, the reliability of the information on these two parameters may not be high.

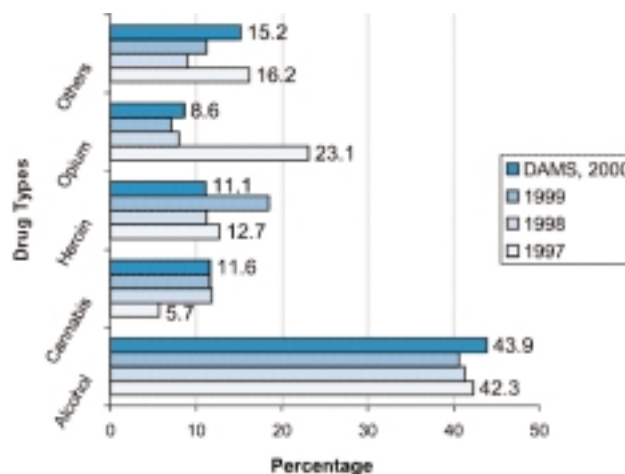
Changing Trends of Drug Abuse

No similar enquiry on the patterns of drug use has been carried out in India. Thus the data obtained from the DAMS cannot be compared to earlier

studies to reflect on the changing patterns of drug abuse.

However, the data obtained in the current project (DAMS, 2000) can be used to note the changing distribution of various drug types being used by treatment seekers as such data is available through the annual reports of the Ministry of Social Justice and Empowerment for the previous four years. This comparison can be seen in figure 11.

Figure 11. Trends of Drug Abuse Among Treatment Seekers: 1997-2000



It can be seen that the proportion of subjects reporting alcohol abuse has remained between 41 and 44 percent. The proportion of cannabis abusers was lowest in the year 1997 (5.7%) and was subsequently higher, though it remained similar in the remaining three years (11.6-11.8%). The proportion of heroin abusers declined slightly, to 11 percent in the year 2000, as against earlier years and was highest in the year 1999 (18.5%). The number of abusers of opium also declined from 23.1 percent (1997) to 8.6 percent (2000). Thus, the figures for the various drug types consumed have been changing over these four years. (1997-2000).

4. CONCLUSIONS

Study Conclusions

It should be remembered that the picture presented in the DAMS refers to those seeking treatment in the organised sector (GO & NGO) and not those who are in the community or form part of the general drug abusing population. Despite this, the DAMS is a rich source of information and can vastly assist in the formulation and implementation of programmes related to drug abuse prevention, treatment and rehabilitation. Furthermore, it is relatively inexpensive method to accumulate data on drug abuse.

In summary, the current project provided the following information:

Demography

Most of the drug abusers belonged to the age group 21-30 years and 31-40 years. The mean age of the treatment seekers was around 35 years. Almost the entire sample was male (97%) and a majority were married. Respondents were mostly educated having varying levels of education. About 71 percent of the sample was employed. 52 percent of respondents came from rural backgrounds and the remaining 48 percent were from urban settings.

The mean income of the subjects was around Rs.3,400 and a little over 50 percent were spending more than Rs.1,000 on drugs.

Drugs of Abuse

Alcohol, cannabis, heroin and opium were the major substances used, accounting for around 44 percent, 12 percent, 11 percent, and 9 percent of the sample respectively. Most users were introduced to drugs as young adults (mean age 24 years). A majority (53%) had been using for 5-10 years. A few reported drug related arrests (around 13%), though the reported prevalence of drug related violence was high at about 66 percent. Approximately 49 percent reported a positive family history of drug abuse.

High-risk behaviours

Overall, about 14 percent of the sample admitted having ever used any drug through the injecting route and about 9 percent could be called current IDUs.

About 8 percent of the entire sample reported sharing of needles. Almost half reported having had a single sexual partner and only a minority reported multiple sexual partners. About one fourth of respondents reported that they did not follow any safe sexual practice and only about 17 percent reported the use of condoms 'always'.

A low 27 percent reported a previous history of treatment. Thus, only a minority had attempted to give up drug consumption before the current contact with treatment.

Apart from the national scenario presented above, certain inter-state differences and differences across drug types were also seen.

Inter-State Differences

- Alcohol abuse among treatment seekers was more often reported from Maharashtra, Uttar Pradesh and Kerala.
- Cannabis abuse among treatment seekers was more commonly found in Uttar Pradesh, Bihar and Kerala.
- Heroin abuse among treatment seekers was more often reported from Uttar Pradesh, Delhi and West Bengal.
- Opium abuse among treatment seekers was more frequently seen in respondents from Punjab and Rajasthan.
- A higher number of young subjects (below 20 years) were reported from Mizoram, Jammu & Kashmir and Nagaland.
- A higher number of older subjects (above 40 years) were reported from Kerala, Goa, Karnataka, Pondicherry and Andhra Pradesh.
- A higher number of students were reported from Mizoram and Nagaland.
- A higher number of IDUs were reported from Mizoram, Manipur and Nagaland.

Differences across Drug Types

- Heroin users were more often younger and opium users older.

- ♦ Heroin users were more often unmarried.
- ♦ Opium users were more often illiterate.
- ♦ Unemployment was lowest among opium users.
- ♦ IDU was more often seen among heroin users, so also was the percentage reporting sharing of needles.
- ♦ Heroin users had more frequently attempted treatment in the past.
- ♦ Drug related family violence was more often reported among users of heroin and alcohol.
- ♦ A positive family history of drug abuse was more often reported among alcohol and cannabis users.

Difficulties Encountered in Data Collection

The first difficulty faced in data collection was contacting all the organizations supported by the two Ministries (Social Justice and Empowerment & Health and Family Welfare), as the addresses of these organizations were incomplete. Many letters posted came back while others were received very late. This resulted in many organizations being left out of the study. Overall, the compliance was low and many organisations did not participate in the study. There were at least six centres that sent their data in very late and thus the information provided could not be analysed. Inadequate time and resources to train people employed to feed data into the computer was another problem in data collection and analysis.

Recommendations

The foremost recommendation arising from this component of the project (DAMS) is that it is a sustainable project, which can be repeated on a yearly basis. It is a very cost and time effective exercise requiring only a one time training effort. The analysis of the DAMS data has provided state specific information on drug use trends which is desirable, as such information can be very effectively used for local planning. Thus, for example, it is clear that the injecting drug abuse of heroin is mostly seen from the three northeastern states. Opium abuse is more often reported from rural Punjab and Rajasthan. Such information should be used to focus the treatment services in these regions and states. This report should be widely shared with state governments, NGOs and other stakeholders with a view to achieve greater success in drug demand reduction and HIV/AIDS issues in the country.

Modification to the DAMS Instrument and Data Collection

The current report can act as a framework for future publications. However, some improvements can be made to the instrument and in the method of data collection.

- ♦ Certain data items need to be looked into carefully if they are to be retained as the response rate to these has been low. To illustrate, many subjects did not provide answers to items like sexual practices, parents' occupation and education, and safe sex. These questions may need to be simplified.
- ♦ The question on monthly expenditure on drugs should be simplified to avoid confusion.
- ♦ The duration since last treatment should be recorded in 'months'.
- ♦ Certain amount of rigor needs to be observed during data collection and this should be emphasised to the participating centres.
- ♦ For the current project, data was obtained for three consecutive months namely August - October 2000. It is possible that attendance of patients seeking treatment may vary depending upon the month or season. It may be prudent to carry out an exercise in certain selected centres where data is collected for all the twelve months and compared against the specified block period of three months.
- ♦ Finally, the capacity of the participating treatment centres for data collection should be strengthened.

Sustaining the system

For such information to be continually and readily available, the monitoring of trends and patterns of drug abuse requires data acquisition on a continuous basis. Once the staff at the participating centres has been trained, it is not difficult to sustain the DAMS system. In future, the responsibility of data collection, compilation and analysis can be entrusted to the National Centre for Drug Abuse Prevention (NC-DAP), the institution identified by the Ministry of Social Justice and Empowerment for this purpose. The training of field workers needs to undertaken only once and can be incorporated into the already existing schedule of training programmes organized by the Ministry.

Supplementing the system:

The current focus of DAMS, as mentioned earlier, is on monitoring drug use trends and on ascertaining the profile of persons abusing drugs etc. The monitoring tools have been kept simple to facilitate the collection of specific data, without creating difficulties for the personnel at the centres.

There may be a need for in-depth analysis of some of the trends to evolve suitable intervention strategies for prevention or help. The Ministry of Social Justice and Empowerment may consider supplementing the system by identifying appropriate institutions to

undertake detailed studies to supplement the insights provided by DAMS.

Sample surveys and case studies could be undertaken to strengthen the information provided by the system (DAMS). Data may also be obtained from organisations, not dedicated to providing care for drug dependent individuals. These could include organisations providing care for HIV/AIDS patients, youth organisations, NGOs working with children, etc.

The process could evolve a data bank, to be kept online, capable of providing data on all aspects of drug abuse in the country.

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6. ANNEXURE

List of Treatment Centres (NGOs funded by Ministry of Social Justice and Empowerment) participating in DAMS

Code	Site	Organisation	State
*01	ANDHRA PRADESH		
0101	Chittoor	Peoples Action for Social Services (PASS)	Andhra Pradesh
0103	Guntur	Seva Medical and Education Society	Andhra Pradesh
0107	Ranga Reddy District	Sneha Mahila Mandali	Andhra Pradesh
0111	Chirala	The Andhra Pradesh Peoples Economic Development Services Society	Andhra Pradesh
0113	Ranga Reddy District	Jyoti Education Society	Andhra Pradesh
0114	Chinthal	Serve Well Society	Andhra Pradesh
0115	Secunderabad	Dr. Pasupuleti Nirmala Hanumantha Rao Charitable Trust	Andhra Pradesh
*02	ASSAM		
0203	Guahati	North East Society for the Promotion of Youth and Masses (NESP YM)	Assam
0207	Nagaon	Sreemanta Sankar Mission	Assam
*03	BIHAR		
0301	West Champaran	Kedar Pandey Samaj Kalyan Sangh	Bihar
0302	Chhupra	Pandit Devinath Laxmi Narayan Samaj Kalyan Kendra	Bihar
0304	Dhanbad	Kamini Sewa Sadan	Bihar
0307	Jehanabad	Indian Institute of Rural Reconstruction and Social Change	Bihar
0309	Munger	Gramin Vikas Evam Kalyan Samiti	Bihar
0310	Muzaffarpur	Alp Sankhyak Avam Harija Kalyan Kendra	Bihar
0312	Patna	Priyadarshi Ashok Kalyan Sangh	Bihar
0313	Patna	Aniket Sewa	Bihar
0316	Patna	Sister Nivedita Memorial Trust	Bihar
0318	Patna	Youth Mobilization for National Advancement (YMNA)	Bihar
0320	Patna	Bharatiya Viklang Sangh	Bihar
0321	Patna	Jagaran	Bihar
0322	Patna	Environmental Consultancy Vikas Centre	Bihar
0325	Rohtas	Shree Narayan Samaj Kalyan Kendra	Bihar
0326	Shahjipur	Rashtriya Gramin Krishi Vidyapeeth	Bihar
0328	Siwan	Anjuman Urdu Sahitya Shukul	Bihar
0330	Sitamarhi	Rajendra Institute of Education and Social Welfare	Bihar
0337	Phulwarisharif	Youth Mobilization for National Advancement (YMNA)	Bihar
*04	GOA		
0403	Goa	Kripa Foundation (Goa Branch)	Goa
*05	GUJARAT		
0504	Surat	Nashabandi Mandal	Gujarat
0506	Baroda	S.C.Patel Trust	Gujarat
*06	HARYANA		
0603	Faridabad	Indian Red Cross Society	Haryana
0605	Hissar	Indian Red Cross Society	Haryana
0606	Jind	Indian Red Cross Society	Haryana
0609	Panipat	Indian Red Cross Society	Haryana

Code	Site	Organisation	State
0610	Rohtak	Indian Red Cross Society	Haryana
0611	Rohtak	Association for Social Health In India	Haryana
0616	Yamuna Nagar	Indian Red Cross Society	Haryana
*07	JAMMU & KASHMIR		
0702	Srinagar	H.N.S.S De-addiction Centre	Jammu& Kashmir
*08	KARNATAKA		
0804	Bangalore	Seva Sangama	Karnataka
0807	Bidar	Kittur Rani Chennamma Mahila Mandal	Karnataka
0809	Harihar	Sri Shakti Mahila Mandal	Karnataka
0810	Belgaum	Shri Shakti De-addiction cum Rehabilitation Centre	Karnataka
0811	Mangalore	Prajna Counselling Centre	Karnataka
0812	Mangalore	LINK Counselling and De-addiction Centre	Karnataka
0813	Mandya	River Valley Organization for Rural Development	Karnataka
0814	Puttur	Cantaous Innovative Project	Karnataka
0815	Tumkur	Abyuda Centre for Humanity for Rural Development	Karnataka
*09	KERALA		
0901	Alappuzha	K.V.M Trust	Kerala
0902	Calicut	Calicut Diocese Social Srvices Society	Kerala
0904	Changnasserry	Changnacherry Social Service Society	Kerala
0905	Perumbavoor	Unity Group	Kerala
0906	Thripunithura	Nirmal Niketan Mukti Sadan	Kerala
0907	Kolencherry	Malankara Orthodox Syrian Church Mission Medical Hospital	Kerala
0908	Kollam	International Centre for Study and Development	Kerala
0909	Kollam	Kerala Association for Social and Women's Affairs	Kerala
0910	Kollam	Sreeniketan Centre for Social Development	Kerala
0911	Kottayam	Alcohol and Drug Addicts Research and Rehabilitation and Treatment Centre	Kerala
0912	Kottayam	Jawaharlal Memorial Social Welfare Public C-operation Centre	Kerala
0913	Kottayam	Total Response to Alcohol Drug Abuse Prevention (TRADA)	Kerala
0914	Naranganam	Naranganam Rural Development Society	Kerala
0915	Palliport	Sri Satya Sai Huma Helpage	Kerala
0916	Thalassery	Pratheeksha Deaddiction Centre	Kerala
0917	Trishur	Social Action Forum	Kerala
0918	Trivandrum	ABHAYA	Kerala
0920	Trivandrum	Indian Psycho Social Service Society	Kerala
0921	Trivandrum	Thiruvananthapuram Social Service Society	Kerala
*10	MAHARASHTRA		
1001	Ahmednagar	Arunodaya Bahuuddeshiya Gramin Vikas Sanstha	Maharashtra
1003	Amravati	Dharam Samnvay Maharaj Shri Gulabrao Maharaj Warkari Vikas Shikshan	Maharashtra
1004	Aurangabad	Jay Vishwakarma Saroday Sanstha	Maharashtra
1005	Bhandara	Mahabodhi Education Society	Maharashtra
1006	Bhandara	Bharatiya Aushadi Anusandhan Sanstha	Maharashtra
1007	Chanderpur	Janhitaya Mandal C/o. Paliwal Polyclinic	Maharashtra
1008	Dhule	Shriram Ahirrao Memorial Trust	Maharashtra
1009	Dhule	Satpuda Tapi Parisar Samishtra Apang Shikshan Samiti	Maharashtra
1010	Dhule	Navjivan Vidya Vikas Mandal	Maharashtra
1011	Dhule	Tirupathi Education and Cultural Trust	Maharashtra
1013	Jalgoan	Rashtriya Vidnyan Manch	Maharashtra

Code	Site	Organisation	State
1015	Jalgaon	Nehru Yuva Mandal	Maharashtra
1017	Latur	Shri Ganesh Shikshan Prasarak Mandal	Maharashtra
1019	Mumbai	Kripa Foundation	Maharashtra
1020	Mumbai	Sewa Dhan	Maharashtra
1021	Mumbai	Samayak Deep Vichar Manch	Maharashtra
1022	Mumbai	National Addiction Research Centre	Maharashtra
1023	Nagpur	Bharatiya Adim Jati Sewak Sangh	Maharashtra
1026	Nagpur	Veer Arjun Yuvak Vikas Mandal	Maharashtra
1029	Nagpur	Sneh Bahuuddeshiya Sanstha	Maharashtra
1030	Nagpur	Ekatmakta Samajik Shikshan Mandal	Maharashtra
1034	Nanded	Sandhi Niketan Shikshan Sanstha	Maharashtra
*11	MADHYA PRADESH		
1101	Bhopal	Akhil Bharat Rachnatmak Samaj	Madhya Pradesh
1102	Bhopal	Navjeevan Deaddiction and Rehabilitation Centre	Madhya Pradesh
1104	Bhopal	Shanti Niketan Mahila Kalyan Samiti	Madhya Pradesh
1108	Indore	Indian Red Cross Society	Madhya Pradesh
1109	Neemuch	Indian Red Cross Society	Madhya Pradesh
1111	Ujjain	Association for Social Health In India	Madhya Pradesh
*12	MANIPUR		
1201	Churachandpur	Social Care Ministry	Manipur
1203	Kakching	Kha Manipur Yoga and Nature Cure Association	Manipur
1206	Imphal	The Centre for Mental Hygiene	Manipur
1208	Imphal	Manipur Rural Institute Society	Manipur
1210	Imphal	The Challengers Club	Manipur
1211	Imphal	Sneha Bhawan	Manipur
1216	Wangjing	Rural Development Society	Manipur
1218	Thoubal	Community Development Programme Centre	Manipur
*13	MIZORAM		
1301	Aizawl	Agape Moral Reformation Organization	Mizoram
1303	Aizawl	Blessing Home	Mizoram
1304	Chingchhip	Faith Home Society	Mizoram
1306	Aizawl	Social Guidance Agency	Mizoram
*14	MEGHALAYA		
1401	Shillong	Khasi Jainita Presbyterian Synod	Meghalaya
*15	NAGALAND		
1501	Dimapur	Bethesda Youth Welfare Centre	Nagaland
1502	Dimapur	Prodigals Home	Nagaland
1505	Kohima	Operation Dawn	Nagaland
1506	Kohima	Save Youth Association for Lhisema	Nagaland
1507	Kohima	Youth Mission	Nagaland
*16	ORISSA		
1615	Cuttack	Project Swarajya	Orissa
1625	Khurda	National Institute for Community and Child Development	Orissa
*17	PUNJAB		
1702	Batinda	Child Welfare Council, Punjab	
1703	Batinda	Indian Red Cross Society	Punjab
1704	Chandigarh	Indian Red Cross Society	
1705	Chandigarh	Society for the Rehabilitation and Persons Suffering from Social Evils	Punjab
1708	Ludhiana	Dr. D.N.Kotnis Health and Education Centre	Punjab

Code	Site	Organisation	State
1709	Ludhiana	Guru Gobind Singh Study Circle	Punjab
1710	Ludhiana	Guru Nanak Charitable Trust	Punjab
1712	Moga	Indian Red Cross Society	Punjab
1745	Patiala	Red Cross Deaddiction Centre	Punjab
*18	RAJASTHAN		
1801	Bikaner	Adarsh Bikaner Bal Shikshan Parishad	Rajasthan
1808	Jodhpur	Opium De-addiction Treatment Training and Research Trust	Rajasthan
*20	TAMIL NADU		
2005	Chennai	Voluntary Health Services	Tamil Nadu
2016	Mondaikad	Athencottasan Muthamizh Kazhagam	Tamil Nadu
2018	Pudukkottai	Community Action for Rural Development	Tamil Nadu
2026	Tiruchirapalli	Tiruchirapalli Multipurpose Social Service Society	Tamil Nadu
*21	TRIPURA		
2101	Agartala	Association for Social Health In India	Tripura
2102	Agartala	Kalyan Samity	Tripura (West)
*22	UTTAR PRADESH		
2204	Allahabad	Indian Red Cross Society	Uttar Pradesh
2205	Allahabad	Sri Uma Shankar Tiwari Smarak Shiksha Samiti	Uttar Pradesh
2207	Barabanki	Archna Mahila Kalyan Samiti	Uttar Pradesh
2210	Bulandshahr	Social Welfare Organisation	Uttar Pradesh
2212	Etawa	Smt.Kushalya Devi Purva Madyamic Vidhyalya	Uttar Pradesh
2213	Dehradun	Uttarkhand Shoshit Mahila Sansthan	Uttar Pradesh
2216	Ghaziipur	Dr. Bheem Rao Ambedkar Shiksha Niketan	Uttar Pradesh
2218	Gonda	Shanti Sarvodya Sansthan	Uttar Pradesh
2223	Kanpur	Hasrat Mohani Charitable Society	Uttar Pradesh
2226	Lucknow	Nirvan	Uttar Pradesh
2227	Lucknow	Akhil Bhartiya Azad Sewa Sansthan	Uttar Pradesh
2231	Lucknow	Jeevan Jyoti Society	Uttar Pradesh
2235	Lucknow	Social and Economic Development Institution	Uttar Pradesh
2236	Meerut	Association for Social Health in India	Uttar Pradesh
2238	Ghaziabad	Akhil Bhartiya Mahila Udyog Kalyan and Shiksha Samiti	Uttar Pradesh
2239	Pratapgarh	Pratapgarh Mahila Kalyan Avam Shiksha Samiti	Uttar Pradesh
2240	Pratapgarh	Sri Ganga Prasad Smarak Mahila Kalyan Sansthan	Uttar Pradesh
2241	Rampur	Ratan Gram Vikas Samiti	Uttar Pradesh
2244	Varanasi	Kashi Club	Uttar Pradesh
2245	Varanasi	Khandwari Devi Shiksha Prasar Samiti	Uttar Pradesh
*23	WEST BENGAL		
2301	Birbhum	Elmhirst Institute of Community Studies	West Bengal
2302	Calcutta	Bikash Bharti Welfare Society	West Bengal
2303	Calcutta	Institute of Psychological and Educational Research	West Bengal
2306	Calcutta	The Calcutta Samaritans	West Bengal
2308	Calcutta	Ramkrishna Welfare Foundation	West Bengal
2310	Calcutta	Women's Coordinating Council	West Bengal
2311	Calcutta	Human Development and Research Institute	West Bengal
2315	Howrah	Indian Research Institute for Integrated Medicine	West Bengal
2316	Jalpaiguri	Institute for Plantation Agricultural and Rural Workers	West Bengal
2317	Midnapore	Prabudha Bharati Shishu Tirtha	West Bengal
*24	DELHI		
2440	New Delhi	Society for service to Urban Poverty (SHARAN)	Delhi

Code	Site	Organisation	State
*25	CHANDIGARH		
2501	Chandigarh	Association of Social Health in India	Chandigarh
2502	Chandigarh	Servants of People Society	Chandigarh
De-addiction Centres (Government Centres funded by Ministry of Health and Family Welfare) participating in DAMS			
Code	Organisation	City	State
*02	ASSAM		
0209	Assam Medical College	Dibrugarh	Assam
0211	District Hospital	Jorhat	Assam
0212	Civil Hospital	Dhubhri	Assam
*04	GOA		
0404	Asilo Hospital	Khorlim Mapusa	Goa
*06	HARYANA		
0617	Medical College	Rohtak	Haryana
*09	KERALA		
0925	Medical College	Kozhikode	Kerala
0926	Medical College	Mulagunnathukava, Thrissur	Kerala
*10	MAHARASHTRA		
1052	District Hospital	Nasik	Maharashtra
1053	King Edward Memorial Hospital	Parel, Mumbai	Maharashtra
*11	MADHYA PRADESH		
1113	District Hospital	Ratlam	Madhya Pradesh
*12	MANIPUR		
1221	Regional Institute of Medical Sciences	Imphal	Manipur
	District Hospital	Churachandpur	Manipur
*17	PUNJAB		
1713	Government Medical College	Patiala	Punjab
1716	Medical College	Faridkot	Punjab
*18	RAJASTHAN		
1813	Medical College	Kota	Rajasthan
1815	Sardar Patel Medical College	Jodhpur	Rajasthan
*22	UTTAR PRADESH		
2249	King George Medical College	Lucknow	Uttar Pradesh
2250	LLRM Medical College	Meerut	Uttar Pradesh
*24	DELHI		
2409	All India Institute of Medical Sciences	New Delhi	Delhi
2410	Dr. Ram Manohar Lohia Hospital	New Delhi	Delhi

Code	Organisation	City	State
*25	CHANDIGARH		
2504	Post Graduate Institute of Medical Education And Research	Chandigarh	Chandigarh
2503	Government Medical College	Chandigarh	Chandigarh
*26	PONDICHERRY		
2603	Jawaharlal Institute of Post-Graduate Medical Education and Research	Pondicherry	Pondicherry
2604	General Hospital	Karaikal	Pondicherry
*27	HIMACHAL PRADESH		
2701	Indira Gandhi Medical College	Shimla	Himachal Pradesh

Private Psychiatrists participating in DAMS

Code	Name	City	State
*01	ANDHRA PRADESH		
0119	Dr. Thota Murali Mohan	Chittoor	Andhra Pradesh
0125	Dr. Sarma Gopala Poduri	Warangal	Andhra Pradesh
*06	HARYANA		
0622	Dr. Jagdish Chander Bathla	Karnal	Haryana
*08	KARNATAKA		
0829	Dr. Anandaprakash Rao V Ghorpade	Bangalore	Karnataka
*10	MAHARASHTRA		
1095	Dr. Suprakash Chaudhary	Pune	Maharashtra
1097	Dr. Manohar Hiralal Pawar	Nasik	Maharashtra
*11	MADHYA PRADESH		
1120	Dr. Manish Jain	Indore	Madhya Pradesh
*17	PUNJAB		
1720	Dr. Rana Ranbir Singh	Nawanshar	Punjab
1729	Dr. Sanjay Arora	Amritsar	Punjab
1734	Dr. Jaswant Singh Sachdeva	Faridkot	Punjab
*18	RAJASTHAN		
1823	Dr. Devraj Purohit	Jodhpur	Rajasthan
*20	TAMIL NADU		
2033	Dr. K Kanesa Linga Velan	Madurai	Tamil Nadu
*22	UTTAR PRADESH		
2256	Dr. Madhukar	Faizabad	Uttar Pradesh
2268	Dr. Priti Gudeon	Dehradun	Uttar Pradesh
2270	Dr. Ashwini Kumar Kuchhal	Bareilly	Uttar Pradesh
2277	Dr. R.K. Singh	Lucknow	Uttar Pradesh

Code	Name	City	State
*23	WEST BENGAL		
2328	Dr. Anjan Boral	Calcutta	West Bengal
2336	Dr. Kanti Kumar Ghosh	Calcutta	West Bengal
s*24	DELHI		
2439	Dr. Ashwani Kumar	New Delhi	Delhi

Drug Abuse Monitoring System (DAMS)

A Profile of Treatment Seekers

This monograph reports the findings of the Drug Abuse Monitoring System on drug use by subjects reporting to treatment centres across the country in the year 2000.

- ♦ Data for the DAMS was obtained from 203 centres in 23 states, 2 Union Territories and the National Capital Territory of India.
- ♦ Data was collected from governmental and non-governmental treatment centres, as well as private psychiatrists.
- ♦ 16,942 new drug abusers were reported from 203 centres over three months.
- ♦ A majority of drug abusers seeking treatment were male, aged around 35 years and married; only a minority (around 15%) was illiterate.
- ♦ Largely (70%) respondents were employed.
- ♦ About 52 percent were from rural India and the remaining 48 percent were from urban backgrounds.
- ♦ Alcohol (44%), Cannabis (12%), Heroin (11%) and Opium (9%) were the most common drugs of abuse.
- ♦ The majority (57%) of drug abusers in the sample had been using drugs for 5 years and longer.
- ♦ About 14 percent reported injecting drug use (lifetime) and about 9 percent were current injecting drug users.
- ♦ About 13 percent had been arrested for drug abuse in the past.
- ♦ Only about 27 percent reported a previous history of treatment.
- ♦ Changes across states in drug use patterns were visible.
- ♦ Specific characteristics associated with different drug categories were also evident.

The report recommends the need to continue with the monitoring of data through the DAMS for effective policy formation.

This monograph is part of the project titled 'National Survey on Extent, Patterns, and Trends of Drug Abuse in India'.

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