



DRUGS & CHILDREN IN MIZORAM



Mizoram Social Defence & Rehabilitation Board
Social Welfare & Tribal Affairs Department
Government of Mizoram

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Dr. K. BEICHHUA
Minister of State
(Independent Charge)
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Government of Mizoram



MESSAGE

Children are our greatest assets, investing in safeguarding their health and well-being is the best contribution we can make for their secured future. The problem of drug use has been looming like an ominous cloud over Mizoram as much as over the rest of India.

The Social Welfare & Tribal Affairs Department, the focal Department on drug related problems in Mizoram, has been keenly following the developments and garnering evidence on drug use in the state. Evidence available indicated drug use among children. Taking cognizance of the emerging evidence on children using drugs, the Department, conducted this study on Drugs and Children in Mizoram 2022.

The objective was to understand the extent and pattern of drug use among those below 18 years in the state as well as the risks and vulnerabilities of these children to drug use. The study was conducted among children between the age of 10 and 18 years who are studying in middle, high and higher secondary schools as well as those who have dropped out.

Evidence thus generated indicate drugs being used by both boys and girls in each district-not only by children out of school but also those who are currently in school. Apart from tobacco, alcohol and inhalants, use of cannabis, heroin, prescription opioids and sedatives have also been reported. Most significantly the study has shown that age of initiation into the various drugs is reducing with every passing generation- i.e., the junior students are initiating into various drugs earlier than their seniors.

There is indication that considerable proportion of the children may be suffering from mental health issues -like inattention, anxiety, depression, and a sizable proportion have even reported suicidal ideation- and this is playing a significant role in their drug use.

The study has highlighted the need for improved and scientific preventive interventions that are ingrained into the education system. Although, early identification and treatment of children using drugs is the key to halting and reversing the progression of the disease- very few children with drug related problems have received treatment.

The findings of this study are one to be concerned about and needs a multi-sectoral approach. The Departments of School Education, Health & Family Welfare, Excise & Narcotics, Police as well as the Social Welfare & Tribal Affairs Department, Mizoram State AIDS Control Society and NGOs need to come together and work with a common mission, each fulfilling their respective strategic roles.

I consider this study as the key to an era of physical, mental, and spiritual healing and dedicate it to the children-our future to sustainable well-being.

(Dr. K. BEICHHUA)

Dated Aizawl
The 10th November, 2022

DRUGS AND CHILDREN IN MIZORAM



ARUN MISHRA, IAS
Secretary
Social Welfare & Tribal Affairs Department
Government of Mizoram

**MESSAGE**

Drugs & Children in Mizoram 2022, is another pioneering research study by any State Government. It is the next step in Mizoram's dedicated endeavour to prevent and reduce drug use. The study has evidenced the use of various harmful drugs among children currently in school and those who have dropped out.

The study has shown early initiation and subsequent progression into harder drugs among both boys and girls. Furthermore, it has helped identify the protective and risk factors that influence drug use among these children. Thus, providing the much-required evidence to strengthen the preventive interventions in the state.

The findings will help develop evidence informed strategies for prevention of drug use and treatment of those affected, among the children in the state. The recommendations made in this study should be the guiding force in strategizing the drug intervention for children in the state.

Since the problem is multidimensional, the response will need to be multisectoral too with active participation of the parents and other care givers. Hence, will necessitate capacity building of various stakeholders at multiple levels.

The crusade for better health and all-round wellbeing of the children is going to be a long-drawn process and will need a patient and persistent evidence informed effort from all concerned.

(ARUN MISHRA)

Dated Aizawl
The 11th November, 2022

FOREWORD

Drugs and alcohols are usually considered 'adult phenomena', but increasing indications were pointing at drug use also among children. Responding to the growing need for substantive data, the Mizoram Social Defence & Rehabilitation Board, Social Welfare & Tribal Affairs Department, Government of Mizoram, has conducted this study on Drugs & Children in Mizoram 2022.

This much needed study has not only provided evidence on drug use among children but also provided information on the risks and vulnerabilities that affect use of drugs and associated consequences among them.

Thus, specialised scientific treatment for drug related disorders and prevention services among children will need to be made available and accessible in all parts of the state.

Since injecting drug use among children both in and out of school, has also been evidenced, services to prevent infections like HIV and Hepatitis will also need to be ensured for the affected children.

Global research indicates that early initiation into drugs like tobacco, alcohol, cannabis, inhalants etc. lead to greater propensity to experiment with other drugs and also progression into harmful use as well as dependence. The key to preventing the damage caused is early identification of drug use and treatment. Treatment of drug use needs to be an on-going process rather than an event, for many, due to the relapsing nature of dependence.

Such services are most effective when both children and their parents and other care givers are actively involved in the process.

In order to ensure sustainability of such services, capacity of service providers and care givers will need to be developed.

Dated Aizawl
The 15th November, 2022



(ZODINGPUII)

Director

Social Welfare & Tribal Affairs Department
Government of Mizoram

DRUGS AND CHILDREN IN MIZORAM

PREFACE

It has been a great opportunity to spearhead this study on Drugs & Children in Mizoram 2022 on behalf of the Social Welfare & Tribal Affairs Department, Government of Mizoram. For some time it has been noted that a significant proportion of the Mizo population has been evidenced to be affected with drug use and related problems. While research is conducted to understand drug problems among adult populations and they often indicate that drugs are initiated during childhood, very few studies have been directed towards understanding drug related issues among children themselves. Moreover, global evidences on preventive intervention and need for early identification of drug problem and their treatment also necessitates first-hand information from children in Mizoram.

Thus, feeling the necessity to understand the drug related problems and their effects in the formative years and their significance on the future population, Mizoram Social Defence & Rehabilitation Board (MSD&RB) under the Social Welfare & Tribal Affairs Department, requested the Government of Mizoram to fund this much needed study. And the Government of Mizoram under the able leadership of the Hon'ble Chief Minister, kindly obliged by funding this first State Government sponsored drug related study among children in India. This study would not have been possible without the leadership of our Hon'ble Minister, Social Welfare & Tribal Affairs Department, who guided us through the entire process from designing to report finalisation. He was ably supported by the Directors and Secretaries of the Department taking keen interest at key turns of the endeavour.

This study would not have been possible without the active assistance and involvement of the School Education Department, Government of Mizoram.

Collecting information about children who are out of school and using drugs is very challenging. Integrated Child Protection Society (ICPS), Women & Child Development, Social Welfare & Tribal Affairs Department has been working among children in difficult circumstances and has been building capacity of service providers to work among children who use drugs as well. Collection of data without the support of the State ICPS would not have been possible. LiFCoDe through the ICPS, had assisted in reaching out to the out of school children who used drugs and collected quality data from them. The entire section of the report on out of school children is indebted to their immense effort.

I would also like to take this opportunity to thank all the team members involved in data collection, data entry, management of all the related processes (individually acknowledged at the end of the report as survey team members).

Dated Aizawl
The 17th November, 2022


(LALHLUPUII SAILO)
Chief Executive Officer
Mizoram Social Defence & Rehabilitation Board
Social Welfare & Tribal Affairs Department
Government of Mizoram

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ABBREVIATIONS

ATS	Amphetamine type stimulants
Hep-C	Hepatitis-C
HIV	Human Immuno Deficiency Virus
HS	High School
HSS	Higher Secondary School
IDU	Injecting Drug Use
IRCA	Integrated Rehabilitation Centre for Addicts (IRCA)
MS	Middle School
MSD&RB	Mizoram Social Defence & Rehabilitation Board
NS	Needle Syringe
NSEP	Needle Syringe Exchange Programme
OOS	Out of School
OST	Opioid Substitution Therapy

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Use of tobacco, alcohol, and other substances among children and adolescents is a public health concern in several parts of the world, including India. In 2019¹, the National Survey on Extent and Pattern of Substance Use in India (2019)-Magnitude of Substance Use in India, reported evidence of drug use among children between the age of 10-17 years.

Earlier, as part of the first ever State Government supported baseline survey² among people who use drugs conducted in Mizoram, reported initiation into drug use with tobacco and/or inhalants at the early mean age of 15 years and progressively moving into alcohol and cannabis within the next two years.

Recognising the emerging evidence on drug use among children in the state and its potential long-term impact, Government of Mizoram has decided to scientifically respond to the growing problem. As a first step, Mizoram Social Defence & Rehabilitation Board (MSD&RB) under the Social Welfare and Tribal Affairs Department, Government of Mizoram has undertaken this survey to understand drug use and related problems affecting children within the age of 10 to 17 years, both in and out of school in Mizoram.

Since, children in and out of school were two different groups, requiring different approaches to reach and collect data, two different methodologies and tools were adopted, leading to two components of the study – one for those in school and the other for those out of school.

Both the components report findings from Mizoram as per the administrative division of 8 districts in 2019, when the study protocol was designed.

In School Children

Methodology

Based on evidences available, it was necessary to study drug related issues among school children who were in the age group of 10- 18 years. Since it is difficult to select individual students based on their age and leave out the others studying in the same class, for convenience sake the survey included all students studying in classes V-XII, who were usually from the age group of 10 -18 years. Thus, students in the following types of schools were selected for the survey:

- Middle schools (MS)
- High Schools (HS)

¹ National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

² Baseline survey on extent & pattern of drug use in Mizoram, Social Welfare Department, Government of Mizoram, 2017

- Higher Secondary Schools (HSS)

A total sample size of 122 schools which represents 5%, of all levels (i.e. MS, HS & HSS) and types of schools (i.e. by funding types) was required for the survey. A stratified random sampling method was used to select 5% of the schools from the list¹ of all schools provided by the department of education.

Key findings from in school children survey

Districts, schools and students

Among the 122 schools from all the eight districts, 63.1% (77/122) were Middle Schools (MS) with students from classes V-VIII, 27.0% (33/122) were High Schools (HS) with students from classes IX-X and 9.8% (12/122) were Higher Secondary Schools (HSS) with students from classes XI and XII. While, 57.9% (6233/10773) of the students who participated in this survey were from the MS, 19.4% (2093/10773) were from HS and 22.7% (2447/10773) were from the HSS.

Drug use

Tobacco was the most commonly used drug among students from all three type of schools with 40.8% in MS, 55.9% in HS and 55.2% in HSS reporting ever using it. Continued use of tobacco within the last three months was reported by 58.8% of those who had ever used tobacco in MS, 64.9% in HS and 57.9% in HSS.

Ever use of alcohol was reported by 29.3% in MS, 44.9% in HS and 51.5% in HSS, among those who had ever used alcohol, 46.7% in MS, 52.7% in HS and 46.5% in HSS reported also having used in the last three months.

Ever use of cannabis was reported by 6.6% of those in MS, 16.5% in HS and 20.8% in HSS. Among those who had ever used cannabis in MS- 39.5%, in HS-54.7% and in HSS-37.2% had also used cannabis within the last three months.

Use of inhalants at least once in their lifetime was reported by 9.6% of those in MS, 12.9 % in HS and 8.4% in HSS. Among the ever users in MS-46.3% reported continued use within the last three months; 17.2% in the HS and 8.4% in the HSS also reported inhalant use during the same period.

Data on heroin, opioids, sedatives and opium use among MS students were not included in this study due to non-availability of valid data. Data on opium use among HS students were not included for the same reason.

¹ Annual Publication 2017-18, Department of School Education, Government of Mizoram.

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Heroin use at least once in their lifetime was reported by 1.6% (33/2083) of the HS students and 1.4% (35/2430) of those in HSS. Continued use in the last three months was reported by 30.3% (10/33) of those who used at least once in HS and 17.1% (6/35) among those in HSS.

Use of opioids (codeine based cough syrups, prescription opioids -Spasmo-proxyvon, Relipan, Parvon, Spas, Proxyvon; Tramadol, morphine, buprenorphine, fortwin) was reported by 22.4% (467/2083) among those in HS and 4.2% (102/2430) in HSS. Among the ever users 38.5% (234/467) in HS and 27.5% (28/102) in HSS reported continued use in the last three months.

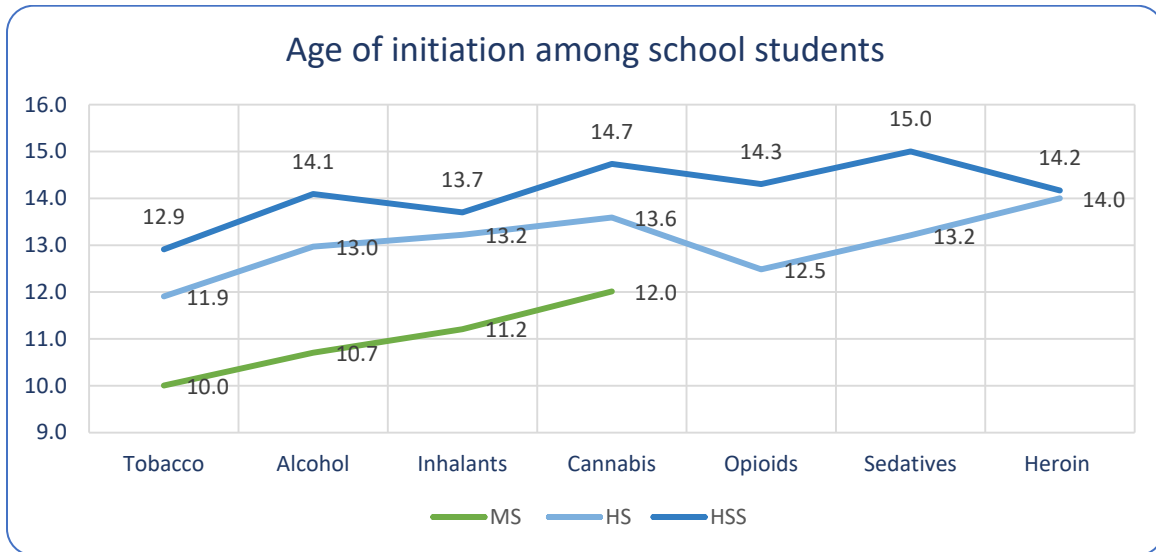
Ever use of raw opium was reported by 1.6% (38/2430) among those in HSS and continued use in the last three months was reported by 36.6% (14/38).

Drugs	Middle Schools				High School				Higher Secondary Schools			
	Ever use (n=6233)		Last 3 months (n= ever use)		Ever use (n=2083)		Last 3 months (n= ever)		Ever use (n=2430)		Last 3 months (n= ever use)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tobacco	2543	40.8	1495	58.8	1164	55.9	755	64.9	1342	55.2	777	57.9
Alcohol	1826	29.3	853	46.7	936	44.9	493	52.7	1252	51.5	582	46.5
Cannabis	410	6.6	162	39.5	344	16.5	188	54.7	506	20.8	188	37.2
Inhalants	601	9.6	278	46.3	268	12.9	46	17.2	204	8.4	46	22.5
Heroin	NA	NA	NA	NA	33	1.6	10	30.3	35	1.4	6	17.1
Opioids	NA	NA	NA	NA	467	22.4	234	50.1	102	4.2	28	27.5
Sedatives	NA	NA	NA	NA	117	5.6	45	38.5	179	7.4	53	29.6
Opium	NA	NA	NA	NA	NA	NA	NA	NA	38	1.6	14	36.8

Age at initiation into various drugs

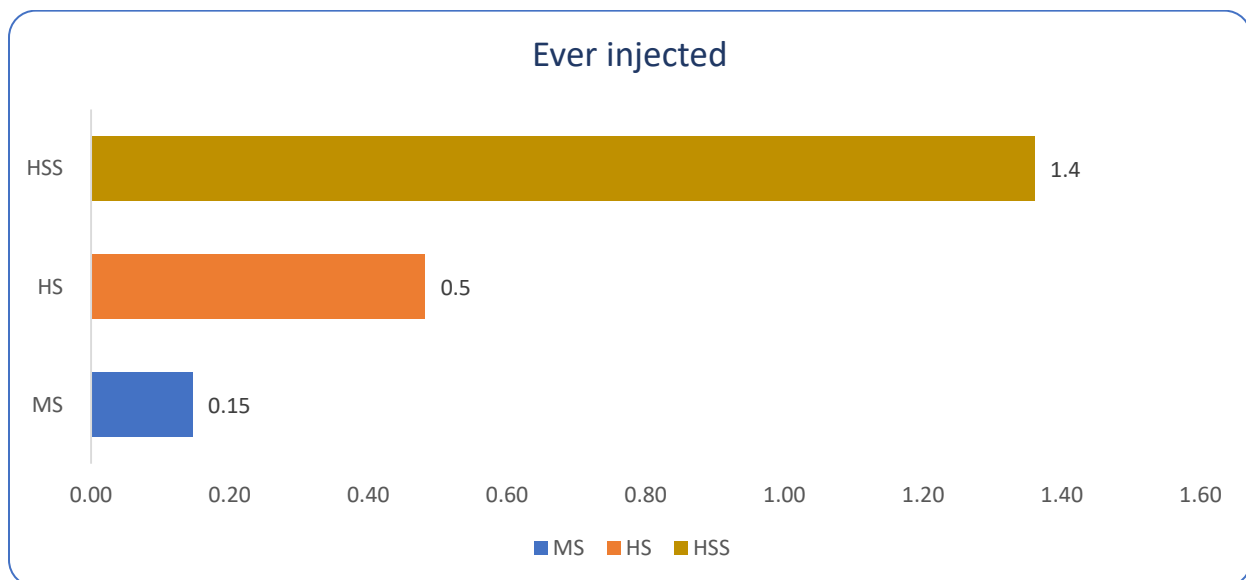
Comparison of the mean age of initiation into various drugs among the MS, HS and HSS students revealed that there is a steady decrease in the age of initiation among the three levels of students. While those currently in HSS, had initiated tobacco use at the mean age of 12.9 years, those in HS at 11.9 years, those in MS had initiated at 10 years. Similarly, in case of alcohol the mean age of initiation among those in HSS was 14.1 years, among those in HS initiation occurred at 13.0 years and those in MS at 10.7 years. Initiation into opioids was at 14.3 years among the HSS students and 12.5 years among the HS students.

Thus, the age of initiation is decreasing as they move from HSS to MS -that is junior (younger) students are initiating into various drugs earlier than their senior (older) batches.



Injecting drug use

Among the MS students 0.15% (9/6166) reported ever injecting any drug 'not for medical purpose'; 0.5% (10/2078) among the HS and 1.4% (33/2426) among those studying in HSS also reported ever injecting any drugs.



Mean age of initiation into injecting drug use were 12.4 years for those in MS, 15.8 for those in HS and 15.1 for those in HSS.

While 15.2% of those who had ever injected in HSS, reported having shared needles and syringes (NS) during their first injecting episodes, none in HS or MS reported sharing that 'first

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time'. However, 22.2% among the ever injectors in MS and 30% in HS reported that they did not know for sure- whether the NS used by them had already used or not.

Shared NS at initiation	MS	MS % (n=9)	HS	HS % (n=10)	HSS	HSS % (n=33)
No	7	77.8	4	40.0	11	33.3
Yes	0	0.0	0	0.0	5	15.2
Don't know	2	22.2	3	30.0	4	12.1
Did not answer	0	0.0	3	30.0	13	39.4
Total	9	100	10	100	33	100

Drug dependence and treatment needs

The NIDA-Modified ASSIST V2.0 based on WHO-ASSIST V3.0 developed by the National Institute of Drug Abuse, was used to determine the level of drug use by the students, their dependence on the drugs they had ever used and also the level of treatment required by them.

MS students

Among the MS students 1% of those who had ever used tobacco were found to be dependent on it and in need for more intensive treatment; 0.6% of those who had ever used alcohol, 1% among the ever cannabis users and 1.2% of those who had used inhalants were found to be in need for intensive treatment.

Treatment required among MS students							
Drugs	Brief		Intensive		Total (n=ever use)		Ever use
	No.	%	No.	%	No.	%	No.
Tobacco	1268	50.4	29	1.2	1297	51.5	2518
Alcohol	407	22.6	10	0.6	417	23.1	1804
Cannabis	205	50.4	6	1.5	211	51.8	407
Inhalants	333	55.9	10	1.7	343	57.6	596

HS students

Among the students from HS schools 4.8 % (55/1156) of those who had ever used tobacco were found to be dependent and in need of intense treatment. Among the ever pharmaceutical sedative users 3.5% found to be dependent, followed by those who ever used inhalants 2.3%, alcohol as well as cannabis 1.8% and opioid 1.1 %.

Treatment required among HS students							
	Brief		Intensive		Total (n=ever use)		Ever use
Drugs	No.	%	No.	%	No.	%	No.
Tobacco	555	48.0	55	4.8	610	52.8	1156
Alcohol	191	20.6	17	1.8	208	22.4	929
Cannabis	103	30.2	6	1.8	109	32.0	341
Inhalants	73	27.5	6	2.3	79	29.8	265
Heroin	10	30.3	0	0.0	10	30.3	33
Opioids	128	27.8	5	1.1	133	28.9	461
Sedatives	38	33.0	4	3.5	42	36.5	115

HSS students

Among the students of the HSS schools- 2.8% (37/1329) of the ever tobacco users, 1.1% (14/1232) of the ever alcohol users, 1.2% (5/401) of those who ever used cannabis, 1.0 % (1/99) among the ever opioid users and 0.6% (1/173) of those who ever used sedatives were dependent on them and in need for more intensive treatment. Dependence on heroin was reported by 22.9% (8/35) of those who had ever used.

Treatment required among HSS students							
	Brief		Intensive		Total (n=ever use)		Ever use
Drugs	No.	%	No.	%	No.	%	No.
Tobacco	554	41.7	37	2.8	591	44.5	1329
Alcohol	169	13.7	14	1.1	183	14.9	1232
Cannabis	121	30.2	5	1.2	126	31.4	401
Inhalants	36	18.1	0	0.0	36	18.1	199
Heroin	12	34.3	8	22.9	20	57.1	35
Opioids	24	24.2	1	1.0	25	25.3	99
Sedatives	28	16.2	1	0.6	29	16.8	173

Mental health issues

The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17 was used to understand the mental health issues of the students. The tool does not provide definitive diagnosis of mental health problems but indicates the presence of symptoms of various mental health problems requiring further tests for definitive diagnosis.

MS students

Among the MS students 16.7% self-reported signs of repetitive thoughts and behaviours, 16.6% showed signs of inattention and 15.1% reported symptoms of psychosis. Suicidal ideation or attempts at suicide were reported by 10.1% of the MS students.

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Mental health issues	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=2093)	No.	% (n=2447)
Sleep Problems	321	5.2	173	8.3	244	10.0
Inattention	1032	16.6	399	19.1	798	32.6
Depression	487	7.8	283	13.5	795	32.5
Anger & Irritability	553	8.9	351	16.8	378	15.4
Mania	299	4.8	201	9.6	253	10.3
Anxiety	495	7.9	264	12.6	358	14.6
Psychosis	943	15.1	346	16.5	370	15.1
Repetitive Thoughts & Behaviours	1043	16.7	907	43.3	429	17.5
Suicidal Ideation/Attempts	628	10.1	377	18	430	17.6

HS students

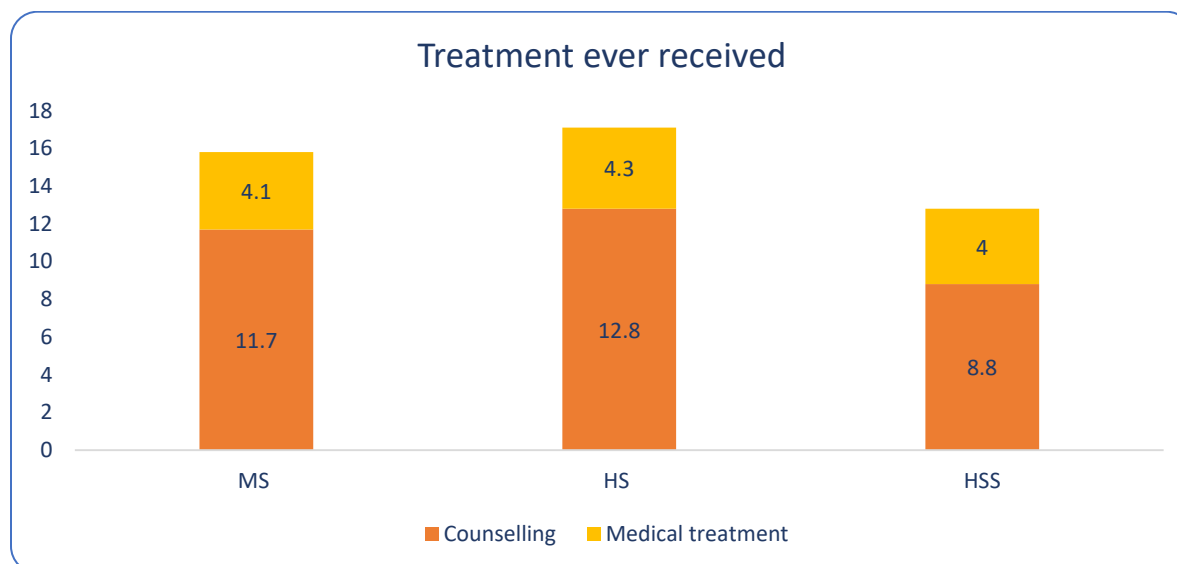
Among those studying in HS schools, 43.3% reported signs and symptoms of repetitive thoughts and behaviours, signs of anger and irritability was reported by 16.8%, psychosis was indicated by 16.5% and depression by 13.5% of them. Suicidal ideation and attempts were reported by 18.0%.

HSS students

About one third of the HSS students self-reported signs of inattention (32.6%) and depression (32.5%). Symptoms of repetitive thoughts and behaviours was reported 17.5% and psychosis by 15.1%. Suicidal ideation and attempts made were reported by 17.6% of the HSS students.

Treatment received

A little over one in ten (11.7%-371/3161) MS students who had ever used any drugs reported ever receiving any counselling and 4.1% among the MS students who had ever used any drugs, ever received any medical treatment to help modify their drug use. Among the HS students 12.8% (183/1425) ever received any counselling and 4.3% (61/1425) had received medical treatment among those who had ever tried any drugs. Among the HSS students who reported ever trying out any drug- 8.8% (148/1680) had ever received any counselling to help modify their drug use and 4.0% had received any medical treatment.



Risks and Protective factors among school students

MS-Students

Not having friends who use alcohol or tobacco were found to be among the top protective factors and reduced the chances of using any drugs by 3.65 and 2.15 times respectively. Not having family members, living in the same house using tobacco (2.08 times) and alcohol (1.26 times) were also found to be significant protective factors.

Being able to get alcohol increased the odds of using drugs by 3.2 times, being able to get tobacco fairly easily by 3.1 times and having access to alcohol (odds ratio-2.4) and tobacco (odds ratio- 2.0) at home were found to be high risk factors among the students of MS.

MS students reporting suicidal ideas/attempts (odds ratio- 1.9), anger irritability (odds ratio- 1.7) and mania (odds ratio-1.7) were found to be at greater risk of using drugs.

HS-Students

Not having friends who use tobacco (odds ratio- 2.45), never stealing (odds ratio- 2.30) and not breaking rules at home or outside were among the top protective factors that helped reduce drug use among the students in HS schools.

Having friends who use alcohol and tobacco can increase the chances of drug use by 5.1 times and 4.1 times respectively. HS students who had family members, living in the same house and using tobacco and alcohol were found to be 2.6 times and 2.4 times (respectively) at higher risk of using some drugs than those who did not.

Students with probable signs of depression (odds ratio-3.0), anger and irritability (odds ratio- 2.9) and reporting suicidal ideas /attempts (odds ratio- 2.9) were found to be at higher risk of drug use.

HSS-Students

Not having difficulties in concentrating in studies (odds ratio- 2.9) and never breaking rules at school or at home (odds ratio -2.8) were the top protective factors.

Students who stole from home or outside (odds ratio- 3.2) and broke rules (odds ratio- 3.1) were found to be at greater risk than those who did not. Having friends who use tobacco, alcohol or other drugs were found to have been at greater risk of drug use by 2.4, 2.9, and 2.4 times respectively.

Students who reported having suicidal ideas (odds ratio- 2.3) , signs of mania (odds ratio- 1.8), anxiety (odds ratio- 1.6) and sleep problems (odds ratio- 1.6) were found to have higher risks of using drugs.

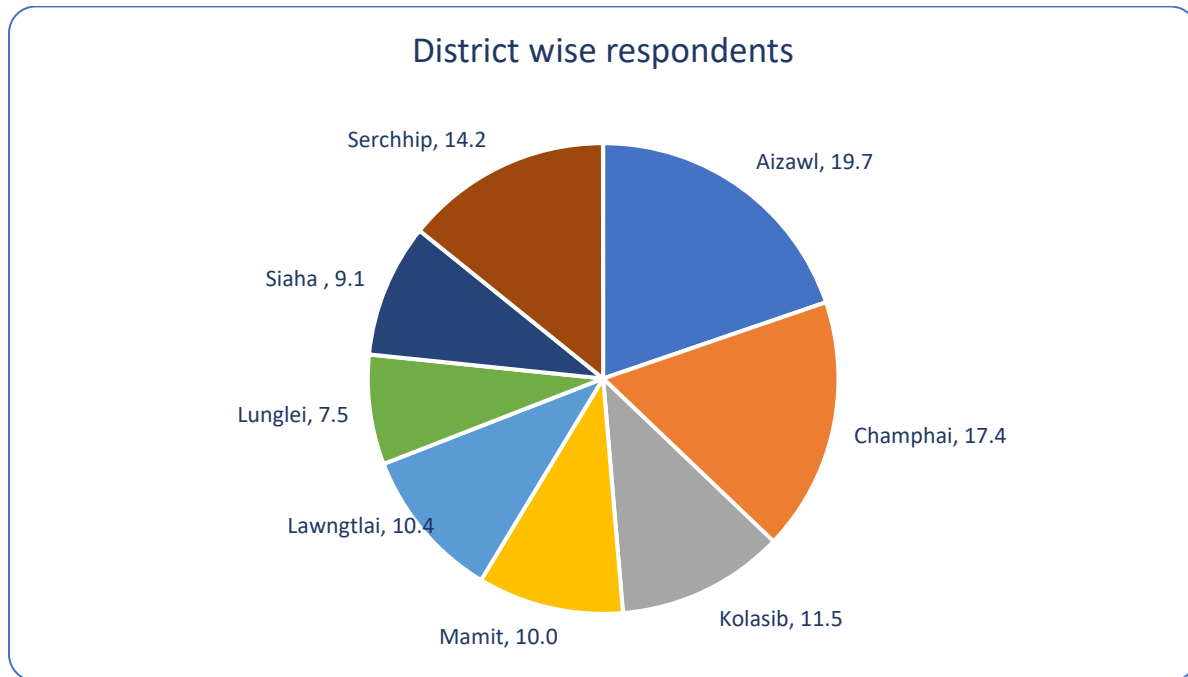
Out of School Children

Methodology

Since not much data is available on the extent and spread of out of school children, and even less about those who use drugs among them, representative sampling was difficult. Thus, a purposive sampling technique was used to reach out to those out of school children who used drugs. So all out of school children interviewed in this survey had ever used some drugs for entertainment or pleasure.

Key Findings from out of school children survey

In total 1420, 'Out of School Children Who Use Drugs', participated in the study. They were found in all the 8 districts with almost one fifth of the (19.7%-278/1410) participants being from Aizawl.

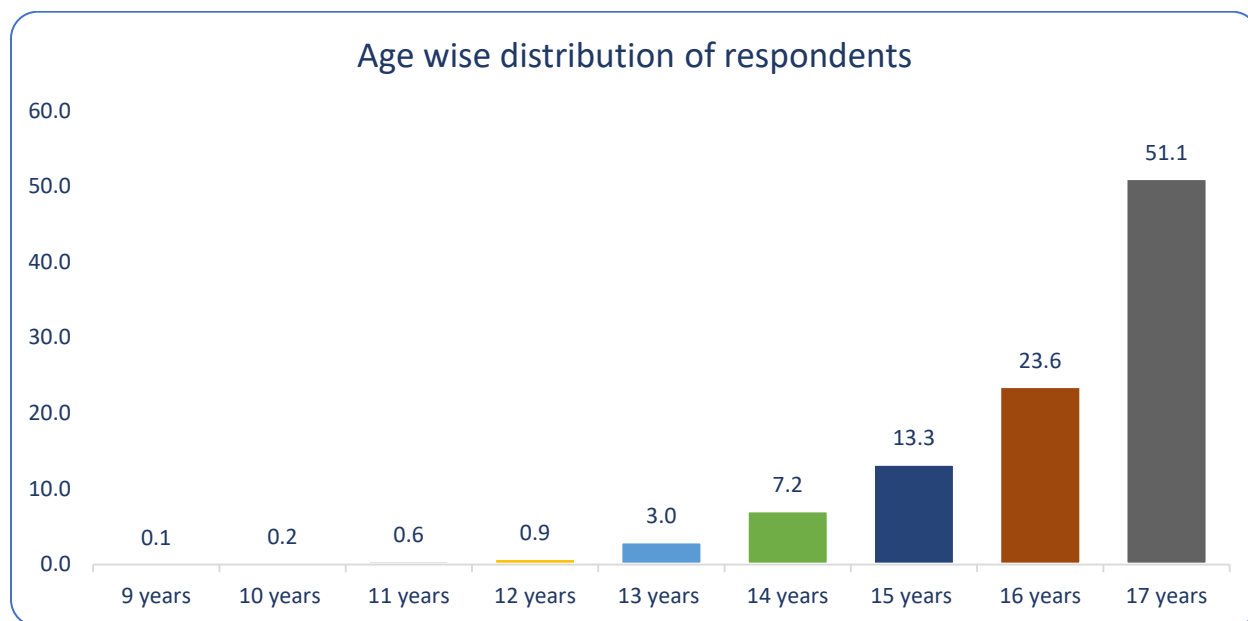


Sex

More than three fourth (75.7%-1067/1410) of the participants were male, with about one fourth being female (24.3%-342/1410). One participant self- identified as a transgender. While highest proportion of females were reported from Serchhip (39.5%-79/200: 60.5%-121/200), the lowest were reported from Lawngtlai (7.5%-11/147:92.5%-136/147).

Age

The mean age of the participants was 16.1 years (SD $\pm$ 1.3), with both the males (mean age 16.1 years; SD $\pm$ 1.3) and the females (16.0 years; SD $\pm$ 1.3) being of similar age. Among the participants 51.1% (721/1411) were 17 years old, 23.6% (333/1411) were 16 years and 13.3 % (188/1411) were 15 years old. The youngest respondent was a nine years old male.



Education

While 48.4% (677/1400) had studied up to middle school (class VIII), 37.3% (522/1400) had studied up to high school (class X), 9.1% (128/1400) had completed primary school (class IV) and 4.1% (57/1400) had reached the higher secondary level (class XII). Higher proportion of female (female-39.4%-134/340: male- 36.6%-388/1059) respondents had studied up to High School.

Physical Mental Disability

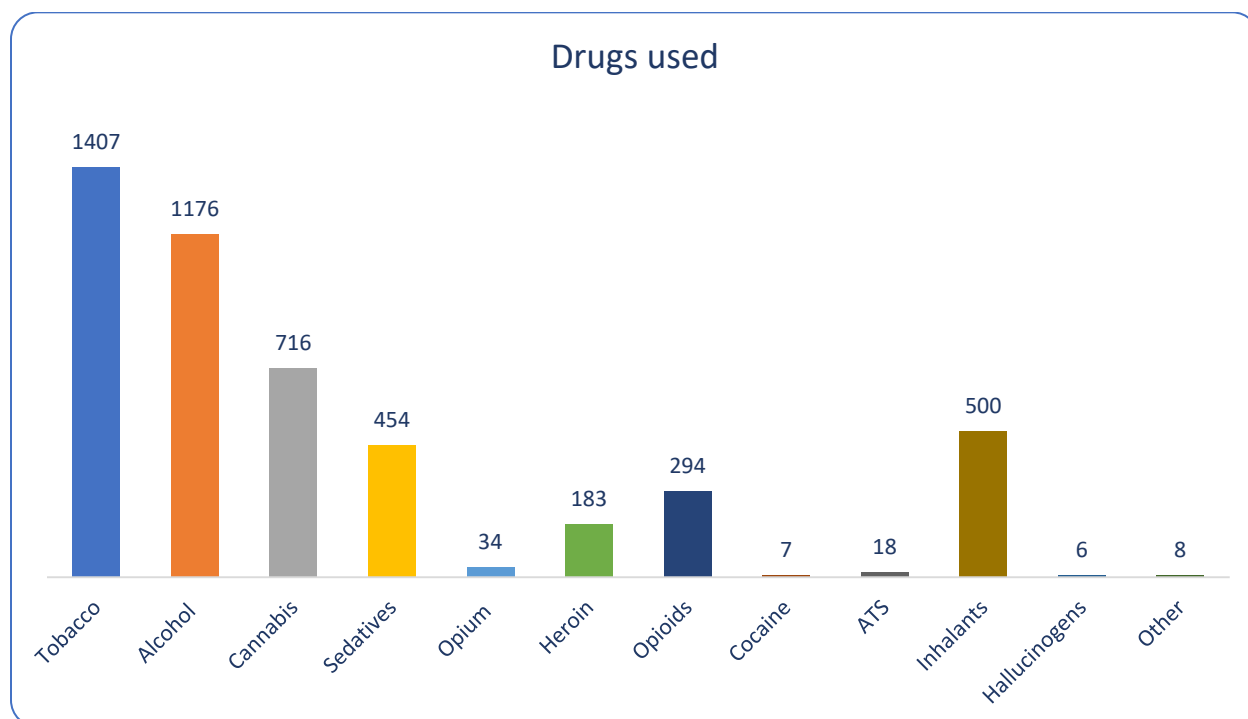
Among the out of school participants 3.3% (47/1420) reported signs and symptoms of some physical or mental disability. While, more than one third (34%-16/47) among them reported problems with hearing, more than a quarter among them had problem in seeing (27.7%-13/47), 10.6% (5/47) had problem with speech and another 10.6% (5/47) reported having mental health issues.

Age of dropping out

While more than a quarter (26.7%-379/1420) dropped out of school at the age of 15 years, more than another one fifth (21.5%-305/1420) dropped out when 16 years old and almost another one-in-five (19.4%-274/1420) dropped out at the age of 14 years.

Drugs Use

Almost all (99.1%-1397/1410) the out of school respondents in this study reported ever having used tobacco- whether chewed or smoked, more than eight out of every ten (82.8%-1166/1410) reported having used alcohol at some point of time. Half of them (50.2%-708/1421) had ever used cannabis, more than one third (35.2%-497/1410) had used inhalants and little less than one third (32.1%-452/1410) reported having used sedative hypnotics. While, one in five (20.8%- 293/1420) had used pharmaceutical opioids, 12.9% (182/1410) reported having used heroin and 2.4% (34/1410) had ever used raw opium.



Age of initiation

The mean age of initiation into tobacco use was 12.9 years, followed by inhalants at 13.7 years, alcohol (14.1 years) and cannabis (14.2 years). Sedatives and opioids were both initiated at the mean age of 15.1 years and heroin at 15.4 years.

More than two third (69.9%-976/1397) of those who had ever used tobacco had initiated before leaving school; 47.9% (608/1166) of those who had ever used alcohol and 48.9% (346/708) of those who ever used cannabis, had initiated while still attending school.

Using drugs daily

Among those who had ever used tobacco, 83.6% (1175/1406) reported having used almost daily in the last three months before the interview; 38.9% (70/183) of those who ever used

heroin and 21.5% (62/289) among those who had tried out opioids also reported using the drugs almost daily during the same period. Among the ever alcohol users, 6.3% (73/1168) used daily, 16.3% (115/705) of those who ever used cannabis and 14.0% (63/450) of those who had ever used sedatives reported the same.

Age of daily use

The out of school children who had used tobacco at least once daily in the last three months reported using tobacco daily at the mean age of 14.1 years old. In case of those using inhalants, daily use started at the age of 13.7 years, daily use of alcohol was initiated at 15.0 years, cannabis 14.9 years, pharmaceutical opioids 15.1 years and heroin at the mean age of 15.4 years.

Injecting drug use

One in five (20.4%-290/1420) of the out of school children interviewed in this study had ever injected. Greater proportion of males reported ever injecting than the females (23.1%: 12.8%). Among those who had ever injected drugs, 31% (90/290) had injected within the last three months.

Age of initiation into injecting

The median age of initiation into injecting was 15.15 years ($SD \pm 1.5$). The lowest reported age of initiation into injecting drug use was seven years.

Drugs injected

Majority of the respondents who had ever injected any drugs, injected heroin (86.6%) as their first drug, 40.3% injected pharmaceutical sedatives (diazepam), 32.4% used buprenorphine and 30.7% had used pentazocine (Fortwin). While heroin was injected as a single drug, diazepam, buprenorphine and pentazocines were injected in various combinations.

Frequency of using the same drug before injecting

While 42.1% had never used the same drug before injecting it for the first time, 20.7% had been using the drug/s more than once a week but not daily, 7.2% (21/290) reported using it at least once daily and another 12.1% (35/290) had been using it once a week before they started injecting them.

Sharing of needles and syringes

More than one in five (22%-64/290) of those who had ever injected, reported having injected with a used needle syringe that first time and 41% (119/290) said that they were not sure about it. Two out of five (40.0%-116/290) reported having ever shared needles and syringes. More

than one third (35%-41/116) reported last sharing within the past six-months and another 29% (33/116) shared within the past three months before the interview.

Drug dependence and treatment needs

WHO ASSIST V3.0.¹ tool was also used to understand the level of drug use and treatment needs.

More than half (51.4%-94/183) of the respondents who had ever used heroin and almost one third (32.3%-454/1407) of those who had ever used tobacco -were in need of intensive treatment; 29.6% (87/294) of the ever pharmaceutical opioid users and 23% (164/714) among those who tried cannabis were also found to be in need of 'intensive treatment'.

Need for 'brief intervention' was found among 73.5% (864/1176) of the ever users of alcohol, 56.6% (257/454) of those who tried sedative hypnotics and half (50.2%-252/500) of those who had ever used inhalants.

Mental Health Issues

The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17 was used to understand the mental health issues of the children.

About one third (32.0%) of the out of school children taking part in the study showed symptoms of psychosis, 23.3% indicated inattention, 17.9% reported symptoms of repetitive thoughts and behaviours, 13.0% showed signs of anger and irritability, anxiety was indicated among 11.6% and 11.0% had symptoms of mania. Suicidal ideation or suicide attempts were reported by 18.3%.

Treatment received

Among the out of school children 12.8 % ever received any treatment. While, 13.7% among the male respondents ever received any treatment, 9.9% of the females reported receiving any treatment.

Almost half (49.4%) of those who had ever received drug treatment had received out-patient treatment, and 37.2% had received in-patient at least once. Among those ever treated, 37.8 % were receiving some kind of treatment when interviewed.

Reasons for not receiving treatment

¹ The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): manual for use in primary care / prepared by R. Humeniuk... [et al].-available at <https://www.who.int/publications/i/item/978924159938-2>. Last accessed on 10 December, 2020

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More than half of those (54.6%) who never received any treatment said that they were not interested in taking treatment, 22.7% were afraid that other people will know about their drug use (if they seek treatment).

Legal issues

More than one in five (21.0%) of the respondents had ever been 'caught' by the police. While 35.8% of those who were ever caught by the police were caught for drug use, 8.8% were caught for other crimes.

More than half (53.4%) of those who were ever caught for drug related issues were caught more than once and 16.9% were caught within the last one year.

Juvenile observation home

Almost, one in ten (9.8%) of the respondents had ever been sent to juvenile observation homes. While 10.5% of the males were ever sent to juvenile homes, 7.6% of the females reported the same. More than half of those ever, sent to juvenile homes were sent for drug use (53.6%). Another 13.0% were sent for other offences committed to procure/support drug use. Among those ever sent to juvenile homes, 7.1% (21/138) reported being sent more than once.

Overdose

Among the respondents, 5.5% had personally experienced overdose at least once in their lifetime. Among those ever overdosed, more than one third (34.6%) had injected heroin, 5.1% had injected pharmaceutical opioids and 3.8% had injected pharmaceutical sedatives the last time they had overdosed. Among those who had overdosed, more than one-third had 'chased' (smoked) heroin (35.9%), one third had used alcohol (33.3%) and 14.1% had used pharmaceutical opioids through the oral route.

Among those who had overdosed 32.1% had injected heroin as well as chased it within a short interval of time and another 7.7% had chased heroin and consumed alcohol.

Sexual Behaviour

Experience of having penetrative sex with the opposite sex was reported by 14.3% of the respondents; 14.9% of all the male participants and 12.2% of all the females reported ever having sex with the opposite sex. Earliest age of initiation into sex was reported by a female participant at 11 years.

Among those initiated into 'sex', 57.1% (116/203) had used alcohol or some other drug before their first 'sex'.

Sex with a same sex partner was reported by 0.4% (5/1420)- all of them were female.

Experience of violence

Among the out of school children who participated in this study, 31.5% reported having been physically abused during their drug using period. Majority of them (88.4%) were male with 11.4% were female.

Experience of sexual abuse during their drug using period was reported by 3% (42/1420) of the respondents- 71.4% among them were male and 28.6% were female. More than a quarter (26.2%) were sexually abused by their drug using friends/peers, 40.5% by their partners/spouses and 11.9% by their family members/relatives.

Health related issues

Being diagnosed with tuberculosis was reported by 2.0% of the respondents. Among all the participants 13.3% had ever been tested for HIV. HIV status was known to 96.3% of those who had been tested. Among those who had ever injected any drugs- abscess at injecting site was reported by 9.3% and 31.4% were tested for Hepatitis-C. Among those tested for Hepatitis-C, 92.3% knew their status.

The way forward

The following recommendations have been made based on the above findings:

- Laws and policy related:
 - Government need to remove legal and policy related barriers to ensure that evidence-based drug treatment can also be made available for children below the age of 18 years
 - Government need to change the legal provisions and policies that currently affect treatment provision for those below 18 years.
- Government schemes to facilitate treatment for children:
 - Government need to bring about changes in the existing schemes for drug treatment to include those below 18 years of age.
 - Government need to initiate evidence-based interventions required for prevention of drug use among the children below the age of 18 years
 - Government need to setup separate (IRCA like) drug treatment centres specifically for children below 18 years of age. Ensure that such services are planned and executed keeping the needs of the children and child rights in mind.
 - Government should ensure that globally evidence-based drug treatment services like Opioid Substitution Therapy and Needle syringe programmes are also made available to those below 18 years.

- Government should ensure capacity building of service providers on the needs of the children who use drugs and the requisite skills for delivering them in child friendly manners
- Preventive intervention in schools:
 - Government need to facilitate development of evidence informed strategies for drug use prevention among school students
 - Government should facilitate development of appropriate class specific drug prevention materials that provide requisite knowledge and skills
 - Government should ensure that class specific modules are integrated into school curriculum
 - Government should facilitate development of drug prevention intervention for parents – the intervention should include interventions for enhancing positive parenting skills
 - Government should build capacity of service providers within the school education system for providing drug prevention services
 - Government should ensure that capacity is built for providing preventing intervention among parents
 - Government should facilitate development of protocols for dealing with drug using students - including providing treatment and follow up
 - Government should ensure that all schools have clearly defined drug policy that also provides guidelines for ensuring that treatment services are provided for students who use drugs rather than punishing them
 - Government should facilitate conducting of school based interventions involving students (peer led) for prevention and early identification of drug use and other problematic behaviours
 - Government should ensure that all schools have access to school counsellors - they may be shared among different schools in remoter locations and among schools with fewer number of students
 - Government should facilitate development of systems for early identification of deviant behaviours like violence, stealing, running away from home among children and providing evidence-based treatment for them and not punishment
 - Government should build capacity for the school counsellors to be able to lead the preventive intervention in schools, counselling of children with potential risk factors, early identification of drug use and other related problems e.g., mental health issues, violence, juvenile delinquency etc. and referral for treatment services as required.
 - Government should arrange for appropriate services that are available and accessible for treatment of drug use disorders among school students
- Preventive intervention for out of school children:
 - Government should develop strategies for drug use prevention for out of school children

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- Government should develop age-appropriate drug prevention materials for the out of school children
- Government should conduct programmes for preventing drug use among out of school children
- Government should ensure that out of school drug prevention programmes are peer led interventions involving out of school children
- Government should build capacity of service providers for providing drug prevention services among children who are out of school
- Government should ensure that capacity for providing intervention among their parents are also built
- Treatment and related services for school students
 - Government should develop strategies for providing drug treatment services among school students. Interventions should include:
 - Early identification of drug use and treatment of drug using children
 - Counselling services for children at risk and those already using drugs
 - Drug treatment services- including follow up, relapse prevention, relapse identification and continuum of care
 - Generate awareness on mental health issues among children, screening and providing treatment through referral
 - Build capacity of service providers to deliver evidence based and child friendly services
 - Government should build skills among children and their parents to prevent drop out
- Treatment and related services for out of school children
 - Government should develop strategies for providing drug treatment services among out of school children. Interventions should include:
 - Early identification of drug use and accompanied referral for treatment – through peer led interventions
 - Counselling services for children at risk and those already using drugs
 - Drug treatment services- including follow up, relapse prevention, relapse identification and continuum of care
 - Generation of awareness on mental health issues among children, screening and providing treatment through referral
 - Build capacity of service providers to deliver evidence based and child friendly services
 - Government should arrange to build skills among children for re-integration into mainstream education
 - Government need to strengthen programmes for reintegration of school dropouts
- Observation homes

- Government need to provide evidence-based drug treatment services at observation home/ juvenile homes
 - Government need to ensure a system of following up with the children treated
- Ensure coverage with services
 - Government should set up at least one government drug treatment programme preferably Integrated Rehabilitation Centre for Addicts (IRCA), or Drug Deaddiction Programme (DDAP) at each district for children below 18 years. They should have separate provisions for males and females
 - Government should ensure that at least one school counsellor is available in each block
- Network of service providers:
 - Government need to develop network of agencies working among children and adolescents to widen the net for early identification of deviant behaviours like violence, stealing, running away, drug use and their treatment
 - Government need to build capacity of agencies working among children and adolescents to facilitate early identification of drug use and other deviant behaviours and their treatment
- Actively involve networks of people who use drugs
 - Government need to actively involve networks of people who use drugs for advocacy and policy change at the state and national levels
 - Government need to ensure that such networks are also involved in capacity building of service providers to help better communicate the requirements of the community members
 - Government need to ensure that network of people using drugs should be involved at every stage of evidence generation
- Continued evidence generation
 - Government need to ensure that data collection on drug use among children is a continuous process and similar surveys should be repeated once every 3 yearsVarious Government Departments need to ensure that drug use and consequences related data among children collected and made easily available for assessment- especially from the educational institutes, government hospitals and the law enforcement agencies

BACKGROUND

BACKGROUND OF THE STUDY

Children are important assets for future of a nation. Those aged between 10 and 19 years of age constitute 22.8% of population and those aged 5-9 years comprise another 12.5% of population in India.

Use of tobacco, alcohol, and other substances among children and adolescents is a public health concern in several parts of the world, including India.

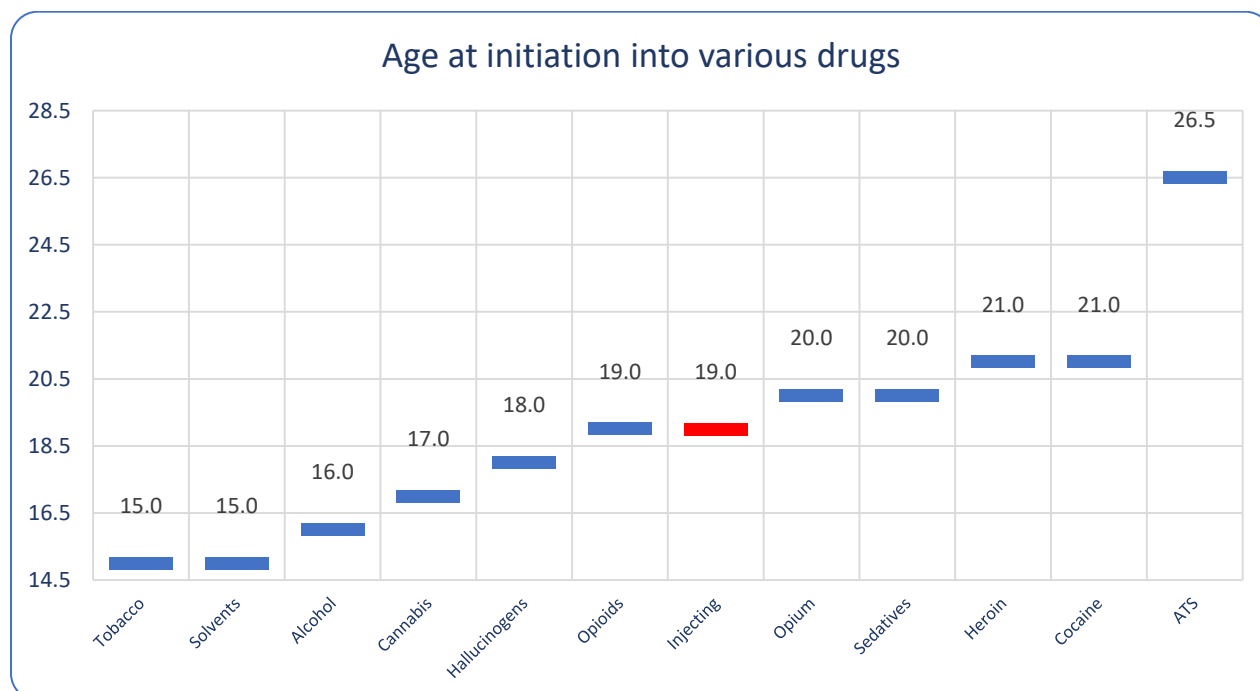
In 2019¹, the National Survey on Extent and Pattern of Substance Use in India (2019)-Magnitude of Substance Use in India, conducted by the Ministry of Social Justice and Empowerment, Government of India reported evidence of drug use among children between the age of 10-17 years.

Drugs used	Percentage among children (10-17 years)
Alcohol	1.3
Cannabis	0.9
Opioid	1.8%
Inhalants	1.17%

In 2017, MSD&RB under the Social Welfare Department, Government of Mizoram, had conducted a baseline survey² among people who use drugs in Mizoram.

1 National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

2 Baseline survey on extent & pattern of drug use in Mizoram, Social Welfare Department, Government of Mizoram, 2017



The study revealed that initiation into various drugs shows a trend where the first drugs used by the respondents are usually tobacco and/or inhalants at the early mean age of 15 years. They progressively moved into alcohol and cannabis within the next two years. By the time, they were 19 years old, they tried out pharmaceutical opioids and within one year they experimented with injecting.

Early initiation of drug use is usually associated with a heavier drug use and early dependence causing serious impact on health, education, familial or social relationships. Early initiation into drugs may interfere with the neurochemicals and damage the connections in the brain, cause or worsen emotional problems and affect memory as well as learning. Adolescent drug use may stunt growth and development and also lead to behavioural problems, relationship difficulties and may cause disruption in studies, and even dropping out of school. At times, anti-social behaviours e.g. lying, stealing, pick pocketing etc may occur in association with early-onset substance use.

In spite of global evidence on the problems of drug use among children, very little treatment facilities are available for them. Those available, usually tend to club the children with the adult drug users. This potentially multiplies the problem manifold as the young children learn about various other drugs, their sources, mode of use them and their potential effects from the adult patients and some also idolise them. Thus, accelerating their progression into harder and more harmful use of drugs when they go outside the treatment centres.

The limited availability of dedicated treatment services for children is driven by the lack of evidence about drug use among children. In spite of the potentially serious threat posed by the childhood and adolescent drug use, little evidence is available from India and its states.

Recognising the emerging evidence on drug use among children in the state and its potential long-term impact, Mizoram Government has decided to take necessary action to deal with the growing problem. In order to respond scientifically, as a first step, MSD&RB under the Social Welfare and Tribal Affairs, Social Welfare Department, Government of Mizoram has undertaken this survey. This survey aims to understand drug use and related problems affecting children within the age of 10 to 17 years, both in and out of school in Mizoram.

The children in school and those out of school were two different groups that required different approaches to be reached out and separate tools to gather relevant information. Two separate methodologies were adopted- one for in school students and the other for out of school children. The details of the methodologies, the tools adopted, and the analysis of findings are provided in separate sections that follow.

IN SCHOOL CHILDREN

The Baseline Survey on Extent & Pattern of Drug Use in Mizoram¹, conducted in 2017, reported mean age of initiation into drug use as 15 years with the youngest reporting initiation into drugs like tobacco and alcohol at the age of 10 years. Thus, it was necessary to study drug use among school children who were in the age group of 10- 17 years.

Methodology

Since it is difficult to select students based on their age, for convenience sake the survey included students studying in classes V-XII, who were usually from the age group of 10 -17 years. Thus, students in the following types of schools were selected for the survey:

- Middle schools
- High Schools
- Higher Secondary Schools

First, all the schools were listed out based on the list of schools provided by the Department of Education, in their Annual Publication, 2017-18, Department of School Education, Government of Mizoram². Then, the schools were segregated into the districts where they were located and then sub-categorised by their management types.

By Districts	By type of management
	Central Government
	State Government
	SSA mission -run and aided
	Adhoc-Aided
	Lumpsum aided
	Private unaided

Each school in the above-mentioned categories were considered as units and five percent of the schools from each categories and sub-categories were selected for the survey. This list was used to calculate the number of samples from each category and their subcategories and the following numbers were arrived at:

Districts	MS-total	No. of MS (5%) for survey	HS-total	No. of HS (5%) for survey	HSS-total	No. of HSS (5%) for survey
Aizawl	439	22	223	11	79	4
Champhai	203	10	93	5	16	1
Kolasib	127	6	45	2	8	0
Lawngtlai	210	11	60	3	16	1
Lunglei	282	14	118	6	32	2
Mamit	125	6	45	2	4	0
Serchip	104	5	45	2	11	1
Siaha	90	5	40	2	9	0
Mizoram	1580	79	669	33	175	9

¹ Baseline survey on extent & pattern of drug use in Mizoram, Social Welfare Department, Government of Mizoram, 2017

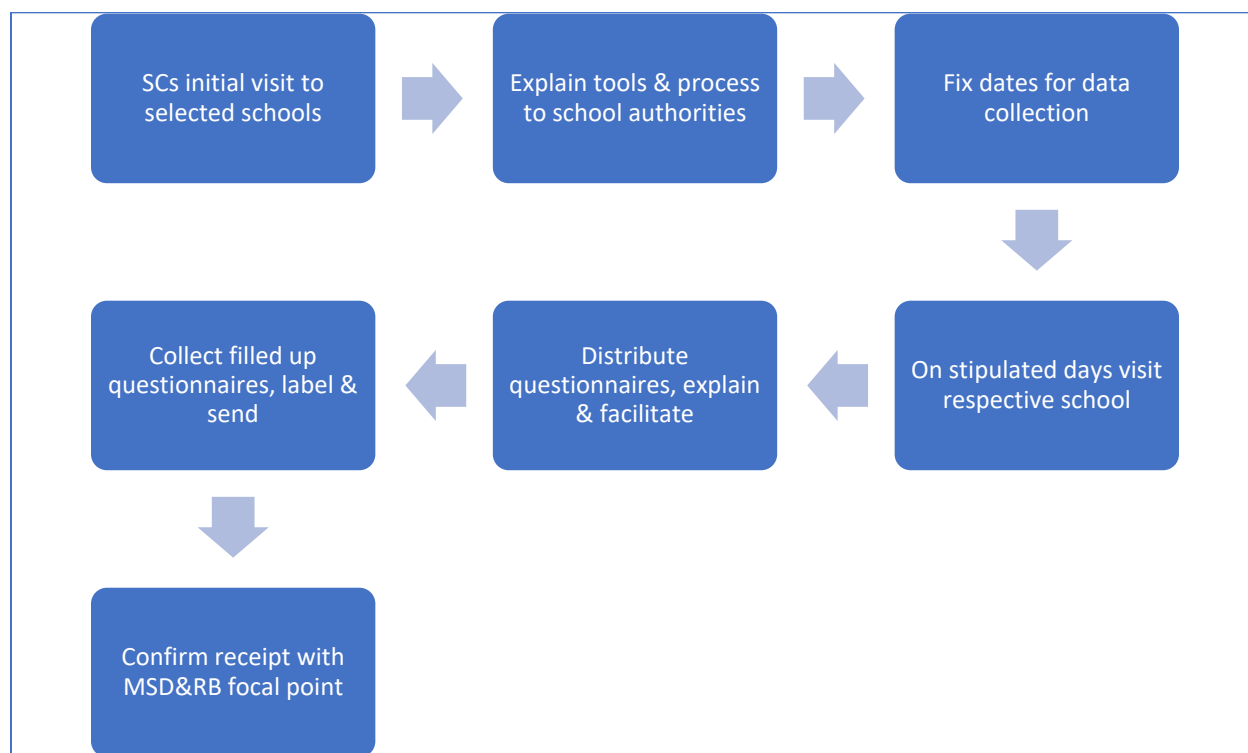
² Annual Publication 2017-18, Department of School Education, Government of Mizoram.

Names of individual schools were arrived at using the stratified random sampling procedures.

Once the individual schools were identified, the list was communicated to the Department of Education, Government of Mizoram. The Department of Education informed the management of the selected schools and requested them to cooperate with the survey team members.

School coordinators (SC) were selected from each district; their numbers varied according to the number of schools selected in the district. The selected SCs were trained through a two-day training conducted in Aizawl. The following topics were discussed during the training programme:

- Introduction to the survey and mode of operation
- Understanding the tools
- Practice sessions on the tools
- Discussion on protocol for conducting In-school survey
- Discussion on logistics, payments, and accounts etc.



At the end of the training the SCs were provided with letter of introduction by the MSD&RB, Social Welfare & Tribal Affairs Department, Government of Mizoram and the list of schools assigned to them. After the training, the SCs made their initial visits to the schools assigned and explained the various tools and the process to the school authorities personally and fixed dates for data collection. On the agreed upon dates the SCs visited the schools and went to the

respective classes. They distributed the questionnaires, explained and facilitated process of responding to the self-administered questionnaires by the students. They collected the filled-up answer sheets and sent them to MSD&RB for data entry.

Tools for data collection

Three different sets of questionnaires were developed for the three different levels for students:

- Middle schools
- High schools
- Higher Secondary schools

The questions were mostly multiple-choice types and were specially designed for self-administration. They were pre-tested and vetted by a technical committee before finalisation. The type of data collected was primarily quantitative in nature.

Inclusion criteria

All students in classes V to XII in the selected schools were included for the survey. All those present on the stipulated day participated in the survey.

Analysis

Data was analysed using IBM SPSS Statistics 22. Since there are global evidences of children tending to overestimate issues like use of drugs while responding to self-administered questionnaires, care was taken to validate responses to minimise chances of such overestimation. Data was validated before analysis of each section of queries. Key queries were identified in each section and response from individuals was only considered valid for the entire section, if all the key queries in the given section were logically responded to. E.g. in the section on drug use- key queries identified were related to - age of initiation, frequency of drug use in the past three months and those related to signs and symptoms of drug dependence. If a respondent had responded with a 'yes' for a particular drug used, but did not respond to all the other key queries, then the response was not considered a valid one and was not considered during analysis.

SCHOOL FINDINGS

Districts, schools and students

In total 122 schools participated in the school survey, among them 63.1% (77/122) were Middle Schools (MS) with students from classes V-VIII, 27.0% (33/122) were High Schools (HS) with students from classes IX-X and 9.8% (12/122) were Higher Secondary Schools (HSS) with students from classes XI and XII.

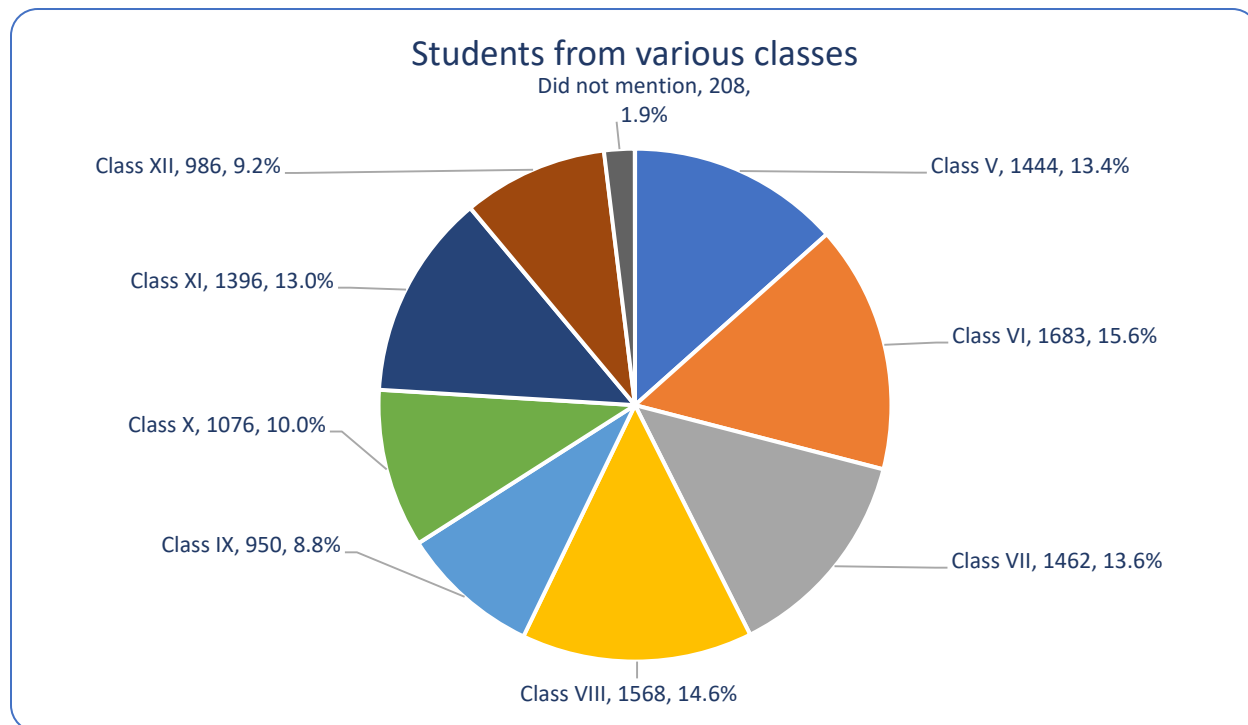
School types								
	MS		HS		HSS		Total	
Districts	No.	%	No.	%	No.	%	No.	%
Aizawl	22	28.6	11	33.3	4	33.3	37	30.3
Champhai	10	13.0	5	15.2	1	8.3	16	13.1
Kolasib	5	6.5	2	6.1	1	8.3	8	6.6
Lawngtlai	10	13.0	3	9.1	1	8.3	14	11.5
Lunglei	14	18.2	6	18.2	2	16.7	22	18
Mamit	6	7.8	2	6.1	1	8.3	9	7.4
Serchhip	5	6.5	2	6.1	1	8.3	8	6.6
Siaha	5	6.5	2	6.1	1	8.3	8	6.6
Total	77	63.1	33	27.0	12	9.8	122	100.0

While 57.9% (6233/10773) of the students who participated in this survey were from the Middle Schools (MS), 19.4% (2093/10773) were from High Schools (HS) and 22.7% (2447/10773) were from the Higher Secondary Schools (HSS).

Students by School type								
	MS		HS		HSS		Total	
Districts	No.	%	No.	%	No.	%	No.	%
Aizawl	1933	31.0	651	31.1	1297	53.0	3881	36
Champhai	552	8.9	259	12.4	48	2.0	859	8
Kolasib	740	11.9	215	10.3	92	3.8	1047	9.7
Lawngtlai	584	9.4	215	10.3	127	5.2	926	8.6
Lunglei	909	14.6	263	12.6	555	22.7	1727	16
Mamit	329	5.3	68	3.2	64	2.6	461	4.3
Serchhip	454	7.3	143	6.8	52	2.1	649	6
Siaha	732	11.7	279	13.3	212	8.7	1223	11.4
Mizoram	6233	57.9	2093	19.4	2447	22.7	10773	100

DRUGS AND CHILDREN IN MIZORAM

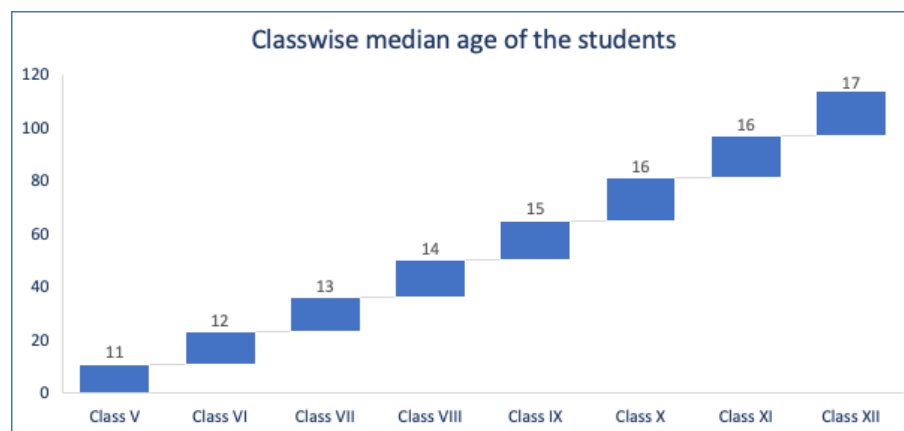
Greatest proportion of students participating in this survey were from Class VI (15.6%-1683/10773), followed by Class VIII (14.6%-1568/10773) and least were from Class IX (8.8 %-950/10773). Two hundred and eight (1.9%-208/10773) did not mention classes they studied in.



Demographic Information

Age

The median age of the students was consistent with the classes they studied in with those from Class V having a median age of 11 years and progressing up to the median age of 17 years among those studying in Class XII.



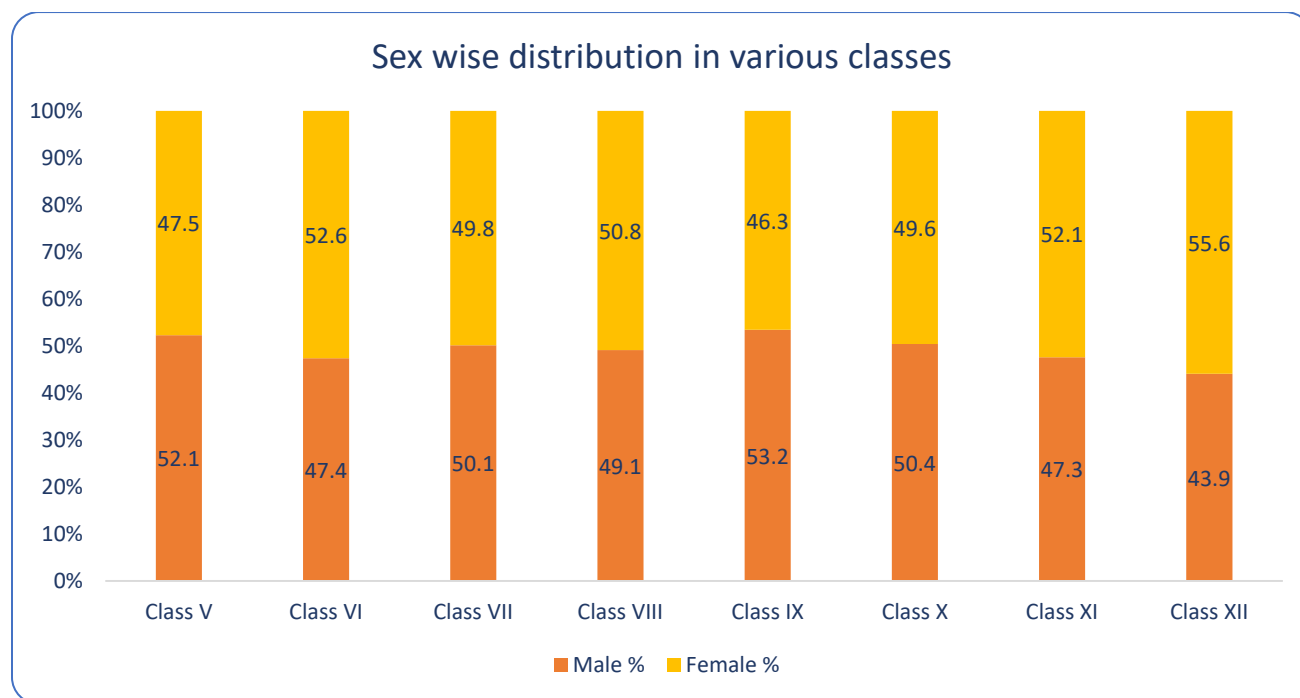
Sex

Overall, i.e. among students from all classes who participated in this survey, there were more female students than the male (female-50.6%-5311/10497: male-49.1%-5159/10497) and this difference was statistically significant (p-value-0.03713013). While, proportionately there were more male students in HS schools (male- 51.7% -1045/2021: female -48.0%-971/2021), the females outnumbered the males in HSS schools (female-53.5%-1265/2363: male- 45.9%-1084/2363).

Classes	Male	Male %	Female	Female %	Other	Other%	Total	p-values
	No.	%	No.	%	No.	%	No. (n)	
Class V	742	52.1	677	47.5	6	0.4	1425	0.0163
Class VI	790	47.4	877	52.6	0	0	1667	0.0029
Class VII	732	50.1	728	49.8	1	0.1	1461	0.9116
Class VIII	766	49.1	793	50.8	1	0.1	1560	0.3517
MS	3030	49.6	3075	50.3	8	0.1	6113	0.4261
Class IX	504	53.2	439	46.3	5	0.5	948	0.0032
Class X	541	50.4	532	49.6	0	0	1073	0.7298
HS	1045	51.7	971	48.0	5	0.2	2021	0.0216
Class XI	656	47.3	722	52.1	9	0.6	1387	0.0133
Class XII	428	43.9	543	55.6	5	0.5	976	0.00000023
HSS	1084	45.9	1265	53.5	14	0.6	2363	0
Total	5159	49.1	5311	50.6	27	0.3	10497	0.03713013

DRUGS AND CHILDREN IN MIZORAM

Similar statistically significant differences (i.e. more females than males) were noted in classes VI (female-52.6%-877/1667: male-47.4%-790/1667; p-value-0.0029), XI (female -52.1%-722/1387: male-47.3%-656/1387; p-value-0.0133) and XII (female-55.6%-543/976:male-43.9%-428/976;p-value-0.00000023). Significantly greater number of male students were reported from class IX (male-53.2%-504/948: female- 46.3%-439/948- p-value-0.0032)



Currently living with

More than half of the respondents from the various types of schools, reported currently living with both their biological parents and at least one sibling- (MS-58.0%-3615/6233), (HS-52.8%-1105/2093) and (HSS-54.4%-1348/2447). Living with both biological parents, at least one sibling and at least one grandparent was reported by 21.8% (1359/6233) of those from MS, 15.5% (324/2093) from HS and 16.2% (402/2447) of the HSS students. Living with one step-parent, one biological parent and at least one sibling was reported by 5.2% (327/6233) from MS, 4.4% (93/2093) and 2.9% (73/2447) of those from HSS.

Parent/Guardian related information

Parents' education

Students who were studying in HSS and HS reported greater proportion of mothers having completed primary school (MS-13.7%, HS-20.8% & HSS 22.6%) and secondary school (MS-9.5%, HS-11.2%, HSS-12.6%). Among those studying in HSS- 10.3% (251/2399) reported their mothers having completed college.

Mother's education	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=2093)	No.	% (n=2447)
Illiterate	231	3.7	121	5.8	98	4.0
Non formal education (NFE)	322	5.2	181	8.6	126	5.1
Completed primary school	854	13.7	436	20.8	554	22.6
Some secondary school	850	13.6	403	19.3	524	21.4
Completed Secondary school	591	9.5	234	11.2	309	12.6
Some college	237	3.8	67	3.2	139	5.7
Completed college	448	7.2	89	4.3	251	10.3
Don't know	2531	40.6	525	25.1	398	16.3
Total	6064	97.3	2056	98.2	2399	98.0

A similar trend was also seen in case of father's education - with increasing proportion of students from HS and HSS reporting fathers having completed primary school (MS-11.4%, HS-23.7% & HSS-21.6%) and secondary school (MS-9.2%, HS-10.1% & HSS-11.6%) when compared to those studying in MS.

Father's education	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=2093)	No.	% (n=2447)
Illiterate	129	2.1	86	4.1	53	2.2
Non formal education (NFE)	253	4.1	176	8.4	121	4.9
Completed primary school	710	11.4	495	23.7	529	21.6
Some secondary school	734	11.8	341	16.3	365	14.9
Completed Secondary school	573	9.2	211	10.1	283	11.6
Some college	314	5.0	74	3.5	171	7.0
Completed college	683	11.0	175	8.4	440	18.0
Don't know	2678	43.0	489	23.4	416	17.0
Total	6074	97.4	2047	97.8	2378	97.2

Parents' employment

In case of all three types of schools more than one third students had reported only their father's being employed (MS-35.7%, HS-33.6% and HSS-34.3%), both parents being employed was reported by 26.2% of MS students, 19.6% of HS students and 26.7% of the HSS students. Both parents being unemployed was reported by 24.5% MS students, 33.9% of HS students and 27.3% HSS students.

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	MS		HS		HSS	
Parents' employment	No.	% (n=6233)	No.	% (n=2093)	No.	% (n=2447)
Only mother	661	10.6	204	9.7	234	9.6
Only father	2226	35.7	704	33.6	840	34.3
Both parents	1633	26.2	410	19.6	653	26.7
Both parents unemployed	1528	24.5	709	33.9	667	27.3
Total	6048	97.0	2027	96.8	2394	97.8

Rules at home and outside

For more than one third of the students in all three types of schools (MS-38.0%, HS- 37.9% and HSS- 41.1%) definite rules were 'sometimes' set for them when they were at home. Such rules were almost never set for 18.4% of those in MS, 21.6% for those in HS and 25.1% for those in HSS.

Set definite rules when at home	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	1146	18.4	453	21.6	614	25.1
Seldom	365	5.9	110	5.3	110	4.5
Sometimes	2366	38.0	794	37.9	1005	41.1
Often	1220	19.6	444	21.2	412	16.8
Almost always	902	14.5	238	11.4	268	11.0
Total	5999	96.2	2039	97.4	2409	98.4

Similar responses were recorded in case of definite rules being set when the students were outside their home with 33.2% of those from MS, 33.3% of those from HS and 36.3% of those from HSS reporting 'sometimes'. More than one fifth students from all types of schools however reported almost never (MS-22.3%, HS-22.0 and HSS-21.7%).

Set definite rules when at home	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	1387	22.3	460	22.0	532	21.7
Seldom	445	7.1	137	6.5	157	6.4
Sometimes	2068	33.2	697	33.3	889	36.3
Often	1278	20.5	456	21.8	514	21.0
Almost always	761	12.2	284	13.6	325	13.3
Total	5939	95.3	2034	97.2	2417	98.8

Parents know the people and places after school

More than a quarter from all the three types of schools reported that their parents/guardians would 'often' know who they spent time with after school (MS-28.4%, HS-29.0% and HSS-26.9%).

Parents know who the students are with after school	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	1164	18.7	476	22.7	606	24.8
Seldom	305	4.9	102	4.9	100	4.1
Sometimes	1470	23.6	434	20.7	507	20.7
Often	1773	28.4	607	29.0	659	26.9
Almost always	1260	20.2	427	20.4	535	21.9
Total	5972	95.8	2046	97.8	2407	98.4

More than one third students from all the three types of schools reported that their parents/guardians would 'often be informed about the places where they spent time after school hours (MS-34.2%, HS-35.4% and HSS- 33.9%)

Parents know where the students are after school	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	856	13.7	322	15.4	314	12.7
Seldom	242	3.9	71	3.4	82	3.3
Sometimes	1377	22.1	407	19.4	467	18.9
Often	2133	34.2	740	35.4	840	33.9
Almost always	1469	23.6	503	24.0	720	29.1
Total	6077	97.5	2043	97.6	2423	97.8

Warmth, care and emotional support from parents/guardians

More than two out of five (MS-41.8%, HS-43.3% and HSS- 46.5%) from the three types of school reported 'often' receiving warmth and care from their parents/guardians.

Get warmth and care	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	354	5.7	105	5.0	96	3.9
Seldom	320	5.1	102	4.9	96	3.9
Sometimes	1497	24.0	491	23.5	521	21.3
Often	2607	41.8	907	43.3	1137	46.5
Almost always	1210	19.4	451	21.5	564	23.0
Total	5988	96.1	2056	98.2	2414	98.7

Getting emotional support 'sometimes' was reported by one third of all the types of students (MS-33.1%, HS-33.3% and 33.2% HSS).

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Get emotional support	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	722	11.6	207	9.9	198	8.1
Seldom	518	8.3	164	7.8	196	8.0
Sometimes	2062	33.1	698	33.3	812	33.2
Often	1802	28.9	628	30.0	819	33.5
Almost always	917	14.7	359	17.2	383	15.7
Total	6021	96.6	2056	98.2	2408	98.4

Money matters

Can 'sometimes' easily borrow money from parents/guardians was most commonly reported by the students (MS-22.2%, HS-26.0% and HSS-26.1%).

Easily borrow money from parents/guardians	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	3288	52.8	944	45.1	760	31.1
Seldom	660	10.6	244	11.7	355	14.5
Sometimes	1384	22.2	545	26.0	638	26.1
Often	388	6.2	178	8.5	412	16.8
Almost always	297	4.8	152	7.3	244	10.0
Total	6017	96.5	2063	98.6	2409	98.4

'Sometimes' getting money from parents/ guardians as gifts was reported to be easy by 39.2% of the MS students, 39.0% of those studying in HS and 37.0% of those in HSS.

Easily get money from parents guardians	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
Almost never	1248	20.0	421	20.1	400	16.3
Seldom	803	12.9	294	14.0	403	16.5
Sometimes	2444	39.2	817	39.0	906	37.0
Often	956	15.3	297	14.2	409	16.7
Almost always	588	9.4	235	11.2	290	11.9
Total	6039	96.9	2064	98.6	2408	98.4

School related information

Marks scored at the end of last terms between 60-79% was reported by 40.3% of those in MS, 43.8% by those in HS and 48.3% by those studying in HSS.

Average Score/Grade at the end of the last term	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
80-100 %	1968	31.6	368	17.6	290	11.9
60-79%	2509	40.3	917	43.8	1181	48.3
40-59%	1108	17.8	606	29.0	803	32.8
Less than 40%	388	6.2	142	6.8	127	5.2
Total	5973	95.8	2033	97.1	2401	98.1

Majority of the students from all the three types reported not missing school for even one day (MS-50.6%, HS-57.7% and HSS- 65.5%) due to illness.

No. of days school missed due to illness in last one month	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
None	3156	50.6	1207	57.7	1604	65.5
1-2 days	1783	28.6	506	24.2	490	20.0
3-4 days	593	9.5	180	8.6	167	6.8
5 -6 days	251	4.0	76	3.6	69	2.8
7 or more days	240	3.9	93	4.4	91	3.7
Total	6023	96.6	2062	98.5	2421	98.9

While, majority (MS-67.1%, HS-77.8% and HSS-82.0%) did not skip school for even one day in the last one month, 19.6% from the MS, 13.4% from HS and 11.3% from HSS reported skipping for 1-2 days.

No. of days school skipped school in last one month	MS		HS		HSS	
	No.	% (n=6233)	No.	% (n=6233)	No.	% (n=6233)
None	4180	67.1	1628	77.8	2006	82.0
1-2 days	1223	19.6	281	13.4	276	11.3
3-4 days	309	5.0	75	3.6	71	2.9
5 -6 days	120	1.9	30	1.4	35	1.4
7 or more days	90	1.4	36	1.7	37	1.5
Total	5922	95.0	2050	97.9	2425.0	99.1

Those in HSS were further asked if they had difficulty in finishing their assignments/home works and had difficulty in concentrating in their studies.

About one third (32.8%) reported not being able to finish their assignments/homework.

Not been able to finish assignments/home works	HSS	
	No.	% (n=6233)
None	1116	45.6
1-2 days	802	32.8
3-4 days	230	9.4
5 -6 days	60	2.5

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7 or more days	134	5.5
Total	2342	95.7

More than half of the students from HSS reported 'sometimes' finding it difficult concentrating in their studies and 23.3% reported having similar experience 'several times'.

Had difficulty in concentrating on your studies	HSS	
	No.	%(n=6233)
Never	271	11.1
Sometimes	1360	55.6
Several times	571	23.3
Most of the times	130	5.3
Total	2332	95.3

Drug use

Drugs -Middle School

Tobacco

Almost four out of ten (40.8 %-2518/6166) of the students in middle school reported having ever used tobacco- whether by chewing or by smoking. The mean age of initiation into tobacco use was 10.0 years (SD $\pm$ 2.0) with the youngest being five years old when he had initiated tobacco use.

While, 51.1% (1560/3055) of the males studying in MS reported tobacco use, 30.9 % (958/3102) of the female students in MS reported the same.

Middle School Drugs used	Male				Female				All				Age of initiation		
	Ever (n=3055)		Last 3 months (n=ever)		Ever (n=3102)		Last 3 months (n=ever)		Ever (n=6166)		Last 3 months (n=ever)		Mean	SD ($\pm$)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Tobacco	1560	51.1	931	59.7	958	30.9	551	57.5	2518	40.8	1482	58.9	10.0	2.0	5

Among those who had ever used tobacco in MS, 58.9% (1482/2518) reported continued use in the last three months before the interview.

Alcohol

Ever using alcohol was reported by 29.3% (1804/6166) of the MS students. Mean age of initiation into alcohol use was reported to be 10.7 years (SD $\pm$ 2.0) with the minimum age being seven years (male).

More than one third of the male students (36.4%-1113/3055) and one in five (22.3%-691/3102) of the female students from MS reported ever use of alcohol.

Middle School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=3055)		Last 3 months (n=ever)		Ever (n=3102)		Last 3 months (n=ever)		Ever (n=6166)		Last 3 months (n=ever)		Mean	SD (±)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Alcohol	1113	36.4	546	49.1	691	22.3	296	42.8	1804	29.3	842	46.7	10.7	2.0	5

Among the ever users of alcohol, 46.7% (842/1804) reported using within the last three months before the interview.

Cannabis

Using cannabis at least once in their lifetime was reported by 6.6% (407/6166) of all the students in MS. The mean age of initiation into cannabis use was reported to be 11.2 years (SD $\pm$ 1.8) and the earliest age of initiation was reported to be seven years by a male respondent.

One in ten (10.4%-317/3055) of all the male students in MS and 2.9% (90/3102) of the female students reported ever using cannabis.

Middle School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=3055)		Last 3 months (n=ever)		Ever (n=3102)		Last 3 months (n=ever)		Ever (n=6166)		Last 3 months (n=ever)		Mean	SD (±)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Cannabis	317	10.4	146	46.1	90	2.9	15	16.7	407	6.6	161	39.6	11.2	1.8	5

Almost four out of ten (39.6%-161/407) respondents who had ever tried cannabis, reported continued use within the last three months.

Inhalant

Inhalant use (ever) was reported by 9.7% (596/6166) of all the MS students. Mean age of initiation into inhalant use was 12.0 years (SD $\pm$ 1.5) with the minimum being six years.

While 13.1% (400/3055) of all the male students in MS reported ever using inhalant, 6.3% (196/3102) of the female students reported the same.

Middle School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=3055)		Last 3 months (n=ever)		Ever (n=3102)		Last 3 months (n=ever)		Ever (n=6166)		Last 3 months (n=ever)		Mean	SD (±)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Inhalants	400	13.1	204	51.0	196	6.3	73	37.2	596	9.7	277	46.5	12.0	1.5	5

Continued use of inhalants in the last three months was reported by 46.5% (277/596) of those who had ever used.

Other drugs

Among other drugs reported -the most common was betel leaf (pan) and betel nuts followed by pan masala and packaged supari and chewing tobacco (zarda). One student reported cough syrup and another reported vape (electronic cigarette).

Drugs -High School

Tobacco

Among the students from HS schools who participated in this study 55.6 % (1156/2078) had used tobacco in some form ever in their life time. The mean age of initiation was 11.9 years (SD $\pm$ 2.5) and the lowest age was five years -a male.

While 64.6% (691/1070) of the male students from HS schools reported ever using tobacco, among the females 46.4 % (465/1003) reported tobacco use ever.

High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD ($\pm$)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Tobacco	691	64.6	488	70.6	465	46.4	262	56.3	1156	55.6	750	64.9	11.9	2.5	5

Among the life time users of tobacco, more than two third (64.9%-750/1156) reported also using tobacco during the last three months prior to the interview.

Alcohol

Ever use of alcohol was reported by 44.7 % (929/2078) of all the HS students. Mean age of alcohol initiation was 13.0 years (SD $\pm$ 2.3) with the youngest being five years old also a male.

More than half of the male students (56.3%-602/1070) and almost one third of the female students (32.6%-327/1003) reported ever using alcohol.

High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD ($\pm$)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Alcohol	602	56.3	337	56.0	327	32.6	152	46.5	929	44.7	489	52.6	13.0	2.3	5

More than half (52.6%-489/929) of those who had ever used alcohol reported using it in the last three months.

Cannabis

Ever use of cannabis was reported by 16.4% (341/2078) of the HS students. Mean age of initiation into cannabis was 13.6 years ($SD \pm 1.8$) with the lowest age of initiation being six years by a male.

Among the male students 27.6 % (295/1070) and 4.6 % (46/1003) of the female students had initiated cannabis use.

High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD ($\pm$)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Cannabis	295	27.6	11	3.7	46	4.6	0	0.0	341	16.4	11	3.2	13.6	1.8	6

Continued use of cannabis in the last three months was reported by 3.2% (11/341) of the respondents. While 3.7% of the males reported continued use of cannabis in the last three months, none of the female students reported using the drug during the same period.

Heroin

Among the HS students 1.6% (33/2078) reported having used heroin at least once in their lifetime. The mean age of heroin initiation was 14.0 years ($SD \pm 1.4$) and the minimum age of first use was 12 years, reported by a male.

High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD ($\pm$)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Heroin	22	2.1	7	31.8	11	1.1	3	27.3	33	1.6	10	30.3	14.0	1.4	12

While 2.1% (22/1070) among the males reported ever heroin use, 1.1% (11/1003) among the female students reported the same.

Sedatives

Sedative not prescribed by any doctor was used by 5.5 % (115/2078) of the students in HS. The mean age of initiation into it was 13.2 years ($SD \pm 2.2$) and lowest age of initiation was 6 years by a female.

Sex wise 6.5% (70/1070) of the male and 4.5 % (45/1003) of the female students had ever used sedatives.

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High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD (±)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Sedatives	70	6.5	29	41.4	45	4.5	14	31.1	115	5.5	43	37.4	13.2	2.2	6

Opioids

Use of pharmaceutical opioids (codeine based cough syrups, prescription opioids -Spasmo-proxyvon, Relipan, Parvon, Spas, Proxyvon; Tramadol, morphine, buprenorphine, fortwin) without prescription was reported by 22.2 % (461/2078) of the HS students. Mean age of initiation was 5 years (SD ± 3.0) and the lowest was five years by a female.

Similar proportion of male (22.2%-238/1070) and female (22.2%-223/1003) students reported ever using opioids.

High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD (±)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Opioids	238	22.2	119	50.0	223	22.2	113	50.7	461	22.2	232	50.3	12.5	3.0	5

Half (50.3%-232/461) of those who had reported ever using opioids had reported continued use in the last three months.

Inhalant

Inhalant use ever was reported by 12.8 % (265/2078) of the HS students with mean age of initiation being 13.2 years (SD ± 2.0) and the lowest being six years by a male.

Among the males 20.2 % (216/1070) and 4.9 % (49/1003) among the females reported ever use of inhalants.

High School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)		Mean	SD (±)	Min. age
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Inhalants	216	20.2	109	50.5	49	4.9	18	36.7	265	12.8	158	59.6	13.2	2.0	6

Continued inhalant use within the last three months was reported by 59.6% (158/265) of the respondents who had ever used inhalants.

Other drugs

Among other drugs, various brands (Dildaar, Shikhar) of chewing tobacco (zarda, gutkha) was most commonly reported, followed by betel leaves and betel nuts (paan and supari). Three respondents reported tramadol (Temfix) and one reported Diclowin (dicyclomine). One respondent reported using antihistamines or antiallergic pills avil when Temfix is not available. Three reported inhaling petrol, kerosene, paint thinners.

Drugs -Higher Secondary School

Tobacco use at least once in life time was reported by 54.8 % (1329/2078) of the HSS students. Mean age of initiation was 12.9 years (SD $\pm$ 2.7) with the lowest being five years-a male.

Greater proportion of males (58.2%-651/1070) reported tobacco use than their female (52.4%-678/1003) counterparts.

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Tobacco	651	58.2	420	64.5	678	52.4	348	51.3	1329	54.8	768	57.8	12.9	2.7	5

Among those HSS students who ever used tobacco, 57.8% (768/1329) reported using it within the last three months prior to the interview.

Alcohol

More than half (50.8%-1232/2078) of the HSS students reported being initiated into alcohol, with the mean age of initiation being 14.1 years (SD $\pm$ 2.4) and the lowest being five years reported by a female.

Greater proportion of males (58.3%-652/1070) reported ever use of alcohol than the female (44.9%-580/1003) students.

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Alcohol	652	58.3	328	50.3	580	44.9	240	41.4	1232	50.8	568	46.1	14.1	2.4	5

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Among the HSS students who ever used alcohol, 46.1% (568/1232) had also used it within the last three months before the interview.

Cannabis

Ever use of cannabis was reported by 16.5 % (401/2078) of the HSS students. Mean age of initiation was 14.7 years (SD $\pm$ 1.9) with the minimum age of initiation reported as seven years by a male.

Proportionately more male (31.6%-353/1070) students reported ever use of cannabis than the females (3.7 %-48/1003).

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Cannabis	353	31.6	137	38.8	48	3.7	48	100.0	401	16.5	185	46.1	14.7	1.9	7

Among those who ever used cannabis 46.1% (185/401) reported using it within the last three months.

Sedatives

Prescription sedative use ever was reported by 7.1 % of those studying in HSS, with the mean age of initiation being 15.0 years (SD $\pm$ 1.6) and the youngest being 11 years old was a male.

While 8.2% (89/1070) of the male HSS students had ever used sedatives 6.5% (84/1003) of the female students reported the same.

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Sedatives	89	8.0	26	29.2	84	6.5	24	28.6	173	7.1	50	28.9	15.0	1.6	11

Among those who had ever used sedatives 28.9% (50/173) reported having also used in the last three months.

Opium

Among the HSS students 1.6% (38/2078) reported ever use of opium. Mean age of initiation was reported to be 14.9 years (SD±1.8) and the minimum was 12 years -a female.

Among the male students 2.4 % (27/1070) and 0.9 % (11/1003) among the female students reported ever use of opium.

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Opium	27	2.4	9	33.3	11	0.9	5	45.5	38	1.6	14	36.8	14.9	1.8	12.0

Among the ever users of opium 36.8% (14/38) had also used opium within the last three months.

Heroin

Ever using heroin was reported by 1.4% (35/2078) of the HSS students. Mean age of initiation was 14.2 years (SD ± 2.1) with the youngest being 12 years old and a male.

Greater proportion of male students (3.3%-22/664) reported initiation into heroin than their female counterparts (1.8%-13/728).

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Heroin	22	2.0	4	18.2	13	1.0	2	15.4	35	1.4	6	17.1	14.2	2.1	12

Prescription opioids

Among the students in HSS 4.1% (99/2078) reported ever use of prescription opioids (codeine based cough syrups, Spasmo-proxyvon, Relipan, Parvon, Spas, Proxyvon; Tramadol, morphine, buprenorphine, fortwin) without prescription and for the purpose of pleasure. Mean age of initiation was reported to be 14.3 years with the youngest being eight years old-a male.

Greater proportion of males (4.7 %-53/1070) had ever used prescription opioids than the female (3.6%-46/1003) students.

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Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Opioids	53	4.7	20	37.7	46	3.6	7	15.2	99	4.1	27	27.3	14.3	2.5	8

Inhalants

Ever use of inhalants was reported by 8.2% (199/2078) of the students in HSS. Mean age of initiation was 13.7 years with the minimum being six years as reported by a female. Greater proportion of males (14.1%-153/1084) reported inhalant initiation then their female (3.7%-47/1265) counterparts.

Higher Secondary School	Male				Female				All				Age of initiation		
Drugs used	Ever (n=1070)		Last 3 months (n=ever)		Ever (n=1003)		Last 3 months (n=ever)		Ever (n=2078)		Last 3 months (n=ever)				
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Inhalants	152	13.6	39	25.7	47	3.6	6	12.8	199	8.2	45	22.6	13.7	2.1	6

Other drugs

Most commonly reported other drug was chewing tobacco, followed by betel leaf and betel nut. Two reported dicyclomine containing medicines (Spasmonil, Spasmopic), one reported cough syrup and another alprazolam.

Drug dependence and treatment needs

The NIDA-Modified ASSIST V2.0 based on WHO-ASSIST V3.0 developed by the National Institute of Drug Abuse (NIDA) was used to determine whether the school children who had reported using a drug were dependent or not and the level of drug treatment required by them. The questions and the scoring system provided in WHO-ASSIST V3.0 were used to score for the individual children for every drug they had reported ever using.

MS students

Among the MS students who had ever used tobacco, more than half (51.5%-1297/2518) were found to be in need of treatment, while, 50.4% (1268/2518) were found to be into harmful level of use and in need of brief intervention, 1.2% (29/2518) who were found dependent were in need for intensive treatment.

Among those who ever used alcohol, in total 23.1% (417/1804) were in need for treatment - 22.6% (407/1804) into harmful use in need for brief intervention and 0.6% (10/1804) found dependent and in need for intensive treatment. Among those who ever used cannabis 1.5% (6/407) and 1.7% (10/596) of those who had used inhalants also required intensive treatment.

MS	Treatment required						Ever use
	Harmful use Brief intervention required		Dependent Intensive Treatment required*		Total		
Drugs	No.	%	No.	%	No.	%	No.
Tobacco	1268	50.4	29	1.2	1297	51.5	2518
Alcohol	407	22.6	10	0.6	417	23.1	1804
Cannabis	205	50.4	6	1.5	211	51.8	407
Inhalants	333	55.9	10	1.7	343	57.6	596

HS students

Among the students from HS schools 4.8 % (55/1156) of those who had ever used tobacco were found to be dependent and in need of intense treatment. Among the ever pharmaceutical sedative users 3.5% found to be dependent, followed by those who ever used inhalants 2.3% (6/265) , alcohol (1.8%- 17/929) , cannabis (1.8%- 6/341) and opioid 1.1 % (5/461).

Need for brief intervention was indicated by 48.0% (555/1156) of the ever tobacco users, 20.6% (191/929) of those who had ever tried out alcohol, 30.3% (10/33) of the ever heroin users, 33.9% (38/115) of the ever users of pharmaceutical sedatives and 27.8% (128/461) of the pharmaceutical opioid users.

	Treatment required						Ever use
HS	Harmful use Brief intervention required		Dependent Intensive Treatment required*		Total		
Drugs	No.	%	No.	%	No.	%	No.
Tobacco	555	48.0	55	4.8	610	52.8	1156
Alcohol	191	20.6	17	1.8	208	22.4	929
Cannabis	103	30.2	6	1.8	109	32.0	341
Inhalants	73	27.5	6	2.3	79	29.8	265
Heroin	10	30.3	0	0.0	10	30.3	33
Opioids	128	27.8	5	1.1	133	28.9	461
Sedatives	38	33.0	4	3.5	42	36.5	115

HSS students

Among the students of the HSS schools- 2.8% (37/1329) of the ever tobacco users, 1.1% (14/1232) of the ever alcohol users, 1.2% (5/401) of those who ever used cannabis, 1.0 % (1/99) among the ever opioid users and 0.6% (1/173) of those who ever used sedatives were dependent on them and in need for more intensive treatment. Dependence on heroin was reported by 22.9% (8/35) of those who had ever used.

Among the ever users - 41.7% (554/1329) of those who had used tobacco and 13.7% (169/1232) of the ever users of alcohol were indicated to need brief interventions. Brief intervention was also required by 34.3% (12/35) of the ever users of heroin and 24.2 % (24/99) of the ever users of opioids.

Drugs	Treatment required						Ever use
	Harmful use Brief intervention required		Dependent Intensive Treatment required*		Total		
	No.	%	No.	%	No.	%	
Tobacco	554	41.7	37	2.8	591	44.5	1329
Alcohol	169	13.7	14	1.1	183	14.9	1232
Cannabis	121	30.2	5	1.2	126	31.4	401
Inhalants	36	18.1	0	0.0	36	18.1	199
Heroin	12	34.3	8	22.9	20	57.1	35
Opioids	24	24.2	1	1.0	25	25.3	99
Sedatives	28	16.2	1	0.6	29	16.8	173

*Injecting drug use**Injecting- Middle Schools*

Nine (0.14%-9/6233) students from middle school reported having injected drugs for non-medical purposes- while eight (88.9%-8/9) of them had injected three months before the interview, one (11.1%-1/9) reported having injected within the last three months. While 88.9% (8/9) of those who had injected were male, 11.1% (1/9) were female.

Age of first injection (in years)	
Mean	12.4
SD	± 1.9
Minimum	10

Mean age of initiation into injecting was 12.2 years (SD $\pm$ 1.9 years) among those studying in MS. Earliest age of initiation into injecting drugs was reported to be 10 years among the middle school students.

Injecting -High Schools

Nine (0.43%-9/2093) students from high school had self-reported injecting drug use- among them six (66.7%-6/9) had injected three months or before the interview while three (33.3%-3/9) had injected drugs within the last three months. Eight (88.9%-8/9) of the reported ever injectors were male and one female (11.1%-1/9).

Age of first injection (in years)	
Mean	15.8
SD	$\pm$ 2.2
Minimum	12

Mean age of initiation into injecting drug use was 15.00 years (median 15.5 years and SD $\pm$ 2.2). Among the high school students who had reported ever injecting, the earliest age of initiation into injecting drug use was reported to be 12 years.

Among the HS students who had reported ever injecting any drugs- the first drug injected was reported to be heroin by 44.4 % (4/9), spasmoproxyvon by 44.4% (4/9), diazepam by 44.4% (4/9), buprenorphine by 22.2 % (2/9), pentazocine by 22.2% (2/9) and opium by 11.1 % (1/9).

First drug injected	Ever injected	
	No	%
Heroin	4	44.4
Spasmo-proxyvon	4	44.4
Diazepam	4	44.4
Buprenorphine	2	22.2
Pentazocine	2	22.2
Opium	1	11.1
Total	9	100.0

Among the ever injectors none reported using a needle syringe that had been used before when they had injected for the first time. However, three (33.33%-3/9) reported that they did not know if the needle syringes they had used to inject drugs for the first time had been used by someone else before injecting them. All three of them were male.

Reasons for injecting	Male	Male %	Female	Female %	Total	Total %
Pressure from friends/companions	5	62.5	1	100	6	66.7
You were at a party and others were doing it	5	62.5	0	0	5	55.6
Type/quality of drug available inadequate for non-injection	2	25.0	1	100	3	33.3

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Thought it would be a better high	2	25.0	1	100	3	33.3
Your friends companions were injecting and wanted to try	3	37.5	0	0	3	33.3
Curiosity	3	37.5	0	0	3	33.3
You felt depressed	2	25.0	1	100	3	33.3
Total	8	100.0	1	100	9	100.0

While two third (66.7%-6/9) of the students who had ever injected drugs, reported pressure from friends/companions as the reason for injecting that first time. This was followed by 55.6 % (5/9) reporting that they were at a party and others were injecting.

Injecting -Higher Secondary Schools

Among the HSS students 1.3% (2477/33) had reported ever injecting any drugs for non-medical purposes. Among them 84.8% (28/33) were male and 15.2% (5/33) were female. Among the males 25% (7/28) reported injecting within the last three months; no females reported similarly.

Mean age of initiation into injecting among the HSS students was 15.1 years, (median- 15.5 years, SD $\pm$ 3.8 years).

Age of first injection (in years)	Years
Mean	15.1
SD	$\pm$ 3.8
Minimum	10

Heroin was reported to have been the first drug injected ever, by 24.2 % (8/33) of those who had ever injected among the HSS students. Another 24.2 % (8/33) reported injecting spasmoproxyvon as their first drug. Prescription sedatives (diazepam) was reported to have been injected by 21.2% (7/33). Buprenorphine (tidigesic) was injected by 18.2% (6/33) and fortwin by 12.1% (4/33). Methamphetamine was reportedly injected by 15.2% (5/33) and opium by 21.2% (7/33).

First Drugs injected	Total	% (n=33 ⁺)
Heroin (brown sugar, No. 4)	8	24.2
Spasmo-proxyvon (SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon)	8	24.2
Prescription sedatives (diazepam)	7	21.2
Buprenorphine (tidigesic, G- norphine, norphine)	6	18.2
Pentazocine (Fortwin)	4	12.1
Methamphetamine, Meth, ice, W, WY, Speedy Bee, Yaba	5	15.2
Opium (beng)	7	21.2
Other	8	24.2

⁺ total number of HSS students who had reported injecting ever

While more than a quarter (27.3%-9/33) of those who had ever injected any drugs reported never using the first drug injected in the last 30 days before the first injection; 15.2% (5/33) reported using the same drug once a month, 9.1% (3/33) at least once daily.

How frequently was the same drug being used in the last 30 days before the first injection	Total	% (n=33 ⁺)
Never	9	27.3
Once a month	5	15.2
2-3 times a month	2	6.1
Once a week	0	0.0
More than once a week but not daily	1	3.0
At least once daily	3	9.1

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⁺ total number of HSS students who had reported injecting ever

The first ever injection was administered by a male friend for almost a quarter (24.2%-8/33) of the ever injectors, followed by a close friend (9.1%-3/33) and self (6.1%-2/33).

Who injected the first time	Total	% (n=33 ⁺)
Male friend	8	24.2
A close friend	3	9.1
Self	2	6.1
Female friend	2	6.1
A relative	1	3.0
Other	1	3.0
Valid responses	16	48.5

⁺ total number of HSS students who had reported injecting ever

While 15.2% (5/33) reported having used needles and syringes that had been used previously when injecting for the first time, 12.1% (4/33) did not know.

Shared used needles that first time	Total	% (n=33 ⁺)
No	11	33.3
Yes	5	15.2
Don't know	4	12.1
Valid responses	20	60.6

⁺ total number of HSS students who had reported injecting ever

While 39.4% (13/33) reported curiosity as their reasons for injecting the first time, 36.4% (12/33) reported that 'Friends companions were injecting and wanted to try', another 36.4% reported feeling depressed, followed by 30.3% (10/33) – 'Thought it would be a better high'.

Reasons for injecting	Total	% (n=33 ⁺)
Curiosity	13	39.4
Friends companions were injecting and wanted to try	12	36.4
Felt depressed	12	36.4
Thought it would be a better high	10	30.3
Pressure from friends/companions	10	30.3
Was at a party and others were doing it	10	30.3
Everyone was doing it	9	27.3
Other reasons	9	27.3
Type/quality of drug available inadequate for non-injection	4	12.1

⁺ total number of HSS students who had reported injecting ever

About a quarter (24.2%-8/33) of the ever injectors studying in HSS reported that they had thought of being infected with HIV before injecting the first time, and 15.2 % (5/33)

Before the first injection thought of being infected with	Total	% (n=33 ⁺)
HIV	8	24.2
Hepatitis-C	5	15.2

⁺ total number of HSS students who had reported injecting ever

Among the ever injectors 21.2% (7/33) had ever shared needles and syringes used by someone else.

Did you ever use a needle and or syringe after being used by someone else?	Total	%
Yes	7	21.2

All (100%-7/7) those reporting having shared needles and syringes ever 'thought it was safe because they had cleaned it'; 71.4% (5/7) shared because their boyfriend/girlfriend had pressurised them to share, a similar proportion (71.4%- 5/7) reported sharing under pressure from the other drug injectors. Not having their own needles and syringes and needle syringes are hard to get was reported by 57.1% (4/7).

Reasons for sharing	Numbers	% (n=7 ⁺)
Thought it was safe because they had cleaned it	7	100.0
Boyfriend/girlfriend put pressure to share	5	71.4
Other drug injectors pressurised to share	5	71.4
Didn't have your own needles and/or syringes	4	57.1
Needles and/or syringes are hard to get	4	57.1
He/she was careful about who he/she shared with	4	57.1
Other/s	4	57.1
Needles and/or syringes are expensive	2	28.6

⁺number of ever injectors who had ever shared N/S

Accessibility of drugs and their sources

Tobacco

While about one in five (20.7%-1293/6233) of the students in MS schools reported various levels of difficulty (ranging from impossible to fairly difficult) in accessing cigarettes or other tobacco products, 4.5% (278/6233) reported it to be 'very easy' and another 3.7% (233/6233) reported access to them being 'fairly easy'.

Among the students in HS schools, 30.8% (645/2093) reported difficulty in accessing cigarettes and other tobacco products, 16.1% (338/2093) reported accessing them to be 'fairly easy and another 16% (334/2093) 'very easy'.

Among the students in HSS school students almost a quarter (24.7%-606/2447) reported various levels of difficulties in accessing cigarettes and tobacco products, 17.9% (438/2447) found it 'fairly easy' and another 17.1% (418/2447) found it 'very easy'.

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Accessibility of cigarettes/bidi/chewing tobacco						
	MS		HS		HSS	
Ease of access	No.	%	No.	%	No.	%
Impossible	954	15.3	366	17.5	363	14.8
Very difficult	230	3.7	149	7.1	137	5.6
Fairly difficult	109	1.7	130	6.2	106	4.3
Fairly easy	233	3.7	338	16.1	438	17.9
Very easy	278	4.5	334	16	418	17.1
Don't know	685	11.0	381	18.2	389	15.9
Valid responses	2489	39.9	1698	81.1	1851	75.6
No response	3744	60.1	395	18.9	596	24.4
Total	6233	100	2093	100	2447	100

While, 15.6% (975/6233) of those studying in MS schools reported that they could buy cigarettes/bidi/chewing tobacco from shop/sellers if they wanted, 37.5% (784/2093) of the MS students and 46.9% (1149/2447) of the HSS students reported the same. Among the MS students 6% (374/6233) reported, that they could procure cigarettes and other tobacco products from their home; 13.2% (276/2093) among the HS students and 11.5% of the HSS students reported similarly.

Sources of Cigarettes/bidi/chewing tobacco						
	MS		HS		HSS	
Sources	No.	%	No.	%	No.	%
No idea	529	8.5	106	5.1	21	0.8
From home	374	6.0	276	13.2	270	11.0
From friends in school	178	2.8	243	11.6	134	5.5
From friends outside school	181	2.9	150	7.2	128	5.2
Buy from shop/sellers	975	15.6	784	37.5	1149	46.9
Valid responses	2237	35.9	1559	74.5	1702	69.6
No response	3996	64.1	534	25.5	745	30.4
Total	6233	100	2093	100	2447	100

Alcohol

Among the students in MS schools 1.1% (70/6233) reported accessibility to alcohol being fairly easy and another 1.4% (90/6233) felt that it was very easy.

Among HS students 6.7% (140/2093) felt it was fairly easy and another 6.0% (125/2093) felt it was fairly easy, for them access to alcohol.

Among HSS students 8.5% (209/2447) reported access to alcohol being fairly easy and another 5.8% (141/2447) felt it to be very easy to procure alcohol.

Accessibility of alcohol						
	MS		HS		HSS	
Ease of access	No.	%	No.	%	No.	%
Impossible	977	15.7	426	20.4	458	18.7
Very difficult	413	6.6	325	15.5	347	14.2
Fairly difficult	108	1.7	172	8.2	220	9
Fairly easy	70	1.1	140	6.7	209	8.5
Very easy	90	1.4	125	6.0	141	5.8
Don't know	714	11.4	404	19.3	405	16.6
Valid responses	2372	38.1	1592	76.1	1780	72.7
No response	3861	61.9	501	23.9	667	27.3
Total	6233	100	2093	100	2447	100

Ability to buy alcohol from sellers was reported by 16.9% (1057/6233) of the MS students, 39.9% (836/2093) of the HS students and 44.8% (1100/2447) of those studying in HSS schools.

Sources of alcohol						
	MS		HS		HSS	
Sources	No.	%	No.	%	No.	%
No idea	531	8.5	119	5.7	31	1.3
From home	145	2.3	111	5.3	105	4.3
From friends in school	84	1.3	117	5.6	122	5
From friends outside school	178	2.9	213	10.2	205	8.4
Buy from sellers	1057	16.9	836	39.9	1100	44.8
Valid responses	1995	32.0	1396	66.7	1563	63.9
No response	4238	68.0	697	33.3	884	36.1
Total	6233	100	2093	100	2447	100

Other drugs

Among MS students 1.5% (96/6233) reported that accessing drugs was fairly easy and another 2.1% (13/6233) felt it was very easy. Among those studying in HS schools, 7.1% felt it was fairly easy and another 5.6% felt that it was very easy to procure other drugs. Among HSS students 6.3% (154/2447) felt it was fairly easy and 4.7% (114/2447) felt it was very easy.

Accessibility of other drugs						
	MS		HS		HSS	
Ease of access	No.	%	No.	%	No.	%
Impossible	852	13.7	412	19.7	474	19.4
Very difficult	309	5	245	11.7	273	11.2
Fairly difficult	98	1.6	143	6.8	167	6.8
Fairly easy	96	1.5	149	7.1	154	6.3
Very easy	130	2.1	118	5.6	114	4.7
Don't know	767	12.3	495	23.6	535	21.9
No response	3981	63.9	531	25.4	730	29.8
Total	6233	100	2093	100	2447	100

DRUGS AND CHILDREN IN MIZORAM

Among the MS students 15.8% (986/6233), 36.4% of the HS students and 37.0% of the HSS students felt that they could procure other drugs from the sellers.

Sources of other drugs						
	MS		HS		HSS	
Sources	No.	%	No.	%	No.	%
No idea	506	8.1	121	5.8	20	0.8
From home	173	2.8	119	5.7	127	5.2
From friends in school	126	2.0	149	7.1	146	6.0
From friends outside school	160	2.6	201	9.6	261	10.7
Buy from sellers	986	15.8	762	36.4	908	37.0
Don't know	1951	31.3	1352	64.6	1462	59.7
No response	4282	68.7	741	35.4	985	40.3
Total	6233	100	2093	100	2447	100

Drug use among family and friends

MS students

Among the MS students 31.0% (1934/6233) reported that they had parents or family members who smoked cigarettes or used other tobacco products, alcohol use among family members was reported by 14.2% (885/6233) and use of other drugs was reported by 7.0% of the MS students.

Among those who had family members who used tobacco, 44.2% (855/1934) reported having ever used tobacco. Among the MS students having family members who use alcohol, 42.6% reported ever using the same drug. Among those with family members using other drugs, 7.7% had ever used cannabis, 12.3% had used inhalants and 21.2% reported trying ever trying out other drugs.

MS Students				
	Having family members who used drugs		Who used the same drug	
Drugs	No.	% (n=6233)	No.	% (n= no. of family members using same drug)
Tobacco	1934	31.0	855	44.2
Alcohol	885	14.2	377	42.6
Cannabis	NA	NA	34	7.7
Inhalants	NA	NA	54	12.3
Other drugs	439	7.0	93	21.2

MS students reported that 18.7% (1164/6233) had friends who use tobacco products, 6.3% (393/6233) had friends who used alcohol and 3.6% (227/6233) had friends who used other drugs.

Ever tobacco use was reported by 58.2% (677/1164) of those who had friends using tobacco, ever alcohol use was reported by 51.1% (201/393) of those with friends who use alcohols.

MS- Students				
	Having friends who used drugs		Who used the same drug	
Drugs	No.	% (n=6233)	No.	% (n= no. of family members using same drug)
Tobacco	1164	18.7	677	58.2
Alcohol	393	6.3	201	51.1
Cannabis	NA	NA	39	17.2
Inhalants	NA	NA	48	21.1
Other drugs	227	3.6	58	25.6

HS students

Among the HS students, 63.1% (1320/2093) had parents/family members who used tobacco products, 30.2% (632/2093) had family members using alcohol and 11.9% (249/2093) had family members using other drugs.

Ever use of tobacco was reported by 63.9% of those who had family members using tobacco, ever use of alcohol was reported by 59.7% of those who had family members using alcohol.

HS-Students				
	Having family members who used drugs		Who used the same drug	
Drugs	No.	% (n=2093)	No.	% (n= no. of family members using same drug)
Tobacco	1320	63.1	843	63.9
Alcohol	632	30.2	377	59.7
Cannabis	NA	NA	68	27.3
Opium	NA	NA	2	0.8
Heroin	NA	NA	6	2.4
Cough Syrup	NA	NA	11	4.4
Sleeping pills	NA	NA	21	8.4
Pain killers	NA	NA	74	29.7
Inhalants	NA	NA	44	17.7
Other	249	11.9	37	14.9

Among the HS students 52.1% (1090/2093) reported having at least one friend who used tobacco, 30.1% (629/2093) had friend/s using alcohol and 22.0% (460/2093) had friends who used other drugs.

While, ever use of tobacco was reported by 70.8% (772/1090) of those who had friend/s who used tobacco, ever use of alcohol was reported by 71.2% of those who had friend/s using alcohol.

HS-Students				
Drugs	Having friends who used drugs		Who used the same drug	
	No.	% (n=2093)	No.	% (n= no. of family members using same drug)
Tobacco	1090	52.1	772	70.8
Alcohol	629	30.1	448	71.2
Cannabis	NA	NA	142	30.9
Opium	NA	NA	9	2.0
Heroin	NA	NA	10	2.2
Opioids	NA	NA	176	38.2
Sedatives	NA	NA	51	11.1
Inhalants	NA	NA	110	23.9
Other	460	22.0	62	13.5

HSS students

Among the students from HSS schools- 54.5% (1334/2447) had at least one close family member who used tobacco, 25.0% (612/2447) had family members who used alcohol and 11.0% (269/2447) had family members who used other drugs.

Ever use of tobacco was reported by 65.6% (875/1334) of those who had at least one close family member who used tobacco and ever use of alcohol was reported by 64.7% (396/612) of those who had family members who used alcohol.

HSS-Students				
	Having family members who used drugs		Who used the same drug	
Drugs	No.	% (n=2093)	No.	% (n= no. of family members using same drug)
Tobacco	1334	54.5	875	65.6
Alcohol	612	25.0	396	64.7
Cannabis	NA	NA	94	34.9
Opium	NA	NA	41	15.2
Heroin	NA	NA	13	4.8
Opioids	NA	NA	12	4.5
Sedatives	NA	NA	20	7.4
Inhalants	NA	NA	29	10.8
Other	NA	NA	27	10.0

Having friends who use tobacco was reported by 48.6% (1190/2447) of the HSS students. Having friends who used alcohol was reported by 31.8% (778/2447) and friends using other drugs was reported by 21.5% (526/2447).

Ever use of tobacco was reported by 66.6% (792/1190) of those who had reported having friends who used tobacco and 67.7% (527/778) of those having friends who used alcohol reported ever using alcohol.

HSS-Students				
	Having family members who used drugs		Who used the same drug	
Drugs	No.	% (n=2093)	No.	% (n= no. of family members using same drug)
Tobacco	1190	48.6	792	66.6
Alcohol	778	31.8	527	67.7
Cannabis	NA	NA	197	37.5
Opium	NA	NA	83	15.8
Heroin	NA	NA	18	3.4
Opioids	NA	NA	11	2.1
Sedatives	NA	NA	38	7.2
Inhalants	NA	NA	75	14.3
Other	526	21.5	39	7.4

Mental health issues

The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17 was used to understand the mental health issues of the children. Since the tool is meant for children aged 11-17 years, scores of the respondents who were below 11 years and above 17 years were not included in the calculations. The tool does not provide definitive diagnosis of mental health problems but indicates the presence of symptoms of various mental health problems requiring further tests for definitive diagnosis.

MS students

Among the MS students 16.7% (1043/6233) self-reported signs of repetitive thoughts and behaviours, 16.6% (1032/6233) showed signs of inattention and 15.1% (943/6233) reported symptoms of psychosis. Suicidal ideation or attempts at suicide were reported by 10.1% (628/6233) of the MS students.

Mental health issues	Male	% (n=3055)	Female	% (n=3102)	Total	% (n=6233)
Sleep Problems	164	5.4	157	5.1	321	5.2
Inattention	457	15.0	575	18.5	1032	16.6
Depression	224	7.3	263	8.5	487	7.8
Anger & Irritability	254	8.3	299	9.6	553	8.9
Mania	167	5.5	132	4.3	299	4.8
Anxiety	221	7.2	274	8.8	495	7.9
Psychosis	445	14.6	498	16.1	943	15.1
Repetitive Thoughts & Behaviours	523	17.1	520	16.8	1043	16.7
Suicidal Ideation/Suicide Attempts	273	8.9	355	11.4	628	10.1

HS students

Among those studying in HS schools, 43.3% (907/2093) reported signs and symptoms of repetitive thoughts and behaviours, signs of anger and irritability was reported by 16.8% (351/2093), psychosis was indicated by 16.5% (346/2093) and depression by 13.5% (283/2093) of the HS students. Suicidal ideation and attempts were reported by 18.0% (377/2093).

Mental health issues	Male	% (n=1070)	Female	% (n=1003)	Total	% (n=2093)
Sleep Problems	93	8.7	80	8.0	173	8.3
Inattention	201	18.8	198	19.7	399	19.1
Depression	146	13.6	137	13.7	283	13.5
Anger & Irritability	160	15.0	191	19.0	351	16.8
Mania	124	11.6	77	7.7	201	9.6
Anxiety	122	11.4	142	14.2	264	12.6
Psychosis	190	17.8	156	15.6	346	16.5
Repetitive Thoughts & Behaviours	410	38.3	497	49.6	907	43.3
Suicidal Ideation/Suicide Attempts	172	16.1	205	20.4	377	18.0

HSS students

About one third of the HSS students self-reported signs of inattention (32.6%-798/2447) and depression (32.5%-795/2447). Symptoms of repetitive thoughts and behaviours was reported 17.5% (429/2447) and psychosis by 15.1% (370/2447). Suicidal ideation and attempts made were reported by 17.6% (430/2447) of the HSS students.

Mental health issues	Male	% (n=1118)	Female	% (n=1293)	Total	% (n=2447)
Sleep Problems	81	7.2	163	12.6	244	10.0
Inattention	294	26.3	504	39.0	798	32.6
Depression	281	25.1	514	39.8	795	32.5
Anger & Irritability	140	12.5	238	18.4	378	15.4
Mania	111	9.9	142	11.0	253	10.3
Anxiety	141	12.6	217	16.8	358	14.6
Psychosis	148	13.2	222	17.2	370	15.1
Repetitive Thoughts & Behaviours	170	15.2	259	20.0	429	17.5
Suicidal Ideation/Suicide Attempts	153	13.7	277	21.4	430	17.6

Treatment received

MS-students

A little over one in ten (11.7%-371/3161) MS students who had ever used any drugs reported ever receiving any counselling and 4.1% among the MS students who had ever used any drugs, ever received any treatment to help modify their drug use.

DRUGS AND CHILDREN IN MIZORAM

Counselling/treatment	Male	% (n=1845)	Female	% (n=1316)	Total	% (n=3161)
Ever received counselling	262	14.2	109	8.3	371	11.7
Ever received treatment	99	5.4	31	2.4	130	4.1

HS-students

Among the HS students who had ever used any drugs, 12.8% (183/1425) had ever received any counselling to help modify their drug use and 4.3% (61/1425) of those who had ever tried any drugs received any drug treatment.

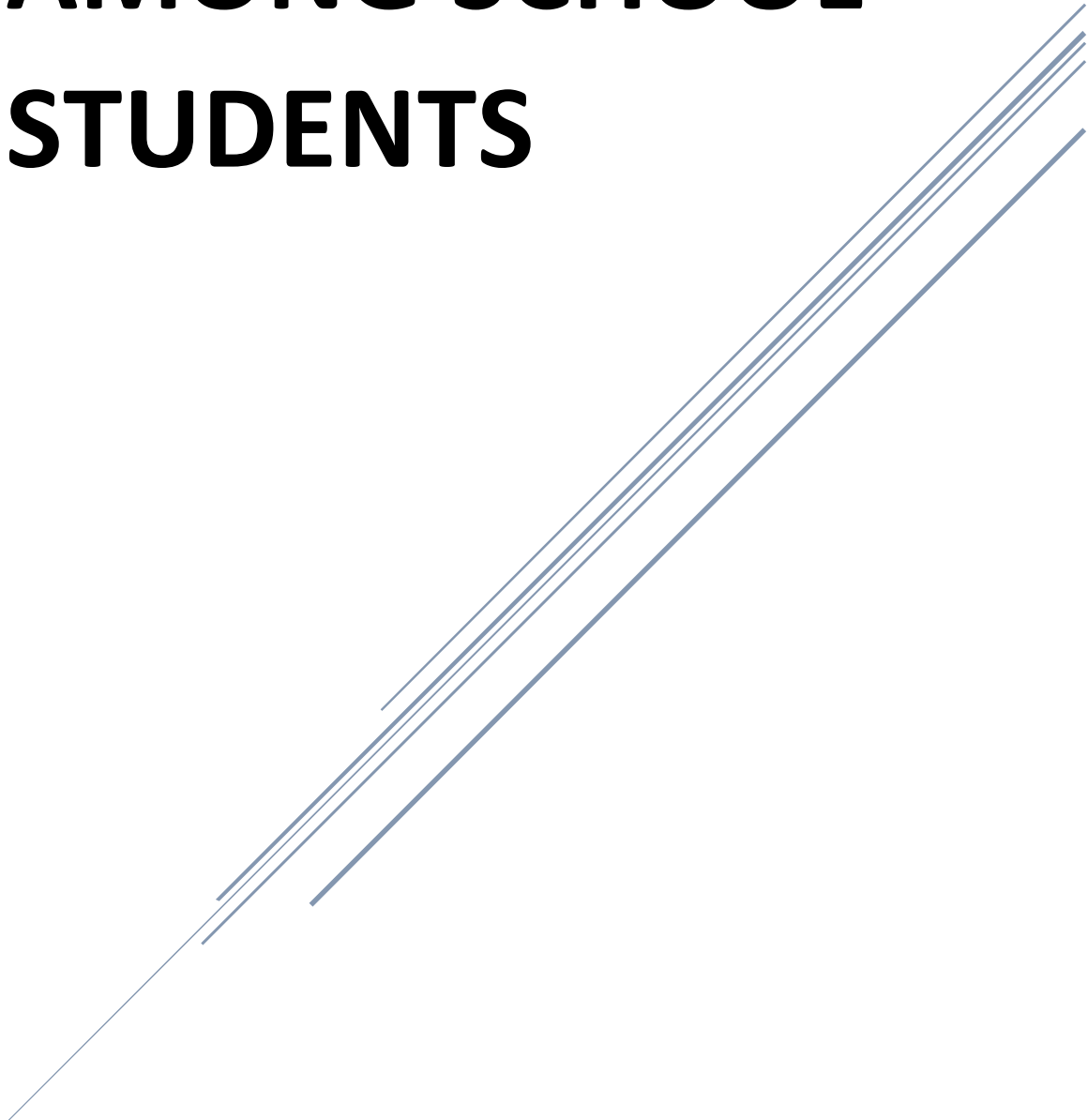
Counselling/treatment	Male	% (n=810)	Female	% (n=615)	Total	% (n=1425)
Ever received counselling	117	14.4	66	10.7	183	12.8
Ever received treatment	44	5.4	17	2.8	61	4.3

HSS-students

Among the HSS students who reported ever trying out any drug- 8.8% (148/1680) had ever received any counselling to help modify their drug use and 4.0% had received any drug treatment.

Counselling/treatment	Male	% (n=822)	Female	% (n=858)	Total	% (n=1680)
Ever received counselling	89	10.8	59	6.9	148	8.8
Ever received treatment	44	5.4	23	2.7	67	4.0

RISKS AND PROTECTIVE FACTORS AMONG SCHOOL STUDENTS



Risks and Protective factors among school students

Middle Schools

Protective factors

The protective factors that were found to be preventing drug use among the MS students are provided below. These factors have been proven to be statistically significant.

Not having friends who use alcohol or tobacco were found to be among the top protective factors and reduced the chances of using any drugs by 3.65 and 2.15 times respectively. Not having family members, living in the same house using tobacco (2.08 times) and alcohol (1.26 times) were also found to be significant protective factors.

Parents and guardians who, almost always knew, where their children were after school and in the evenings, were found to be protective factors.

Protective factors	Never used any drug (n=3101)		Used at least one drug ever (n=3132)		Odds Ratio	P-value
	Nos.	%	Nos.	%		
Parent(s)/ guardians know who you are with after school/in the evenings	2436	78.6	2372	75.7	1.17	0.0097
You can almost never get money as a gift from your mother and/or father/guardian	658	21.2	590	18.8	1.16	0.0192
Average marks at the end of the last term 80-100%	1034	33.3	934	29.8	1.18	0.003
Getting cigarettes/bidi/chewing tobacco is impossible	2400	77.4	2298	73.4	1.24	0.0002
Family members (living in the same house) do not use tobacco	2211	71.3	2079	66.4	1.26	0.0000
Family members (living in the same house) do not use alcohol	2795	90.1	2551	81.4	2.08	0.0000
Do not have friends who use tobacco	2697	87.0	2369	75.6	2.15	0.0000
Do not have friends who use alcohol	3012	97.1	2827	90.3	3.65	0.0000

Risk factors

The statistically significant risk factors that can enhance the chance of drug use among the students in MS schools are provided in the table below:

Risk Factors	Never used any drug (n=3101)		Used at least one drug ever (n=3132)		Odds Ratio	p-value
	Nos.	%	Nos.	%		
Mother's education up to secondary school or lower	1347	43.4	1501	47.9	1.9	0.000
Both parents are employed	751	24.2	882	28.2	1.2	0.0004
Parent(s)/ guardians almost always set definite rules about what you can do at home	402	13.0	500	16.0	1.3	0.0008
Parent(s)/ guardians almost always set definite rules about what you can do outside home	333	10.7	428	13.7	1.3	0.0004
Parent(s)/ guardians almost never know who you are with after school/in the evenings	511	16.5	653	20.8	1.3	0.0000
You can almost always get money as a gift from your mother and/or father/guardian	246	7.9	342	10.9	1.1	0.0001
Getting cigarettes/bidi/chewing tobacco is fairly easy	184	5.9	511	16.3	3.1	0.000
Can access cigarettes/bidi /chewing tobacco from home	128	4.1	246	7.9	2.0	0.000
Getting alcoholic beverages is fairly easy	51	1.6	160	5.1	3.2	0.000
Can access alcohol from home	43	1.4	102	3.3	2.4	0.000
Family members living in the same house who use tobacco	885	28.5	1049	33.5	1.2	0.000
Have family members living in the same house use alcohol	305	9.8	580	18.5	2.1	0.000
Have friends who use tobacco	403	13.0	761	24.3	2.1	0.000
Have friends who use alcohol	89	2.9	304	9.7	3.6	0.000

Having friends who use alcohol (odds ratio- 3.6), tobacco (odds ratio- 2.1), being able to get alcohol (odds ratio-3.2), tobacco (odds ratio- 3.1) fairly easily and having access to alcohol (odds ratio-2.4) and tobacco (odds ratio- 2.0) at home were found to be high risk factors among the students of MS.

Mental health issues as risk factors

Students with 'potential' mental health issues identified through the test questions from 'DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure— Child Age 11–17' were compared among the MS students who had reported never using any drugs or having used at least one drug in their lifetime.

The potential mental health issues that pose as risk factors for drug use have been provided in the table below. They are statistically significant.

Students reporting suicidal ideas/attempts (odds ratio- 1.9), anger irritability (odds ratio- 1.7) and mania (odds ratio-1.7) were found to be at greater risk of using drugs.

DRUGS AND CHILDREN IN MIZORAM

Mental health -MS	Never used any drug (n=3101)		Used at least one drug ever (n=3132)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Sleep problems	130	4	196	6	1.5	0.0003
Inattention	465	15	580	19	1.3	0.0002
Depression	213	7	283	9	1.3	0.0017
Anger and irritability	210	7	350	11	1.7	0.000
Mania	117	4	185	6	1.7	0.000
Anxiety	229	7	277	9	1.2	0.0369
Psychosis	400	13	555	18	1.5	0.000
Suicidal ideas/ attempts	226	7	399	13	1.9	0.000

High Schools

Protective factors

The statistically significant protective factors found among the high school (HS) students are provided in the table below:

Protective factors HS	Never used any drug (n=3101)		Used at least one drug ever (n=3132)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Parent(s)/ guardians often know where you are after school/in the evenings	425	63.8	818	57.3	1.31	0.0048
You can almost never get money as a gift from your mother and/or father/guardian	169	25.4	252	17.7	1.59	0.0001
Average marks at the end of the last term 80-100%	141	21.2	227	15.9	1.42	0.0001
Not satisfied/happy with your achievements	87	13.1	142	10.0	1.36	0.0355
Do not break rules in school or at home	323	48.5	370	25.9	2.69	0.0000
Never get into physical fights with friends/classmates	522	78.4	1058	74.1	1.26	0.0382
Never stole something (e.g. money, ornaments, electronic gadgets etc.) from home or outside	484	72.7	765	53.6	2.30	0.0000
Getting cigarettes/bidi/chewing tobacco is impossible	157	23.6	209	14.6	1.80	0.0000

Protective factors HS	Never used any drug (n=3101)		Used at least one drug ever (n=3132)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Getting alcoholic beverages is impossible	153	23.0	273	19.1	1.26	0.0474
Do not have family members living in the same house who use tobacco	203	30.5	286	20.0	1.75	0.0000
Do not have family members living in the same house who use alcohol	356	53.5	673	47.2	1.29	0.0075
Do not have friends who use tobacco	307	46.1	369	25.9	2.45	0.0000
Do not have friends who use alcohol	395	59.3	625	43.8	1.87	0.0000
Do not have friends who use other drugs	404	60.7	762	53.4	1.35	0.0018

Not having friends who use tobacco (odds ratio- 2.45), never stealing (odds ratio- 2.30) and not breaking rules at home or outside were among the top protective factors that helped reduce drug use among the students in HS schools.

The risk factors identified among the HS students are as below:

Risk factors HS	Never used any drug (n=666)		Used at least one drug ever (n=1427)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Parent(s)/ guardians almost never set definite rules about what you can do outside home	123	18.5	337	23.6	1.4	0.0078
Parent(s)/ guardians seldom know where you are after school/in the evenings	81	12.2	241	16.9	1.5	0.0051
Being absent from school for more than 5 days a month due to illness (not feeling well)	36	5.4	133	9.3	1.8	0.0019
Skipping or cutting school for 1 or more days (for no specific reason)	92	13.8	330	23.1	1.9	0.0000
Satisfied/happy with your achievements	548	82.3	1263	88.5	1.7	0.0001

DRUGS AND CHILDREN IN MIZORAM

Risk factors HS	Never used any drug (n=666)		Used at least one drug ever (n=1427)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Sometimes break rules in school or at home	315	47.3	1044	73.2	3.0	0.0000
Sometimes get into physical fights with friends/classmates	116	17.4	359	25.2	1.6	0.0001
Have stolen something (e.g. money, ornaments, electronic gadgets etc.) from home or outside	73	11.0	348	24.4	2.6	0.0000
School teaches about the dangers of drugs	508	76.3	1220	85.5	1.8	0.0000
School has rules about not using drugs in school or at school events	500	75.1	1263	88.5	2.6	0.0000
Getting cigarettes/bidi/chewing tobacco is fairly easy	126	18.9	546	38.3	2.7	0.0000
Can access tobacco products from home	70	10.5	206	14.4	1.4	0.0151
Can access tobacco products from friends	78	11.7	315	22.1	2.1	0.0000
Can access tobacco products from sellers	203	30.5	581	40.7	1.6	0.0000
Getting alcoholic beverages is fairly easy	39	5.9	226	15.8	3.0	0.0000
Can access alcohol from sellers	230	34.5	606	42.5	1.4	0.0006
Can access alcohol from friends	63	9.5	267	18.7	2.2	0.0000
Have family members, living in the same house who use tobacco	317	47.6	1003	70.3	2.6	0.0000
Have family members, living in the same house who use alcohol	124	18.6	508	35.6	2.4	0.0000
Have friends who use tobacco	194	29.1	896	62.8	4.1	0.0000
Have friends who use alcohol	74	11.1	555	38.9	5.1	0.0000
Have friends who use other drugs	61	9.2	399	28.0	3.8	0.0000

Having friends who use alcohol, tobacco and other drugs can increase the chances of drug use by 5.1 times, 4.1 times and 3.8 times respectively. HS students who had family members, living in the same house and using tobacco and alcohol were found to be at 2.6 times and 2.4 times (respectively) higher risk of using some drugs than those who did not.

Mental Health Issues

The potential mental health issues identified through DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17, were assessed for risk associated with drug use. Those with statistically significant risk factors have been listed below:

Mental Health HS	Never used any drug (n=666)		Used at least one drug ever (n=1427)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Sleep problems	31	4.7	144	10.1	2.3	0.000000
Inattention	117	17.6	440	30.8	2.1	0.000000
Depression	43	6.5	246	17.2	3.0	0.000000
Anger and irritability	56	8.4	299	21.0	2.9	0.000000
Mania	38	5.7	164	11.5	2.1	0.000000
Anxiety	61	9.2	251	17.6	2.1	0.000000
Psychosis	61	9.2	286	20.0	2.5	0.000000
Suicidal ideas/attempts	76	11.4	388	27.2	2.9	0.000000

Students with probable signs of depression (odds ratio-3.0), anger and irritability (odds ratio-2.9) and reporting suicidal ideas /attempts (odds ratio- 2.9) were found to be at higher risk of drug use.

Higher Secondary Schools

Protective Factors

The statistically significant factors found to protect HSS students from drug use are provided in the table below:

Protective factors HSS	Never used any drug (n=762)		Used at least one drug ever (n=1685)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Your parent(s)/ guardians almost always set definite rules about what you can do outside home	120	15.7	205	12.2	1.3	0.0173
Your parent(s)/ guardians almost always know who you are with after school/in the evenings	194	25.5	341	20.2	1.3	0.0043
You can almost never	158	20.7	241	14.3	1.6	0.0001

DRUGS AND CHILDREN IN MIZORAM

Protective factors HSS	Never used any drug (n=762)		Used at least one drug ever (n=1685)		Odds ratio	p-value
	Nos.	%	Nos.	%		
get money as a gift from your mother and/or father/guardian						
Average Score/Grade at the end of the last term was 80-100%	114	15.0	176	10.4	1.5	0.0018
In past one month did not skip or cut school	643	84.4	1363	80.9	1.3	0.0408
In past one month finished assignments/home works everyday	396	52.0	720	42.7	1.5	0.0000
In past one month, never had difficulty in concentrating on your studies	144	18.9	127	7.5	2.9	0.0000
You are not a confident person and cannot handle your personal problems	312	40.9	618	36.7	1.2	0.0478
You are not satisfied/happy with your achievements	164	21.5	244	14.5	1.6	0.0000
Never break rules in school or at home	418	54.9	515	30.6	2.8	0.0000
Never stole anything (e.g. money, ornaments, electronic gadgets etc.) from home or outside	538	70.6	1054	62.6	1.4	0.0001
Your school does not teach you about the dangers of using tobacco/alcohol/drugs	114	15.0	214	12.7	1.3	0.0019
Your schools have no rules against using tobacco/alcohol/drugs in school or at school events	81	10.6	72	4.3	0.5	0.0000
It would be impossible to get cigarettes/bidi/chewing tobacco if you wanted	142	18.6	221	13.1	1.5	0.0005
Family members living in the same house do not use tobacco	238	31.2	415	24.6	1.4	0.0008
Family members living in the same house do not use other drugs	441	57.9	1097	65.1	1.3	0.0010
Do not have friends who	297	39.0	524	31.1	1.4	0.0001

Protective factors HSS	Never used any drug (n=762)		Used at least one drug ever (n=1685)		Odds ratio	p-value
	Nos.	%	Nos.	%		
use tobacco						
Do not have friends who use alcohol	382	50.1	733	43.5	1.3	0.0025

Not having difficulties in concentrating in studies (odds ratio- 2.9) and never breaking rules at school or at home (odds ratio -2.8) were the top protective factors.

Risk factors

The significant risk factors have been listed below:

Risk Factors HSS	Never used any drug (n=762)		Used at least one drug ever (n=1685)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Both parents are unemployed	163	21.4	504	29.9	1.6	0.0000
In past one month skipped or cut school for more than 1 day	96	12.6	286	17.0	1.4	0.0056
In past one month have not been able to finish assignments/home works for more than 1 day	301	39.5	925	54.9	1.9	0.0000
In past one month, several times had difficulty in concentrating on your studies	129	16.9	572	33.9	2.5	0.0000
You are a confident person and able to handle your personal problems	413	54.2	1055	62.6	1.5	0.0000
You are satisfied/happy with your achievements	562	73.8	1426	84.6	2.0	0.0000
Sometimes break rules in school or at home	317	41.6	1159	68.8	3.1	0.0000
Sometimes get into physical fights with classmates/ friends	69	9.1	311	18.5	2.3	0.0000
Have stolen something (e.g. money, ornaments, electronic gadgets etc.) from home or outside	116	15.2	613	36.4	3.2	0.0000
School does not conduct classes that talk about decision making, peer	330	43.3	844	50.1	1.3	0.0019

DRUGS AND CHILDREN IN MIZORAM

Risk Factors HSS	Never used any drug (n=762)		Used at least one drug ever (n=1685)		Odds ratio	p-value
	Nos.	%	Nos.	%		
pressure, assertiveness and refusal skills						
Your school teaches you about the dangers of using tobacco/alcohol/drugs	497	65.2	1332	79.1	2.0	0.0000
Your schools have rules against using tobacco/alcohol/drugs in school or at school events	534	70.1	1511	89.7	3.7	0.0000
it would be fairly easy to get cigarettes/bidi/chewing tobacco if you wanted	152	19.9	703	41.7	2.9	0.0000
Can access tobacco from home	61	8.0	209	12.4	1.6	0.0013
Can access tobacco from shops and sellers	297	39.0	850	50.4	1.6	0.0000
Can access tobacco from friends	53	7.0	209	12.4	1.9	0.0000
It would be fairly easy to get alcoholic beverages	62	8.1	288	17.1	2.3	0.0000
Can access alcohol from shop/sellers	289	37.9	808	48.0	1.5	0.0000
Can access alcohol from friends	71	9.3	256	15.2	1.7	0.0001
Can easily access other drugs	49	6.4	219	13.0	2.2	0.0000
Can access other drugs from friends	89	11.7	318	18.9	1.8	0.0000
Family members living in the same house use tobacco	311	40.8	1023	60.7	2.2	0.0000
Family members living in the same house use alcohol	125	16.4	487	28.9	2.1	0
Family members living in the same house use other drugs	60	7.9	209	12.4	1.7	0.0008
Have friends who use tobacco	257	33.7	933	55.4	2.4	0
Have friends who use alcohol	134	17.6	644	38.2	2.9	0
Have friends who use other drugs	96	12.6	430	25.5	2.4	0

Students who stole from home or outside (odds ratio- 3.2) and broke rules (odds ratio- 3.1) were found to be at greater risk than those who did not. Having friends who use tobacco, alcohol or other drugs were found to have been at greater risk of drug use by 2.4, 2.9, and 2.4 times.

Schools teaching about dangers of drug use (odds ratio- 2.0) and having rules against using tobacco/alcohol or other drugs (odds ratio- 3.7) were found to be putting the students at greater risk of drug use.

Mental Health Issues

Probable mental health issues identified DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17, among the students of HSS and their correlation with lifetime drug use are listed in the table below.

Students who reported having suicidal ideas (odds ratio- 2.3) , signs of mania (odds ratio- 1.8), anxiety (odds ratio- 1.6) and sleep problems (odds ratio- 1.6) were found to have higher risks of using drugs.

Mental Health HSS	Never used any drug (n=762)		Used at least one drug ever (n=1685)		Odds ratio	p-value
	Nos.	%	Nos.	%		
Sleep problems	56	7.3	190	11.3	1.6	0.0028
Inattention	213	28.0	595	35.3	1.4	0.0003
Depression	101	13.3	280	16.6	1.3	0.0351
Anger and irritability	93	12.2	290	17.2	1.5	0.0014
Mania	53	7.0	204	12.1	1.8	0.0001
Anxiety	82	10.8	278	16.5	1.6	0.0002
Psychosis	95	12.5	277	16.4	1.4	0.0126
Repetitive thoughts and behaviours	108	14.2	326	19.3	1.5	0.0020
Suicidal ideas/attempts	83	10.9	365	21.7	2.3	0.0000

OUT OF SCHOOL CHILDREN



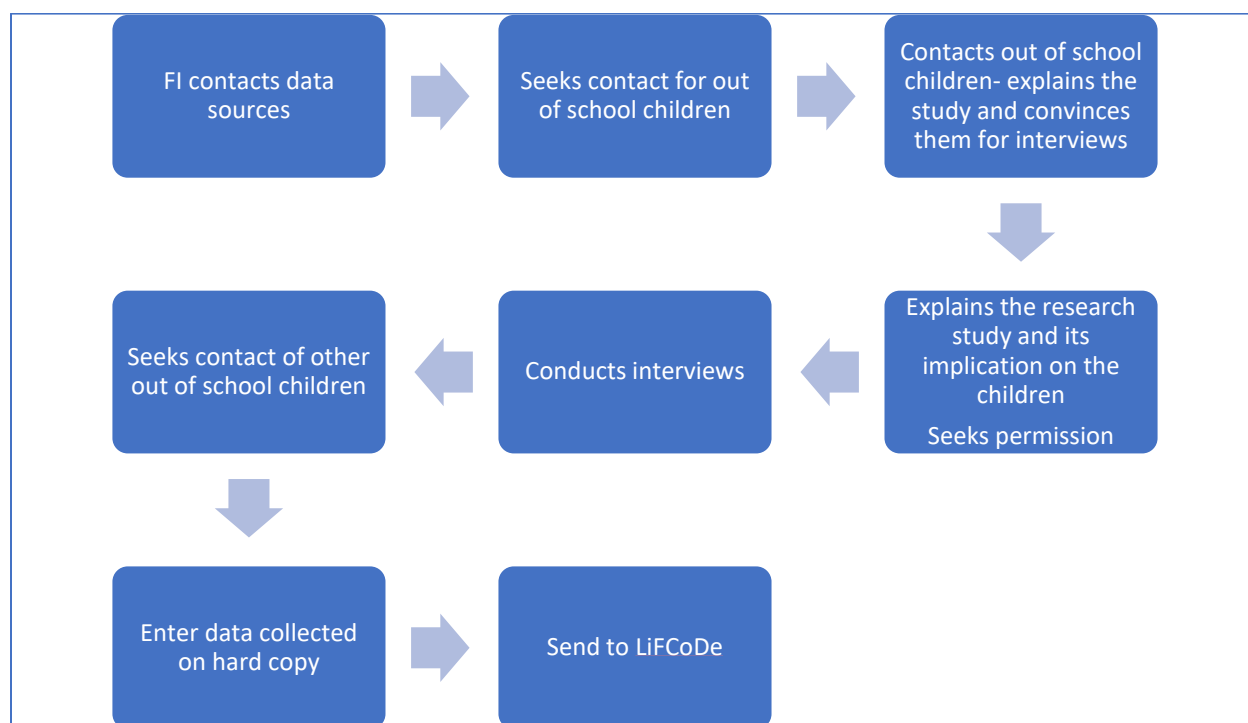
METHODOLOGY

People who use drugs (PWUD) are difficult to reach and they are even more difficult in case they are young (especially if below the age of 18 years). Thus, a purposive sampling technique was used to ensure participation of significant number of respondents for the study.

Primary information about them were collected from their peers (young people below the age of 18 years) receiving treatment in various drug treatment centres in Mizoram. Information about the whereabouts of young children using drugs was also sought from adult PWUDs and members of the drug users' forum in Mizoram. These sources provided information about potential sites and lead to contacts at these sites. Field investigators were selected from these localities.

These field investigators went to the potential sites and sought further information about children who used drugs. Upon confirmation of children using drugs in the given areas, they established site level contacts to reach these children. If they met a candidate, who fulfilled the criteria for inclusion, permission was sought to interview him/her from his/her family members or other significant adults from the site. The field investigator/s' sought informed consent from the available adult guardian/s and conducted the interviews, in the presence of a guardian.

The snowballing approach was used to further reach out to other potential respondents through the candidates who were interviewed.



The interviews were conducted using a pre- designed questionnaire and the data collected was primarily quantitative in nature.

The respondents were selected based on the following inclusion criteria:

1. He/she was below the age of 18 years when she was interviewed
2. He/she had not attended school for at least the last 45¹ days when school was open
3. He/she had ever used any of the following drugs ever in his/her life for the purpose of entertainment or pleasure:
 - **Tobacco** (i.e., cigarettes/beedis, chewing tobacco)
 - **Alcohol** (i.e., beer, whisky, rum, vodka, wine, gin, zu or local brew etc.)
 - **Cannabis** (i.e., marijuana, hashish, bhang, charas, ganja, grass, hash, etc.)
 - **Opioids** (i.e., heroin, opium (beng), codeine-based cough syrup; morphin: dextropropoxyphene based- SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon; Tramadol; tidigesic based- buprenorphine, g-norphine; pentazocine based -fortwin)
 - **Sedatives** (i.e., alprazolam based- alprax, diazepam based-valium, nitrazepam based- nitrosan, N-10, trika)

They were not selected if:

1. He/she did not fulfil the above inclusion criteria
2. He/she did not wish to be interviewed
3. He/she was not accompanied by an adult guardian during the interview

Training of the field investigators

The field investigators were trained through a two-day hands-on training conducted at Aizawl. The contents of the training included:

- Understanding basics of drug use
- Drug related problems faced by children
- Introduction to the survey and mode of operation
- Introduction to one-on-one interview tools
- Practice session on the one-on-one interview tools
- Introduction to data entry tool
- Practice session on data entry
- Discussion on protocol for conducting out of -school survey
- Discussion on logistics, payments, and accounts etc.

Data Analysis

Data was analysed using the IBM SPSS Statistics 22 and EPI Info 7 software.

¹ “Out of school children: A child is categorized as ‘out of school’ if the child is either not enrolled or has been absent for more than 45 working days or has discontinued studies from the schools mentioned above”- “National Sample Survey of Estimation of Out-of-School Children in the Age 6-13 in India”.- available at https://www.education.gov.in/sites/upload_files/mhrd/files/upload_document/National-Survey-Estimation-School-Children-Draft-Report.pdf- last accessed on 1 February, 2021

OUT OF SCHOOL FINDINGS

Demography of participants

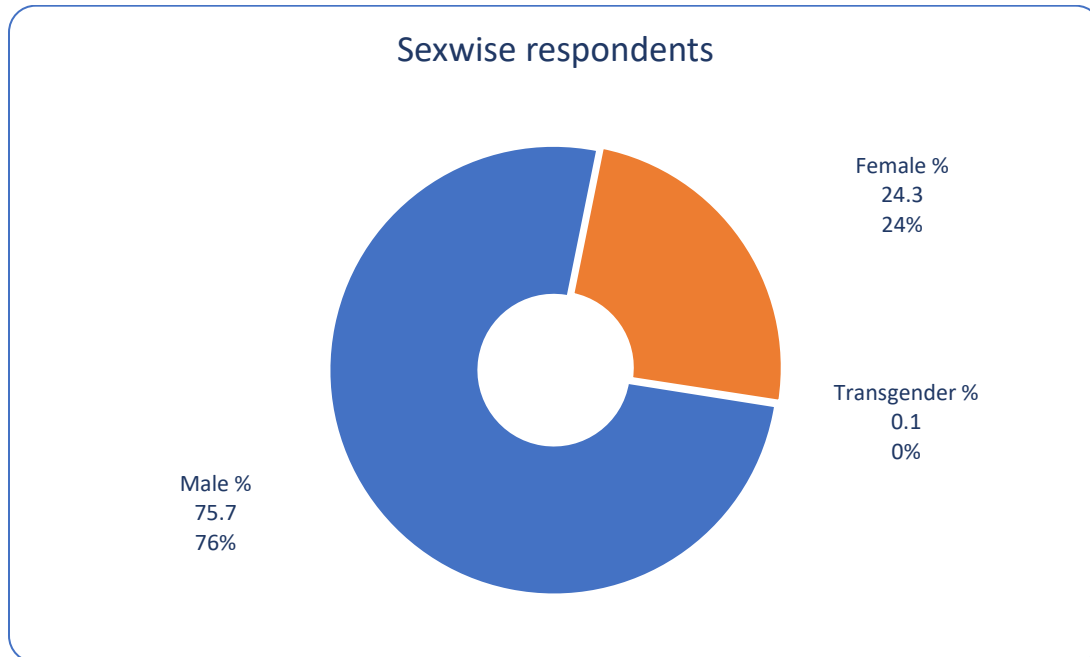
In total 1420, 'Out of School Children Who Use Drugs', participated in the study.

Districts

Almost one fifth of the (19.7%-278/1410) participants were from Aizawl, followed by 17.4 % (245/1410) from Champhai, 14.2 % (200/1410) from Serchhip, (11.5% 162/1410) from Kolasib, 10.4% (147/1410) from Lawngtlai, 10.0 % (141/1410) from Mamit, 9.1% (129/1410) from Siaha and the lowest 7.5% (106/1410) from Mamit.

Sex

More than three fourth (75.7%-1067/1410) of the participants were male, with about one fourth being female (24.3%-342/1410). One participant self- identified as a transgender. While highest proportion of females were reported from Serchhip (39.5%-79/200: 60.5%-121/200), the lowest were reported from Lawngtlai (7.5%-11/147:92.5%-136/147).



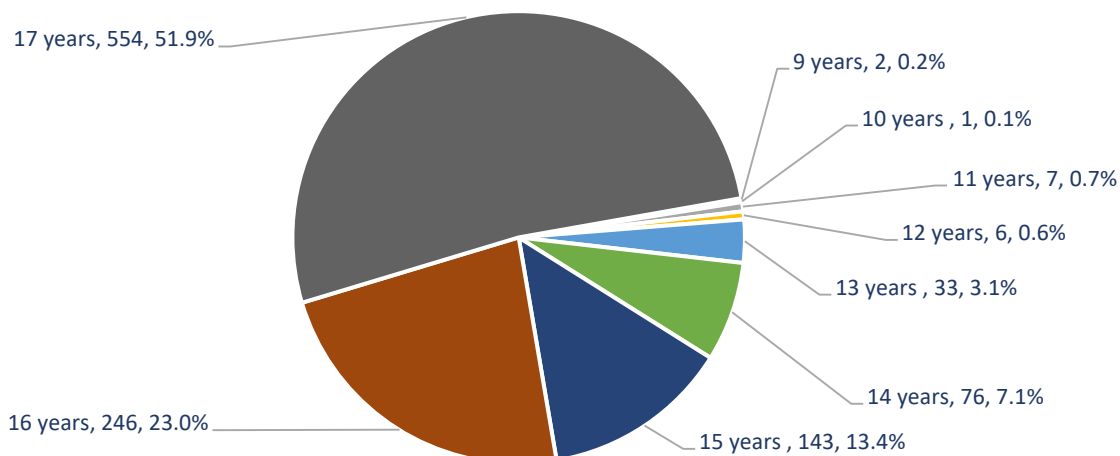
Age

The mean age of the participants was 16.1 years ($SD \pm 1.3$), with both the males (mean age 16.1 years; $SD \pm 1.3$) and the females (16.0 years; $SD \pm 1.3$) being of similar age. Among the participants 51.1% (721/1411) were 17 years old, 23.6% (333/1411) were 16 years and 13.3 % (188/1411) were 15 years old. The youngest respondent was a nine years old male.

Figure 1-Age wise distribution of participants

DRUGS AND CHILDREN IN MIZORAM

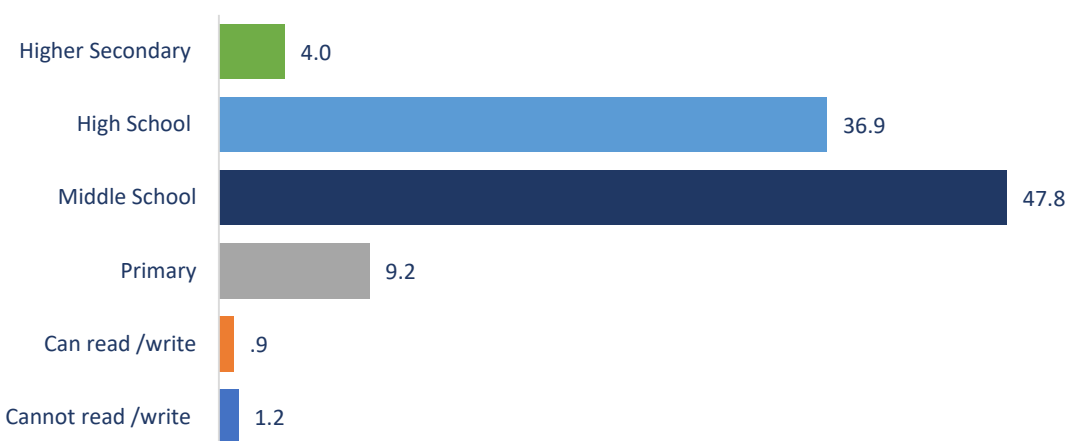
Agewise respondents

*Education*

While 48.4% (677/1400) had studied up to middle school (class VIII), 37.3% (522/1400) had studied up to high school (class X), 9.1% (128/1400) had completed primary school (class IV) and 4.1% (57/1400) had reached the higher secondary level (class XII).

While higher proportion of female (female-39.4%-134/340: male- 36.6%-388/1059) respondents had studied up to High School Level, greater proportion of males had completed middle school education (male-50.8%-538/1059: female-40.9%-139/340).

Participants by education



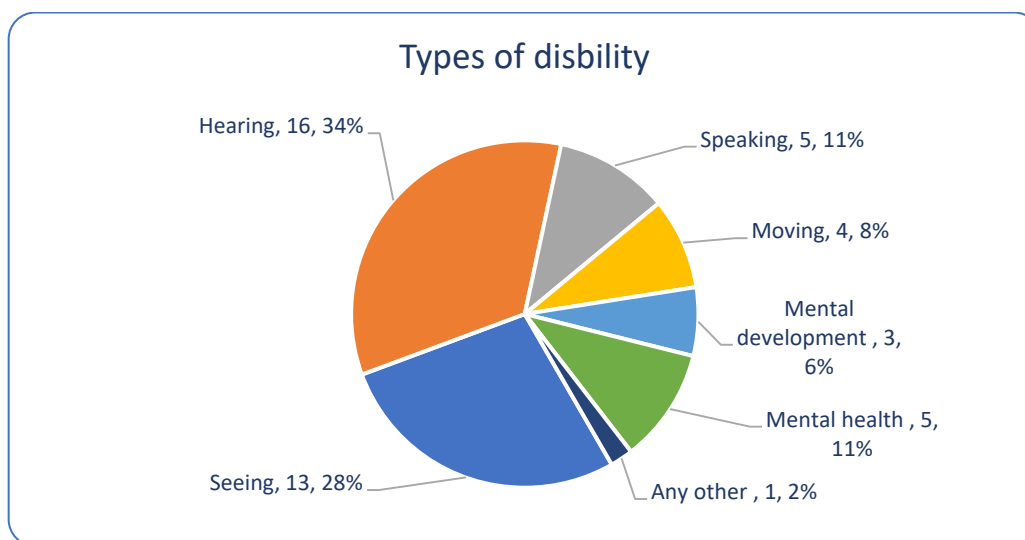
Current living arrangements

While, 30.8% (438/1420) lived with both biological parents and sibling/s, 7.3% (104/1420) lived with one biological parent and sibling/s, 6.8% (96/1420) and 6.3% reported living with only sibling's but no biological parents.

Living with	Numbers	Percentage
Both biological parents and siblings	438	30.8
One biological parent and siblings	104	7.3
Both biological parents but no siblings	96	6.8
No biological parents only siblings	90	6.3
Other relatives only	34	2.4
Only grand parents	32	2.3
One biological parent one step parent no siblings	16	1.1

Physical Mental Disability

Among the out of school participants 3.3% (47/1420) reported having some physical or mental disability. While, more than one third (34%-16/47) among them had problems with hearing, more than a quarter had problem in seeing (27.7%-13/47), 10.6% (5/47) had problem with speech and another 10.6% (5/47) reported having mental health issues.



Proportionately there were twice more females than males who had reported any type of disability.

Physical/mental	%	Total
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DRUGS AND CHILDREN IN MIZORAM

disability			
Male	27	2.7	1003
Female	16	5.4	297
Transgender	0	0.0	1
	43	3.3	1301

Marital status

While 94.4% were never married, 1.5% (21/1420) reported living in with a partner, and 1.4% (20/1420) reported being divorced.

Marital Status	Numbers	Percentage (n=1420)
Never married	1341	94.4
Live in partner	21	1.5
Legally married	1	0.1
Legally separated	4	0.3
Divorced	20	1.4
Total	1391	98.0

Employment

Among the respondents 17.4% (243/1393) were employed at the time of the interview, with males and females being proportionately similar.

Employment by sex	Male	Male%	Female	Female%	All	All %
Unemployed	873	82.5	274	82.0	1147	82.3
Employed	182	17.2	60	18.0	243	17.4
Total	1058	100.0	334	100.0	1393	100.0

Mean ages of the males and females reporting employment were similar with employed males having mean age of 16.3 years (SD±0.95) and females 16.4 years (SD±0.85).

More than half (53.5%-130/243) of those reporting being employed were 17 years old, followed by 28.0% (68/243) being 16 years old.

Age in years	Male	Male %	Female	Female %	All	All %
12	2	1.1	0	0.0	2	0.8

14	5	2.7	3	5.0	8	3.3
15	30	16.5	5	8.3	35	14.4
16	50	27.5	18	30.0	68	28.0
17	95	52.2	34	56.7	130	53.5
Total	182	100.0	60	100.0	243	100.0

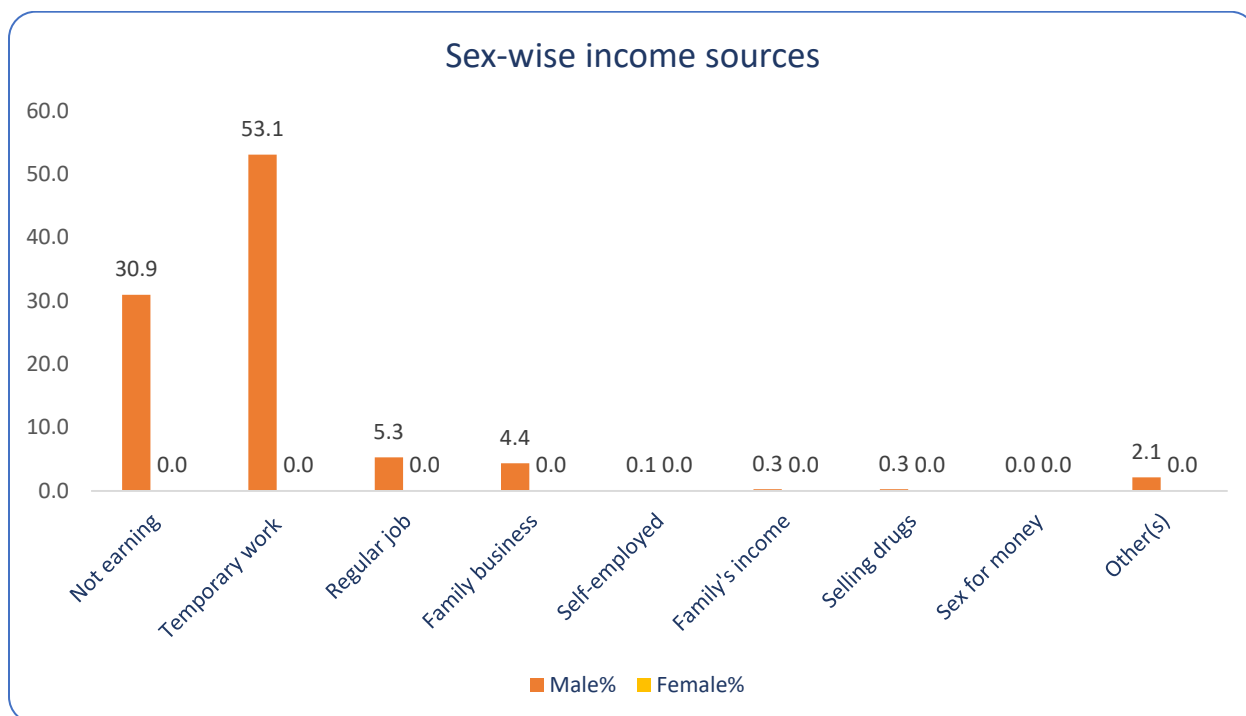
Source of income

One third (33.2%-471/1420) of the participants reported that they had not been earning in the last six months before the interview, 46.7% (663/1420) had been doing temporary work and 5.9% (84/1420) had regular job with regular salary.

Source of income	Male		Female		Total	
	No.	%	No.	%	No.	%
Have not been earning in the last six months	333	30.9	137	39.9	471	33.2
Temporary work (include odd jobs, etc.)	571	53.1	92	26.8	663	46.7
Regular job, employed with a regular salary	57	5.3	27	7.9	84	5.9
Work at family business or farm	47	4.4	29	8.5	76	5.4
Self-employed (in a particular trade)	1	0.1	6	1.7	7	0.5
Spouse, partner, relative, or family's income	3	0.3	14	4.1	17	1.2
Selling drugs	3	0.3	1	0.3	4	0.3
Sex for money	0	0.0	1	0.3	1	0.1
Other(s)	23	2.1	16	4.7	39	2.7

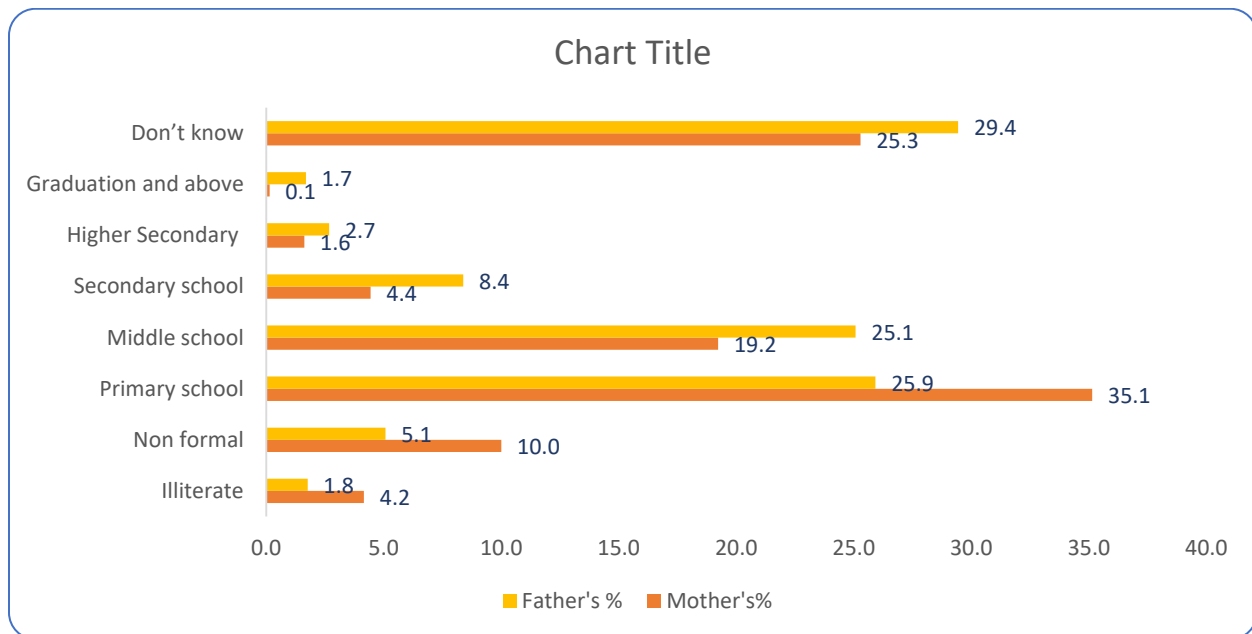
Among the female participants 39.9% (137/343) had said that they were not earning and 30.9% (333/1046) among the males had reported the same; this is statistically significant (p-value=0.007).

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***Parent/Guardian related information******Parent's education***

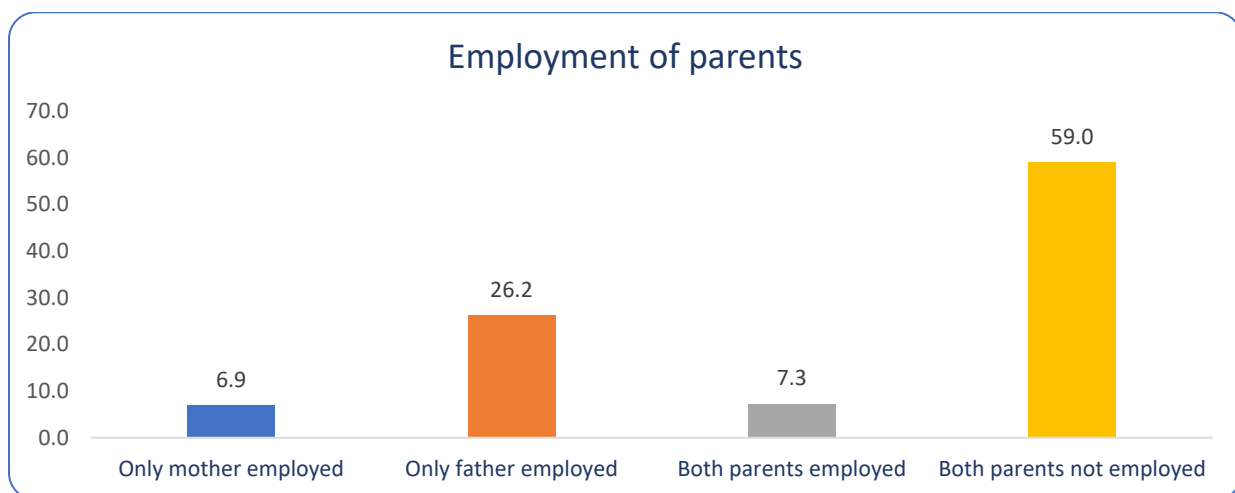
Highest level of education	Mother's	Mother's%	Father's	Father's %
Illiterate	59	4.2	25	1.8
Non formal	142	10.0	72	5.1
Primary school	499	35.1	368	25.9
Middle school	273	19.2	356	25.1
Secondary school	63	4.4	119	8.4
Higher Secondary	23	1.6	38	2.7
Graduation or above	2	0.1	24	1.7
Don't know	359	25.3	418	29.4
	1420	100.0	1420	100.0

Greater proportion of mothers were illiterate (4.2%-59/1420:1.8%-25/1420), had only received non-formal education (10.0%-142/1420:5.1%-72/1420), completed primary school (35.1%-499/1420:25.9%-368/1420). Greater proportion of fathers had completed secondary school (8.4%-119/1420:4.4%-63/1420), higher secondary (2.7%-38/1420:1.6%-23/1420) and graduation or above (1.7%-24/1420:25.3%-359/1420).



Parent's employment

Almost three out of five (59.0%-838/1420) participants reported that both of their parents were not employed at the time of the interview and another 7.3% (103/1420) reported that both their parents were employed. A little over a quarter (26.2%-372/1420) reported only father's being employed and 6.9% (98/1420) said that only their mothers were employed.



Parental supervision and care

While more than one fifth (22.7%-322/1420) of the out of school children in this survey reported that their parents/guardians 'almost never' set definite rules for home, another 7%

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(100/1420) said that they 'almost always' did. Similarly, 22.5% (320/1420) said that parents 'almost never' set rules for outside the home in contrast to 6.5% (93/1420) reporting that they 'almost always' did.

	Almost never		Seldom		Sometimes		Often		Almost always	
	No.	%	No.	%	No.	%	No.	%	No.	%
Parents/guardians set definite rules for home	322	22.7	105	7.4	560	39.4	317	22.3	100	7.0
Parents/guardians set definite rules for outside	320	22.5	214	15.1	502	35.4	271	19.1	93	6.5

For 16.8% (239/1420) of the participants parents/guardians 'almost never' knew who they were with when outside home and for another 7.8% (111/1420) they almost always did. In case of 15.6% (222/1420) of the participants parents/guardians almost never knew who they were with when they were at home without their parents/guardians, and another 7.7% said that they almost always knew.

	Almost never		Seldom		Sometimes		Often		Almost always	
	No.	%	No.	%	No.	%	No.	%	No.	%
Parents/guardians know who you are with when outside home	239	16.8	168	11.8	638	44.9	259	18.2	111	7.8
Parents/guardians know who you are with when at home	222	15.6	166	11.7	670	47.2	250	17.6	109	7.7

While, 4.6% (65/1420) of the participants reported that they 'almost never' can get warmth and care from their parents/guardians, 37.9% (538/1420) said that they can 'often' get and another 11.1% (158/1420) said that they can 'almost always' get. When asked about getting emotional support from their parents/guardians, 8.2% (116/1420) reported that they 'almost never' get, 30.5% (433/1420) said that they get it 'often', and another 7.7% (109/1420) said 'almost always'.

	Almost never		Seldom		Sometimes		Often		Almost always	
	No.	%	No.	%	No.	%	No.	%	No.	%
Can get warmth and care from your parents/guardians	65	4.6	123	8.7	525	37.0	538	37.9	158	11.1
Can get emotional support from parents/guardians	116	8.2	175	12.3	578	40.7	433	30.5	109	7.7

Forty six point one percent (46.1%-655/1420) of the participants reported that they could 'almost never' borrow money from their parents/guardians and another 6.7% (95/1420) said

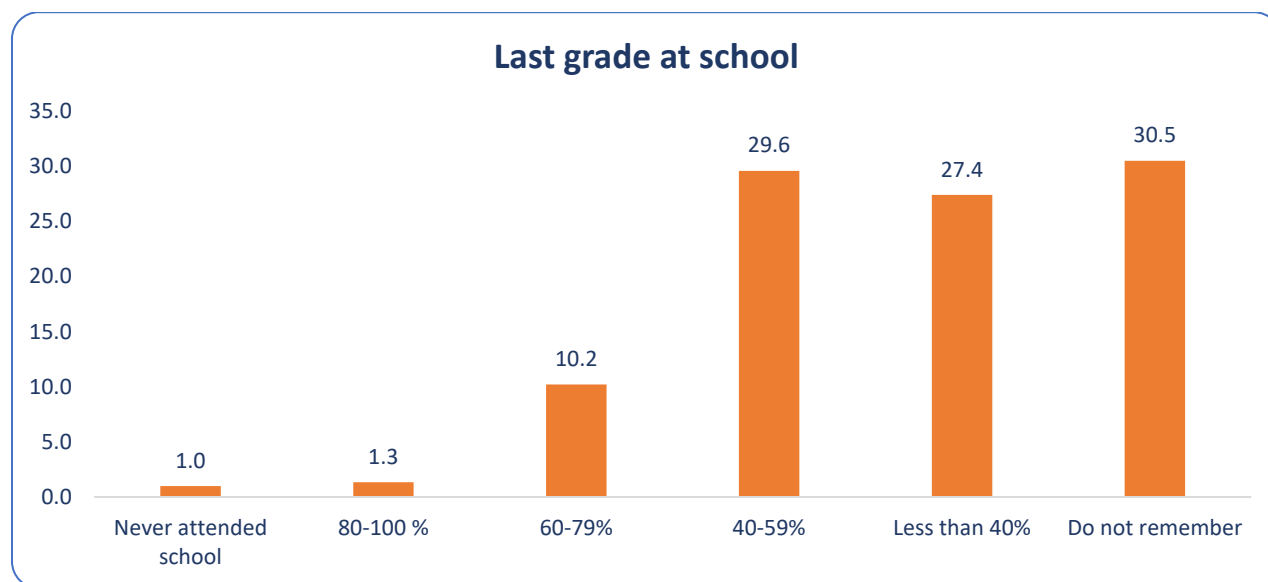
that they could borrow 'often' and 2.5% (36/1420) said they could 'almost always' borrow some money. While, 29.2% (415/1420) said that they could almost never get money as gift from their parents/guardians in contrast to 10.9% (155/1420) who said that they could 'often' get money as gift and another 6.1% (87/1420) reported that they could get it 'almost always'.

	Almost never		Seldom		Sometimes		Often		Almost always	
	No.	%	No.	%	No.	%	No.	%	No.	%
Can easily borrow money from your parents/guardians	655	46.1	331	23.3	292	20.6	95	6.7	36	2.5
Can easily get money as gift from your parents/guardians	415	29.2	316	22.3	437	30.8	155	10.9	87	6.1

School related information

Grades when last attended school

Among the participants, 10.2% (145/1420) scored between 60-79%, 29.6% (420/1420) between 40-59% and another 27.4% (389/1420) had scored less than 40% during the last term in their school.



Reasons for not attending school

Almost half (49.4%-702/1420) of the out of school children said that they had not enrolled for the next session/class.

More than one third (35%-497/1420), said that there were financial problems at home, 14.6% (207/1420) said that their parents wanted them to earn/help at home/family business, 7%

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(99/1420) said that their parents had lost their jobs and 3.7% (53/1420) reported that their parents were ill.

While, 34.2% (486/1420) said that they felt that they did not need further education, 10.8% (153/1420) reported that their parents felt that they did not need further education. More than a quarter (26.8%-380/1420) said that their results in class were poor and there were repeated failures, one in five (20.1%-285/1420) reported that they found it difficult to understand what is being taught in school.

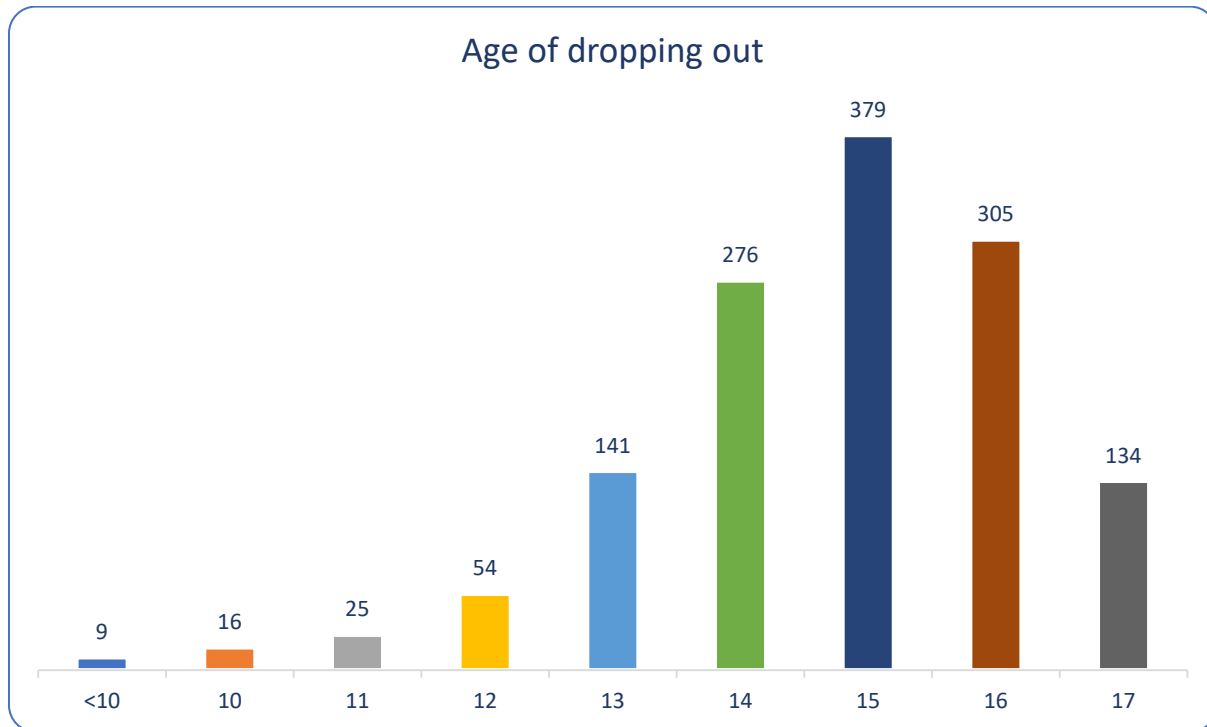
One in ten (10.4% -148/1420) said that they could not attend school because they were ill, 1.3% found it difficult due to their physical disability and 0.8% due to their mental health issues.

While, 3.5% reported being expelled from school for using tobacco/alcohol or other drugs in school, another 1.3% (18/1420) were expelled for using them out of school and 3.2% (45/1420) were expelled for misconduct (e.g. fighting/misbehaving /stealing etc.).

Reasons	Numbers	Percentage
Did not get enrolled for the next session/class	702	49.4
There was financial problems at home	497	35.0
I feel that I do not need education/further education	486	34.2
My results in class were poor/repeated failures	380	26.8
I find it difficult to understand what is being taught in school	285	20.1
Parents want me to earn/help at home/family business	207	14.6
Other(s)	167	11.8
My parents feel that I do not need education/further education	153	10.8
I was/am ill	148	10.4
My parent(s) lost their job and earning	99	7.0
My parent(s) were/are ill	53	3.7
Expelled from school for using tobacco, alcohol or other drugs in school	49	3.5
Expelled from school for misconduct (e.g. fighting/misbehaving /stealing etc.)	45	3.2
Teachers behave/d badly with me/often punish me	41	2.9
Other students bully/beat/harass me	36	2.5
School is far away/difficult to access	35	2.5
Never been admitted to any school	26	1.8
Expelled from school for using tobacco, alcohol or other drugs out of school	18	1.3
Difficult to attend school regularly due to physical disability	18	1.3
Difficult to attend school due to mental health issues including disabilities	12	0.8
There are no toilet (privacy) facilities for girls	12	0.8
No female teacher so it is difficult for me attend school as a girl	11	0.8
Expelled from school for poor results	8	0.6

Age of dropping out

More than a quarter (26.7%-379/1420) dropped out at the age of 15 years, more than one fifth (21.5%-305/1420) dropped out when 16 years old and almost another one-in-five (19.4%-274/1420) dropped out of school at the age of 14 years.



Self-perception related information

Three out of five (60%-852/1420) of the out of school participants felt that they were confident persons and were able to handle personal problems, 63.7% (904/1420) said that they were satisfied/happy with their achievements.

Almost two out of five (39.2%-556/1420) said that they 'often' broke rules at home or outside and another 30.5% (433/1420) said that they 'sometimes' broke rules. While 44.4% (631/1420) 'often' got into physical fights with friends or others there were another 20.8% (296/1420) who reported getting into fights 'sometimes'.

Among the out of school children 42.2% (599/1420) had 'often' stolen something from home or outside and another 10.1% (144/1420) reported stealing 'sometimes'. This is statistically significant (p-value- 0.0037).

Almost one in five (19.4%-276/1420) of the participants had 'often' carried any arms (knife, firearms etc.) and 5.7% reported 'sometimes' doing the same.

Self-perception	Yes/often	Yes/often %	Sometimes	Sometimes %
Confident person able to handle personal problems	852	60.0	1	0.1
Satisfied/happy with your achievements	904	63.7	5	0.4
Break rules at home or outside	556	39.2	433	30.5
Get into physical fights with your friends/others	631	44.4	296	20.8
Stolen something from home or outside	599	42.2	144	10.1
Carried any arms (knife, fire arms etc)	276	19.4	81	5.7

School Policy Related Information

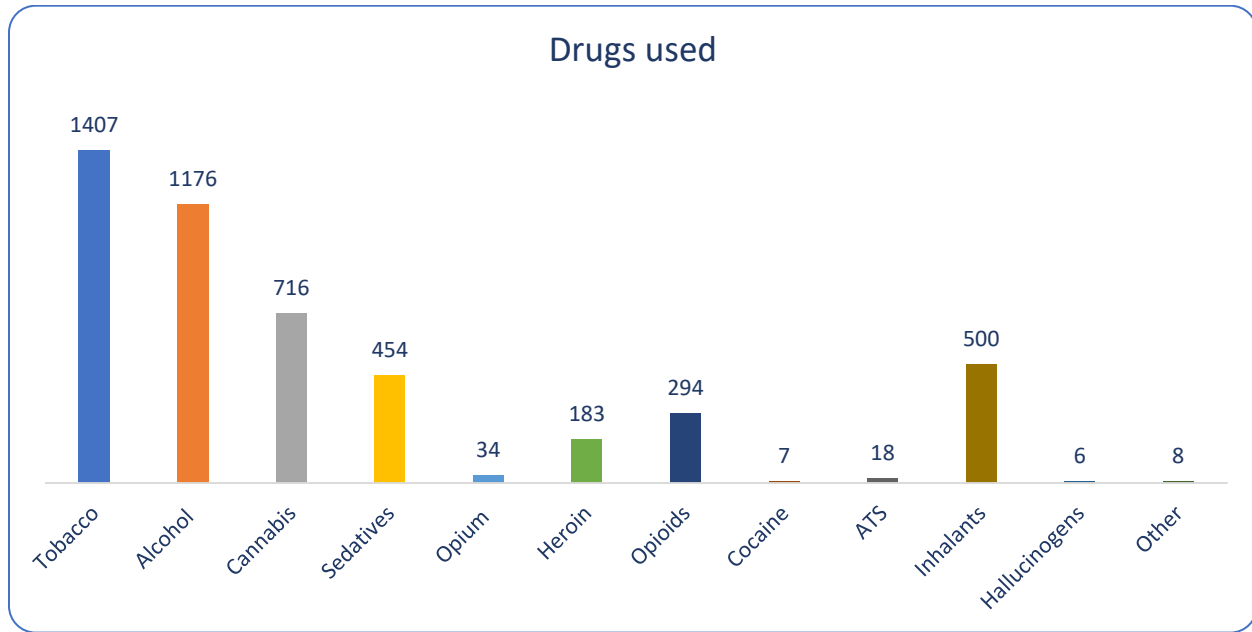
More than nine out of ten (91.8%-1304/1420) participants said that their schools would teach about 'dangers of using tobacco, alcohol and drugs, 88.9% (1263/1420) reported that their schools had rules against using tobacco, alcohol and drugs. A little over one third (36.0%-511/1420) said that their schools conducted classes about decision making, peer pressure, assertiveness and refusal skills.

School policy	Numbers	Percentage
School conducts classes on decision making, peer pressure, assertiveness & refusal skills	511	36.0
School teach about the dangers of using tobacco/alcohol/drugs	1304	91.8
School have rule against using tobacco/alcohol/drugs	1263	88.9

Drug Use Related Information

Drugs Used

Almost all (99.1%-1397/1410) the out of school respondents reported ever having used tobacco- whether chewed or smoked, more than eight out of every ten (82.8%-1166/1410) reported having used alcohol at some point of time. Five out of ten (50.2%-708/1421) had ever used cannabis, more than one third (35.2%-497/1410) had used inhalants and little less than one third (32.1%-452/1410) reported having used sedative hypnotics. While, one in five (20.8%-293/14210) had used pharmaceutical opioids, 12.9% (182/1410) reported having used heroin and 2.4% (34/1410) had ever used raw opium.

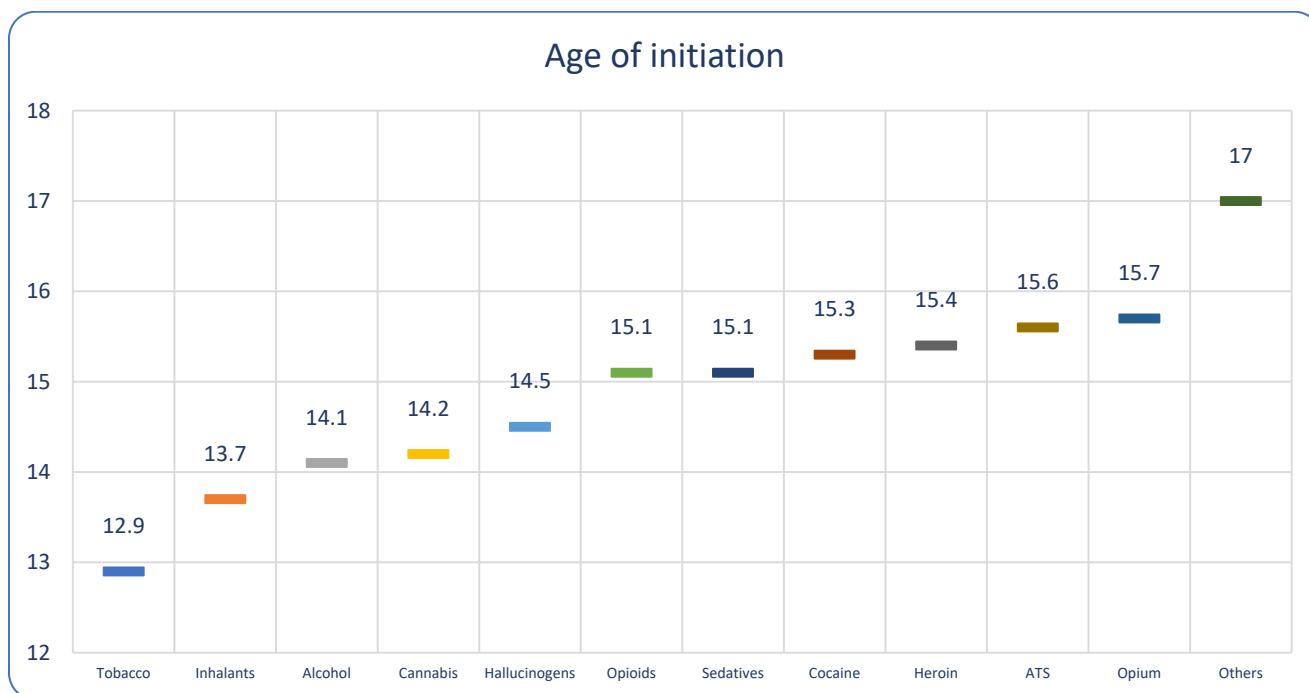


Age of initiation

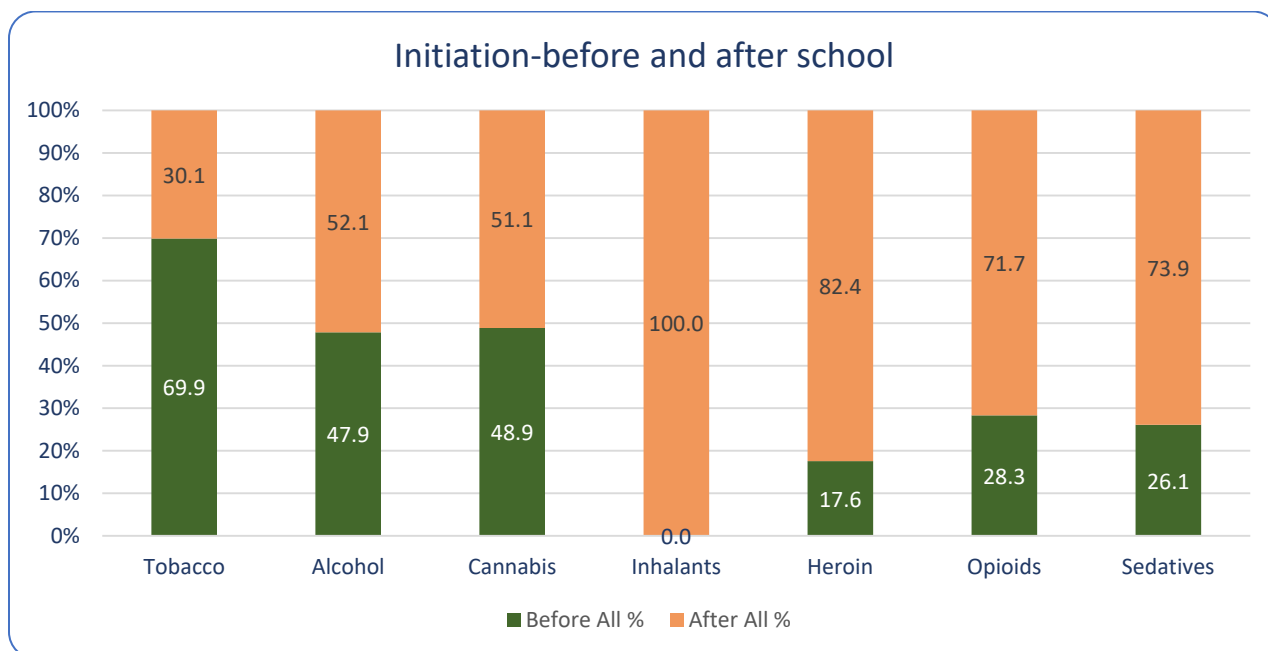
Drugs used	Numbers	Percentage	Mean Age	SD (±)
Tobacco	1397	99.1	12.9	2.1
Inhalants	497	35.2	13.7	1.9
Alcohol	1166	82.7	14.1	3.6
Cannabis	708	50.2	14.2	1.7
Hallucinogens	6	0.4	14.5	2.1
Opioids	293	20.8	15.1	1.3
Sedatives	452	32.1	15.1	7.7
Cocaine	7	0.5	15.3	1.5
Heroin	182	12.9	15.4	1.3
ATS	18	1.3	15.6	0.5
Opium	34	2.4	15.7	1.6
Others	8	0.6	17.0	0.0

The mean age of initiation of tobacco was 12.9 years, followed by inhalants at 13.7 years, alcohol (14.1 years) and cannabis (14.2 years). Sedatives and opioids were both initiated at the mean age of 15.1 years and heroin at 15.4 years.

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*Initiated drug use while still at school*

More than two third (69.9%-976/1397) of those who had ever used tobacco had initiated before leaving school; 47.9% (608/1166) of those who had ever used alcohol and 48.9% (346/708) of those who ever used cannabis, had initiated while still attending school.



Age of daily use

The out of school children who had used tobacco at least once daily in the last three months reported using tobacco daily at the mean age of 14.1 years old. In case of those using inhalants, daily use started at the age of 13.7 years, daily use of alcohol was initiated at 15.0 years, cannabis 14.9 years, pharmaceutical opioids 15.1 years and heroin at the mean age of 15.4 years.

Drugs	Mean age in years		Time between initiation and daily use	
	Initiation	Daily use	(in years)	(in months)
Tobacco	12.9	14.1	1.2	14.8
Alcohol	14.1	15.0	0.9	11.0
Inhalants	13.7	13.7	0.0	0.0
Cannabis	14.2	14.9	0.7	8.1
Heroin	15.4	15.4	0.0	0.6
Opioids	15.1	15.1	0.0	0.2
Sedatives	15.1	17.0	1.9	23.3

Transition from initiation to daily use for inhalants, heroin and pharmaceutical opioids happened almost immediately within 0.0 years. In case of sedatives, time taken for transition to daily use was 1.9 years or 23.3 months, in case of tobacco 1.2 years or 14.8 months and in case of alcohol it was 0.9 years or 11 months.

Frequency of drug use

Among those who had ever used tobacco, 83.6% (1175/1406) reported to have used it almost daily in the last three months before the interview; 38.9% (70/183) of those who ever used heroin and 21.5% (62/289) among those who had experimented with opioids reported using the drugs almost daily. Among those who had reported ever using alcohol 6.3% (73/1168) used daily, 16.3% (115/705) of those who tried cannabis and 14.0% (63/450) among those who had ever used sedatives reported the same.

Frequency of use last 3 months	Never		Once or Twice		Monthly		Weekly		Daily or Almost Daily		Used in last 3 months		Total *
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Tobacco	16	1.1	98	7.0	15	1.1	102	7.3	1175	83.6	1390	98.9	1406
Alcohol	134	11.5	526	45.0	161	13.8	274	23.5	73	6.3	1034	88.5	1168
Cannabis	140	19.9	220	31.2	76	10.8	154	21.8	115	16.3	565	80.1	705
Sedatives	98	21.8	159	35.3	54	12	76	16.9	63	14	352	78.2	450
Opium	14	41.2	10	29.4	1	2.9	6	17.6	3	8.8	20	58.8	34
Heroin	28	15.6	30	16.7	6	3.3	46	25.6	70	38.9	152	84.4	180
Opioids	60	20.8	62	21.5	42	14.5	63	21.8	62	21.5	229	79.2	289
Inhalants	219	44.6	167	34	31	6.3	50	10.2	24	4.9	2	33.3	491

Drug dependence and treatment needs

In this study, a standard and validated tool, WHO ASSIST V3.0, was used to determine harmful use and dependence among users of various substances.¹ The questions and the scoring system provided in WHO-ASSIST V3.0 were used to score for the individual children for every drug they had reported ever using.

WHO-ASSIST V3.0

This tool helped determine the number of respondents who were into 'harmful use' and 'dependence' on any drugs reported to have been used by them. It also provides the level of drug treatment required by the respondents. The tool recommends Brief intervention for those into harmful use and intensive intervention for those into dependence. Brief interventions comprise of short interventions given to clients by health care providers (who have received training on Brief Interventions) in primary health settings, schools etc. and does not need separate set up or personnel. Intensive care however is provided by specialists preferably in drug treatment settings.

Among the out of school children who had ever used heroin- more than half (51.4%-94/183) were in need of intensive treatment to be provided by trained drug treatment professionals and almost one third (32.3%-454/1407) of those who had ever used tobacco scored similarly. Among those who had used ever used pharmaceutical opioids, 29.6% (87/294) and 23% (164/714) among those who tried cannabis were also found to be in need of 'intensive treatment'.

Among those who had ever used alcohol 73.5% (864/1176), among those who tried sedative hypnotics 56.6% (257/454) and half (50.2%-252/500) of those who had ever used inhalants were in need of 'brief intervention'.

	No intervention required		Brief intervention required		More intensive Treatment required*		Ever used (n)
WHO Assist scores	0-3		4-26		27+		Total
	No.	%	No.	%	No.	%	No.
Heroin	17	9.3	72	39.3	94	51.4	183
Tobacco	7	0.5	946	67.2	454	32.3	1407

¹ The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): manual for use in primary care / prepared by R. Humeniuk... [et al].-available at <https://www.who.int/publications/i/item/978924159938-2>. Last accessed on 10 December, 2020

Opioids	49	16.7	158	53.7	87	29.6	294
Opium	13	38.2	11	32.4	10	29.4	34
Cannabis	130	18.2	420	58.8	164	23.0	714
Sedatives	96	21.1	257	56.6	101	22.2	454
Alcohol	139	11.8	864	73.5	173	14.7	1176
Inhalants	200	40.0	251	50.2	49	9.8	500
Cocaine	6	85.7	1	14.3	0	0.0	7
ATS	15	83.3	3	16.7	0	0.0	18
Hallucinogens	5	83.3	1	16.7	0	0.0	6

**Further assessment and more intensive treatment is required and may be provided by trained health professional(s) or, by a specialist drug and alcohol treatment service when available.*

Reasons for using tobacco

Among those who ever used tobacco 68.6% (965/1407) did it for fun, 64.3% (905/1407) did it because friends smoked/chewed tobacco and 34.8% (490/1407) used it to get rid of stress.

Reasons for using tobacco	Numbers	Percentage (n=1407)
For fun	965	68.6
Friends smoke/chew tobacco	905	64.3
To get rid of stress	490	34.8
To feel happy	357	25.4
To relax	244	17.3
Helps me focus and study better	93	6.6

Reasons for using alcohol

More than two third (66.9%-787/1176) of the out of school children who had ever used alcohol reported that they used alcohol because their friends use alcoholic beverages, 60.5% (711/1176) used alcohol for fun, and 48.2% (567/1176) to get rid of stress and to feel happy.

Reasons for using alcohol	Numbers	Percentage (n=1176)
Friends drink alcoholic beverages	787	66.9
For fun	711	60.5
To get rid of stress	567	48.2
To feel happy	567	48.2
To relax	388	33.0

Reasons for using inhalants

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Among those who reported ever using inhalants, 85.4% (427/500) said that they used it because their friends used it, 67.0% (335/500) used it for fun and 41.6% (208/500) used it to get rid of stress.

Reasons for using inhalants	Numbers	Percentage (n=500)
Friends use	427	85.4
For fun	335	67.0
To get rid of stress	208	41.6
To feel happy	162	32.4
To relax	159	31.8
To help reduce hunger	35	7.0

Reasons for using sedatives

Among the out of school children who ever used sedative hypnotics 84.6% (384/454) reported that their friends use 'pills'; more than two-third used for fun and 48.7% (221/454) used to get rid of stress.

Reasons for using sedatives	Numbers	(n=454)
Friends use pills	384	84.6
For fun	301	66.3
To get rid of stress	221	48.7
To relax	214	47.1
To feel happy	197	43.4
To help me sleep	144	31.7
To reduce pain	119	26.2
To help me lose wait	76	16.7
To help reduce hunger	56	12.3

Preferred people or using drugs with

While tobacco (88.6%-1247/1407), alcohol (87.5%-1029/1176), cannabis (87.1%-622/714) and sedatives (87.4%-397/454) were more commonly used with friends, heroin (78.1%-143/183) and pharmaceutical opioids (85.4%-251/294) were more commonly used alone. Though reported by very small numbers cocaine (100.0%-7/7) and ATS 88.9% (16/18) were slightly more preferred to be used alone than with friends.

Preferred people to use drugs with	Alone		With friends (who use drugs)		With Family members or relatives (who use drugs)		With strangers or people not known well		Total (n)
	No.	%	No.	%	No.	%	No.	%	No.
Tobacco	1053	74.8	1247	88.6	353	25.1	347	24.7	1407
Alcohol	884	75.2	1029	87.5	315	26.8	305	25.9	1176
Cannabis	571	80.0	622	87.1	232	32.5	229	32.1	714
Sedatives	394	86.8	397	87.4	140	30.8	126	27.8	454

Opium	29	85.3	29	85.3	10	29.4	21	61.8	34
Heroin	143	78.1	133	72.7	91	49.7	89	48.6	183
Opioids	251	85.4	248	84.4	102	34.7	89	30.3	294
Inhalants	381	76.2	420	84.0	159	31.8	175	35.0	500

Preferred place for using drugs

The most preferred place for using tobacco (67.2%-945/1407), alcohol (65.8%-774/1176), sedatives (65.2%-296/454), opium (67.6%-23/34) and pharmaceutical opioids (175/294) were friends' homes. In case of heroin, the most preferred space was abandoned buildings (63.9%-117/183) followed by own homes (62.8%-115/183). Most preferred place for using inhalants were public places (66.4%-332/500) like toilets and the streets at night.

Preferred place for using drugs	Tobacco		Alcohol		Cannabis		Sedatives		Opium		Heroin		Opioids		Inhalants	
	(n=1407)		(n=1176)		(n=714)		(n=454)		(n=34)		(n=183)		(n=294)		(n=500)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Own Home	828	58.8	717	61.0	457	64.0	287	63.2	19	55.9	115	62.8	168	57.1	309	61.8
Friend's home	945	67.2	774	65.8	462	64.7	296	65.2	23	67.6	105	57.4	175	59.5	314	62.8
School premises	466	33.1	414	35.2	287	40.2	184	40.5	13	38.2	52	28.4	112	38.1	204	40.8
Public places	813	57.8	694	59.0	463	64.8	268	59.0	27	79.4	98	53.6	174	59.2	332	66.4
Social events	335	23.8	294	25.0	191	26.8	129	28.4	6	17.6	55	30.1	88	29.9	126	25.2
Abandoned buildings	609	43.3	532	45.2	391	54.8	205	45.2	27	79.4	117	63.9	140	47.6	273	54.6
Forests	709	50.4	637	54.2	432	60.5	235	51.8	28	82.4	97	53.0	148	50.3	309	61.8

Source of money for drugs

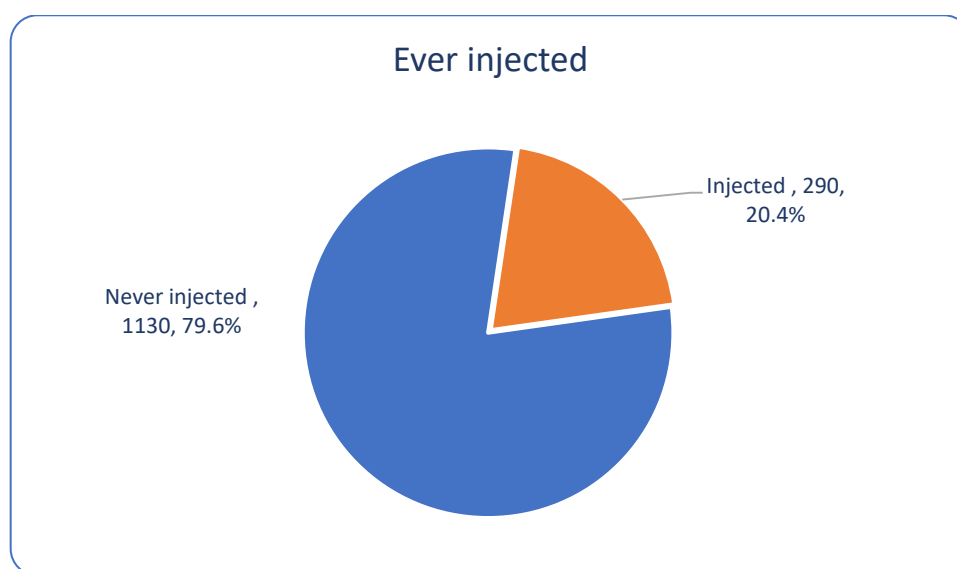
Primary source of money for all drugs was 'pocket money', followed by money from parents 'on some pretext'. Almost two-third (65.6%-120/183) of those who used heroin reported stealing money from home and 48.1% (88/183) also reported stealing from outside home to pay for the drugs. More than half (51.4%-151/294) of those who used pharmaceutical opioids stole from home and 39.5% (116/294) also stole from outside their home to pay for their drugs. Among those who used heroin 31.1% (57/183) and 22.4% (66/294) of those who used opioids also reported selling drugs to procure drugs of their choice.

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Source of money for drugs	Tobacco (n=1407)		Alcohol (n=1176)		Cannabis (n=714)		Sedatives (n=454)		Opium (n=34)		Heroin (n=183)		Opioids (n=294)		Inhalants (n=500)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pocket money	1191	84.6	1029	87.5	629	88.1	402	88.5	31	91.2	150	82.0	233	79.3	451	90.2
From parents on some pretext	884	62.8	754	64.1	498	69.7	305	67.2	17	50.0	136	74.3	187	63.6	329	65.8
From friends	893	63.5	746	63.4	448	62.7	268	59.0	25	73.5	82	44.8	148	50.3	316	63.2
Stealing from home	525	37.3	469	39.9	328	45.9	188	41.4	12	35.3	120	65.6	151	51.4	214	42.8
Stealing outside home	394	28.0	349	29.7	229	32.1	132	29.1	5	14.7	88	48.1	116	39.5	165	33.0
Selling drugs	197	14.0	179	15.2	127	17.8	86	18.9	8	23.5	57	31.1	66	22.4	94	18.8
Do not need to buy	256	18.2	236	20.1	143	20.0	81	17.8	7	20.6	52	28.4	53	18.0	111	22.2

Injecting drug use

One in five (20.4%-290/1420) of the out of school children interviewed in this study had ever injected.



Greater proportion of males reported ever injecting than the females (male-23.1%-242/1046: female- 12.8%-44/343) and this difference was statistically significant (p-value-0.0001). Among those who had ever injected drugs, 31% (90/290) had injected within the last three months.

Injecting drug use	Frequency	Percent
Injected within the past 3 months	90	31.0
Injected more than 3 months ago	200	69.0
Total	290	100.0

Age of initiation into injecting

The mean age of initiation into injecting was 15.15 years (SD±1.5). The lowest reported age of initiation into injecting drug use was seven years.

Drugs injected

Majority of them had injected heroin (86.6%-251/290) as their first drug, 40.3% (117/290) reported using pharmaceutical sedatives (diazepam), 32.4% (94/290) using buprenorphine and 30.7% (89/290) had used pentazocine (fortwin). While heroin was injected as a single drug, diazepam, buprenorphine and pentazocines were injected in various combinations.

Drugs injected at initiation	Numbers	Percentage (n=290)
Heroin	251	86.6
Pharmaceutical sedatives	117	40.3
Buprenorphine	94	32.4
Pentazocine	89	30.7
Opium	32	11.0
Pharmaceutical opioids	26	9.0

Frequency of using the same drug before injecting

While 42.1% (122/290) had never used the same drug before injecting it for the first time, 20.7% (60/290) had been using the drug/s more than once a week but not daily, another 12.1% (35/290) had been using once a week and 7.2% (21/290) reported using it at least once daily.

Frequency of using the same drugs in last 30 days	Numbers	Percentage
Never	122	42.1
Once a month	21	7.2
2-3 times a month	25	8.6
Once a week	35	12.1
More than once a week but not daily	60	20.7
At least once daily	21	7.2
Did not respond	6	2.1
Total	290	100.0

Person who injected the first drug

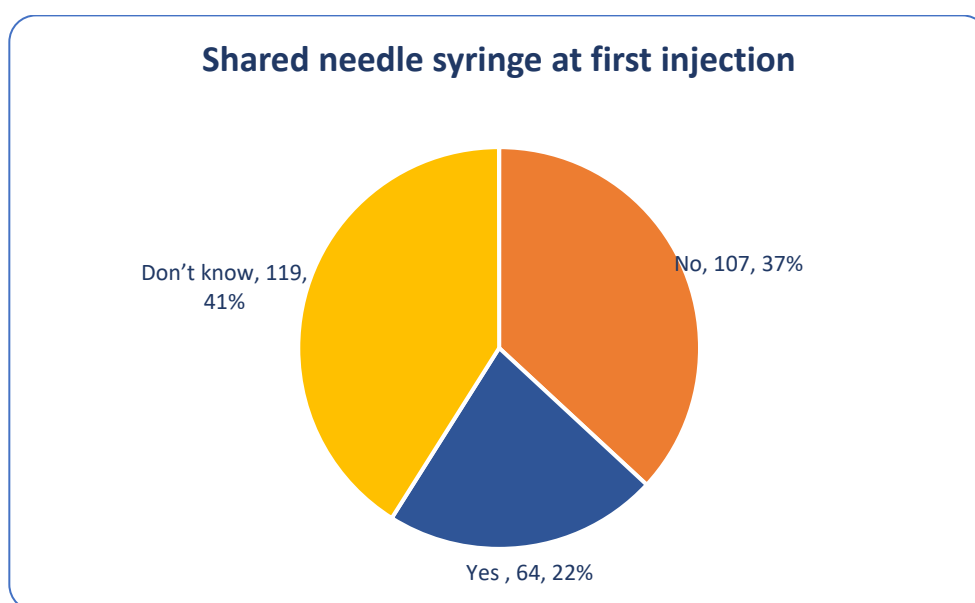
While 48.3% (114/290) reported that the first injection was administered by a close friend, 6.6% (19/290) said that they had injected themselves.

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Person who injected the first time	Numbers	Percentage
Self	19	6.6
A close friend	140	48.3
A relative	2	0.7
Other friend or acquaintance	8	2.8
Drug dealer/seller	4	1.4
Someone you didn't know well	3	1.0
Other	10	3.4
Did not respond	104	35.9
Total	290	100.0

Shared needle syringe at first injection

More than one in five (22%-64/290) of those who had ever injected, reported having injected with a used needle syringe that first time and 41% (119/290) said that they were not sure about it.

*Reasons for first injection*

While 43.1% (125/290) said that they injected for the first time out of curiosity, 37.2% (108/290) said that they wanted to try out since many of their friends and companions were doing it and 34.1%(99/290) said that they thought that it would give them a 'better high'.

Reasons for injecting	Numbers	Percentage
Curiosity	125	43.1
Friends companions were injecting and wanted to try	108	37.2
Thought it would be a better high	99	34.1
Felt depressed	24	8.3
Type/quality of drug available inadequate for non-injection	22	7.6
You were at a party and others were doing it	16	5.5
Everyone was doing it	16	5.5
Pressure from friends/companions	11	3.8
Other reasons	6	2.1

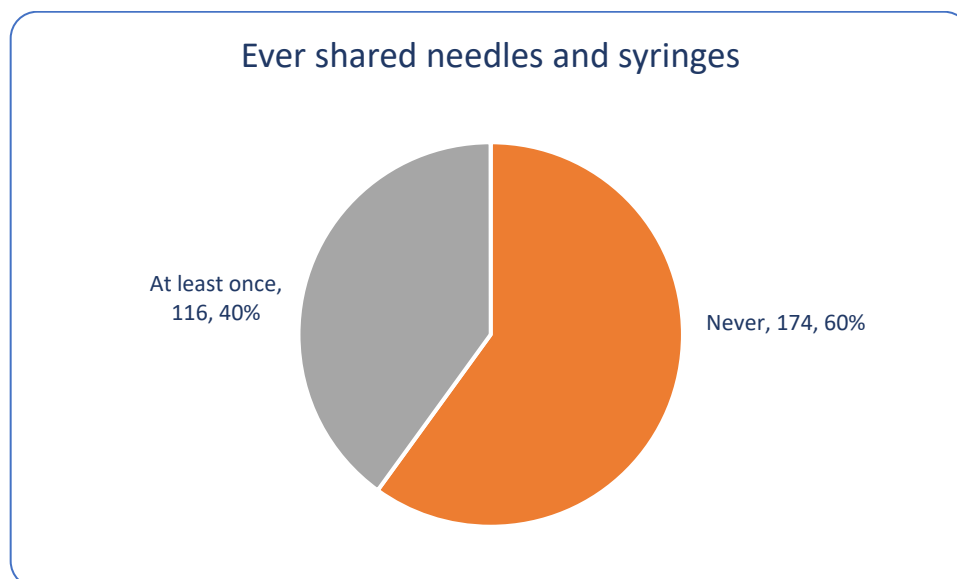
Thought of being infected before injecting

One out of five (20.0%- 58/290) out of school children who had injected ever thought that they may be infected with HIV by injecting drugs and 17.2% (50/290) were afraid that they may contact Hepatitis-C.

Thought of being infected with	Numbers	Percentage
HIV	58	20.0
Hepatitis-C	50	17.2

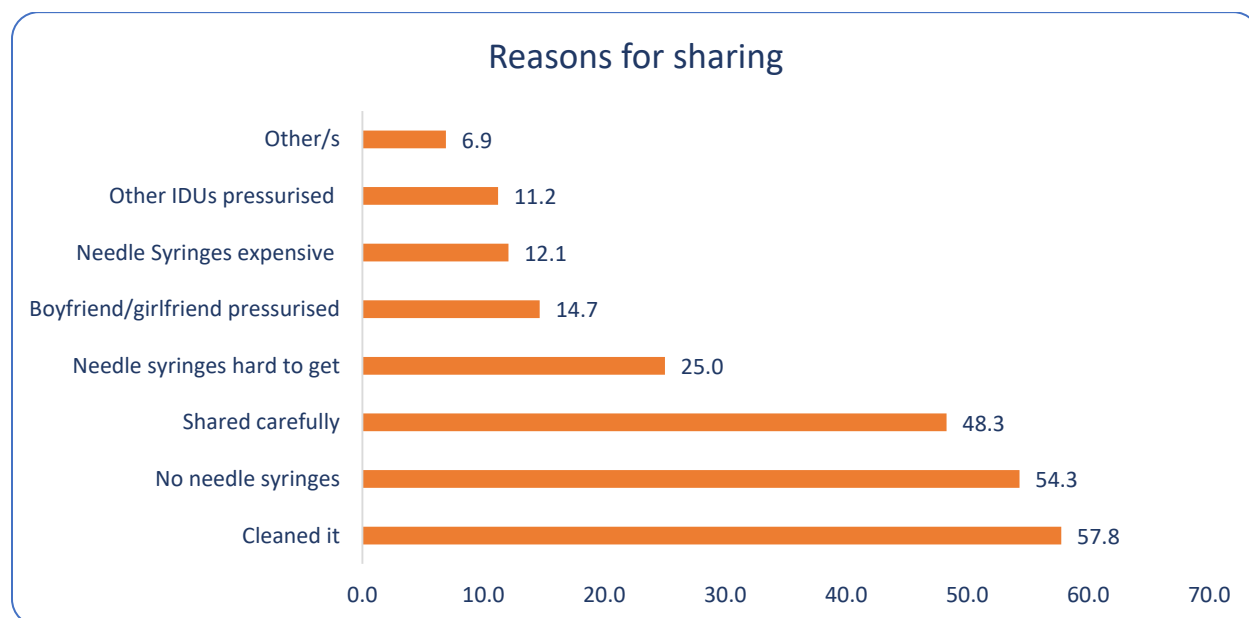
Ever shared needles and syringes

Two out of five (40.0%-116/290) reported having ever shared needles and syringes.



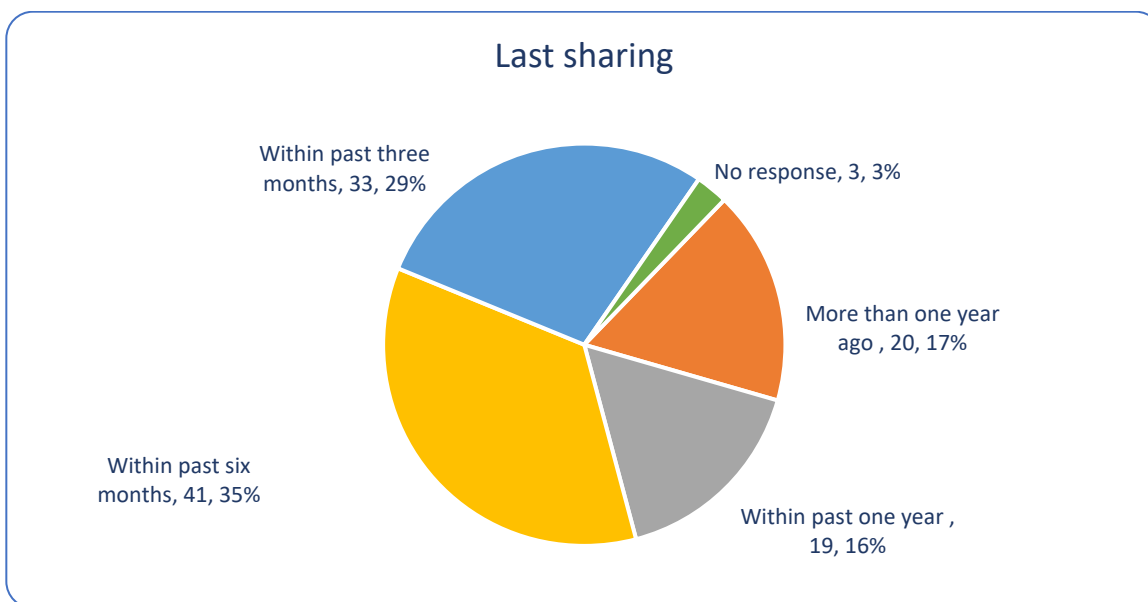
Reasons for sharing

More than half (57.8%-67/116) 'thought it was safe because they had cleaned the needle syringe before using', 54.3% (63/116) didn't have their own needles and syringes when they had injected, 48.3% (56/116) 'were careful about who they shared with' and 25% (29/116) said that needles and syringes were hard to get.

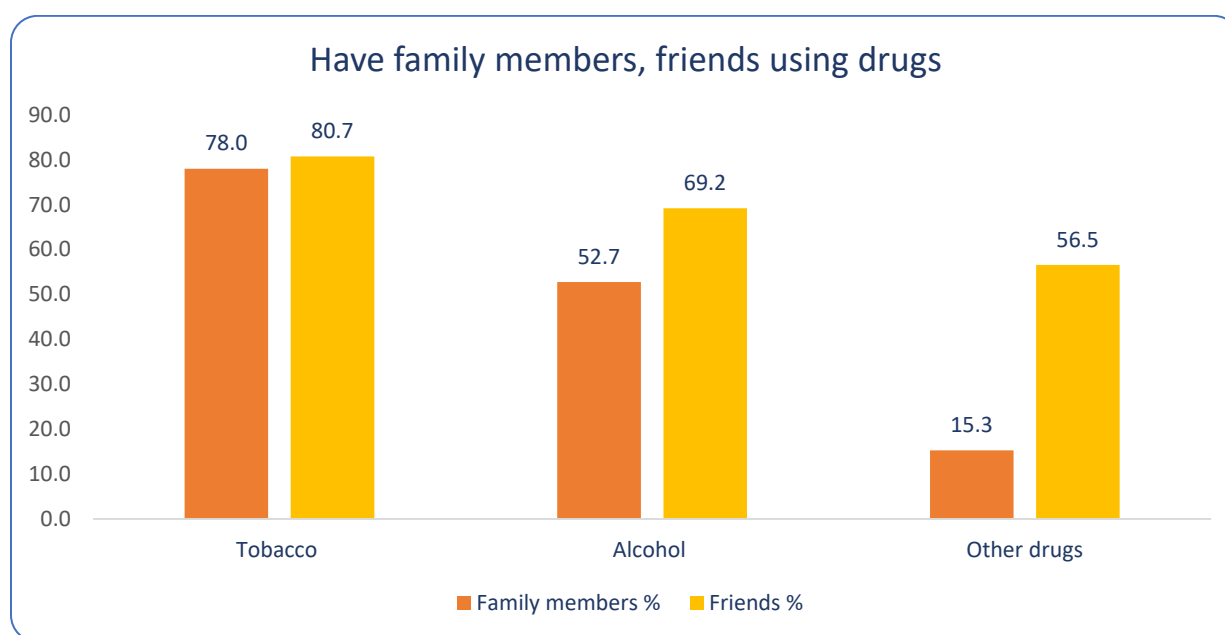


Shared needles and syringes the last time

More than one third (35%-41/116) reported last sharing within the past six-months and another 29% (33/116) shared within the past three months before the interview.



Drug use among family and friends



While 78.0% (1107/1420) of the out of school children reported that at least one of their close family members living in the same house used tobacco, 80.7% (1146/1420) reported having close friends using tobacco. More than half of these children (52.7%- 749/1420) reported alcohol use by close family members and 69.2% (982/1420) said that they had close friends who used alcohol. Having family members who used other drugs was reported by 15.3% (217/1420) in comparison with 56.5% (803/1420) having close friends using other drugs.

Mental Health Issues

The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17 was used to understand the mental health issues of the children. Since the tool is meant for children aged 11-17 years, three of the respondents who were below 11 years were not administered the tool. The tool does not provide definitive diagnosis of mental health problems but indicates the presence of symptoms of various mental health problems requiring further tests for definitive diagnosis.

Mental health issues	Male (n=1073)		Female (n=341)		Total (n=1414)	
	No.	%	No.	%	No.	%
Sleep Problems	74	6.9	12	3.5	86	6.1
Inattention	247	23.0	83	24.3	330	23.3
Depression	121	11.3	40	11.7	161	11.4
Anger & Irritability	138	12.9	46	13.5	184	13.0
Mania	133	12.4	23	6.7	156	11.0
Anxiety	113	10.5	51	15.0	164	11.6
Psychosis	334	31.1	118	34.6	452	32.0
Repetitive Thoughts & Behaviours	192	17.9	60	17.6	253	17.9
Suicidal Ideation/Suicide Attempts	187	17.4	72	21.1	259	18.3

About one third (32.0%-452/1414) of the out of school children taking part in the study showed symptoms of psychosis, 23.3% (330/1414) indicated inattention, 17.9% (253/1414) reported symptoms of repetitive thoughts and behaviours.

Among them 13.0% (184/1414) showed signs of anger and irritability, anxiety was indicated among 11.6% (164/1414) and 11.0% (156/1414) had symptoms of mania. Suicidal ideation or suicide attempts were reported by 18.3% (259/1414).

Treatment

Among the out of school children 12.8 % (228/1420) ever received any treatment.

Participants who received treatment



While, 13.7% (146/1068) among the male respondents ever received any treatment, 9.9% of the females reported receiving any treatment.

Treatment	Male	Male % (n=146)	Female	Female % (n=34)	All	% (n=180)
Out-patient treatment	72	49.3	17	50.0	89	49.4
In-patient treatment	54	37.0	13	38.2	67	37.2
Currently receiving	52	35.6	16	47.1	68	37.8

Almost half (49.4%-89/180) of those who had ever received drug treatment had received out-patient treatment, and 37.2% (67/180) had received in-patient at least once. Among those ever received any treatment 37.8 % (68/180) were receiving some kind of treatment when interviewed.

Reasons for not receiving treatment

While 54.6% (672/1230) out of school children said that they were not interested in taking treatment, 22.7% (279/1230) said that they were afraid that other people will know about their drug use (if they seek treatment).

Reasons for never taking treatment	Male		Female		All	
	No.	% (n=922)	No.	% (n=308)	No.	% (n=1230)
Not interested in taking treatment	530	57.5	142	46.1	672	54.6
Afraid other people will come to know of your drug use	210	22.8	69	22.4	279	22.7
Treatment is not available nearby	53	5.7	10	3.2	63	5.1
Treatment does not work for you	40	4.3	16	5.2	56	4.6
Cannot afford treatment cost	45	4.9	10	3.2	55	4.5
Afraid of being ill-treated by the treatment providers	42	4.6	2	0.6	44	3.6

DRUGS AND CHILDREN IN MIZORAM

Treatment timing does not suit you	29	3.1	9	2.9	38	3.1
Afraid of painful treatment procedures	20	2.2	3	1.0	23	1.9
Cannot stay in a treatment centre for such a long time	14	1.5	4	1.3	18	1.5
Treatment facilities are unfriendly	10	1.1	0	0.0	10	0.8
Treatment does not accept children (below 18 years)	5	0.5	0	0.0	5	0.4

Legal issues

More than one in five (21.0%-296/1410) of the respondents had ever been 'caught' by the police. While 35.8% (106/296) of those who were ever caught by the police were caught for drug use, 8.8% (26/296) were caught for other crimes.

	Male		Female		All	
	No.	% (n=1068)	No.	% (n=342)	No.	% (n=1410)
Caught by police for drug related issues	230	21.5	66	19.3	296	21.0
Reasons for being caught		(n=230)		(n=66)		(n=296)
Drug use	93	40.4	13	19.7	106	35.8
Drug possession	10	4.3	3	4.5	13	4.4
Drug selling	8	3.5	2	3.0	10	3.4
Drug trafficking	1	0.4	0	0.0	1	0.3
Other crime to procure/ support drug use	25	10.9	1	1.5	26	8.8

More than half (53.4%-158/296) of those who were ever caught for drug related issues were caught more than once and 16.9% (50/296) were caught within the last one year.

	Male		Female		All	
	No.	% (n=230)	No.	% (n=66)	No.	% (n=296)
Caught more than once	141	61.3	17	25.8	158	53.4

Juvenile observation home

Almost, one in ten (9.8%-138/1410) of the respondents had ever been sent to Juvenile observation homes. While 10.5% (112/1068) of the male respondents were ever sent to Juvenile homes, 7.6% (26/342) of the females reported the same.

More than half of those who were ever, sent to juvenile homes were sent for drug use (53.6%-74/138). Another 13.0% (18/138) were sent for other offences committed to procure/support drug use.

	Male		Female		All	
	No.	%	No.	%	No.	%

		(n=1068)		(n=342)		(n=1410)
Ever sent to Juvenile Home	112	10.5	26	7.6	138	9.8
Reasons for being sent to Juvenile homes		(n=112)		(n=26)		(n=138)
Drug use	60	53.6	14	53.8	74	53.6
Drug possession	5	4.5	1	3.8	6	4.3
Drug selling	2	1.8	2	7.7	4	2.9
Drug trafficking	1	0.9	1	3.8	2	1.4
Other crime to procure/support drug use	17	15.2	1	3.8	18	13.0

Among those ever sent to juvenile homes, 7.1% (21/138) reported being sent more than once.

	Male		Female		All	
	No.	% (n=112)	No.	% (n=26)	No.	% (n=138)
Sent to juvenile home/s more than once	19	8.3	2	3.0	21	7.1

Local vigilante

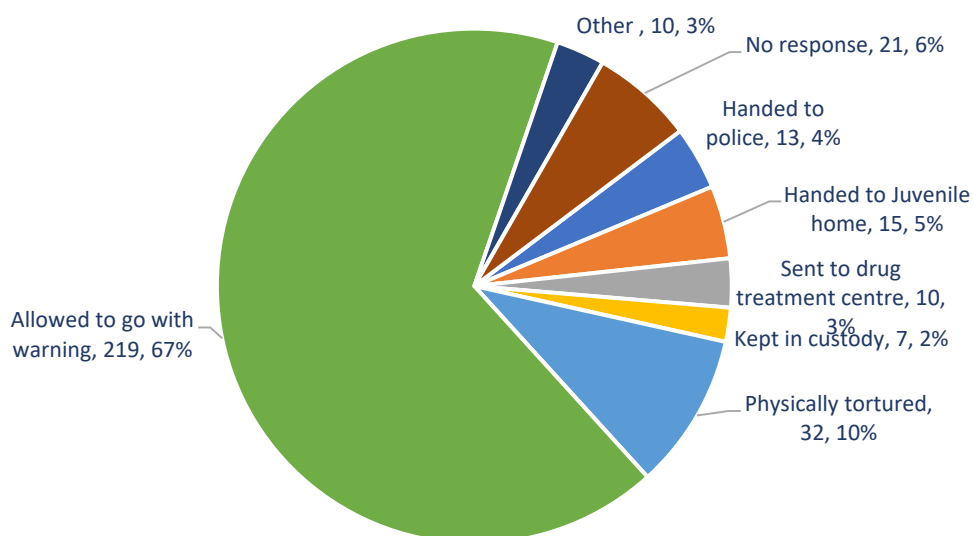
Among the out of school children interviewed during this study 23.0% (327/1420) had been apprehended by the local vigilante at some point of time. While 53.2%(174/327) were caught once, 45.3% (148/327) reported being caught more than once.

Three out of five (60.9%-199/327) of them were caught within this year by the local vigilante and 37.6% (123/327) more than one year ago.

Two third (66.1%-216/327) of those apprehended by the local vigilante were caught for drug use, 13.8% (45/327) for drug possession and 12.2% (40/327) for other crimes.

While more than two third (67.0%-219/327) were allowed to go after a verbal warning, 9.8% (32/327) were beaten up, 4.0% (13/327) were handed over to the police and 4.6% (15/327) were handed over to the juvenile justice board or juvenile observation homes.

After being caught by local vigilante



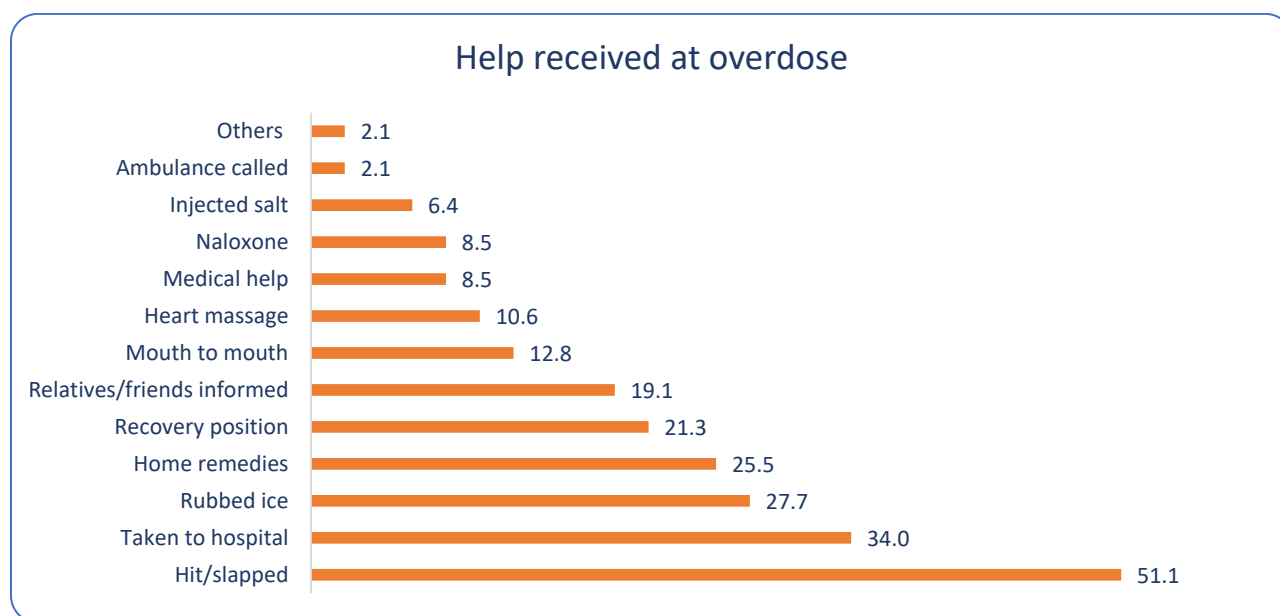
Overdose

Among the out of school children who participated in this study almost a quarter (24.1% - 342/1420) had ever witnessed someone overdose on drugs and 45.6% (647/1420) had personally known someone who had died of overdose. While 56.3% (364/647) of them had known just one person who had died of overdose, 36.3% (235/647) had known more than one person who had died of overdose.

Overdose	Number	Percentage (n=1420)
Witnessed overdose	342	24.1
Known someone who died of overdose	647	45.6
Number of persons known who died of overdose (n=647)		
One person	364	56.3
More than one	235	36.3
Personally experienced overdose	78	5.5

Among the out of school children interviewed in this study 5.5% (78/1420) had personally experienced overdose at least once in their lifetime. Among those who had overdosed, more than one third (34.6%-27/78) had injected heroin the last time when they had overdosed; 5.1% (4/78) had injected pharmaceutical opioids and 3.8% (3/78) had injected pharmaceutical sedatives and another 3.8% (3/78) reported having injected opium. Among those who had overdosed more than one-third (35.9%-28/78) had 'chased' (smoked) heroin, one third (33.3%-

26/78) had used alcohol and 14.1% (11/78) had used pharmaceutical opioids through the oral route.



Among those who had overdosed almost one out of three (32.1%-25/78) had injected heroin as well as chased it within a short interval of time and another 7.7% (6/78) had chased heroin and consumed alcohol.

While, 60.3% (47/78) had received some help when they were experiencing their last overdose, 12.8% (10/78) were alone.

Among those who had helped during the last overdose 97.9% (46/47) had been helped by their drug using friends, 27.7% (13/47) by non-drug using friends and 23.4% by their non drug using relatives.

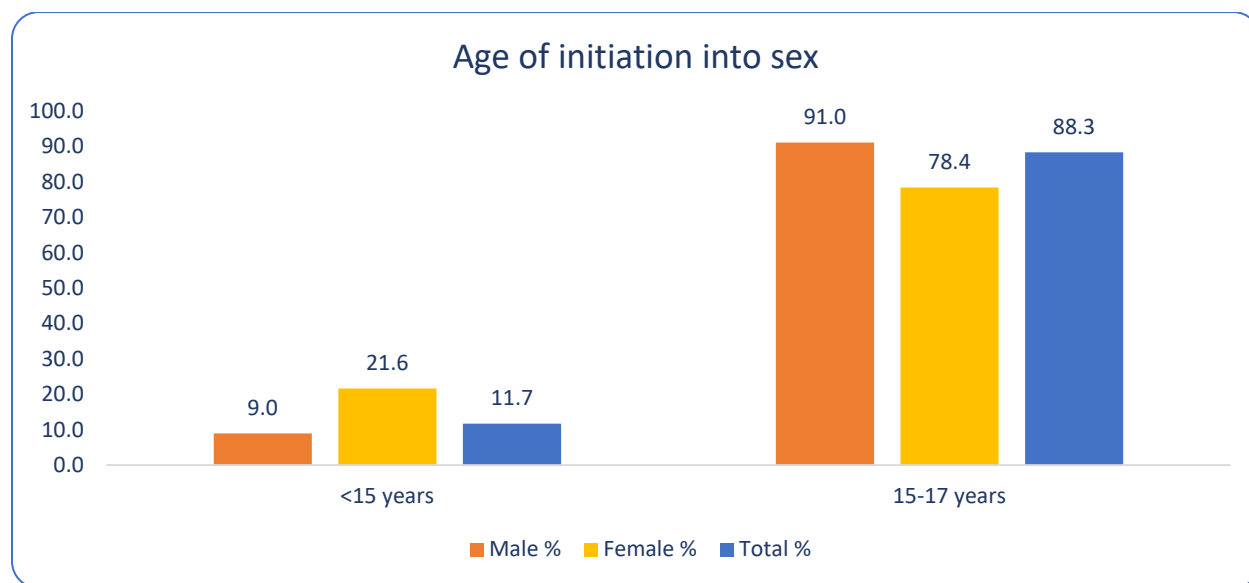
Among those who had received help, more than one third (34.0%-16/47) were taken to a hospital, 21.3% (10/47) were placed in recovery position (open airway), 12.8% (6/47) were provided mouth to mouth breathing (resuscitation), 10.6% (5/47) received 'heart message' (cardio-pulmonary-resuscitation). Naloxone was reported to have been injected in case of 8.5% (4/47).

More than half (51.1%-24/47) were hit/slapped/pinched or shouted at, 27.7% (13/47) reported being rubbed with ice/ put under cold shower and 25.5% (12/47) had used other home remedies.

Sexual Behaviour

Experience of having penetrative sex with the opposite sex was reported by 14.3% (203/1420) of the respondents; 14.9% of all the male participants and 12.2% of all the females reported

ever having sex with the opposite sex. Earliest age of initiation into sex was reported by a female participant at 11 years. While proportionately more females (female- 21.6%-8/37: male- 9.0%-12/134) were initiated into sex below the age of 15 years, more males (males 91.0%-122/160: female-78.4%-29/37) reported initiation above the age of 15 years and this is statistically significant (p-value-0.0443).



In majority (70.4%-143/203) of cases the partner at initiation were boyfriend or girlfriend followed by a girl or a boy known to them but not girlfriend or boyfriend.

While a little over a quarter (26.1%-53/203) reported having used condom during their first 'sex', 22.2% (45/203) had used condom during their last sex act.

Among those initiated into 'sex', 57.1% (116/203) had used alcohol or some other drug before their first 'sex'.

While 59.1% (120/203) reported having sex less than once a month, 12.3% (25/203) had sex at least once a week in the last six months; 20.7% (42/203) had their last sex within the last six months, 26.1% (53/203) had last sex within the last three months.

Sex with a same sex partner was reported by 0.4% (5/1420)- all of them were female.

Experience of violence

Among the out of school children who participated in this study, 31.5% (447/1420) have had been physically abused during their drug using period. Majority of them (88.4% -395/447) were male with 11.4% (51/447) being female. More than two third (67.3%-301/447) reported being beaten up 'once or twice', 27.1% (121/447) said that they were physically abused 'a few times.' While 62.2% (278/447) reported being beaten up by their drug using friends/peers, more than

half (53.2% -238/447) named their family members/ relatives and 17.0% (76/447) said other people in the community/neighbourhood were the perpetrators.

Experience of sexual abuse during their drug using period was reported by 3% (42/1420) of the respondents- 71.4% (30/42) among them were male and 28.6% (12/42) were female. More than a quarter (26.2%-11/42) were sexually abused by their drug using friends/peers, 40.5% (17/42) by their partners/spouses and 11.9% (5/42) by their family members/relatives.

Health related issues

Being diagnosed with tuberculosis was reported by 2.0% (28/1420) of the respondents. Among all the participants 13.3% (189/1420) had ever been tested for HIV. Greater proportion of male respondents were tested when compared to the females (male-15.3%-165/1046: 7.0%- 24/343) and this was statistically significant (p-value-0.00002045).

HIV status was known to 96.3% (182/189) of those who had been tested; 17.1% (33/189) of those ever tested were tested within the last three months.

Among those who had ever injected any drugs- abscess at injecting site was reported by 9.3% (27/290) and 31.4% (91/290) were tested for Hepatitis-C. Among those tested for Hepatitis-C, 92.3% (84/91) knew their status.

KEY INFORMANT INTERVIEWS



Findings from Key informant Interviews

Key informants (KI) from various agencies -both government and civil societies were interviewed for the study. In total 16 KIs were interviewed.

Government Agencies/Departments	Officials interviewed
Child Welfare Committee (C.W.C)	Chairperson
Directorate of Health Services	Director Of Health Service
Directorate of School Education Department	Director
Juvenile Justice Board	Principle Magistrate
Mizoram Social Defence And Rehabilitation Board (MSD&RB)	Chief Executive Officer
Mizoram State AIDS Control Society (MSACS)	Joint Director (T.I)
Mizoram State Child Protection Society (MSCPS),	State Programme Manager
Aizawl Observation Home	Superintendent
Social Welfare And Tribal Affairs Department	Director

Civil Society Agencies	Officials interviewed
Agape Home	Project Director
Blessing Home	Home Father
Damna In	Home Father
LiFCoDe Boys Home	Superintendent
Shalom	Chief Executive Officer
Synod Rescue Centre	Director
Mizoram Drug User Forum	President

The top five problems affecting children in Mizoram according to the KIs:

Seven among the 16 KIs opined that drug use among children was one of the top five problems affecting children in Mizoram; two others felt that easy availability of tobacco and alcohol were key problems and were leading to their use among children. Three others thought drug or substance use among the parents were affecting the children and also creating conditions that could be affecting drug use among the children and one felt that peer pressure was 'resulting in convincing the children to experiment soft drugs'.

However, all the KIs with the exception of one felt that drug use was a problem among the children in Mizoram. The one with the exception felt that though it should not be considered 'currently as a problem of the children' it could become 'a major problem when they still continue using it after they become adults'.

Drugs used by children as reported by KIs:

More than two third (68.8%-11/16) of the KIs reported that inhalants being a common drug used by children, 56.3% (9/16) reported cigarettes and tobacco products,

heroin/pharmaceutical opioids and alcohol each was reported by 43.8% (7/16) and alcohol was reported by 31.3% (5/16) of the KIs.

Two of the KIs (12.5%-2/16) said that they could not comment as there was no data available.

Common drugs used by children	No. of KIs reporting	% (n=16)
Inhalants	11	68.8
Tobacco/cigarettes	9	56.3
Heroin/pharmaceutical opioids	7	43.8
Cannabis	7	43.8
Alcohol	5	31.3
No data available	2	12.5

Problems being caused to children due to their use of these drugs:

Among the KIs 68.8% (11/16) felt that drug use among children was causing 'low commitment to schools and studies- thus jeopardising their education and sometimes causing dropouts'. While, 'Problems in communication and relationships with parents, siblings and other family members' were felt to be caused by drug use among children by 37.5% (6/16), health problems-making children vulnerable to diseases like HIV/Hepatitis-B,C and juvenile delinquency-including petty thefts' were each reported by 31.3% (5/16) of the KIs. Current drug use among children may lead to addiction and 'chances of using hard drugs' was felt by 18.8% (3/16), with another 18.8% (3/16) feeling that 'Lack of self-control-often resulting in anger, mood swings and aggressive behaviour' was being caused by drug use.

Problems	No. of KIs reporting	% (n=16)
Low commitment to schools and studies- thus jeopardising their education and sometimes causing dropouts	11	68.8
Problems in communication and relationships with the family members	6	37.5
Health problems making them vulnerable to diseases like HIV/Hepatitis-B,C	5	31.3
Delinquency/ petty thefts	5	31.3
Addiction/Higher chances of taking hard drugs	3	18.8
Lack of self-control-often resulting in anger, mood swings & aggressive behaviour	3	18.8

Effect of drug use by children on the larger society in Mizoram:

Among the KIs interviewed 37.5% (6/16) felt that drug use among children 'Increases deviance-theft burglary, vandalism of public property', a quarter(25.0%-4/16) of the respondents felt that it will lead to 'increased burden for treatment of people who use drugs -requiring huge amounts of money' adding cost to the society. Other children experiment with drugs being influenced by drug using peers was felt by 18.8% (3/16) of the KIs. A similar proportion of the

KIs (18.8%-3/16) felt that drug use among children 'Affects-physical and mental health, jobs and social life of parents'.

Problems	No. of KIs reporting	% (n=16)
Increases deviance-theft burglary, vandalism of public property	6	37.5
There will be increased burden for treatment of people who use drugs -requiring huge amounts of money	4	25.0
Other children experiment with drugs being influenced by drug using peers	3	18.8
Affects-physical and mental health, jobs and social life of parents who have drug using children	3	18.8
There will be less productive citizens in the future	3	18.8
HIV rates will increase as children attain adulthood	2	12.5

Preventing drug use among children

All the KIs believed that drug use among children can be prevented. While, half of them (50.0%- 8/16) suggested 'positive and supportive parenting- where both the parents and children play active roles in all round growth and development', 43.8% (7/16) of the KIs suggested, 'Drug prevention programmes in school curriculum- based on life skills supported by trained school counsellors'. A quarter (25.0%- 4/16) felt that 'Early sensitisation and awareness on the hazards of drug use' would help and 18.8% (3/16) of the KIs believed that 'Preventive services based on the teachings of the Bible provided through active involvement of the Churches' shall be effective.

Services for prevention of drug use among children	No. of KIs reporting	% (n=16)
Through positive and supportive parenting- where both the parents and children play active roles in all round growth and development	8	50.0
Drug prevention programmes in school curriculum- based on life skills supported by trained school counsellors	7	43.8
Early sensitisation and awareness on the hazards of drug use	4	25.0
Preventive services based on the teachings of the Bible provided through active involvement of the Churches	3	18.8
Involving children in sports and healthy recreational activities and making them accessible to children	2	12.5

Services available

According to the KIs, treatment for dependence on various drugs was only available from one civil society run centre 'Life for Comprehensive Development (LiFCoDe Home) for children using substance' situated in Aizawl. The other government supported drug treatment centres (IRCAs) and those run wholly by the civil societies were not able to cater to those below 18 years of age as per guidelines. Similarly, opioid substitution therapy (OST) was not available for those below 18 years as per national guidelines.

Children who use drugs and are also in conflict with the law are sent to the Aizawl Observation Home, where they are referred for treatment to government hospitals as and when required.

However, the KIs also informed that drug treatment services for those below 18 years was being provided from the out-patient departments of the Government hospitals and private psychiatrists as and when needed. Counselling Services in each District in Mizoram under Mizoram State Child Protection Society (MSCPS) were also being provided.

Preventive intervention services were being provided through 'Spiritual camping in Church for children below the age of 18 years, it was available annually'. HIMNA – Mizoram against Drug Abuse and Tobacco (MADAT) Project – was providing drug prevention education to school going children in Mizoram was part of the curriculum for those in middle schools.

Services provided

'LiFCoDe home,

LiFCoDe, provides 'Detoxification cum Rehabilitation' by providing life skill education training, psycho education, mental health education, academic and vocational training. Scientific assessment using tools are used during the treatment period. The Home also provides recreational services both indoor and outdoor. It also puts great emphasis on the spiritual rehabilitation'. All activities are supported by the Integrated Child Protection Society, Women and Child Development, Social Welfare & Tribal Affairs Department, Government of Mizoram.

Mizoram State Child Protection Society (MSCPS) mainly provided counselling through referral.

Aizawl Observation Home provided the following:

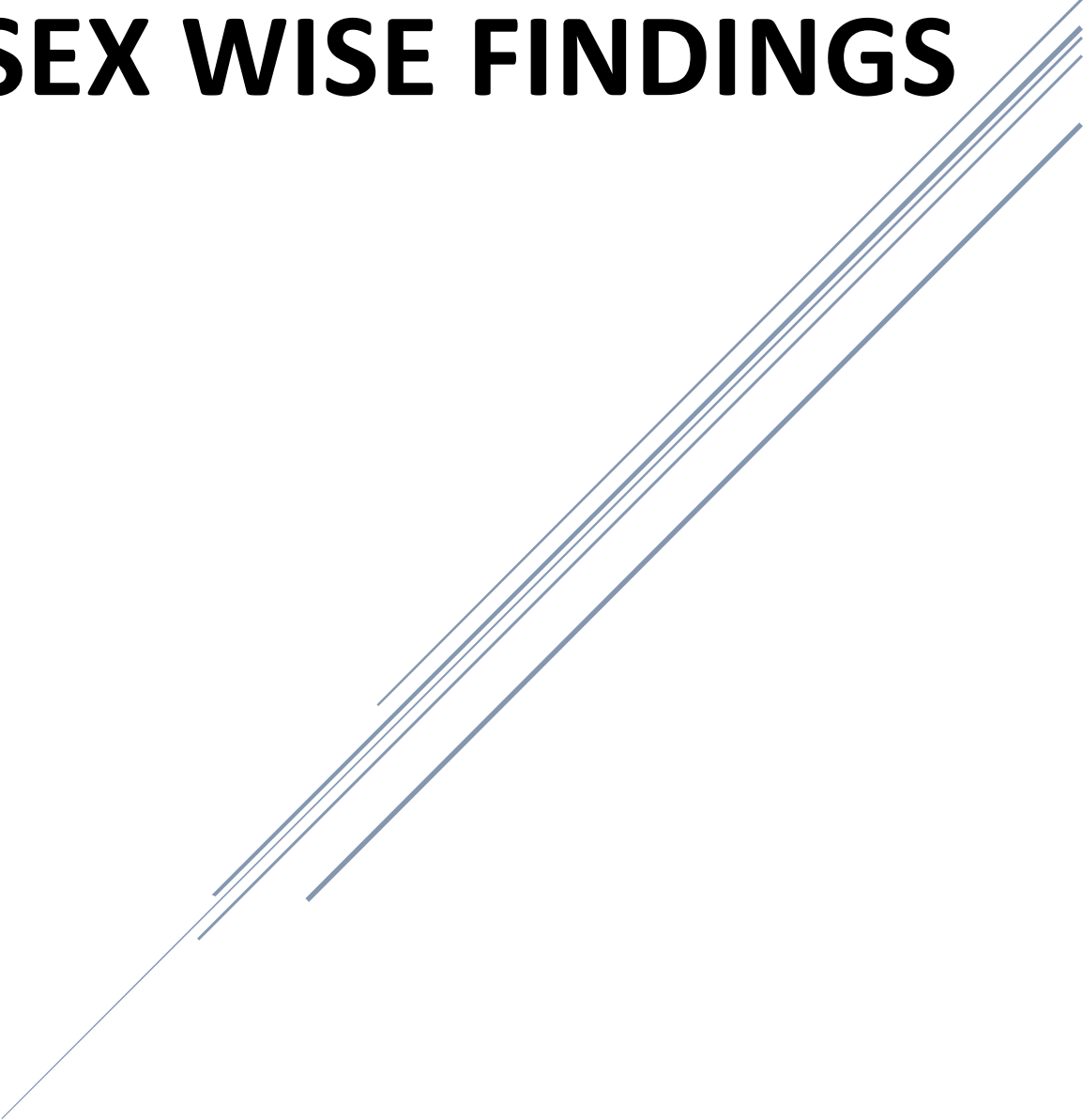
- 1) Counselling service by Observation Home Counsellors*
- 2) Drug Abuse Literacy programme by Observation Home workers.*

Barriers in providing services

The KIs reported the following problems faced:

- 'There is only one professional treatment centre for children (LifCode) with limited space-so accommodation is often a problem'.*
- 'Adequate follow up and after care programme to monitor the family and the child could not be provided from LiFCoDe Home due to lack of dedicated outreach workers.*
- There is 'lack of professional personnel in the State for child-care and treatment and services, excepting for those under the umbrella of Mizoram State Child Protection Society'.*
- The Aizawl Observation Home has no 'Detoxification room and materials' and 'No professional worker for 'Detoxification process and treatment'.*

SEX WISE FINDINGS



Sex wise findings

The data was analysed to understand how the male and female respondents of both in and out of school compared with each other.

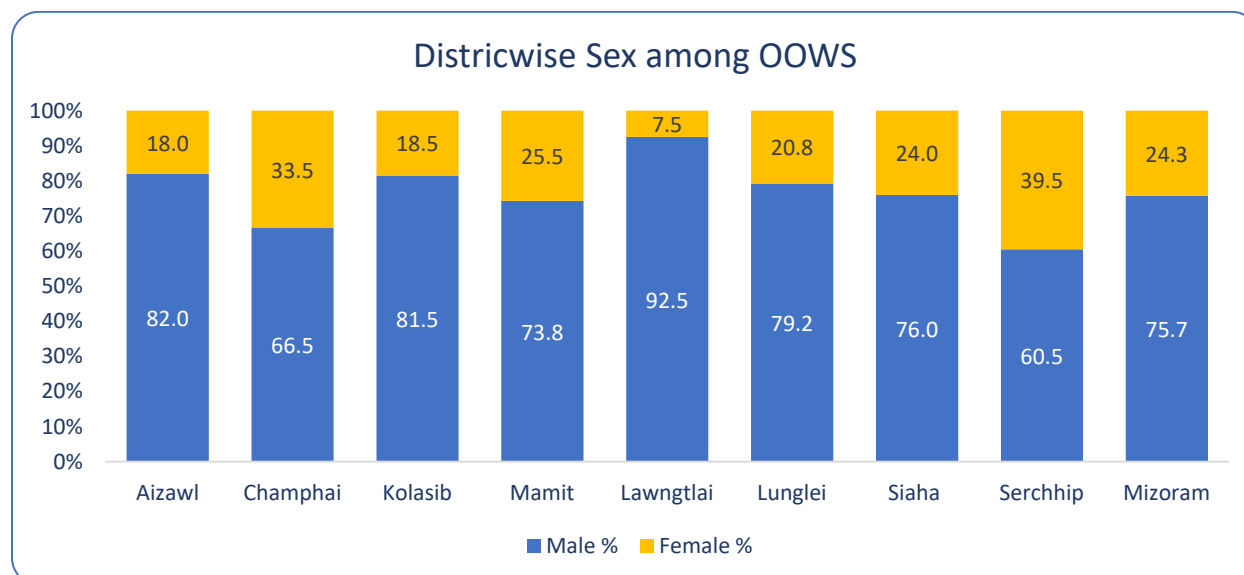
Since, among the out of school respondents, there was only 1 respondent who self-identified as transgender, she was not considered for comparison. The analysis was based on valid responses only.

Out of school children (OOS)

Districts

District	Male	Male % (n=total)	Female	Female % (n=total)	Transgender	Transgender % (n=total)	Total	Total % (n=1410)
Aizawl	228	82.0	50	18.0	0	0.0	278	19.7
Champhai	163	66.5	82	33.5	0	0.0	245	17.4
Kolasib	132	81.5	30	18.5	0	0.0	162	11.5
Mamit	104	73.8	36	25.5	1	0.7	141	10.0
Lawngtlai	136	92.5	11	7.5	0	0.0	147	10.4
Lunglei	84	79.2	22	20.8	0	0.0	106	7.5
Siaha	98	76.0	31	24.0	0	0.0	129	9.1
Serchhip	121	60.5	79	39.5	0	0.0	200	14.2
Mizoram	1067	75.7	342	24.3	1	0.1	1410	100.0

Overall, there was an approximate ratio of 1: 3 (female -24.3%: 75.7%) among the females and the male respondents from Mizoram. While highest proportion of females were reported from Serchhip (39.5%-79/200: 60.5%-121/200), the lowest were reported from Lawngtlai (7.5%-11/147:92.5%-136/147).



Age

The respondents from both the sexes proportionately matched each other in age (mean age- female- 16.0: male-16.1). while there were proportionately more 17 year-old males (male- 51.9%: female- 48.5%), there were proportionately more 16 year old females (female-25.4%- male-23.0%).

Age	Male	Male% (n=1068)	Female	Female % (n=342)	All	All % (n=1411)
9 years	2	0.2	0	0.0	2	0.1
10 years	1	0.1	2	0.6	3	0.2
11 years	7	0.7	1	0.3	8	0.6
12 years	6	0.6	6	1.8	12	0.9
13 years	33	3.1	10	2.9	43	3.0
14 years	76	7.1	25	7.3	101	7.2
15 years	143	13.4	45	13.2	188	13.3
16 years	246	23.0	87	25.4	333	23.6
17 years	554	51.9	166	48.5	721	51.1
Total	1068	100.0	342	100.0	1411	100.0
Mean age	16.1		16.0		16.1	
SD	1.3		1.3		1.3	
Minimum age	9		10		9	

Education

While proportionately more male respondents had studied up to middle school (male- 50.8%: female- 40.9%- p-value-0.0002), greater proportion of females had completed primary education (12.1%:8.2%-p-value-0.04) than their male counterparts. These differences were statistically significant.

Education	Male	Male % (n=1059)	Female	Female % (n=340)	All	All % (n=1400)	p-value
Cannot read /write	3	0.3	0	0.0	3	0.2	NS
Can read /write	7	0.7	6	1.8	13	0.9	NS
Primary (nursery-class 4)	87	8.2	41	12.1	128	9.1	0.04
Middle School (Class -5-8)	538	50.8	139	40.9	677	48.4	0.002
High School (Class- 9-10)	388	36.6	134	39.4	522	37.3	0.367
Higher Secondary School (Class 11-12)	36	3.4	20	5.9	57	4.1	0.055
Total	1059	100.0	340	100.0	1400	100.0	

Disability

Proportionately there were twice more females than males who had reported any type of disability and this was statistically significant (female-5.4%: male- 2.7%; p-value- 0.0272)

	Physical/mental disability	%	Total
Male	27	2.7	1003
Female	16	5.4	297
Transgender	0	0.0	1
	43	3.3	1301

Drugs used

While greater proportion of male respondents had ever used alcohol (88.7%:64.0%-p-value-0.00000), cannabis (60.0%:19.6%- p-value-0.0000), inhalants (43.6%:9.1%-p-value-0.0000) and heroin (16.4%:2.0%-p-value-0.0000), higher proportion of females (36.5%:30.6%-p-value-0.0457) had ever used prescription sedatives.

The male respondents who had ever used alcohol were more prone to using it within the last 3 months than the women (89.9%:79.5%- p-value-0.0001) who had ever used alcohol. Among those who had ever used heroin the males were more prone to continued used in the last 3 months than the females (83.4%:42.9%-p-value-0.0213). in case of those who had ever used prescription opioids females were more prone to continued used in the last three months than the males (86.6%:74.8%-p-value-0.0462).

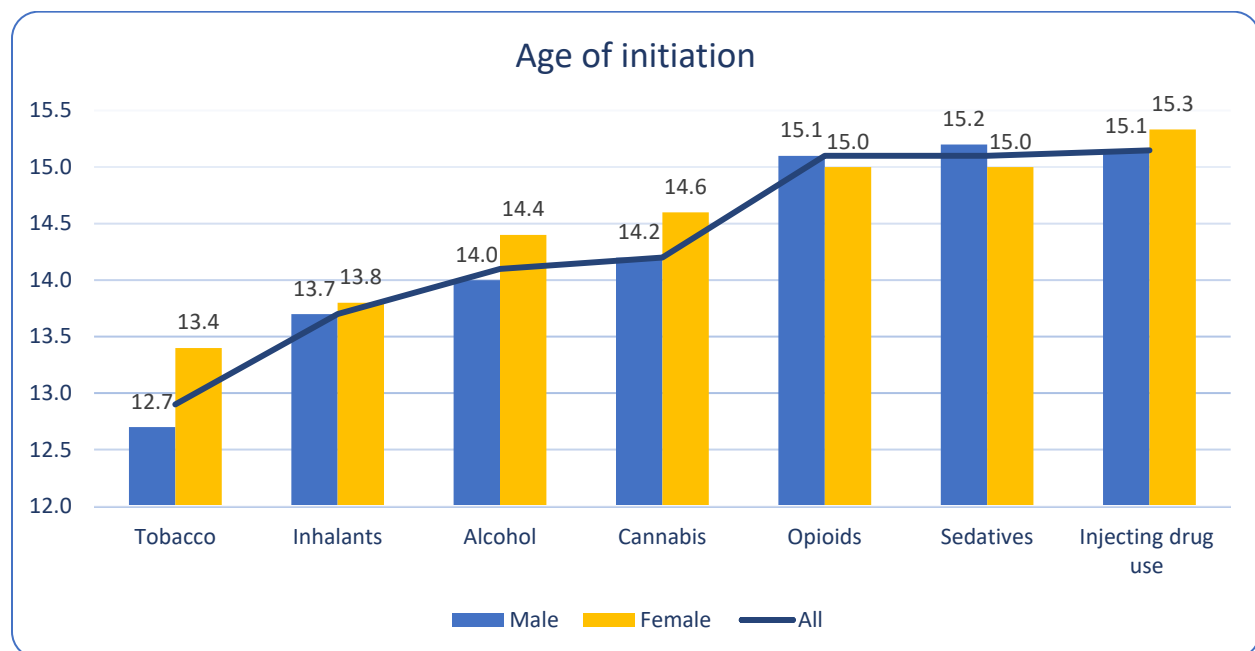
All the above-mentioned differences were statistically significant.

Table a 1 provided in annexure 1- Additional tables and graphs

Age of initiation into various drugs

Age of initiation	Male			Female			All		
Drugs	Mean Age	SD	Minimum	Mean Age	SD	Minimum	Mean Age	SD	Minimum
Tobacco	12.7	2.1	6	13.4	1.9	6	12.9	2.1	6
Alcohol	14.0	1.7	6	14.4	1.6	10	14.1	1.7	6
Cannabis	14.2	1.5	7	14.6	1.4	11	14.2	1.5	7
Inhalants	13.7	1.6	8	13.8	1.6	10	13.7	1.6	8
Heroin	15.4	1.3	9	15.6	1.5	13	15.4	1.3	9
Prescription Opioids	15.1	1.3	7	15.0	1.1	13	15.1	1.3	7
Prescription Sedatives	15.2	1.1	10	15.0	1.2	13	15.1	1.2	10
Injecting drug use	15.1	1.5	7	15.3	1.6	13	15.1	1.5	7

Males and females initiated into the various drugs at similar mean ages. While males initiated into tobacco (12.7:13.4 years), alcohol (13.7:13.8 years), cannabis (14:14.4 years) and heroin (15.4:15.6 years) at slightly earlier ages, the females initiated into prescription opioids (15.0:15.4 years) and sedatives (15.0:15.2 years) at lower mean ages than the males.



Initiation of drug use while still at school

While greater proportion of males had initiated into tobacco (73.2%:59.3%), alcohol(50.1%:37.9%), cannabis (50.4%:32.8%), heroin (17.7%:14.3%) and sedative (26.6%:24.0%) use than the females, in case of pharmaceutical opioids (29.9%:27.4%) greater proportion of females had initiated use while still at school.

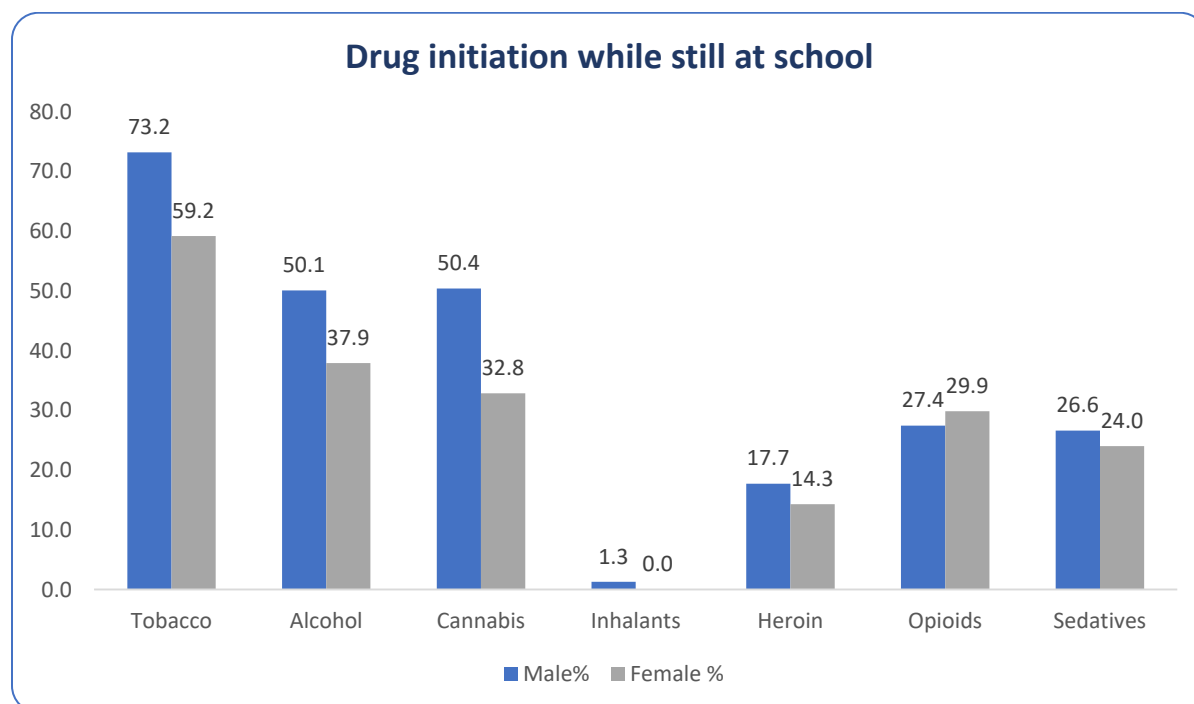
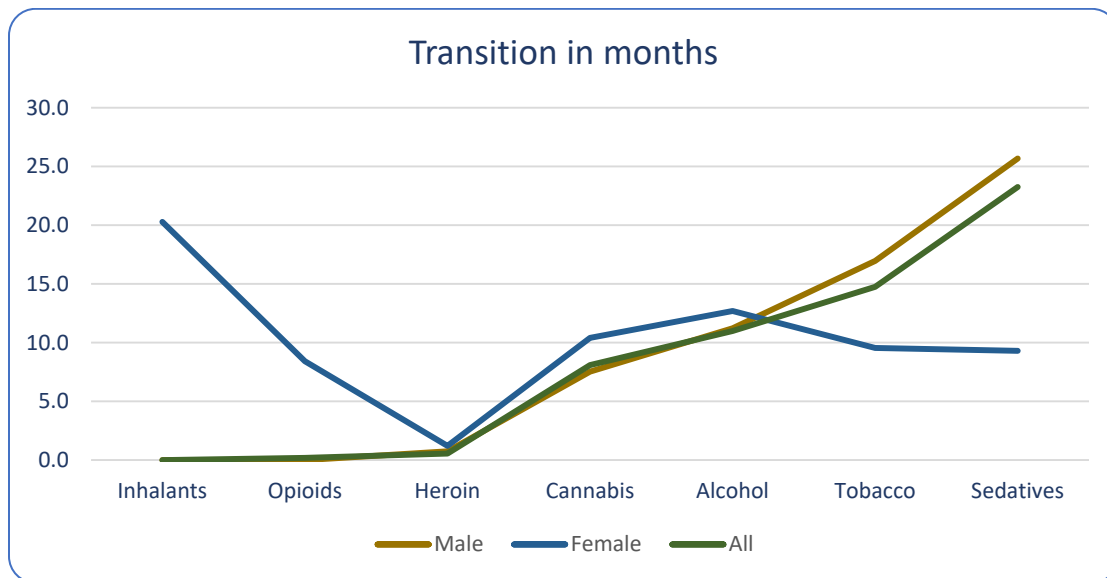


Table a 2 provided in annexure 1- Additional tables and graphs

Transition time from initiation to daily use

While females took less time to transition from initiation to daily use in case of tobacco (0.8:1.4 years) and sedatives (0.8:2.1 years) than the males, they took more time for the transition in case of those using inhalants (1.7:00 years) and opioids (0.7:0.0 years).

Table a 3 provided in annexure 1- Additional tables and graphs



Treatment

Greater proportion of female (27.2%:18.0%-p-value-0.0007) respondents who ever used prescription sedatives and those who had ever used cannabis(35.8%: 23.2%-p-value-0.0248) were in need of intensive treatment than the males. Greater proportion of males (46.6%:11.0%-p-value-0.0000) who had ever used alcohol were in need for intensive treatment than the females.

Table a 4 provided in annexure 1- Additional tables and graphs

Injecting drug use

Greater proportion of males (14.4%:12.3%-p-value-0.0001) had ever tried injecting drugs when compared to the females.

DRUGS AND CHILDREN IN MIZORAM

Injecting drug use	Male		Female		All	
	No.	% (n=1068)	No.	% (n=342)	No.	% (n=1410)
Injected 3 months ago	154	14.4	42	12.3	242	1068
Injected within last 3 month	88	8.2	2	0.6	90	342
Ever injected	242	22.7	44	12.9	286	1410

Mean age of initiation into injecting drug use were similar for respondents of both the sexes at 15.1 and 15.3 years.

	Male	Female	All
Mean age of initiation into injecting drug use	15.1 years	15.3 years	15.1 years
SD (±)	1.5	1.6	1.5
Minimum	7	13	7

Mental Health Issues

Mental health issues	Male (n=1073)		Female (n=341)		All (n=1414)		Odds ratio	p-value
	No.	%	No.	%	No.	%		
Sleep Problems	74	6.9	12	3.5	86	6.1	2.0309	0.0262
Inattention	247	23	83	24.3	330	23.3	1.0758	0.6078
Depression	121	11.3	40	11.7	161	11.4	1.0456	0.8449
Anger & Irritability	138	12.9	46	13.5	184	13	1.0565	0.7818
Mania	133	12.4	23	6.7	156	11	1.9562	0.0029
Anxiety	113	10.5	51	15.0	164	11.6	1.494	0.0323
Psychosis	334	31.1	118	34.6	452	32	1.1695	0.2222
Repetitive Thoughts & Behaviours	192	17.9	60	17.6	253	17.9	0.9656	0.8671
Suicidal Ideation/Suicide Attempts	187	17.4	72	21.1	259	18.3	1.2071	0.2332

While greater proportion of male respondents reported 'sleep problems' (6.9%:3.5%) and mania (12.4%:6.7%), proportionately more females had reported anxiety (15.0%:10.5)

Treatment

Greater proportion of males (13.7%:9.9%) reported ever receiving treatment for drug use related problems.

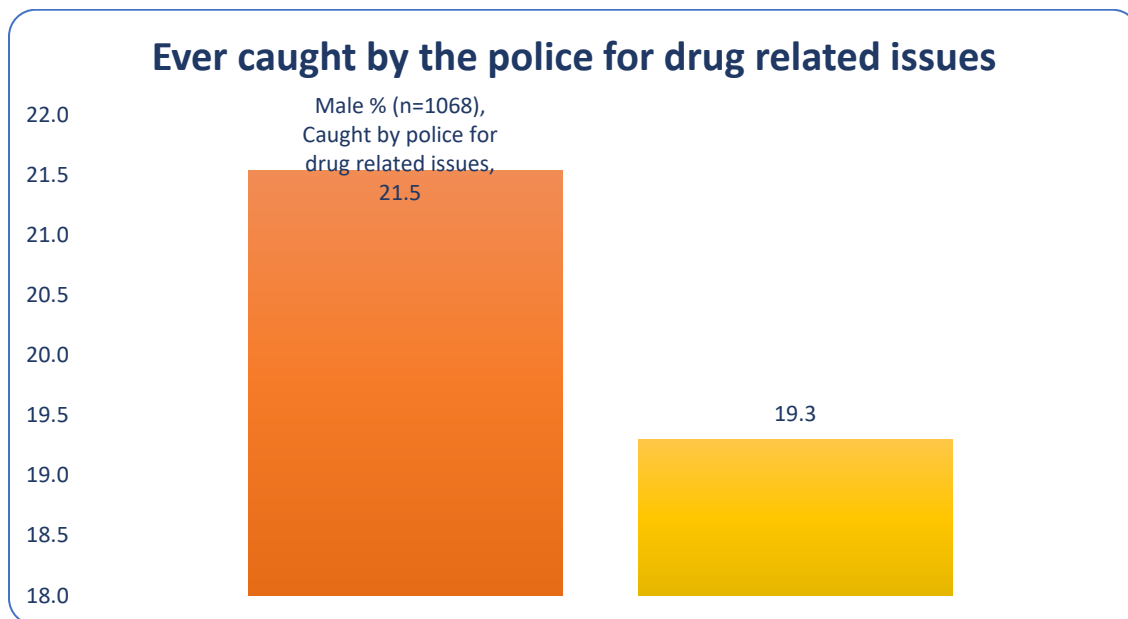
	Male	Male % (n=1068)	Female	Female % (n=342)	All	% (n=1410)
Received treatment ever	146	13.7	34	9.9	180	12.8
Out-patient treatment	72	6.7	17	5.0	89	6.3
In-patient treatment	54	5.1	13	3.8	67	4.8
Currently receiving	52	4.9	16	4.7	68	4.8

Among those who were 17 years old- proportionately more males (59.6%:38.2%-p-value-0.0342) had ever received treatment for drug use related problems than the females.

Age in years	Male		Female		Total	
	No.	%	No.	%	No.	%
13 years	4	2.7	0	0.0	4	2.2
14 years	10	6.8	2	5.9	12	6.7
15 years	13	8.9	7	20.6	20	11.1
16 years	32	21.9	12	35.3	44	24.4
17 years	87	59.6	13	38.2	100	55.6
Total	146	100	34	100	180	100

Legal issues

More than one in five of the males (21.5%-230/1068) and 19.3% (66/342) of the females were ever caught by the police for drug related issues.



Greater proportion of males (40.4%:19.7%) were caught for drug use than the females and this was statistically significant (p-value-0.0021).

DRUGS AND CHILDREN IN MIZORAM

	Male		Female		All	
	No.	% (n=1068)	No.	% (n=342)	No.	% (n=1410)
Caught by police for drug related issues	230	21.5	66	19.3	296	21.0
Reasons for being caught		(n=230)		(n=66)		(n=296)
Drug use	93	40.4	13	19.7	106	35.8
Drug possession	10	4.3	3	4.5	13	4.4
Drug selling	8	3.5	2	3.0	10	3.4
Drug trafficking	1	0.4	0	0.0	1	0.3
Other crime to procure/support drug use	25	10.9	1	1.5	26	8.8

Greater proportion of the males (61.3%:25.8%-p-value-0.00) were caught more than once than the females.

	Male		Female		All	
	No.	% (n=230)	No.	% (n=66)	No.	% (n=296)
Caught more than once	141	61.3	17	25.8	158	53.4

MIDDLE SCHOOLS

Drug use

Greater proportion of males had ever used tobacco (51.1%:30.9%-p-value-0.0), alcohol (36.4%:22.3%-p-value-0.0), cannabis (10.4%:2.9%-p-value-0.0) and inhalants (13.1%:6.3%-p-value-0.0) than the females. Among those who had ever used the same drug, greater proportion of males had used alcohol(49.1%:42.8 %-p-value-0.01), cannabis (46.1%:16.7%-p-value-0.0) and inhalants (51.0%:37.2%-p-value-0.002) than the females.

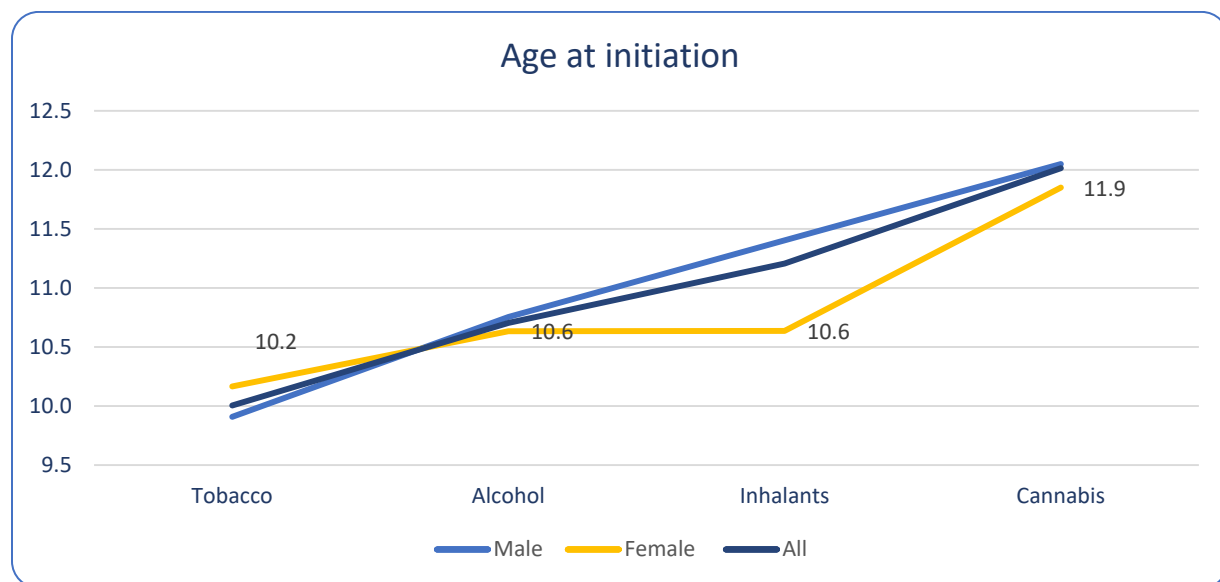


Table a 5 provided in annexure 1- Additional tables and graphs

Female respondents reported initiation into alcohol (10.6:10.8 years), cannabis (11.9:12.0 years) and inhalants (10.6:11.4 years) at slightly lower mean ages than the males.

Age of initiation	Male			Female			All		
Drugs	Mean Age	SD	Minimum	Mean Age	SD	Minimum	Mean Age	SD	Minimum
Tobacco	9.9	2.1	5	10.2	2.0	5	10.0	2.0	5
Alcohol	10.8	2.1	5	10.6	1.9	5	10.7	2.0	5
Cannabis	12.0	1.5	5	11.9	1.5	9	12.0	1.5	5
Inhalants	11.4	1.7	5	10.6	1.9	7	11.2	1.8	5

Greater proportion of males were found to be needing treatment for alcohol(27.1%:16.6%-p-value-0.0), cannabis (56.2%:36.7%-p-value-0.0) and inhalants (64.0%:44.4%-p-value-0.0) than the females.

Table a 6 provided in annexure 1- Additional tables and graphs

DRUGS AND CHILDREN IN MIZORAM

Among those who had ever used any drugs greater proportion of males had received counselling (14.3%:8.3%-p-value-0.0) and medical treatment (5.4%:2.4%-p-value-0.0) for drug related problems than the females.

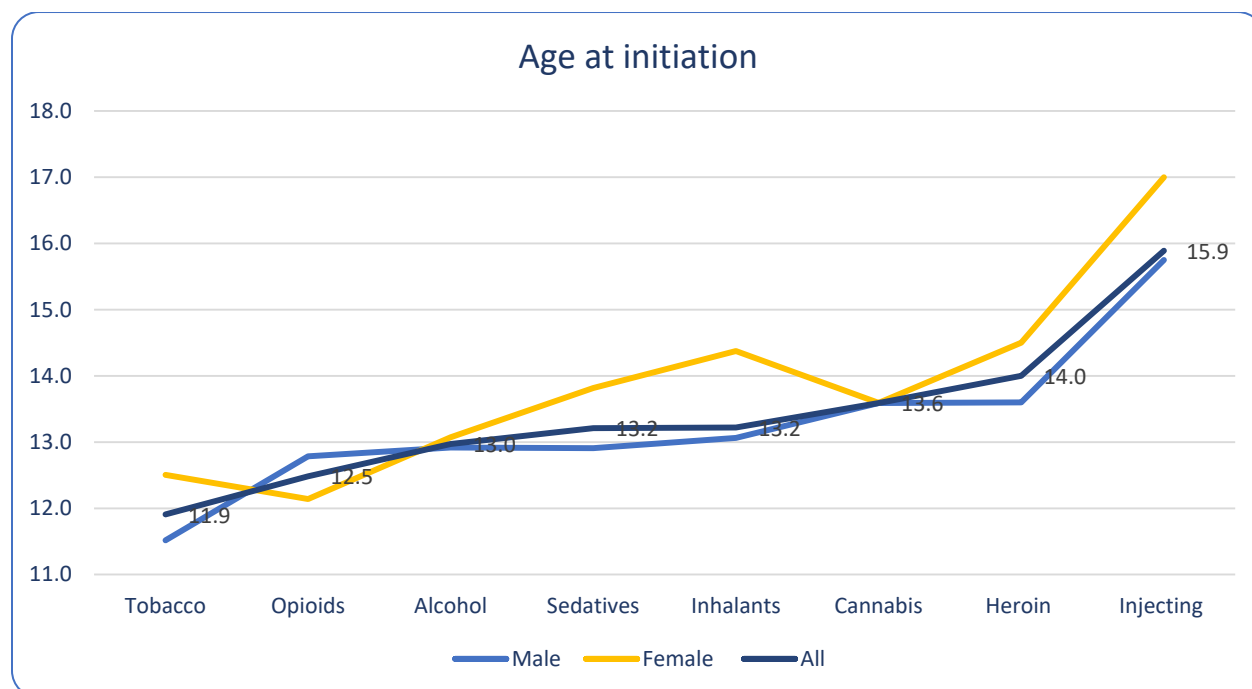
Counselling	Male	Male % (n=1826)	Female	Female % (n=1271)	All	All % (n=3097)	Odds ratio	p-value
Received counselling	262	14.3	106	8.3	368	11.9	1.8	0.0
Received medical treatment	99	5.4	31	2.4	130	4.2	2.3	0.0

HIGH SCHOOLS

Among those studying in high school, greater proportion of males had ever used tobacco (64.6%:46.4%-p-value-0.0), alcohol (56.3%:32.6%-p-value-0.0), cannabis (27.6%:4.6%-p-value-0.0), inhalants(20.2%:4.9%-p-value-0.0), and pharmaceutical sedatives (6.5%:4.5%-p-value-0.0). these differences are statistically significant.

Table a 7 provided in annexure 1- Additional tables and graphs

The female respondents reported initiating into opioids earlier than the males (12.1:12.8 years), in case of all other drugs the males initiated earlier.



Mean age of initiation	Male			Female			All		
Drugs	Mean Age	SD	Minimum	Mean Age	SD	Minimum	Mean Age	SD	Minimum
Tobacco	11.5	2.6	5	12.5	2.3	5	11.9	2.5	5
Alcohol	12.9	2.3	5	13.1	2.3	5	13.0	2.3	5
Cannabis	13.6	1.9	6	13.6	1.4	11	13.6	1.8	6
Inhalants	13.1	2.0	6	14.4	1.4	12	13.2	2.0	6
Heroin	13.6	1.5	12	14.5	1.3	13	14.0	1.4	12
Pharmaceutical Opioids	12.8	2.7	5	12.1	3.4	5	12.5	3.0	5
Pharmaceutical Sedatives	12.9	2.2	7	13.8	2.3	6	13.2	2.2	6
Injecting Drug use	15.8	1.7	12	17.0	0.0	17	15.9	1.6	12

Greater proportion of males needed treatment for tobacco(60.5%:41.3%-p-value-0.0), alcohol(27.1%:13.8%-p-value-0.0), cannabis (34.6%:15.2%-p-value-0.0), inhalants (31.0%:24.5%-p-value-0.0), and heroin (31.8%:27.3%-p-value-0.0) than the females. The differences were all statistically significant.

Table a 8 provided in annexure 1- Additional tables and graphs

Greater proportion of the males had received counselling (14.5%:12.9%-p-value-0.0) and medical treatment (5.5%:2.8%-p-value-0.01) for drug use related issues.

Drug treatment	Male	Male % (n=806)	Female	Female % (n=611)	All	All % (n=1417)	Odds ratio	p-value
Received counselling	117	14.5	66	10.8	183	12.9	2.1	0.0
Received medical treatment	44	5.5	17	2.8	61	4.3	2.0	0.01

HIGHER SECONDARY SCHOOLS

Greater proportion of males from the HSS had ever used tobacco (58.2%:52.4%-p-value-0.0), alcohol (58.3%:44.9%-p-value-0.0), cannabis (31.6%:3.7%-p-value-0.0) and inhalants (13.6%:3.6%) than the females.

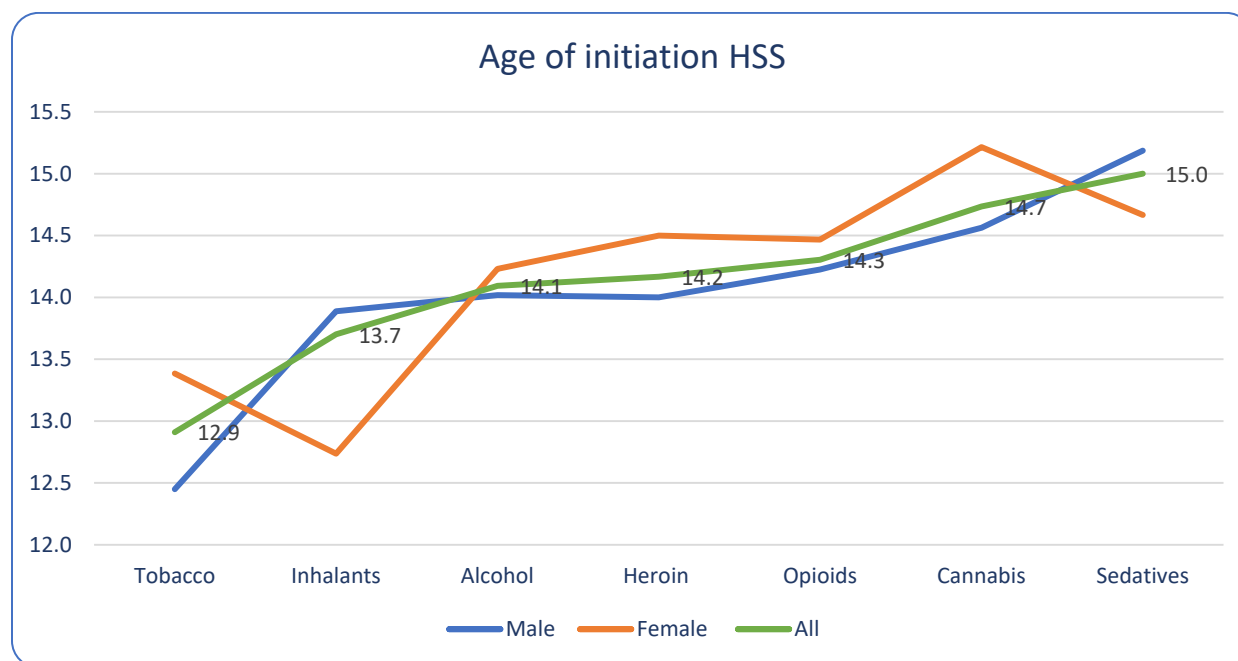
While greater proportion of males who had ever used tobacco (64.5%: 57.8%-p-value-0.0), alcohol (50.3%:46.1%-p-value-0.0) and opioids (37.7%:15.2%-p-value-0.0) reported use of the same drug also in the last three months, proportionately more females reported continued use of cannabis (38.8%:100%-p-value-0.0) than the males.

Table a 9 provided in annexure 1- Additional tables and graphs

Age of initiation into various drugs

Females studying in HSS had initiated into inhalants (12.7:13.9 years) and sedatives (14.7: 15.2 years) earlier than the males.

Mean age of initiation	Male			Female			All		
Drugs	Mean Age	SD	Minimum	Mean Age	SD	Minimum	Mean Age	SD	Minimum
Tobacco	12.4	2.8	5.0	13.4	2.6	5.0	12.9	2.7	5
Alcohol	14.0	2.4	6.0	14.2	2.3	5.0	14.1	2.4	5
Cannabis	14.6	1.9	7.0	15.2	1.7	9.0	14.7	1.9	7
Inhalants	13.9	1.9	9.0	12.7	2.9	6.0	13.7	2.1	6
Heroin	14.0	2.4	12.0	14.5	2.1	13.0	14.2	2.1	12
Opioids	14.2	2.7	8.0	14.5	2.1	10.0	14.3	2.5	8
Sedatives	15.2	1.7	11.0	14.7	1.5	13.0	15.0	1.6	11
Injecting Drug use	13.3	2.4	10.0	NA	NA	NA	13.3	2.4	10



Comparison of the mean age of initiation into various drugs among the MS, HS and HSS students revealed that there is a steady decrease in the age of initiation among the three levels of students. The age of initiation is decreasing as we move from HSS to MS that is younger students are initiating into various drugs earlier than their previous batches.

Need for drug treatment

Greater proportion of females were found to require treatment for cannabis (56.3%:28.0%-p-value-0.0) as compared to the males.

Table a 10 provided in annexure 1- Additional tables and graphs

Greater proportion of males (2.5%:0.4%-p-value-0.0) had ever injected any drugs.

Injecting Drug Use	Male	Male Ever % (n=1118)	Female	Female Ever % (n=1293)	All	All % (n=2426)
Injected 3 months ago	21	1.9	5	0.4	26	1.1
Injected within last 3 month	7	0.6	0	0.0	7	0.3
Ever injected	28	2.5	5	0.4	33	1.4

Greater proportion of males had received counselling (10.9%:6.9%) and medical treatment (5.4%:2.7%) than the females.

Drug treatment	Male	Male % (n=806)	Female	Female % (n=611)	All	All % (n=1417)	Odds ratio	p-value
Received counselling	88	10.9	59	6.9	147	8.9	1.6	0.0056
Received medical treatment	44	5.4	23	2.7	67	4.0	2.1	0.0058

DISTRICT WISE FINDINGS



DRUGS AND CHILDREN IN MIZORAM

District wise findings-Tobacco

Tobacco use -OOS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	272	97.1	268	98.5	223	82.0	46	16.9	269	98.9
Champhai	250	246	98.4	240	97.6	32	13.0	199	80.9	231	93.9
Kolasib	164	164	100.0	162	98.8	136	82.9	20	12.2	156	95.1
Mamit	141	140	99.3	140	100.0	134	95.7	4	2.9	138	98.6
Lawngtlai	149	148	99.3	142	95.9	138	93.2	9	6.1	147	99.3
Lunglei	107	106	99.1	106	100.0	86	81.1	18	17.0	104	98.1
Siaha	129	128	99.2	127	99.2	117	91.4	9	7.0	126	98.4
Serchhip	200	200	100.0	200	100.0	184	92.0	11	5.5	195	97.5
Total	1420	1406	99.0	1387	98.6	1050	74.7	316	22.5	1366	97.2

Tobacco use-MS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1933	826	42.7	395	47.8	300	36.3	11	1.3	311	300
Champhai	552	241	43.7	161	66.8	139	57.7	1	0.4	140	139
Kolasib	740	294	39.7	177	60.2	141	48.0	3	1.0	144	141
Mamit	584	165	28.3	138	83.6	119	72.1	4	2.4	123	119
Lawngtlai	909	310	34.1	206	66.5	184	59.4	2	0.6	186	184
Lunglei	329	148	45.0	36	24.3	38	25.7	0	0.0	38	38
Siaha	454	208	45.8	126	60.6	126	60.6	2	1.0	128	126
Serchhip	732	351	48.0	256	72.9	234	66.7	6	1.7	240	234
Total	6233	2543	40.8	1495	58.8	1281	50.4	29	1.1	1310	1281

Tobacco use-HS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	335	51.7	206	61.5	152	45.4	18	5.4	170	50.7
Champhai	256	164	64.1	104	63.4	73	44.5	9	5.5	82	50.0
Kolasib	212	138	65.1	100	72.5	73	52.9	12	8.7	85	61.6
Mamit	215	84	39.1	60	71.4	51	60.7	6	7.1	57	67.9
Lawngtlai	262	152	58.0	93	61.2	61	40.1	4	2.6	65	42.8
Lunglei	68	46	67.6	27	58.7	14	30.4	0	0.0	14	30.4
Siaha	143	70	49.0	22	31.4	17	24.3	0	0.0	17	24.3
Serchhip	279	175	62.7	143	81.7	117	66.9	6	3.4	123	70.3
Total	2083	1164	55.9	755	64.9	558	47.9	55	4.7	613	52.7

Tobacco use-HSS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	591	46.0	314	53.1	92	15.6	14	2.4	106	17.9
Champhai	47	22	46.8	16	72.7	2	9.1	1	4.5	3	13.6
Kolasib	92	63	68.5	39	61.9	15	23.8	4	6.3	19	30.2
Mamit	127	75	59.1	61	81.3	16	21.3	6	8.0	22	29.3
Lawngtlai	555	364	65.6	205	56.3	55	15.1	7	1.9	62	17.0
Lunglei	64	56	87.5	34	60.7	6	10.7	3	5.4	9	16.1
Siaha	52	32	61.5	8	25.0	2	6.3	0	0.0	2	6.3
Serchhip	209	139	66.5	100	71.9	21	15.1	2	1.4	23	16.5
Total	2430	1342	55.2	777	57.9	209	15.6	37	2.8	246	18.3

District wise findings-Alcohol

Alcohol use-OOS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	248	88.6	211	85.1	118	47.6	46	18.5	164	66.1
Champhai	250	206	82.4	199	96.6	21	10.2	54	26.2	75	36.4
Kolasib	164	152	92.7	119	78.3	62	40.8	16	10.5	78	51.3
Mamit	141	106	75.2	98	92.5	55	51.9	10	9.4	65	61.3
Lawngtlai	149	118	79.2	108	91.5	73	61.9	8	6.8	81	68.6
Lunglei	107	100	93.5	94	94.0	59	59.0	3	3.0	62	62.0
Siaha	129	85	65.9	68	80.0	45	52.9	5	5.9	50	58.8
Serchhip	200	159	79.5	136	85.5	83	52.2	23	14.5	106	66.7
Total	1420	1175	82.7	1033	87.9	516	43.9	165	14.0	681	58.0

Alcohol use-MS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1933	678	35.1	275	40.6	111	16.4	3	0.4	114	16.8
Champhai	552	168	30.4	85	50.6	46	27.4	0	0.0	46	27.4
Kolasib	740	240	32.4	123	51.3	42	17.5	0	0.0	42	17.5
Mamit	584	94	16.1	58	61.7	32	34.0	4	4.3	36	38.3
Lawngtlai	909	190	20.9	96	50.5	62	32.6	1	0.5	63	33.2
Lunglei	329	127	38.6	26	20.5	13	10.2	0	0.0	13	10.2
Siaha	454	134	29.5	84	62.7	39	29.1	2	1.5	41	30.6
Serchhip	732	195	26.6	106	54.4	68	34.9	1	0.5	69	35.4
Total	6233	1826	29.3	853	46.7	413	22.6	11	0.6	424	23.2

Alcohol use-HS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	289	44.6	145	50.2	54	18.7	5	1.7	59	20.4
Champhai	256	135	52.7	62	45.9	19	14.1	2	1.5	21	15.6
Kolasib	212	120	56.6	71	59.2	33	27.5	5	4.2	38	31.7
Mamit	215	73	34.0	42	57.5	21	28.8	2	2.7	23	31.5
Lawngtlai	262	123	46.9	59	48.0	16	13.0	1	0.8	17	13.8
Lunglei	68	31	45.6	22	71.0	9	29.0	1	3.2	10	32.3
Siaha	143	46	32.2	11	23.9	4	8.7	0	0.0	4	8.7
Serchhip	279	119	42.7	81	68.1	36	30.3	1	0.8	37	31.1
Total	2083	936	44.9	493	52.7	192	20.5	17	1.8	209	22.3

Alcohol use-HSS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	633	49.3	290	45.8	81	12.8	12	1.9	93	14.7
Champhai	47	20	42.6	10	50.0	3	15.0	0	0.0	3	15.0
Kolasib	92	45	48.9	25	55.6	10	22.2	0	0.0	10	22.2
Mamit	127	75	59.1	54	72.0	18	24.0	0	0.0	18	24.0
Lawngtlai	555	311	56.0	121	38.9	30	9.6	0	0.0	30	9.6
Lunglei	64	47	73.4	26	55.3	9	19.1	0	0.0	9	19.1
Siaha	52	20	38.5	4	20.0	0	0.0	0	0.0	0	0.0
Serchhip	209	101	48.3	52	51.5	23	22.8	2	2.0	25	24.8
Total	2430	1252	51.5	582	46.5	174	13.9	14	1.1	188	15.0

DRUGS AND CHILDREN IN MIZORAM

District wise findings-Cannabis

Cannabis use-OOS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	162	97.1	117	43.0	91	56.2	34	21.0	125	77.2
Champhai	250	124	98.4	123	50.0	1	0.8	57	46.0	58	46.8
Kolasib	164	98	100.0	66	40.2	59	60.2	9	9.2	68	69.4
Mamit	141	66	99.3	58	41.4	41	62.1	13	19.7	54	81.8
Lawngtlai	149	74	99.3	54	36.5	52	70.3	7	9.5	59	79.7
Lunglei	107	62	99.1	59	55.7	47	75.8	7	11.3	54	87.1
Siaha	129	53	99.2	26	20.3	20	37.7	5	9.4	25	47.2
Serchhip	200	76	100.0	61	30.5	38	50.0	25	32.9	63	82.9
Total	1420	715	99.0	564	40.1	349	48.8	157	22.0	506	70.8

Cannabis use-MS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1933	179	17.3	48	26.8	83	46.4	2.0	1.1	85	47.5
Champhai	552	22	29.7	13	59.1	8	36.4	0.0	0.0	8	36.4
Kolasib	740	21	18.6	7	33.3	7	33.3	0.0	0.0	7	33.3
Mamit	584	23	14.4	9	39.1	13	56.5	0.0	0.0	13	56.5
Lawngtlai	909	44	16.7	27	61.4	26	59.1	4	9.1	30	68.2
Lunglei	329	14	14.0	3	21.4	3	21.4	0	0.0	3	21.4
Siaha	454	33	15.4	16	48.5	14	42.4	0	0.0	14	42.4
Serchhip	732	74	23.9	39	52.7	53	71.6	0	0.0	53	71.6
Total	6233	410	18.7	162	39.5	207	50.5	6	1.5	213	52.0

Cannabis use-HS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	107	51.7	119	111.2	31	29.0	2	1.9	33	30.8
Champhai	256	39	64.1	2	5.1	10	25.6	0	0.0	10	25.6
Kolasib	212	47	65.1	12	25.5	11	23.4	2	4.3	13	27.7
Mamit	215	22	39.1	12	54.5	10	45.5	1	4.5	11	50.0
Lawngtlai	262	41	58.0	27	65.9	8	19.5	1	2.4	9	22.0
Lunglei	68	13	67.6	3	23.1	6	46.2	0	0.0	6	46.2
Siaha	143	23	49.0	0	0.0	5	21.7	0	0.0	5	21.7
Serchhip	279	52	62.7	13	25.0	22	42.3	0	0.0	22	42.3
Total	2083	344	55.9	188	54.7	103	29.9	6	1.7	109	31.7

Cannabis use-HSS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	284	46.0	119	41.9	73	25.7	1	0.4	74	26.1
Champhai	47	6	46.8	2	33.3	2	33.3	0	0.0	2	33.3
Kolasib	92	25	68.5	12	48.0	10	40.0	0	0.0	10	40.0
Mamit	127	23	59.1	12	52.2	10	43.5	1	4.3	11	47.8
Lawngtlai	555	113	65.6	27	23.9	18	15.9	0	0.0	18	15.9
Lunglei	64	16	87.5	3	18.8	3	18.8	1	6.3	4	25.0
Siaha	52	0	61.5	13	0.0	0	0.0	0	0.0	0	0.0
Serchhip	209	39	66.5	0	0.0	8	20.5	2	5.1	10	25.6
Total	2430	506	55.2	188	37.2	124	24.5	5	1.0	129	25.5

District wise findings-Inhalants

Inhalants use-OOS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	103	97.1	55	20.2	44	42.7	12	11.7	56	54.4
Champhai	250	95	98.4	69	28.0	4	4.2	20	21.1	24	25.3
Kolasib	164	60	100.0	37	22.6	26	43.3	5	8.3	31	51.7
Mamit	141	47	99.3	24	17.1	15	31.9	3	6.4	18	38.3
Lawngtlai	149	33	99.3	11	7.4	16	48.5	1	3.0	17	51.5
Lunglei	107	48	99.1	33	31.1	35	72.9	1	2.1	36	75.0
Siaha	129	55	99.2	8	6.3	5	9.1	1	1.8	6	10.9
Serchhip	200	58	100.0	34	17.0	36	62.1	2	3.4	38	65.5
Total	1420	499	99.0	271	19.3	181	36.3	45	9.0	226	45.3

Inhalants use-MS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1933	211	17.3	57	27.0	112	53.1	4	1.9	116	55.0
Champhai	552	46	29.7	29	63.0	33	71.7	0	0.0	33	71.7
Kolasib	740	71	18.6	33	46.5	28	39.4	0	0.0	28	39.4
Mamit	584	30	14.4	15	50.0	15	50.0	1	3.3	16	53.3
Lawngtlai	909	62	16.7	40	64.5	46	74.2	2	3.2	48	77.4
Lunglei	329	25	14.0	3	12.0	6	24.0	0	0.0	6	24.0
Siaha	454	51	15.4	33	64.7	33	64.7	0	0.0	33	64.7
Serchhip	732	105	23.9	68	64.8	64	61.0	3	2.9	67	63.8
Total	6233	601	18.7	278	46.3	337	56.1	10	1.7	347	57.7

Inhalants use-HS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	80	51.7	14	17.5	15	18.8	1	1.3	16	20.0
Champhai	256	36	64.1	2	5.6	6	16.7	0	0.0	6	16.7
Kolasib	212	34	65.1	8	23.5	10	29.4	4	11.8	14	41.2
Mamit	215	27	39.1	4	14.8	10	37.0	0	0.0	10	37.0
Lawngtlai	262	15	58.0	6	40.0	3	20.0	0	0.0	3	20.0
Lunglei	68	10	67.6	1	10.0	4	40.0	0	0.0	4	40.0
Siaha	143	10	49.0	1	10.0	2	20.0	0	0.0	2	20.0
Serchhip	279	56	62.7	10	17.9	23	41.1	1	1.8	24	42.9
Total	2083	268	55.9	46	17.2	73	27.2	6	2.2	79	29.5

Inhalants use-HSS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	88	46.0	14	16	14	15.9	0	0.0	14	15.9
Champhai	47	2	46.8	2	100	1	50.0	0	0.0	1	50.0
Kolasib	92	12	68.5	8	67	5	41.7	0	0.0	5	41.7
Mamit	127	16	59.1	4	25	5	31.3	0	0.0	5	31.3
Lawngtlai	555	46	65.6	6	13	2	4.3	0	0.0	2	4.3
Lunglei	64	7	87.5	1	14	0	0.0	0	0.0	0	0.0
Siaha	52	1	61.5	1	100	1	100.0	0	0.0	1	100.0
Serchhip	209	32	66.5	10	31	9	28.1	0	0.0	9	28.1
Total	2430	204	55.2	46	23	37	18.1	0	0.0	37	18.1

DRUGS AND CHILDREN IN MIZORAM

District wise findings-Heroin

Heroin use-OSS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	46	97.1	39	14.3	7	15.2	33	71.7	40	87.0
Champhai	250	49	98.4	45	18.3	0	0.0	12	24.5	12	24.5
Kolasib	164	36	100.0	31	18.9	3	8.3	27	75.0	30	83.3
Mamit	141	5	99.3	3	2.1	2	40.0	0	0.0	2	40.0
Lawngtlai	149	24	99.3	16	10.8	15	62.5	6	25.0	21	87.5
Lunglei	107	1	99.1	0	0.0	0	0.0	0	0.0	0	0.0
Siaha	129	20	99.2	16	12.5	9	45.0	7	35.0	16	80.0
Serchhip	200	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	1420	183	99.0	150	10.7	36	19.7	85	46.4	121	66.1

Heroin use-HS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	8	51.7	3	37.5	3	37.5	0	0.0	3	37.5
Champhai	256	4	64.1	0	0.0	0	0.0	0	0.0	0	0.0
Kolasib	212	2	65.1	0	0.0	1	50.0	0	0.0	1	50.0
Mamit	215	4	39.1	0	0.0	1	25.0	0	0.0	1	25.0
Lawngtlai	262	1	58.0	0	0.0	0	0.0	0	0.0	0	0.0
Lunglei	68	0	67.6	0	0.0	0	0.0	0	0.0	0	0.0
Siaha	143	1	49.0	0	0.0	0	0.0	0	0.0	0	0.0
Serchhip	279	13	62.7	7	53.8	5	38.5	0	0.0	5	38.5
Total	2083	33	55.9	10	30.3	10	30.3	0	0.0	10	30.3

Heroin use-HSS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	29	46.0	4	14	7	24.1	0	0.0	7	24.1
Champhai	47	0	46.8	0	0	0	0.0	0	0.0	0	0.0
Kolasib	92	0	68.5	0	0	0	0.0	0	0.0	0	0.0
Mamit	127	1	59.1	1	100	0	0.0	0	0.0	0	0.0
Lawngtlai	555	2	65.6	0	0	0	0.0	0	0.0	0	0.0
Lunglei	64	1	87.5	0	0	0	0.0	0	0.0	0	0.0
Siaha	52	0	61.5	0	0	0	0.0	0	0.0	0	0.0
Serchhip	209	2	66.5	1	50	1	50.0	0	0.0	1	50.0
Total	2430	35	55.2	6	17	8	22.9	0	0.0	8	22.9

District wise findings-Pharmaceutical Opioids

Pharmaceutical Opioid Use-OOS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
No.	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	42	97.1	30	11.0	25	59.5	9	21.4	34	81.0
Champhai	250	75	98.4	71	28.9	1	1.3	35	46.7	36	48.0
Kolasib	164	27	100.0	20	12.2	10	37.0	9	33.3	19	70.4
Mamit	141	38	99.3	30	21.4	20	52.6	7	18.4	27	71.1
Lawngtlai	149	30	99.3	19	12.8	20	66.7	4	13.3	24	80.0
Lunglei	107	7	99.1	3	2.8	3	42.9	0	0.0	3	42.9
Siaha	129	47	99.2	30	23.4	20	42.6	10	21.3	30	63.8
Serchhip	200	28	100.0	25	12.5	21	75.0	4	14.3	25	89.3
Total	1420	294	99.0	228	16.2	120	40.8	78	26.5	198	67.3

Pharmaceutical Opioid Use-HS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
No.	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	141	51.7	70	49.6	31	22.0	3	2.1	34	24.1
Champhai	256	55	64.1	24	43.6	9	16.4	0	0.0	9	16.4
Kolasib	212	54	65.1	22	40.7	13	24.1	0	0.0	13	24.1
Mamit	215	52	39.1	26	50.0	21	40.4	1	1.9	22	42.3
Lawngtlai	262	83	58.0	47	56.6	28	33.7	1	1.2	29	34.9
Lunglei	68	9	67.6	4	44.4	1	11.1	0	0.0	1	11.1
Siaha	143	17	49.0	2	11.8	1	5.9	0	0.0	1	5.9
Serchhip	279	56	62.7	39	69.6	26	46.4	0	0.0	26	46.4
Total	2083	467	55.9	234	50.1	130	27.8	5	1.1	135	28.9

Pharmaceutical Opioid Use-HSS											
District	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
No.	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	52	46.0	7	13	11	21.2	0	0.0	11	21.2
Champhai	47	0	46.8	0	0	0	0.0	0	0.0	0	0.0
Kolasib	92	7	68.5	6	86	3	42.9	0	0.0	3	42.9
Mamit	127	6	59.1	5	83	4	66.7	0	0.0	4	66.7
Lawngtlai	555	24	65.6	6	25	3	12.5	0	0.0	3	12.5
Lunglei	64	0	87.5	0	0	0	0.0	0	0.0	0	0.0
Siaha	52	2	61.5	0	0	0	0.0	0	0.0	0	0.0
Serchhip	209	11	66.5	4	36	3	27.3	1	9.1	4	36.4
Total	2430	102	55.2	28	27	24	23.5	1	1.0	25	24.5

DRUGS AND CHILDREN IN MIZORAM

District wise findings-Pharmaceutical Sedatives

Pharmaceutical Sedative Use-OOS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	280	76	97.1	35	12.9	52	68.4	16	21.1	68	89.5
Champhai	250	88	98.4	21	8.5	6	6.8	43	48.9	49	55.7
Kolasib	164	41	100.0	19	11.6	20	48.8	10	24.4	30	73.2
Mamit	141	65	99.3	20	14.3	27	41.5	10	15.4	37	56.9
Lawngtlai	149	34	99.3	8	5.4	25	73.5	1	2.9	26	76.5
Lunglei	107	24	99.1	21	19.8	12	50.0	1	4.2	13	54.2
Siaha	129	43	99.2	15	11.7	22	51.2	6	14.0	28	65.1
Serchhip	200	83	100.0	20	10.0	42	50.6	6	7.2	48	57.8
Total	1420	454	99.0	159	11.3	206	45.4	93	20.5	299	65.9

Pharmaceutical Sedative Use-HS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	648	40	51.7	18	45.0	12	30.0	2	5.0	14	35.0
Champhai	256	14	64.1	1	7.1	1	7.1	0	0.0	1	7.1
Kolasib	212	11	65.1	6	54.5	8	72.7	0	0.0	8	72.7
Mamit	215	15	39.1	5	33.3	5	33.3	1	6.7	6	40.0
Lawngtlai	262	7	58.0	3	42.9	2	28.6	1	14.3	3	42.9
Lunglei	68	0	67.6	0	0.0	0	0.0	0	0.0	0	0.0
Siaha	143	8	49.0	1	12.5	2	25.0	0	0.0	2	25.0
Serchhip	279	22	62.7	11	50.0	9	40.9	0	0.0	9	40.9
Total	2083	117	55.9	45	38.5	39	33.3	4	3.4	43	36.8

Pharmaceutical Sedative Use-HSS											
	Total respondents	Use				Treatment required					
		Ever		Last 3 months		Brief		Intensive		Total	
District	No.	No.	%	No.	%	No.	%	No.	%	No.	%
Aizawl	1284	105	46.0	34	32.4	17	16.2	1	1.0	18	17.1
Champhai	47	1	46.8	0	0.0	0	0.0	0	0.0	0	0.0
Kolasib	92	7	68.5	3	42.9	1	14.3	0	0.0	1	14.3
Mamit	127	9	59.1	2	22.2	2	22.2	0	0.0	2	22.2
Lawngtlai	555	43	65.6	10	23.3	7	16.3	0	0.0	7	16.3
Lunglei	64	0	87.5	0	0.0	0	0.0	0	0.0	0	0.0
Siaha	52	0	61.5	0	0.0	0	0.0	0	0.0	0	0.0
Serchhip	209	14	66.5	4	28.6	4	28.6	0	0.0	4	28.6
Total	2430	179	55.2	53	29.6	31	17.3	1	0.6	32	17.9

District wise findings-Injecting Drug Use

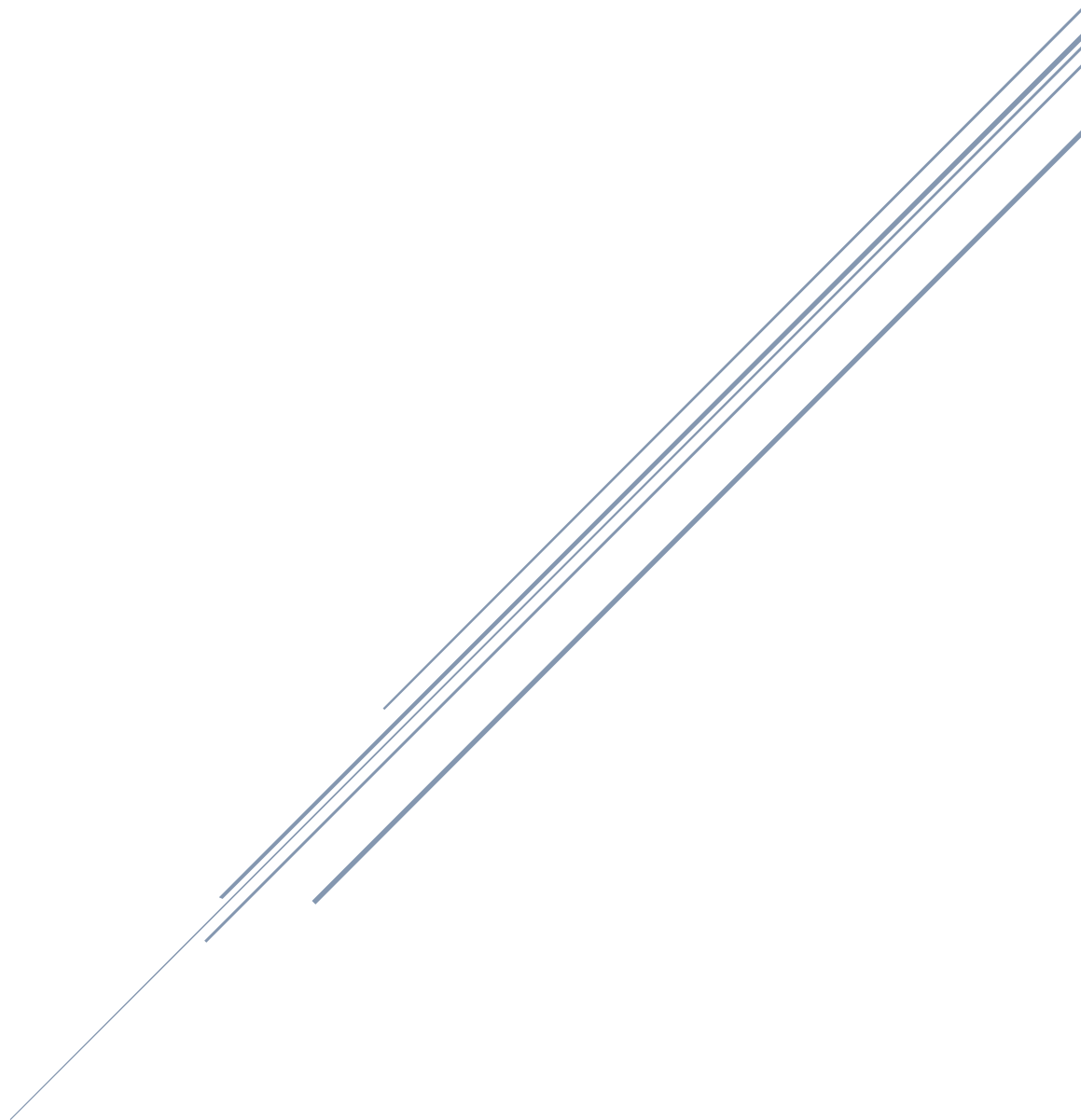
Injecting drug use -OOS					
	Total respondents	Use			
		Ever		Last 3 months	
District	No.	No.	%	No.	%
Aizawl	280	50	17.9	33	66.0
Champhai	250	112	44.8	0	0.0
Kolasib	164	36	22.0	30	83.3
Mamit	141	15	10.6	5	33.3
Lawngtlai	149	31	20.8	5	16.1
Lunglei	107	2	1.9	0	0.0
Siaha	129	29	22.5	13	44.8
Serchhip	200	14	7.0	4	28.6
Total	1420	289	20.4	90	31.1

Injecting drug use -MS					
	Total respondents	Use			
		Ever		Last 3 months	
District	No.	No.	%	No.	%
Aizawl	1933	10	0.5	2	20.0
Champhai	552	6	1.1	2	33.3
Kolasib	740	5	0.7	1	20.0
Mamit	584	3	0.5	0	0.0
Lawngtlai	909	5	0.6	2	40.0
Lunglei	329	1	0.3	1	100.0
Siaha	454	14	3.1	3	21.4
Serchhip	732	13	1.8	1	7.7
Total	6233	57	0.9	12	21.1

Injecting drug use -HS					
	Total respondents	Use			
		Ever		Last 3 months	
District	No.	No.	%	No.	%
Aizawl	648	6	0.9	3	50.0
Champhai	256	1	0.4	1	100.0
Kolasib	212	3	1.4	1	33.3
Mamit	215	2	0.9	2	100.0
Lawngtlai	262	1	0.4	0	0.0
Lunglei	68	2	2.9	0	0.0
Siaha	143	1	0.7	0	0.0
Serchhip	279	10	3.6	2	20.0
Total	2083	26	1.2	9	34.6

Injecting drug use -HSS					
	Total respondents	Use			
		Ever		Last 3 months	
District	No.	No.	%	No.	%
Aizawl	1284	23	1.8	4	17.4
Champhai	47	0	0.0	0	0.0
Kolasib	92	1	1.1	0	0.0
Mamit	127	2	1.6	1	50.0
Lawngtlai	555	3	0.5	0	0.0
Lunglei	64	0	0.0	0	0.0
Siaha	52	0	0.0	0	0.0
Serchhip	209	4	1.9	2	50.0
Total	2430	33	1.4	7	21.2

RECOMMENDATIONS



Recommendations

Following are the recommendations based on the findings from the survey:

- Laws and policy related:
 - Government need to remove legal and policy related barriers to ensure that evidence-based drug treatment can also be made available for children below the age of 18 years
 - Government need to change the legal provisions and policies that currently affect treatment provision for those below 18 years.
- Government schemes to facilitate treatment for children:
 - Government need to bring about changes in the existing schemes for drug treatment to include those below 18 years of age.
 - Government need to initiate evidence-based interventions required for prevention of drug use among the children below the age of 18 years
 - Government need to setup separate (IRCA like) drug treatment centres specifically for children below 18 years of age. Ensure that such services are planned and executed keeping the needs of the children and child rights in mind.
 - Government should ensure that globally evidence-based drug treatment services like Opioid Substitution Therapy and Needle syringe programmes are also made available to those below 18 years.
 - Government should ensure capacity building of service providers on the needs of the children who use drugs and the requisite skills for delivering them in child friendly manners
- Preventive intervention in schools:
 - Government need to facilitate development of evidence informed strategies for drug use prevention among school students
 - Government should facilitate development of appropriate class specific drug prevention materials that provide requisite knowledge and skills
 - Government should ensure that class specific modules are integrated into school curriculum
 - Government should facilitate development of drug prevention intervention for parents – the intervention should include interventions for enhancing positive parenting skills
 - Government should build capacity of service providers within the school education system for providing drug prevention services
 - Government should ensure that capacity is built for providing preventing intervention among parents
 - Government should facilitate development of protocols for dealing with drug using students - including providing treatment and follow up

- Government should ensure that all schools have clearly defined drug policy that also provides guidelines for ensuring that treatment services are provided for students who use drugs rather than punishing them
 - Government should facilitate conducting of school based interventions involving students (peer led) for prevention and early identification of drug use and other problematic behaviours
 - Government should ensure that all schools have access to school counsellors - they may be shared among different schools in remoter locations and among schools with fewer number of students
 - Government should facilitate development of systems for early identification of deviant behaviours like violence, stealing, running away from home among children and providing evidence-based treatment for them and not punishment
 - Government should build capacity for the school counsellors to be able to lead the preventive intervention in schools, counselling of children with potential risk factors, early identification of drug use and other related problems e.g., mental health issues, violence, juvenile delinquency etc. and referral for treatment services as required.
 - Government should arrange for appropriate services that are available and accessible for treatment of drug use disorders among school students
- Preventive intervention for out of school children:
 - Government should develop strategies for drug use prevention for out of school children
 - Government should develop age-appropriate drug prevention materials for the out of school children
 - Government should conduct programmes for preventing drug use among out of school children
 - Government should ensure that out of school drug prevention programmes are peer led interventions involving out of school children
 - Government should build capacity of service providers for providing drug prevention services among children who are out of school
 - Government should ensure that capacity for providing intervention among their parents are also built
- Treatment and related services for school students
 - Government should develop strategies for providing drug treatment services among school students. Interventions should include:
 - Early identification of drug use and treatment of drug using children
 - Counselling services for children at risk and those already using drugs
 - Drug treatment services- including follow up, relapse prevention, relapse identification and continuum of care
 - Generate awareness on mental health issues among children, screening and providing treatment through referral

DRUGS AND CHILDREN IN MIZORAM

- Build capacity of service providers to deliver evidence based and child friendly services
- Government should build skills among children and their parents to prevent drop out
- Treatment and related services for out of school children
 - Government should develop strategies for providing drug treatment services among out of school children. Interventions should include:
 - Early identification of drug use and accompanied referral for treatment – through peer led interventions
 - Counselling services for children at risk and those already using drugs
 - Drug treatment services- including follow up, relapse prevention, relapse identification and continuum of care
 - Generation of awareness on mental health issues among children, screening and providing treatment through referral
 - Build capacity of service providers to deliver evidence based and child friendly services
 - Government should arrange to build skills among children for re-integration into mainstream education
 - Government need to strengthen programmes for reintegration of school dropouts
- Observation homes
 - Government need to provide evidence-based drug treatment services at observation home/ juvenile homes
 - Government need to ensure a system of following up with the children treated
- Ensure coverage with services
 - Government should set up at least one government drug treatment programme preferably Integrated Rehabilitation Centre for Addicts (IRCA), or Drug Deaddiction Programme (DDAP) at each district for children below 18 years. They should have separate provisions for males and females
 - Government should ensure that at least one school counsellor is available in each block
- Network of service providers:
 - Government need to develop network of agencies working among children and adolescents to widen the net for early identification of deviant behaviours like violence, stealing, running away, drug use and their treatment
 - Government need to build capacity of agencies working among children and adolescents to facilitate early identification of drug use and other deviant behaviours and their treatment

- Actively involve networks of people who use drugs
 - Government need to actively involve networks of people who use drugs for advocacy and policy change at the state and national levels
 - Government need to ensure that such networks are also involved in capacity building of service providers to help better communicate the requirements of the community members
 - Government need to ensure that network of people using drugs should be involved at every stage of evidence generation
- Continued evidence generation
 - Government need to ensure that data collection on drug use among children is a continuous process and similar surveys should be repeated once every 3 years
 - Various Government Departments need to ensure that drug use and consequences related data among children collected and made easily available for assessment- especially from the educational institutes, government hospitals and the law enforcement agencies

DRUGS AND CHILDREN IN MIZORAM

Annexure-1

Additional tables and graphs

Table a 1

Drugs used	Male		Ever (n=1068)		Female		Ever (n=342)		All		Ever use				Use in the last 3 months	
	Last 3 months (n=male ever)				Last 3 months (n=female ever)				Last 3 months (n=all ever)		Ever % (n=1410)		p-value	Odds ratio	p-value	Odds ratio
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%				
Tobacco	1044	98.6	1059	99.2	333	98.5	338	98.8	1377	98.6	1397	99.1	0.53	1.39	1.00	1.05
Alcohol	851	89.9	947	88.7	174	79.5	219	64.0	1025	87.9	1166	82.7	0.00	4.40	0.00	2.29
Cannabis	509	79.4	641	60.0	48	71.6	67	19.6	557	78.7	708	50.2	0.00	6.16	0.16	1.53
Inhalants	252	54.1	466	43.6	19	61.3	31	9.1	271	54.5	497	35.2	0.00	7.77	0.46	1.34
Heroin	146	83.4	175	16.4	3	42.9	7	2.0	149	81.9	182	12.9	0.00	9.38	0.02	6.71
Prescription Opioids	169	74.8	226	21.2	58	86.6	67	19.6	227	77.5	293	20.8	0.59	1.10	0.05	2.17
Prescription Sedatives	260	79.5	327	30.6	90	72.0	125	36.5	350	77.4	452	32.1	0.05	1.31	0.10	1.51

DRUGS AND CHILDREN IN MIZORAM

Table a 4

	Male						Female						All								
	Treatment required			Ever use	Treatment required			Ever use	Treatment required			Ever use									
	Brief	Intensive	Total		Brief	Intensive	Total		Brief	Intensive	Total										
	Drugs	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.					
Tobacco	805	76.0	232	21.9	1037	97.9	1059	241	71.3	81	24.0	322	95.3	338	1046	74.9	313	22.4	1359	97.3	1397
Alcohol	230	24.3	441	46.6	671	70.9	947	83	37.9	24	11.0	107	48.9	219	313	26.8	465	39.9	778	66.7	1166
Cannabis	320	49.9	149	23.2	469	73.2	641	16	23.9	24	35.8	40	59.7	67	336	47.5	173	24.4	509	71.9	708
Inhalants	169	36.3	44	9.4	213	45.7	466	11	35.5	2	6.5	13	41.9	31	180	36.2	46	9.3	226	45.5	497
Heroin	35	20.0	84	48.0	119	68.0	175	1	14.3	1	14.3	2	28.6	7	36	19.8	85	46.7	121	66.5	182
Prescription Opioids	88	38.9	60	26.5	148	65.5	226	31	46.3	18	26.9	49	73.1	67	119	40.6	78	26.6	197	67.2	293
Prescription Sedatives	157	48.0	59	18.0	216	66.1	327	48	38.4	34	27.2	82	65.6	125	205	45.4	93	20.6	298	65.9	452

Table a 5

Drugs used	Male				Female				All			
	Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months	
	no.	% (n=3055)	no.	%	no.	% (n=3102)	no.	%	no.	% (n=6166)	no.	%
Tobacco	1560	51.1	931	59.7	958	30.9	551	57.5	2518	40.8	1482	58.9
Alcohol	1113	36.4	546	49.1	691	22.3	296	42.8	1804	29.3	842	46.7
Cannabis	317	10.4	146	46.1	90	2.9	15	16.7	407	6.6	161	39.6
Inhalants	400	13.1	204	51.0	196	6.3	73	37.2	596	9.7	277	46.5

Table a 6

Drugs	Male						Female						All									
	Treatment required			Ever use			Treatment required			Ever use			Treatment required			Ever use						
	Brief		Total	Intensive			Brief		Total	Intensive			Brief		Total	Intensive						
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	p-value				
Tobacco	806	51.7	20	1.3	826	52.9	1560	48.2	9	0.9	471	49.2	958	1268	50.4	29	2.2	1297	51.5	2518	0.07	
Alcohol	294	26.4	8	0.7	302	27.1	1113	16.4	2	0.3	115	16.6	691	407	22.6	10	2.4	417	23.1	1804	0.00	
Cannabis	174	54.9	4	1.3	178	56.2	317	31	34.4	2	2.2	33	36.7	90	205	50.4	6	2.8	211	51.8	407	0.00
Inhalants	250	62.5	6	1.5	256	64.0	400	83	42.3	4	2.0	87	44.4	196	333	55.9	10	2.9	343	57.6	596	0.00

Table a 7

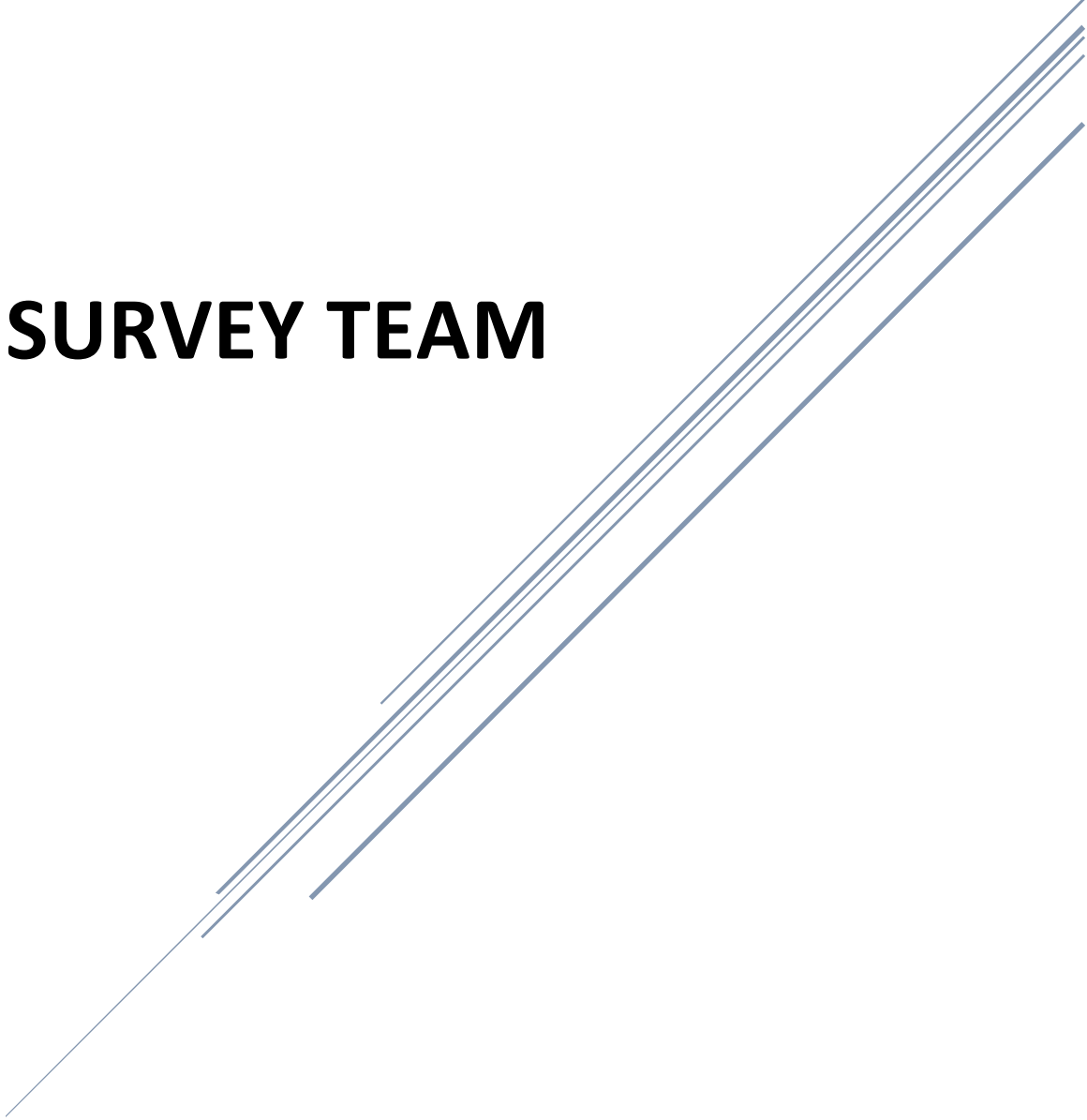
Drugs Last 3 months	Male				Female				All				Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever		Last 3 months		Ever	
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DRUGS AND CHILDREN IN MIZORAM

Table a 8

Drugs	Male										Female										All									
	Treatment required						Ever use	Treatment required						Ever use	Treatment required						Ever use	Odds ratio	p-value							
	Brief		Intensive		Total			Brief		Intensive		Total			Brief		Intensive		Total											
	No.	%	No	%	No.	%		No.	%	No.	%	No.	%		No.	%	No.	%	No.	%										
Tobacco	369	53.4	49	7.1	418	60.5	691	186	40.0	6	1.3	192	41.3	465	555	48.0	55	4.8	610	52.8	1156	2.2	0.0							
Alcohol	147	24.4	16	2.7	163	27.1	602	44	13.5	1	0.3	45	13.8	327	191	20.6	17	1.8	208	22.4	929	2.3	0.0							
Cannabis	96	32.5	6	2.0	102	34.6	295	7	15.2	0	0.0	7	15.2	46	103	30.2	6	1.8	109	32.0	341	2.9	0.0							
Inhalants	61	28.2	6	2.8	67	31.0	216	12	24.5	0	0.0	12	24.5	49	73	27.5	6	2.3	79	29.8	265	0.1	0.0							
Heroin	7	31.8	0	0.0	7	31.8	22	3	27.3	0	0.0	3	27.3	11	10	30.3	0	0.0	10	30.3	33	0.6	0.0							
Pharmaceutical Opioids	65	27.3	4	1.7	69	29.0	238	63	28.3	1	0.4	64	28.7	223	128	27.8	5	1.1	133	28.9	461	0.2	0.0							
Pharmaceutical Sedatives	23	32.9	3	4.3	26	37.1	70	15	33.3	1	2.2	16	35.6	45	38	33.0	4	3.5	42	36.5	115	1.1	1.0							

SURVEY TEAM



List of survey team members

Designation	Name
State Survey Coordinator	Dr. Elsadai B Lalbersiama
Survey Coordinator	Robert Zosangliana
Survey accountant	Ms. Sangteil Zuali

List of School Coordinators for the School Survey

In School Team	
District	Name of the School Coordinator
Aizawl	B Lalmalsawma
	Benjamin Laltanpuia
	Lalruatfela
	Vanlalchami
	V L Ruata Sailo
Champhai	Lallawmawma
	Israel Rodingliana
Kolasib	R Lalruata
Mamit	Lalrinawma
Lunglei	A Rosangpuui
	Lalrinkima
	Lalropuia
Lawngtlai	Rosalyn Sanghmingliani
	J Lalrinchhani
Serchhip	Alfred lalhmingmuana
Siaha	P.Beipaduasa

Out of School Team		
Survey Coordinating Agency	Light for Comprehensive Development (LiFCoDe)	
Team Coordinator	C. Lalhmingangi	
District	Name	Sex
Aizawl	V.L. Hmangaihzuali	Female
	H. Lalrinzuali	Female
	Zonunpuui	Female
	Lalhlimpuui	Female
	Lalrinfeli	Female
	K. Lalengmawii	Female
	Vanlalsangzeli	Female

	Lalengzuali	Female
Champhai	K.C. Zohmingsanga	Male
	C.D. Lalnunthara	Male
	Vanlalrempuii Hrahse	Female
	Vanlalthmuaki	Female
Kolasib	Mary Lallawmzuali	Female
	Alphonsa Lalrinkimi	Female
	Lalduhkimi	Female
	P.C. Zohmingliani	Female
	Lalmalsawma Royte	Male
	C.Lalrinliana	Male
	Lalrohlua	Male
	Hmingthazama	Male
	K. Lalchungnungi	Female
	H. Lalruatdiki	Female
	Judy Lalthapuii	Female
	Ainawni	Female
	Zaihrualtuangi	Female
	Laltlanhlui	Female
	Lalrualpuii	Female
Lawngtlai	K. Lalliantluanga	Male
	B. Hmingthansiami	Female
	H. Rohluzuali	Female
Lunglei	Vanlalruatpuia	Male
	Jennifer Zonunfeli	Female
	C.Lalrinpuii	Female
Mamit District	Malsawmdawngkimi	Female
	Vanlaltluangi	Female
	Angela Laltleipuii	Female
Serchhip District	Lalvensanga	Male
	F. Hmingthankimi	Female
	R. Lalhmangaihsangi	Female
Siaha District	N. Beithasia	Male
	Lalnunpuii	Female
	B. Lalruatsangi	Female

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