

Baseline survey on extent & pattern of drug use in Mizoram



Social Welfare Department,
Government of Mizoram

Baseline survey on extent & pattern of drug use in Mizoram

Social Welfare Department,
Government of Mizoram

Year of Publication: 2017

Funded by: The Government of Mizoram

Published By: Social Welfare Department, Government of Mizoram

Authors: Debashis Mukherjee, Ms. Lalhlupuii Sailo, Ms. Laldikkimi, Ms. Vanlaldini, Dr. Lalnunthara, Ms. Chuauzikpuii

All rights reserved.

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

Disclaimer

The opinions expressed in this document do not necessarily represent the official policy of the Social Welfare Department or that of the Government of Mizoram.

Printed at The Mizoram Government Press



LAL THANHAWLA
CHIEF MINISTER
MIZORAM, AIZAWL-796001



Off. : 0389-2322150 (O)
0389-2322274 (O)
Fax : 0389-2322245
E-mail : cm-mizoram@nic.in

MESSAGE

It gives me great pleasure to endorse the findings of the first ever state wide 'Baseline survey on extent & pattern of drug use in Mizoram'. The survey being fully supported and funded by state resources is the first of its kind in India.

It is unfortunate that the youth today are starting drugs orally - early in their adolescence and moving on to injecting by the time they are nineteen years of age. Preventive intervention at school and beyond need to be strengthened for early identification of problems. Special emphasis needs to be laid on preventing the switch from oral to injecting drug use and reversing the process at the earliest possibility. The findings of the survey indicate problems not only limited to the males but affecting the females and minors as well. However, it is heartening to learn that it is possible to manage the current crisis and reverse the situation for the better. In order to see the change - it will be necessary to invest wholeheartedly in health centric and human rights oriented approaches. The treatment should be made accessible without the fear of being criminalised and stigmatised for men, women and also minors.

Use of stimulants like cocaine and methamphetamine has been evidenced. Alcohol, in spite of the long prohibition, still continues to be a significant problem in most districts. Specialised treatment services for alcohol and tobacco will need to be established across the state.

The study provides crucial evidence of how the international borders with Bangladesh and Myanmar influence drug use in the adjacent districts and should also guide the efforts at restricting drug movement within the state. This process of scientifically studying the use of drugs and its consequences should become a regular programme under the government and help in measuring the changes.

I wish the Social Welfare Department, the Health & Family Welfare Department, Home Department, Excise & Narcotics Department and all related agencies - the very best in their future efforts in reducing the problem of drug use and how it affects the people of this state.


(LAL THANHAWLA)

Dated Aizawl
the 20th June, 2017



MESSAGE

Drug use is primarily a health problem having its roots in social and psychological aspects of the individuals affected by it. Beyond health, drug use affects, economically and has socio-legal consequences too- not only for those who use it but also for their family and the society at large. Social Welfare department, Government of Mizoram- the focal agency responsible for prevention of drug use, treatment and care of people who have been affected by it, has been planning to deal with the related issues scientifically. In order to plan scientifically- evidences are required. This 'Baseline survey on extent & pattern of drug use in Mizoram' is the first step towards the process

The study reports that tobacco, alcohol, cannabis, opium, heroin, pharmaceutical opioids, sedatives and volatile solvents are being used by significant size of the population in all the eight districts in the state. While, males in their youths are the most affected, drug use among females and minors have also been evidenced. Though reported in small proportions, use of cocaine and Amphetamine Type Stimulants (ATS) have also been noted.

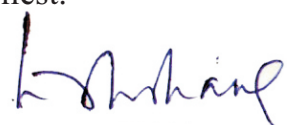
Furthermore, the study shows that people in their teens are initiating with legal drugs like tobacco, alcohol and quickly progressing into illegal and injecting drug use. But it also indicates that there is opportunity at every step to halt this progress and reverse it.

The finding that every four out of five persons reporting alcohol use initiated with it during the era of prohibition needs to be deliberated upon sincerely when considering future alcohol related policies.

Evidence based treatment services need to be standardised across the state. Women friendly treatment services need to be made available and accessible.

Greater evidence is required on drug use among minors so that strategic preventive interventions can be planned and initiated at the earliest.

Dated Aizawl
the 21st June, 2017


(P.C. LALTHANLIANA)



FOREWORD

It indeed is a milestone for Mizoram that the crucial report- 'Baseline survey on extent & pattern of drug use in Mizoram' come to finalisation. The study has looked into the various aspects of drug use in the community as well as in the prisons. While, much was known anecdotally -this study provides a evidential picture of the drug scenario in the state as a whole, as well as those in every district. It tells us how drug use among females is different from those of the males. Mizoram shares international borders with both Bangladesh and Myanmar and this study provides an evidential understanding of how they influence drug use in the state.

The study has provided the much-needed evidences to scientifically strategise the future efforts towards reducing the drug problem in the state. All efforts will now need to be made to strengthen prevention of drug use as well as treatment and care of those affected. Long term evidence based preventive intervention in schools and beyond should be strengthened and linked to the larger efforts of child care and development, in order to make it sustainable and effective.

Treatment should always focus on identification of drug use at the earliest and provide the most scientific management option possible so that the progression to other drugs and injecting can be prevented. Since, drug use is chronic and relapsing in nature it will be expedient to keep them engaged with necessary treatment services. Interventions at preventing switch from oral to injecting should be specially emphasised. All such interventions will need to be standardised so that quality of services provided are uniform- available and easily accessible for the people who need it.

It will need coordinated efforts of the various agencies engaged in the process and should be guided by health centric and human rights oriented approach.

Dated Aizawl,
the 21st June, 2017


(P.LALCHHUANGA)



**SOCIAL WELFARE DEPARTMENT
GOVERNMENT OF MIZORAM**

*Director,
Social Welfare Department
Government of Mizoram.*



0389 - 2390923
2393530
Fax - 2393531

PREFACE

The Social Welfare Department has been working to reduce drug use in the state since long. But in the absence of scientific evidences it has been a struggle to make long term plans and follow up on them. Now the findings from the 'Baseline survey on extent & pattern of drug use in Mizoram' will provide the crucial basis for scientific planning.

The study highlights that though the youths are the most affected, initiation into various drugs begin during their teens. Preventive interventions starting in school and continuing even for drop outs need to be strategically planned and implemented.

Moreover, there is a trend among people who use opioids and sedatives to 'switch' from oral to injecting drug use. Since, complications and associated risks of injecting when compared to oral use are significantly higher it is necessary to invest strategically in halting and reversing the 'switch'.

In addition, though numerically small, greater proportions of women who use drugs reported dependence and lesser proportions received treatment. Treatment services for women and minors need to be made available and accessible.

Evidence based prevention, treatment and care services need to be made available and accessible even in the districts away from the capital. These treatment services will need to be standardized in keeping with international norms.

Evidence generation needs to be conducted regularly with active participation of the law enforcement agencies, health and educational institutes. Drug use related information should be recorded as part of their regular activities by these agencies.

Networks of people who use drugs need to be actively involved at all stages of planning, implementation and monitoring.

Dated Aizawl,
the 22nd June, 2017


(Dr. LALNUNTHARA)

List of investigators

Aizawl

Supervisors Ms. Ramdinpuii Ralte
Mr. Zothanfela

Field Investigators Mr.R.Lalrinzuala
Ms. Lalhriatzuali
Mr.P.C.Laldingliana
Ms.Remsangliani

Champhai

Supervisor Ms.P.B.Liansangpuii

Field Investigators Mr.B.Lalrinfela
Mr.C.Vanlalruata
Ms.Lalzuimawii

Kolasib

Supervisor Ms. B.Vanlalhruii

Field Investigators Ms.Baby Malsawmkimi
Ms.Lalramngaii
Mr. C.Lalhriatpuia

Lawngtlai

Supervisor Mr.ElvisLalthangzuala

Field Investigators Mr Lalropuia Chinzah
Ms.Lalramnghakhleli Fanai

Lunglei

Supervisor Mr.DavidJ.Lalfakzuala

Field Investigators Ms.Lalruatfeli Mualchin
Mr.Johny Malsawmliana
Mr.Lalzirmawia

Mamit

Supervisor Mr.SamuelLalrinawma

Field Investigators Ms. Caroline
Mr.Lalthuammawia

Saiha

Supervisor	Mr.Zomuanpuia
Field Investigators	Ms.KC. Chawngthanzami Mr.H.Kenedy Vanlalchung

Serchhip

Supervisor/s	Mr.Andrew Lalramhlua Renthlei
Field Investigators	Mr.Jessy Lalremsiama Khawthar Ms.Rinsangkimi

Prisons	Dr.Mary Ann Lalhmingliani Halliday
----------------	------------------------------------

State coordinator	Mr. Rayner Malsawmtluanga
--------------------------	---------------------------

Abbreviations

ATS	Amphetamine type stimulants
DIC	Drop-In Centre
FIDU	Female Injecting Drug User
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
ICD-10	International Statistical Classification of Diseases and Related Health Problems 10th Revision
IDU	Injecting Drug User
IEC	Information Education and Communication
IRCA	Integrated Rehabilitation Centre for Addicts
MSJ&E	Ministry of Social Justice and Empowerment
MSM	Men Who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NSP	Needle Syringe Programme
OD	Overdose
ORW	Outreach Worker
OST	Opioid Substitution Therapy
RDS	Respondent Driven Sampling
SD	Standard Deviation
SHG	Self Help Group
TB	Tuberculosis
UNODC	United Nations Office on Drugs and Crime

Contents	Page no.
Executive summary	1
Background	14
Community Based Survey	16
Methodology	17
Respondents	21
Findings	22
District-wise findings	44
Gender-wise findings	78
Border-wise findings	88
Prison based Survey	96
Methodology	97
Respondents	97
Findings	98
Discussions on community based survey	109
Discussions on prison based survey	116
Recommendations	121

1. Executive summary

The Social Welfare Department, Government of Mizoram – the Department responsible for drug use related problems in the state is keen to develop interventions to address the problems. As a first step, Social Welfare Department has conducted a baseline assessment of drug use in the state of Mizoram.

Objective of the survey

- To identify the geographical sites being affected by drugs
- To estimate the number of people (gender disaggregated) who use various types of drugs
- To better understand the modes, frequency and quantity of various drugs being used and their consequences
- have a better understanding of the situation of drug treatment services available and their accessibility to those affected

The survey

The survey consisted of two components:

1. Community based
2. Prison based

Methodology

For the community based respondents the internationally acclaimed methodology of Respondent Driven Sampling (RDS)¹ was used to reach out to the much-hidden population of the people who use drugs. Data was collected using a pre-designed questionnaire through one on one interviews by field investigators trained for the purpose.

In case of those from the prisons – data was collected through interviews using a pre-designed questionnaire from prison inmates who met the same criteria for those studied in the community- i.e. being above the age of 18 years and having used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year.

The community based survey

The respondents

In total 2633 people who use drugs in Mizoram participated in the community based survey. While the highest number of respondents were

¹Guidelines on surveillance among populations most at risk for HIV- UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance (2011)

from Aizawl (28.7%-756/2633) the lowest were from Lawngtlai (5.9%-155/2633).

Demographics

Median age of the respondents was 28 years (SD±6.5). While the respondents from Mamit and Champhai (both median age of 30.0 years with SDs ±7.3 & ±6.2 respectively), were the oldest, the youngest were from Saiha (median age of 25.0 years-SD ±5.1). Majority of the respondents were male (89.4%-2353/2633) with 10.1% (265/2633) being females and 0.4% (11/2633) trans genders'. Highest proportion of female respondents were reported from Aizawl (16%-121/756) and the lowest from Saiha (3.5%-9/255).

Education

The respondents were mostly educated with more than forty percent (41.4%-1091/2633) having completed middle school, 36.2% (954/2633) studying up to higher secondary and 10.4% (273/2633) completing graduation.

Employment & source of income

Majority of the respondents (81.6%-2149/2633) were unemployed. While 29.9% (143/478) of those who reported being employed were into regular full time jobs, a little more than one third (34.1%-163/2633) were into temporary work like odd jobs. Selling drugs as the main source of income over the last six months was reported by 5.2% (25/478) and 'sex for money' by 5.0% (24/478). Among those who reported sex for money as their main source of income 87.5% (21/24) were females.

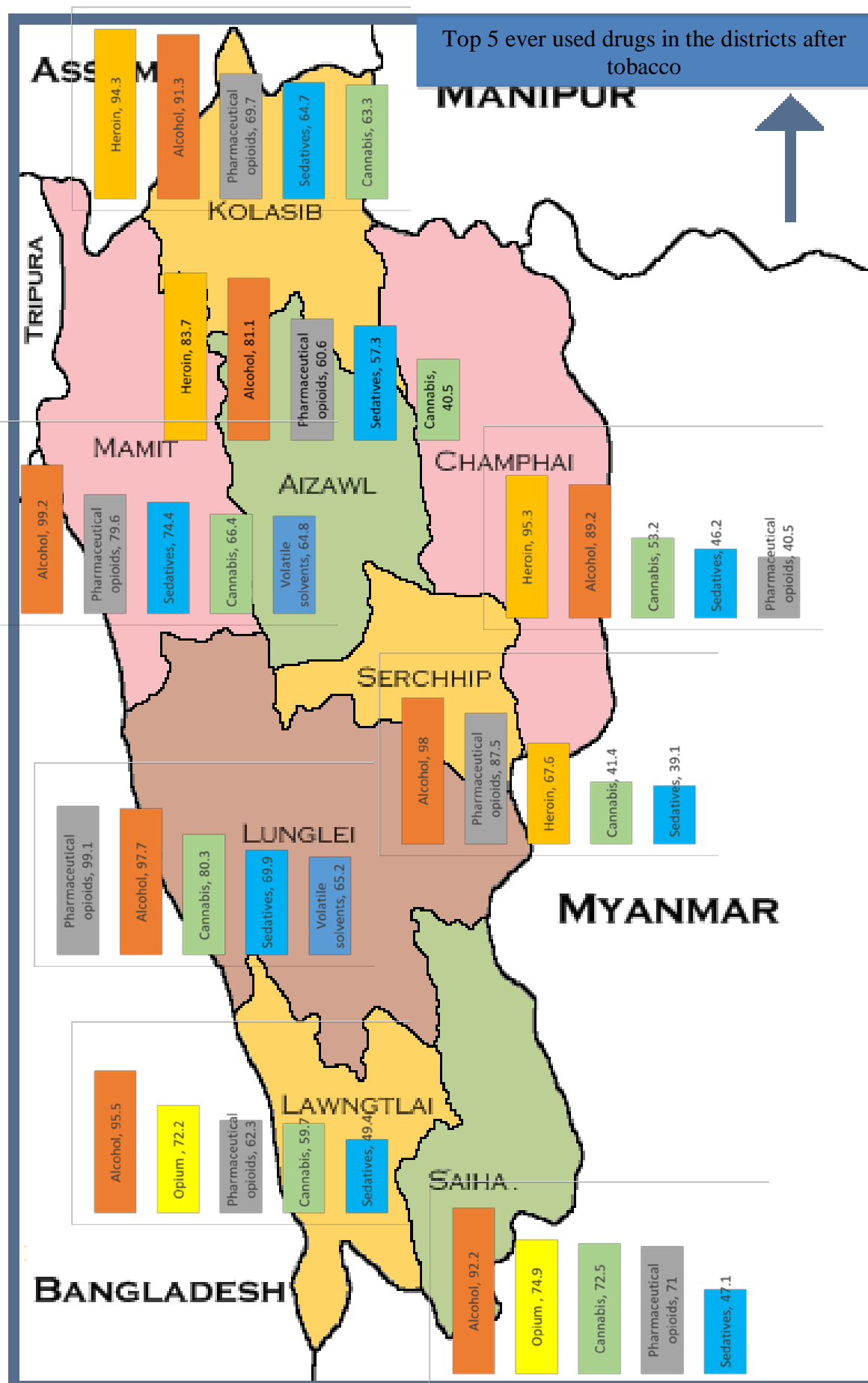
Selling drugs as the main source of income was reported by the highest proportion from Aizawl (14.6% -21/150). Highest proportion reporting sex for money were also from Aizawl (13.2% (19/150). None of the respondents reported selling drugs and sex for money from Champhai, Mamit, Saiha and Serchhip districts.

Marital status

Almost half (49.5%-1304/2633) the respondents were never married and another quarter (24.1%-635/2633) were divorced.

Drug use related findings

Ninety six percent (96.0%-2527/2633) of the respondents had used tobacco at least once in their life time, 90.7% (2387/2633) alcohol and 56.6% (1490/2633) cannabis. While heroin was used by 65.8%, pharmaceutical opioids was ever used by 69.8% (1837/2633) and sedatives by 56.8% (1496/2633). Ever use of cocaine was reported by 2.5% (65/2633), Amphetamine Type Stimulants (ATS) by 2.0% (52/2633) and hallucinogens by 0.3% (8/2633).



Dependence

Based on criteria laid down in ICD- 10, 73.3% (1269/1732) of those who ever used heroin were found to be dependent on it during the last one year. Dependence on pharmaceutical opioids (dextro-poxyphene based drugs) was reported by 44.0% (808/1837), alcohol by 39.2% (935/2387) and sedatives 38.6% (578/1496). Dependence on tobacco was reported by 63.35 (1559/2527).

Though reported in small proportions, 30.8% (20/65) of those who have ever used cocaine and 28.8% (15/52) of ATS users are found to be dependent on them.

Greater proportion of female respondents are found to be dependent on heroin (80.2%-101/126: 72.7%-1159/1594), pharmaceutical opioids (61.5%-107/174: 52.6%-872/1657) and sedatives (55.4%-82/148: 36.8%-493/1341) than their male counterparts.

Drug use in the districts

All districts report more than 90% respondents using tobacco and more than 80% using alcohol. Cannabis, opium, heroin, pharmaceutical opioids, sedatives and volatile solvents too are reported to be being used in all the eight districts. While cocaine use was not reported from Lunglei, ATS use was not reported from Saiha and use of hallucinogens was not reported from Lawngtlai, Mamit and Saiha districts.

Greater proportion of respondents from districts with no international borders (i.e.- Aizawl &Kolasib) report using heroin (86.7%-916/1056), cocaine (3.9%-41/1056) and ATS (2.8%- 30/1056). They also report significantly greater proportion of heroin (84.1%-770/916) and cocaine dependence (36.6%- 15/41).

Districts bordering only Myanmar report greater proportion dependent on heroin (74.2%- 392/528), opium (71.5%-158/221) and pharmaceutical opioids (62.3%-332/533).

Initiation into various drugs

Studying the median age of initiation into various drugs shows a trend where the first drugs used by the respondents are usually tobacco and/or volatile solvents at the early age of 15 years. They progressively move into alcohol and cannabis within the next two years. By the time, they are 19 years old, they try out pharmaceutical opioids and within one year they experiment with injecting. While opium and sedatives are initiated at 20 years of age, heroin is introduced at a slightly older median age of 21 years. People who have used cocaine, ATS start off at 21 and 26 years respectively while hallucinogens are initiated at 18 years.

Alcohol initiation

Use of alcohol was prohibited in Mizoram in the year 1997. Among those who have ever used alcohol, 85.6% (2044/2387) report initiation into it while the prohibition was in effect.

Injection related findings

Among the respondents 78.4% (2064/2633) have injected at least once in their lifetime. Median age of initiation into injecting any drugs is reported to be 19.00 years (SD ± 4.4). During the first injection dextro-propoxyphene based opioids (viz. -SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) is reported to be used by 56.6% (1168/2064) of the ever injectors followed by 42.8% (883/2064) reporting injection of heroin.

Among the ever injectors 80.6% (1633/2064) report using the same drug through some other mode during the last one month before injecting it. Among them more than half (52.0% -833/1633) have been using the same drug at least once a day before beginning to inject it.

Almost a quarter (24.1%-500/2064) reported injecting with needles and syringes already used by someone else 'that first time they had injected any drugs'.

More than half (51.8% -1069/2064) of those who had injected ever, thought that injecting the drug would give them a 'greater high', 54.6% (1127/2064) reported that they had friends and companions who were injecting and they too 'wanted to give it a try'.

Before taking the first injection, 68.5% (1413/2064) of those who had ever injected did not think that they may be infected with HIV and 72.9 % (1505/2064) were not afraid of being infected with Hepatitis-C.

More than two-third (67.9%-1402/2064) of those who had injected ever report injection as their primary route of drug use and 13.5% (279/2064) report using drugs both ways (injecting as well as non-injecting).

Among the ever injectors in the whole state, 60.5% (1248/2064) respondents report injecting at least once in the last three months. More than half (52.0%-1074/2064) of those who had injected ever, report injecting heroin during the last three months and 9.9% (203/2064) dextro propoxyphene (SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) during the same period.

Almost two- third (65.8% -1357/2064) of those who had ever injected report sharing (using needles & syringes after being used by someone else) at least once in their life time. Almost a quarter (25.6%-348/1357) of them had shared needles & syringes within the last three months. Among the respondents who had ever shared needles and syringes, 82.7% (1122/1357) said that they did not have their own needles and syringes at the time of injecting drugs, 41.9%

(568/1357) thought that 'it was safe because they had cleaned it', 39.0% (530/1357) reported that 'needles and syringes were hard to get' and 38.0% (515/1357) reasoned that they 'were (being) careful with whom they shared'.

The most favoured place for injecting was their own home as reported by 89.2% (1211/2064), followed by 86.3% (1172/2064) preferring abandoned buildings/places and 83.4% (1132/2064) friends' home. Almost three quarter (74.3% -1009/2064) of the respondents injected at drug peddling/shooting spots.

While, respondents injected with various people, most (91.5%- 1242/2064) preferred injecting alone, followed by drug using male peers (90.5%-1229/2064). Among the ever injectors 43.8% (595/2064) injected with the drug dealers.

Respondents who never injected

Respondents who had never injected any drugs reported varied reasons for never injecting. At the state level- top reasons for not injecting drugs ever are 'Fear/dislike of needles/ syringes/blood' (54.5%-310/569), being 'worried about HIV' (43.4%-247/569), being satisfied with non- injecting high' (41.3%-235/569), 'accustomed to non-injection; never thought of injecting'(37.8%-215/569) 'don't see myself as injector type', (36.4%-207/569) and being 'worried about Hepatitis-C' (34.6%-197/569).

Treatment related

Among all the respondents 59.7% (1573/2633) ever received any treatment for drug related issues, 70.9% (1116/1573) of them had ever received out-patient treatment and 50.8% (799/1573) had received in-patient treatment. Among those who had ever received treatment 78.6% (1236/1573) are currently on treatment. While, 48.0% (596/1241) of those who report currently receiving treatment received out-patient treatment and 39.3% (488/1241) received in-patient treatment. Opioid Substitution Therapy (OST) is being received by 35.9% (445/1241) and needles& syringes by 35.2% (437/1241)- all these respondents have injected at least once in the last three months.

Among the respondents who were not receiving any treatment at the time of the interview, 71.7 % (1002/1397) were not interested in seeking treatment, 31.1% (434/1397) reported that treatment was not available nearby and 17.3% (241/1397) were afraid that people would come to know.

Drug treatment in the districts

The respondents from the various districts vary greatly in terms of ever being treated for drug related problems. While two third or more respondents are ever treated in Champhai (89.2%), Lunglei (79.7%) and Aizawl (69.2%), almost two third from Mamit (65.6%- 164/250) and 82.8% (212/256) from Serchhip never received any form of drug treatment.

Drug treatment for females

More than half of the female respondents (55.8 % -148/265) never received any form of drug treatment. More than 80% of female respondents from Lawngtlai (80.0%-12/15), Saiha (88.9%-8/9), Mamit (95.0% -19/20) and Champhai (95.7%- 22/23) did not receive any treatment.

Legal issues

Among all the respondents, 44.6% (1174/2633) have been arrested ever for drug related offences, 64.2% (754/1174) of them have been arrested more than once. While, 54.4% (639/1174) have been arrested for drug use, 8.3% (98/1174) for possession of drugs, 12.0% (141/1174) for drug selling and 22.2% (261/1174) arrested for other crimes.

Among those arrested ever, about one third (32.9 % -386/1174) have been ever sentenced. While, 60.1% (232/386) of them have been sentenced more than once in their life time, 40.4% (156/386) have been sentenced within the last one year. Among the ever sentenced, 44.8% (173/386) have been sentenced for drug use and 29.8% (115/386) for other crimes.

Among the respondents ever sentenced 28.5% (110/386) reported using some drugs and 19.2% (74/386) injecting while in custody.

Overdose related findings

More than one in five (21.3%- 562/2633) of the respondents have experienced overdose themselves. More than half of those who have ever overdosed (52.7%-296/562) had injected dextro-propoxyphene based drugs the last time they had experienced overdose and 47.9% (269/562) injected heroin. In addition, almost a quarter (24.4% -137/562) reported having used alcohol, 22.4% (126/562) sedatives (viz. Diazepam, Valium, Alprax, alprazolam, nitrazepam, Nitro, Nitrovet) and 19.4% (109/562) having used dextro-propoxyphene based drugs (viz. SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) when they had overdosed the last time.

Among those who have experienced overdose 18.5% (104/562) were alone when they had overdosed the last time and 87.2% (490/562) received help during their last overdose.

While, 60.8% (298/490) of those who had received any help during their last overdose, were placed in 'open airway position', 31.2% (153/490) were provided Cardio Pulmonary Resuscitation (CPR), 30.8% 'mouth to mouth resuscitation' and 31.0% (152/490) were taken to hospital; 67.8% (332/490) were 'hit/slapped/ pinched' and 48.2% (236/490) were rubbed with ice, or put under cold shower. Naloxone was injected to 3.1%-(15/490) of those who had overdosed.

Sexual practices

More than one third (37.0%- 975/2633) of the respondents did not have any sex during the last six months, 62.4% (1644/2633) report having sex with the opposite sex and 1.3% (34/2633) report sex with the same sex during the same period.

Among the respondents who had sex with the opposite sex within the last six months, less than a quarter (24.1% -396/1644) had sex with their primary partners during the given period and 21.7% (86/396) among them reported sex with their primary partner at least once a week.

While, 70.7% (280/396) of those who ever had sex with their primary partner of the opposite sex within the last six months reported not using condoms during their last sex act, 85.3% (29/34) of those who had sex with the primary partner of the same sex did not use condom during their last sex act.

Sex with casual partners in the last six months was reported by 8.8% (145/1644), among them 55.9% (81/145) reported not using condoms.

Among those who had sex with casual partners within the last six months, 2.2% (36/1644) reported having paid money for sex, 5.4% received money for sex, 2.2% (36/1644) gave drugs for sex and 4.1% (68/1644) received drugs for sex.

Among those who had sex within the last six months 52.6% (865/1644) reported using alcohol or other drugs before having sex.

Medical issues

Ever being diagnosed with any kind of hepatitis has been reported by 14.4% (378/2633) of all the respondents and 39.7% (150/378) among them report being diagnosed with some form of hepatitis within the last one year. While, 15.5% (408/2633) have ever been diagnosed with cirrhosis of liver, 39.7% (150/2633) among them have been diagnosed for the same within the last 1 year. Among all the respondents, 14.5% (383/2633) have ever been diagnosed with mental health illnesses of some sort by medical experts, 75.5% (289/383) report being diagnosed with similar complications within the last one year.

Abuse & violence

Nearly half (49.0% -1290/2633) of the respondents have experienced physical violence (being hit with a fist, kicked, or beaten) during their period of drug use. While, 59.1% (763/1290) of those who have ever been physically abused, have experienced it once or twice during their drug use, 14.5% (187/1290) report being abused 'too many times to keep track of'.

A majority among them (61.1% (788/1290) have been abused by 'other people in the community/neighbourhood', 35.8% (462/1290) by relatives and 32.9% (425/1290) by drug using friends/peers.

Among the respondents, 3.7 (97/2633) reported experiencing sexual abuse during their period of drug use. While, one third (36.1%- 35/97) among them report being sexually abused 'once or twice', 14.4% (14/97) -a 'few times', 45.4% (44/97) said that they have experienced abuse 'too many times to keep track of'.

While, in more than three fourth (75.3%-73/97) cases the perpetrator was a primary sex partner, in case of 39.2% (38/97) it was the casual sex partner or the customer and for 19.6% (19/97) it was a drug using friend or peer.

The prison based survey

Drug use and related issues among prison inmates was studied as part of this survey. Data was collected using a pre-designed questionnaire from prison inmates who met the same criteria for those studied in the community- i.e. being above the age of 18 years and having used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year.

Respondents

In total 323 respondents took part in the survey. Highest proportion of respondents were reported from the Central Jail (42.4%-137/323) and the lowest from Aizawl District Jail (3.7%- 12/323).

Demographics

Sex

Most of the respondents were male (94.1%-304/323) with 5.9% (19/323) females. Only the Central (6.6%- 9/137) and the Champhai (30.3%- 10/33) district jails reported female respondents fitting the criteria. None of the respondents identified themselves as transgender.

Age

Median age of respondents was 28.00 years (SD \pm 7.17). While the respondents from the Central & Champhai district jails were slightly older with a median age of 29.0 years (SD \pm 6.6 & SD \pm 5.3 respectively) those from Aizawl district jail were the youngest (21.5 years- SD \pm 2.8). Female respondents were slightly older (median age 29.00 years SD \pm 6.6) than the males (median age 28.0 years SD \pm 7.2).

More than half had studied up to middle school (54.5%- 176/323), 28.8% (93/323) had studied up to higher secondary school and 5.0% (16/323) had completed college education.

Almost four out of five (79.9%-258/323) were unemployed before coming to the prisons. Among those employed, 47.7% (31/65) reported having regular job

before coming to prison, 30.8% (20/65) had temporary work, 3.1(2/65) reported selling drugs- one among them was female.

Among the respondents 45.2% (146/323) were never married and 37.2% (120/323) were divorced.

Legal issues

While, 55.1% (178/323) respondents were under trials, 44.6% (144/323) had already been convicted and were undergoing their sentences.

More than one third (36.5%- 118/323) had been sentenced for petty theft, 31.0% (100/323) for drug use, 20.1% (65/323) for possession of drugs ever in their lives.

One third (33.7%- 109/323) had been sentenced this time for petty theft, 12.4% (40/323) drug use and 4.6% (15/323) possession of drugs. Selling of drugs as a reason for being sentenced ever was reported by 12.4% (40/323) and for the current instance by 3.1% (10/323).

While, being sentenced for murder/ attempt to murder was reported by 5.9% (19/323) ever and 3.1% (10/323) for the current sentence, rape/outraging modesty of women was reported by 7.4% (19/323) ever and 8.7% (28/323) as the cause for the current sentence.

Issues related to family/domestic violence was reported as a cause for being sentenced ever by 13.6% (44/323) and this time by 11.5% (37/323) by significant proportions under the response heading of others.

Age of first arrest

The median age for being arrested the first time was 23.0 years (SD±6.5). The female respondents were slightly older when first arrested with a median age of 25.0 years (SD±5.8) than their male (23.0 years, SD±6.5) counterparts. The respondents from Aizawl District Jail were the youngest when first arrested (19.5 years, SD±3.2) and those from the Champhai district jail (26.0 years, SD±4.3) were the oldest.

Drug use

Apart from tobacco (97.2%-314/323), alcohol (93.8%-303/323) and cannabis (65.6%-212/323), ever use of opium was reported by 21.7% (70/323), heroin by 76.8% (248/323), pharmaceutical opioids by 77.1% (249/323) and sedatives by 62.8%(203/323). Ever use of cocaine was reported by 4.0% (13/323), ATS by (6.5% (21/323) and Hallucinogens by 1.9% (6/323).

Initiation into drugs

While most of them had already initiated with the drugs prior to being incarcerated- 1.98 of those who ever used alcohol (6/303) reported initiating

with it while in custody and 2.36 (5/212) of the ever cannabis user reported the same. Among those who had ever used opium 31.4% (22/70) had started using it after being released from prison, 17.3% (43/248) of the ever users of heroin and 7.2% (18/249) of those who had used pharmaceutical opioids ever reported similarly. Among the ever users of cocaine and ATS-30.8% (4/13) and 42.9% (9/21) respectively had initiated their use after being released from prison or police custody.

Drug use in the last one year

While, 90.1% (281/312) of those who had used tobacco in the last one year before coming to prison had continued to use it while in prison this time, nearly a quarter (24.6%- 28/114) of those who had used cannabis outside continued its use in prison. Use of heroin in the prison was reported by 8.3% (18/216) of those who had used it before coming to prison.

Dependence

While, 66.3% (165/323) of the ever users of heroin had fitted the criteria of dependence before coming to the prison this time, 62.4% (103/165) among them continued to experience signs and symptoms of dependence even in the prison. Continued dependence on tobacco (81.3%-65/80), cannabis (23.8%-5/21) and pharmaceutical opioids (7.5%-7/93) was reported by the respondents.

Injecting drug use

Among the respondents 87.9% (284/323) had ever injected any drugs. Initiation into injecting happened at the median age of 19.0 years (SD±4.4).

While, for 91.9% (261/284) of the respondents' initiation into injecting occurred before coming into police custody, 7.4% (21/284) reported initiation after being released from custody and 0.7 (2/284) reported starting to inject while in prison.

The majority reported dextro-propoxyphene based opioids (58.8%-167/284) as the first drug injected, followed by heroin (39.1%-111/284).

Almost half (49.3%-140/284) of those who had injected ever, reported not using the same drug through any mode during the last one month prior to injecting it for the first time.

More than one fifth (21.8%- 62/284) had shared needles and syringes when injecting for the first time.

When asked about preferred mode of drug use – 79.2% (225/323) reported injecting.

Among the ever injectors who continued to use heroin in the last one year before coming to prison, 6.7% (914/208) reported using heroin in prison at least once in the last one year.

Out of the 16 who had ever injected during their stay in prison 62.5 % (10/16) reported sharing during their stay in the prison and 56.3% (9/16) had shared within the last 3 months before the interview.

Treatment

Among the respondents from prison 56.3% (182/323) had ever received treatment for drug related problems. Currently, 1.9% (6/323) were receiving any form of treatment within the prison. While, 83.3% (5/6) of those currently receiving treatment in prison were receiving outpatient treatment 33.3% (2/6) reported receiving needles and syringes within prison.

Medical issues

Among the respondents, 14.9% (48/323) reported being diagnosed with some mental illness in the last one year, 9.3% (30/323) with hepatitis, 3.4% (11/323) with cirrhosis of liver and 2.8% (9/323) with tuberculosis.

Violence

More than half (52%-168/323) had experienced physical violence during their drug use days and 0.6% (2/323) reported being sexually abused.

While, more than two third (69.6% -117/168) of those who had been physically abused were abused by 'other people in the community', more than half (56.0%-94/168) had been abused by 'law enforcement personnel' and more than one third (37.5%-63/323) had been abused by relatives.

Conclusion

Drug use in Mizoram is widespread across all districts with greater concentration in Aizawl. Majority of people who use drugs are male but females and transgender are also at risk. Youths mostly in their reproductive age are the most affected but initiation into various drugs –both licit and illicit are predominantly occurring during their teens. Preventive interventions starting in school and continuing even for drop outs need to be strategically planned and implemented.

While nature of drugs used and their mode of administration varies from one district to another- opioids i.e. heroin, dextropropoxyphene and sedatives are the main drivers. There is a trend among people who use opioids and sedatives to 'switch' from oral to injecting drug use. Since, complications and associated risks of injecting when compared to oral use are significantly higher it is necessary to invest strategically in halting and reversing the 'switch'.

Though numerically small, greater proportions of women who use drugs reported dependence and lesser proportions receiving treatment when compared to their male counterparts. Since, initiation into various drugs below the age of 18 years has also been reported. Treatment services for women and minors need to be made available and accessible.

Use of stimulants like cocaine and amphetamine type stimulants (ATS) and subsequent dependence on them need to be closely monitored. Prohibition of alcohol and its subsequent merits and demerits need to be scientifically studied and policy making should be guided by evidences.

Evidence based treatment services need to be made available and accessible even in the districts away from the capital. With more than one fifth of the respondents personally experiencing overdose it is important to strengthen evidence based interventions for its prevention and treatment.

Laws and policies that encourage criminalization of people who use drugs and affect treatment uptake need to be modified. This will also help reduce burden on the law enforcement agencies and overcrowding in prisons.

Evidence generation needs to be conducted regularly with active participation of the law enforcement agencies, health and educational institutes. Drug use related information should be recorded as part of their regular activities by these agencies.

Capacity of the treatment providers need to be built to enable them provide evidence based drug treatment services- including those for cocaine, tobacco and alcohol use disorders.

Capacity of service providers also needs to be built for early identification and treatment of mental health problems especially those among people who use drugs.

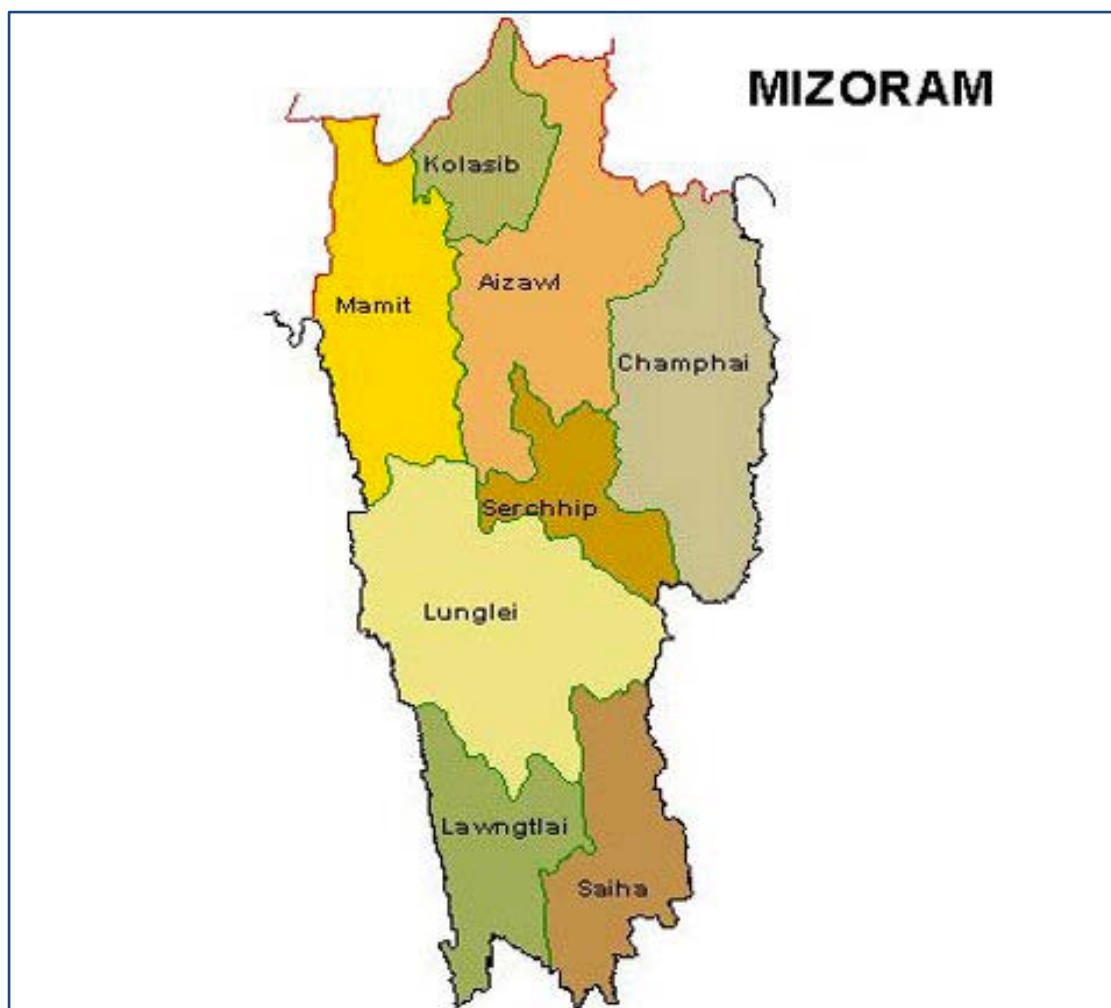
Networks of people who use drugs need to be actively involved at all stages of planning, implementation and monitoring.

2. Background

Mizoram shares international border with Bangladesh and Myanmar and drugs often flow in and through along with people and goods. People in Mizoram have been known traditionally to use betel nut, tobacco, cannabis and country liquor.

Heroin was introduced to Mizoram in the early seventies. In the eighties use of drugs through the injecting route attained epidemic proportions. Along with injecting of drugs came the sharing of needles and syringes bringing about the dual epidemic of drug use and HIV, affecting the youths and those from the reproductive ages groups more than others.

Attempts at curbing availability of heroin and its non-affordability among people who use it saw an increase in injecting prescription drugs such as dextropropoxyphene (proxivon/parvon-spas etc). This resulted in abscesses, non-healing ulcers and at times amputations. Recent evidences indicate an increasing trend in use of Amphetamine Type Stimulants-particularly in the bordering areas and Aizwal.



Rationale

The Social Welfare Department, Government of Mizoram is the lead agency addressing drug use related problems in the state. They are concerned about the situation and are keen to develop interventions to address the problem.

State level data on geographical areas being affected by drug use, various types of drugs being used and number of people using them and their effects on health and socio-legal well beings are not available.

But answers to these questions are very vital for strategic planning at the state level to concretely deal with the issues. Without a strategic plan it is very difficult to design result-based interventions that help prioritise resource allocation, set SMART targets and measure achievements or provide evidences for redesigning.

Thus, as a first step, Social Welfare Department decided to conduct a baseline assessment of drug use in the state of Mizoram.

Objective of the survey

- To identify the geographical sites being affected by drugs
- To estimate the number of people (gender disaggregated) who use various types of drugs
- To better understand the modes, frequency and quantity of various drugs being used and their consequences
- To have a better understanding of the situation of drug treatment services available and their accessibility to those affected

Community Based Survey

3. Methodology

The drug users are difficult to identify and even more difficult to interview. It is best done when people who use drugs –both current and recovering are engaged. In order to, facilitate greater involvement of people who use drugs, deeper reach among the much-hidden population and enhanced quality of data generation- the internationally acclaimed methodology of Respondent Driven Sampling (RDS)² was used.

Initially, a set of seeds representing the various types of people who use drugs were selected by the field investigators. The criteria of selection included:

- Above the age of 18 years
- Used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year
- Well networked among people who use drugs
- Consistently available for contact

The seeds

1. Male injecting drug user
2. Male oral/opioid user
3. Male ATS user
4. Female injecting drug user
5. Female oral/opioid user
6. Female ATS user

These seeds after being interviewed were given three coupons to be further distributed to three of their friends/peers who met the criteria for recruitment and request them to come for interview. The seeds as well as others subsequently recruited by them were provided incentives for participating in the interview as well as for successful recruitment of others in his/her network. The Incentives provided were in the form of vouchers that could be redeemed for food or stationery items. There were two types of incentives.

1. Voucher of Rs. 50/- for participating in the interview
2. Vouchers of Rs. 25/- for each successful referral i.e if the candidate participated in the interview.

The field investigators and the supervisors tied up with food joints- commonly frequented by people who use drugs and local stationery shops to ensure that the vouchers were honoured and accounted for.

²Guidelines on surveillance among populations most at risk for HIV- UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance (2011)

Tools for data collection

The tools used for data collection were at two levels:

1. Primary data was collected through interviews conducted using a pre-designed questionnaire. Data collected was quantitative in nature.
2. Secondary data was also collected using pre- designed forms. These data were collected from police, district hospitals and Integrated Rehabilitation Centre for Addicts (IRCA)- wherever it was available. The nature information of collected for secondary data was quantitative.

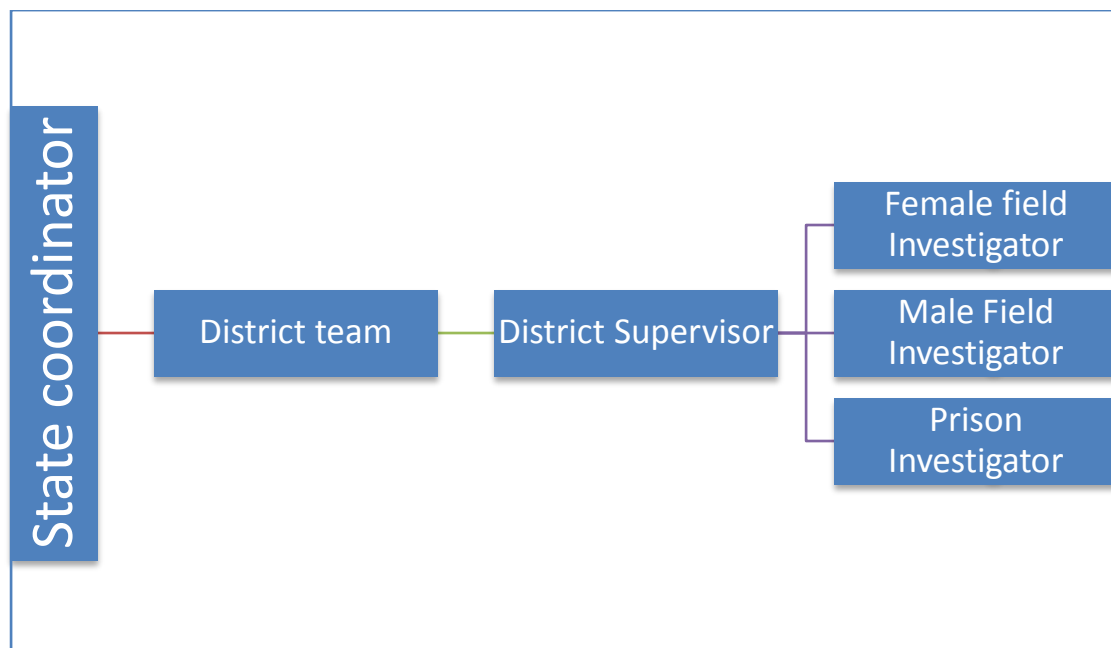
Criteria for recruitment of respondents

The criteria for recruitment of all respondents were as below:

1. Above the age of 18 years
2. Used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year

Data collection team

The data collection team comprised of the field investigators- male and female supported by a supervisor at each district. There was a state level coordinator who supported all the district team and coordinated their efforts.



Field investigators

Field investigators were recruited from people who had completed education till atleast higher secondary school (10+2). Furthermore, they were either people who were using drugs currently, or were into recovery. In case of female field investigators close relatives of males who use drugs or their sex partners were recruited in places where females meeting the criteria could not be recruited.

The field investigators were responsible for reaching out to the initial seeds (based on criteria mentioned above) through their contacts- explain their roles and responsibilities and conduct interviews with them after seeking their informed consent. They also interviewed the others referred after checking if they met the recruitment criteria and seeking informed consent.

District supervisor

At every district a supervisor was also recruited- he/she was responsible for:

1. providing technical support
2. checking the filled-up questionnaires
3. transferring data from the questionnaires into excel sheets
4. sending all questionnaires and generated excel sheets to the state coordinator
5. facilitate tie ups with local food joints and stationery shops for redemption of vouchers
6. generate and keep account of all coupons & vouchers distributed
7. coordinate all activities at the district level

State coordinator

The state coordinator was responsible for:

1. overall data collection,
2. quality assurance of data collected and entered into excel sheets,
3. technical back stopping
4. collection, maintenance and safe keeping of all the questionnaires and excel sheets generated
5. overall coordination

Informed consent and ethics

The field investigators had been trained to seek informed consent and a format for informed consent had been built into each questionnaire. Before beginning any interview the field investigators read out and explained the purpose of the research and the potential risks it entailed for the respondents. They had also explained how the information shared during the interview would be kept confidential at all points of time and information shared can never be correlated to any individual. Being informed, the participants had the right to choose whether or not to take part in the survey. Moreover, they also had the right to withhold any information that they might not want to divulge or even withdraw at any point of time during the interview. All the researchers took care that no harm should come to individual respondents as a result of their participation in the survey. The researchers also took great care to ensure that the resulting findings and publication(s) would not be used in a way that they could harm the respondents either as an individual or as a group.

Training of the investigation team

All members of the investigation team were trained through a 3- day state level training at conducted at Aizawl. The contents of the training included the following:

- basic understanding on various types of drugs and their effects, including criteria for dependence
- basic understanding of RDS methodology
- recruitment of seeds and their criteria
- coupon and voucher generation and accounting
- seeking informed consent
- understanding the contents of the questionnaire developed for this study
- interviewing techniques using the questionnaire developed for this study
- how to conduct quality checks of data collected in the questionnaires
- understanding how to enter collected data into excel sheets
- how to conduct quality checks for data entered into excel sheets
- do's and don'ts at the field level, maintaining confidentiality and ethics

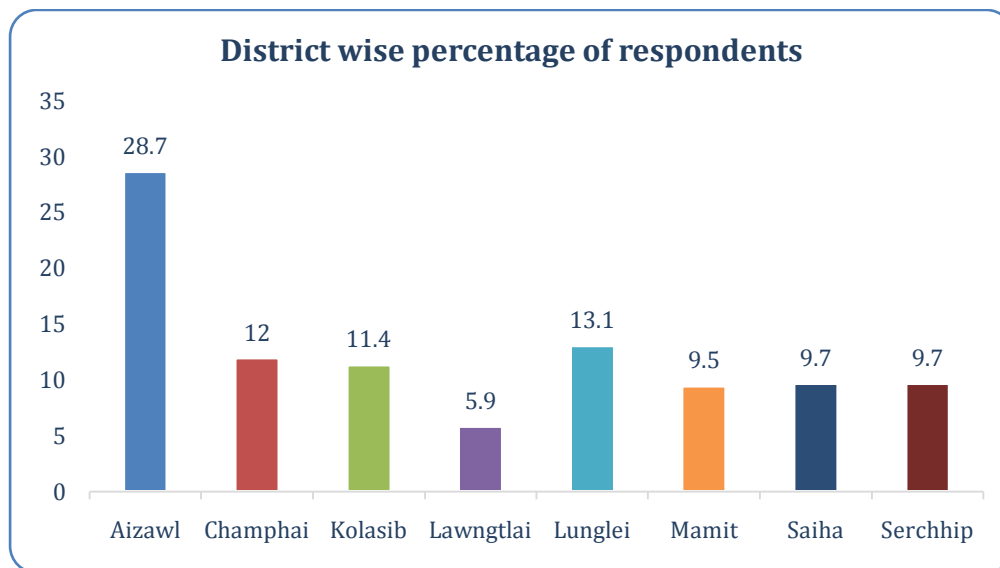
Data analysis

The collected data was entered into excel sheets by the district supervisors. These excel sheets were used for analysis. Data analysis was done using the following softwares:

- IBM SPSS Statistics 22
- EPI Info 7

4. Respondents

In total 2633 people who use drugs in Mizoram took part in the study. More than a quarter of the respondents were from Aizawl (28.7%-756/2633), followed by Lunglei (13.1%- 345/2633), Champhai (12.0%- 316/2633), Kolasib (11.4%-300/2633), Serchhip (9.7%-256/2633), Saiha (9.7%-255/2633) and Mamit (9.5%- 250/2633). The lowest number was reported from Lawngtlai (5.9%-155/2633).



5. Findings

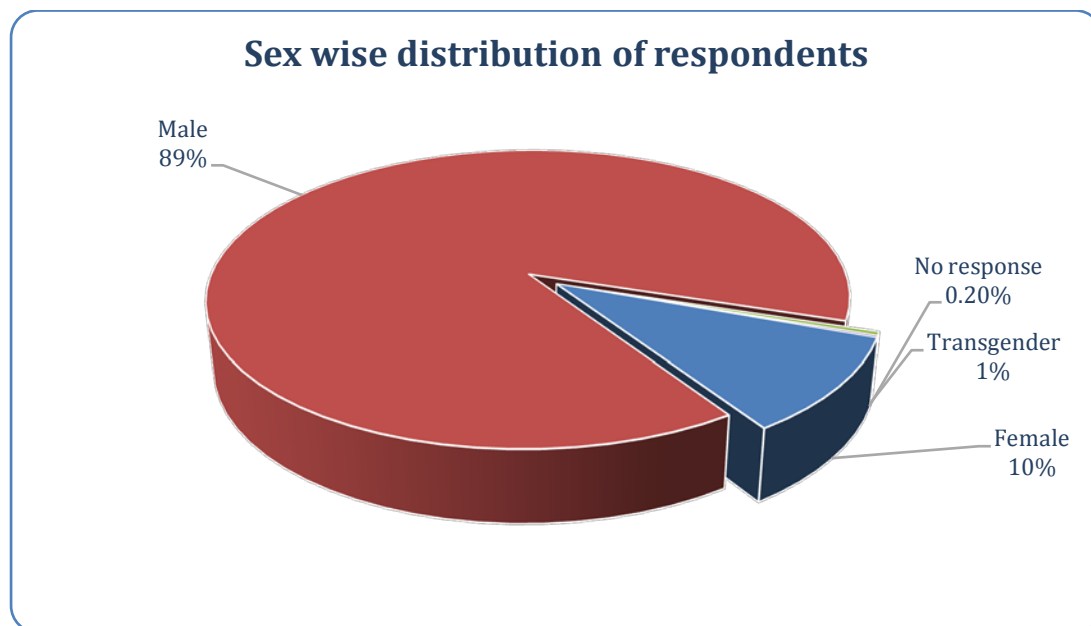
Demographics

Age

Median age of the respondents was 28 years (SD±6.5). The youngest respondent/s were 18³ years of age, the oldest respondent was 60 years old. While the oldest respondents were reported from Mamit and Champhai (both median age of 30.0 years with SDs ±7.3& ±6.2 respectively), the youngest were from Saiha with a median age of 25.0 years (SD ±5.1).

Sex

While majority of the respondents were male (89.4%-2353/2633); 10.1% (265/2633) females and 0.4% (11/2633) trans genders also took part in the study.



Highest proportion of female respondents were reported from Aizawl (16%-121/756) and the lowest from Saiha (3.5%-9/255).

Education

More than forty percent (41.4%-1091/2633) of the respondents had completed middle school, 36.2% (954/2633) had studied up to Higher secondary and 10.4% (273/2633) finished undergraduate college education.

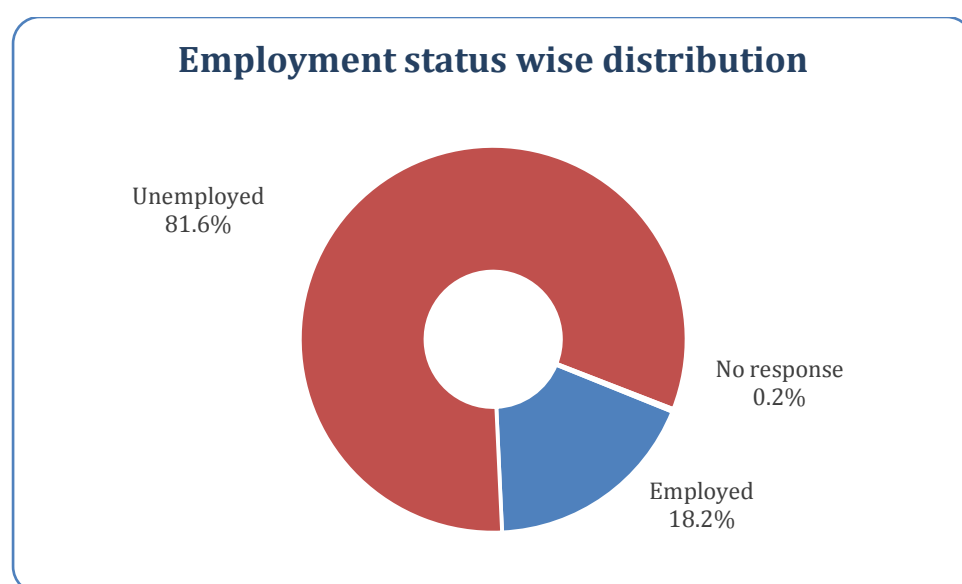
³18 years was the minimum age for inclusion into the study

Level of education completed	Frequency	Percentage
Cannot read /write	8	.3
Can read /write	16	.6
Primary (0-6 yrs)	194	7.4
Middle School (7-10 yrs)	1091	41.4
Higher Secondary School (11-12 yrs)	954	36.2
College education-undergraduate	273	10.4
No response	97	3.7
Total	2633	100.0

Among those who had completed middle school, the highest proportion was reported from Mamit (58.8%-147/250) and the lowest from Saiha (27.1%-69/255). Among those who finished studying upto Higher Secondary level, the highest proportion was reported from Aizawl (44.7%-338/756) and the lowest from Mamit (22.8%-57/250). Highest proportion of graduates (i.e. those who had completed undergraduate level of education) was reported from Kolasib (19.7%-59/300) and the lowest from Mamit (0.8%-2/250).

Employment& source of income

Majority of the respondents (81.6%-2149/2633) were unemployed at the time of the interview and 18.2% (478/2633) were into some sort of employment.



While 29.9% (143/478) of those who reported being employed were into regular full time jobs, a little more than one third (34.1%-163/2633) were into temporary work like odd jobs and 12.6% (60/478) were self-employed. Selling drugs as the main source of income over the last six months was reported by 5.2% (25/478) and 'Sex for money' by 5.0% (24/478). Among those who reported sex for money as their main source of income 87.5% (21/24) were females, 4.1% (1/24) male and 8.33% (2/24) were transgender.

Main source of income during the last six months	Frequency	Percentage
Regular job, employed with a regular salary (full or part-time)	143	29.9
Temporary work (include odd jobs, etc.)	163	34.1
Work at family business or farm	30	6.3
Self-employed (in a particular trade)	60	12.6
Spouse, partner, relative, or family's income	12	2.5
Selling drugs	25	5.2
Sex for money	24	5.0
Other	3	.6
No response	18	3.8
Total	478	100.0

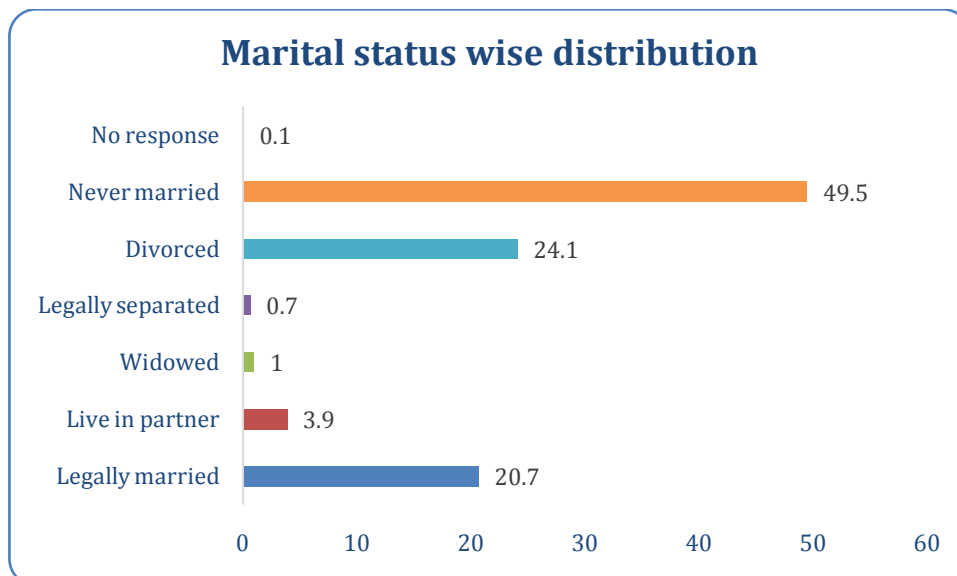
Selling drugs as the main source of income was reported by the highest proportion from Aizawl (14.6% -21/150). Aizawl also topped the list for (selling) sex for money with 13.2% (19/150) reporting it. None reported selling drugs and sex for money from Champhai, Mamit, Saiha and Serchhip districts.

Living arrangement

Almost three fourth (73.0%-1922/2633) of the respondents lived with their parents and 2.9% (77/2633) lived alone. Seventy percent (70.0%-1843/2633) of the respondents lived in their own houses or their spouse/partner's.

Marital status

While almost half (49.5%-1304/2633) the respondents were never married and another quarter (24.1%-635/2633) were divorced.

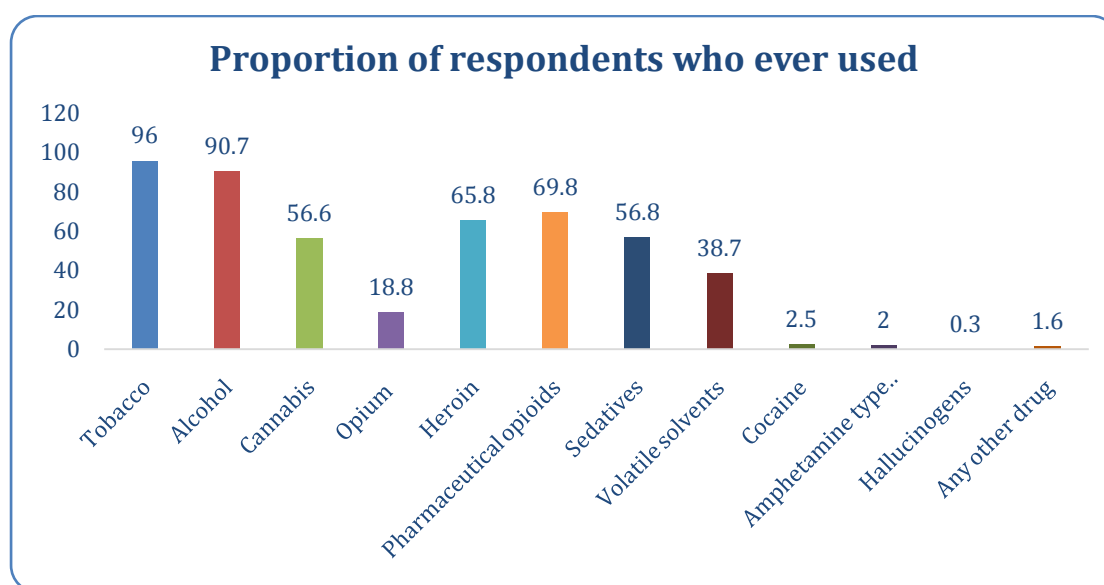


Drug use related findings

Ninety six percent (96.0%-2527/2633) of the respondents had used tobacco at least once in their life time, alcohol was used by 90.7% (2387/2633) and cannabis by 56.6% (1490/2633). While heroin was used by 65.8%, 69.8%

(1837/2633) had used pharmaceutical opioids and 56.8% (1496/2633) sedatives, at least once in their life time. Cocaine was reported to be used by 2.5% (65/2633), Amphetamine Type Stimulants (ATS) by 2.0% (52/2633) and hallucinogens by 0.3% (8/2633).

All districts reported more than 90% respondents using tobacco and more than 80% using alcohol. Cannabis, opium, heroin, pharmaceutical opioids, sedatives and volatile solvents too were reported being used in all the eight districts. While cocaine use was not reported from Lunglei, ATS use was not reported from Saiha and use of hallucinogens was not reported from Lawngtlai, Mamit and Saiha districts.



Highest proportion of respondents using tobacco was reported from Lunglei (100%-345/345) and the lowest from Saiha (91.4%-233/255). Alcohol use was highest from Mamit (99.2%-248/250) and the lowest from Aizawl (81.1%-613/756). While, Lunglei reported the highest use of cannabis (80.3%-277/345), the lowest was from Aizawl (40.5%-306/756). Use of raw opium was highest in Saiha (74.9%- 191/255) and lowest in Champhai (4.4%-14/316). Heroin use was highest in Champhai (95.3%-301/316) and the lowest in Saiha (21.2%-54/255). While, 99.1% (342/345) of the respondents (proportionately highest) from Lunglei reported use of pharmaceutical opioids the lowest (40.5% - 128/316) was reported from Champhai. Highest use of Sedatives was reported from Mamit (74.4%-186/250) and lowest from Serchhip (39.1%- 100/256). Volatile solvents was highest from Lunglei (65.2%-225/345) and lowest from Aizawl (23.3%-176/756).

Use of cocaine was reported from all districts except Lunglei, proportionately its use was highest in Kolasib (6.0%-18/300). Apart from Saiha all other districts reported use of ATS and respondents from Kolasib reported the highest use (3.3%-10/300). While highest use of hallucinogens was reported from Champhai (0.9%- 3/316), respondents from Lawngtlai, Mamit and Saiha did not report its use.

Tobacco

People who used tobacco initiated with it at the median age of 15.00 (SD \pm 3.1) years. Among those who had ever used tobacco 98.2%(2482/2527) had used it in some form or the other within the last one month and 61.7% (1559/2527) were found to be dependent as per the criteria set by the International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10) by World Health Organisation. During their period of maximum use, 98.1% (2478/2527) reported using tobacco at least once every day.

Alcohol

Initiated at the median age of initiation 16.00(SD \pm 3.3) years, 65.7% (1569/2387) of those who had used it at least once reported using it within the last one month prior to the interview and 39.2% (935/2387) were found to be dependent on it as per the ICD-10 criteria. During periods of maximum use 46.6% (1113/2387) consumed it at least once a day.

Cannabis

Respondents who had used cannabis ever, reported first use at the median age of 17.00 (SD- \pm 3.5) years. More than one third (36.8%- 549/1490) of the respondents who had ever used cannabis reported having used it in the last one month, 51.9% (774/1490) reported using it at least once a day and 29.7% (442/1490) met the dependence criteria for cannabis.

Opium

Initiation into opium or 'Beng' as it is locally called, was reported at the median age of 20.00 years (SD \pm 4.6). While, 42.0% (208/495) of the ever users, reported having used it in the last month, 52.3% (259/495) used it at least once daily during their period of maximum use and 55.4% (274/495) were found to be dependent on it.

Heroin

Respondents who reported ever using heroin initiated at the (median) age of 21.00 (SD- \pm 5.3) years, 45.4% (787/1269) had used at least once in the last one month, 83.3% (1443/1732) among them used at least once every day during their period of maximum use and 73.3% (1269/1732) were dependent on it.

Pharmaceutical opioids

Initiated at the age of 19.00 (SD- \pm 3.8) years, 23.0% (422/1837) reported using pharmaceutical opioids within the month prior to the interview and 80.6% (1481/1837) had used the drug at least once a day during peak use. Dependence was found among 44.0 % (808/1837).

Sedatives

Among those who had ever used sedatives, (median) age of initiation was reported to be 20.00 (SD \pm 4.9) years, 37.6% (563/1496) reported using during the last month and 58.4% (873/1496) had used at least once a day during their period of maximum use. Dependence during the last one year was reported by 38.6% (578/1496).

Volatile Solvents

Initiation into volatile solvents was reported at the age of 15.00 (SD \pm 3.8) years, 3.6% (37/1018) reported its use during the last month before the interview, 57.7% (587/1018) among them had used at least once a day when they used it most and 13.6% (138/1018) fitted the criteria of dependence.

Cocaine

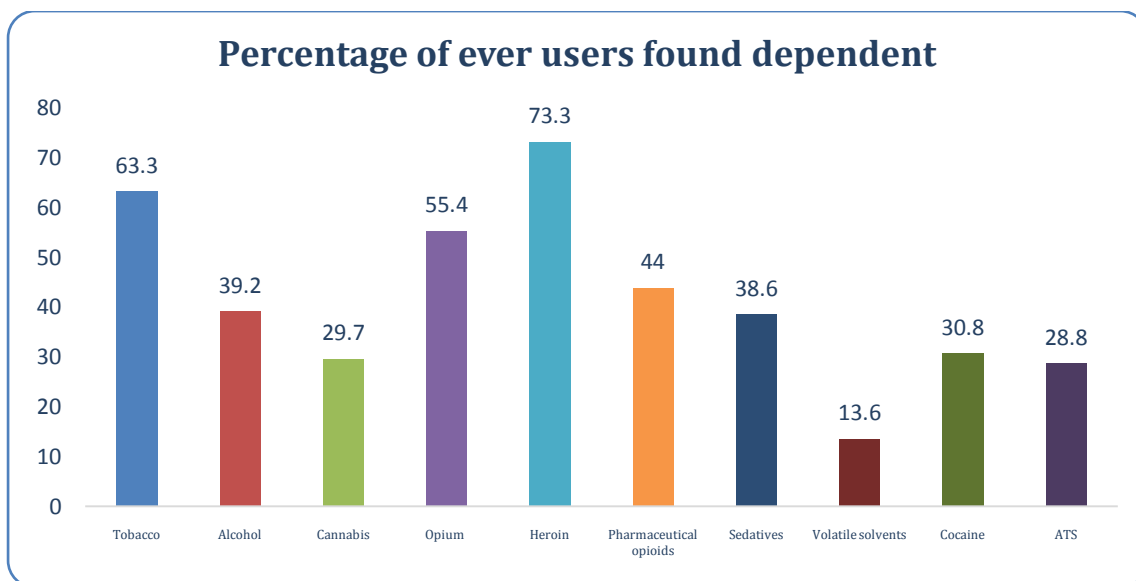
Respondents who had used cocaine ever in their life time initiated at the median age of 21.00 (SD \pm 5.4) years, 3.1% (2/65) among them reported use during the last one month and 32.3% (21/65) had used it at least once daily during peak use of it. Dependence on cocaine was found among 30.8% (20/65) of the ever users.

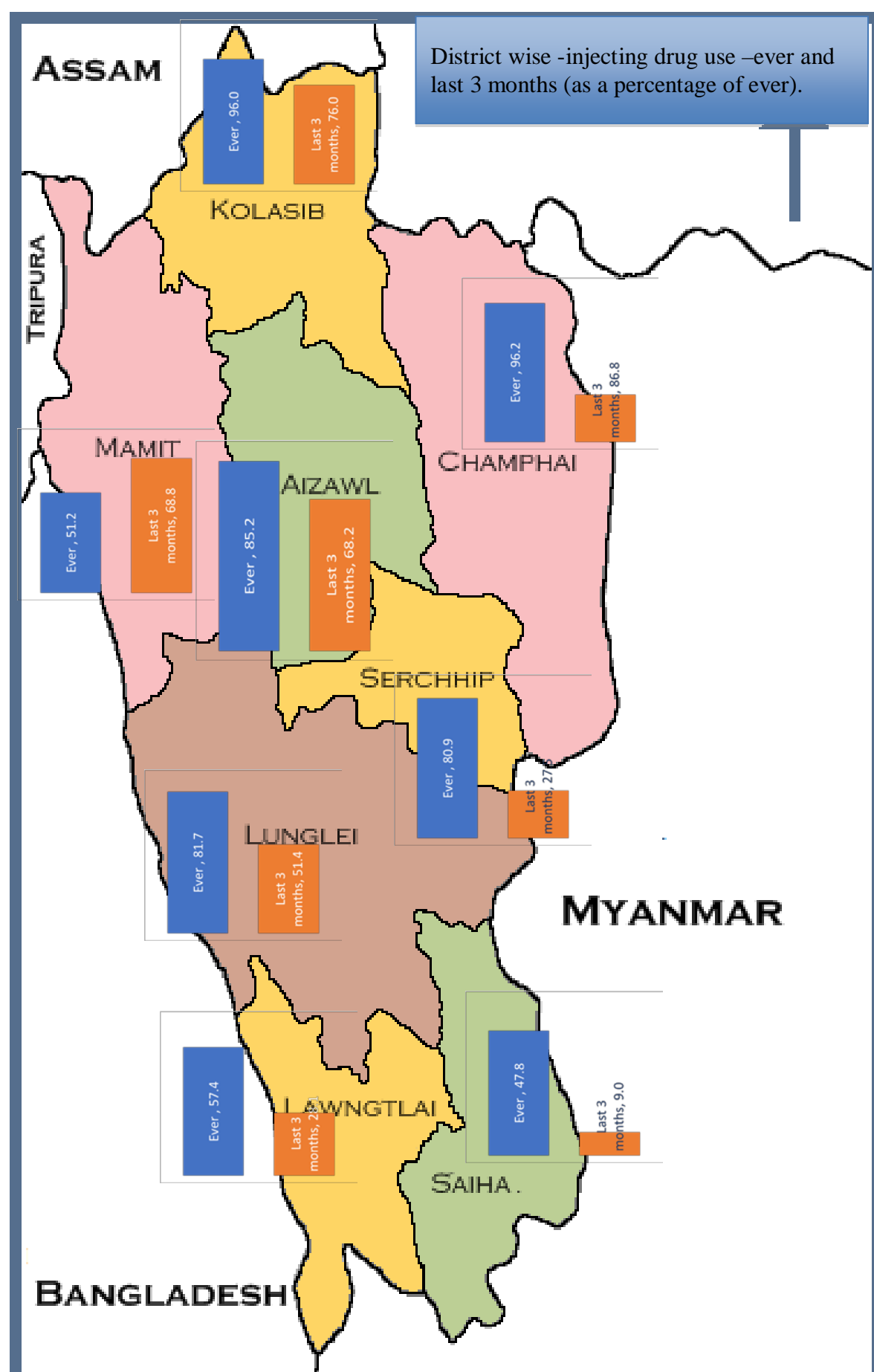
Amphetamine Type Stimulants (ATS)

Among those who had ever used ATS, initiation was reported at the median age of 26.50 (SD \pm 5.5) years, 3.8% (2/52) reported use during the last one month and 26.9% (14/52) used at least once daily during maximum use. Criteria of dependence was fulfilled by 28.8% (15/52) by among them.

Hallucinogens

Initiation into hallucinogens was reported at the median age of 18.00 (SD \pm 5.6) years. While 0.3% (8/2633) reported ever use, none reported its use during the last one year and 50.0% (4/8) reported using it at least once daily during maximum use. None of the ever users met the criteria for dependence.





Injection related findings

Among the respondents 78.4% (2064/2633) reported injecting at least once in their lifetime. While, the highest proportion was reported from Champhai (96.2%-304/316) the lowest was reported from Saiha (47.8%-122/255).

While, 81.3% (1914/2353) of the male respondents reported ever injecting, among the females 51.7% (137/265) had ever injected any drugs.

Median age of initiation into injecting any drugs was reported to be 19.00 years (SD ± 4.4). While the lowest age of initiation was 10 years, the highest was 50 years. Respondents from Lunglei were the youngest with a median age 18.0 years (SD ± 3.7) when injecting for the first time and those from Champhai & Mamit were the oldest with median age of 21.0 years (SD ± 5.5 & ± 4.9 respectively). The male members initiated into injecting earlier (median age 19.00 years, SD ± 4.3) their female counterparts (22.00 years, SD ± 5.3).

Dextro-propoxyphene based opioids (viz. -SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) was reported to be used by 56.6% (1168/2064) of the ever injectors followed by 42.8% (883/2064) reporting injection of heroin at initiation.

First drug injected	Frequency	Percentage (n=2064)
Heroin	883	42.8
Dextropropoxyphene based opioids (SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon)	1168	56.6
Pharmaceutical Sedatives (diazepam, valium, alprax, alprazolam, nitrazepam, nitro, nitravet)	6	.3
Buprenorphine (tidigesic, G- norphine, norphine)	1	.0
Pentazocine (Fortwin)	3	.1
Opium (beng)	1	.04
Other	1	.04
No response	1	.04
Total		100

While, higher proportion of female (54.7%-75/137) respondents reported heroin as the first drug injected, greater proportion of male respondents reported dextro-propoxyphene (57.7%-1104/1914).

Among the ever injectors 80.6% (1633/2064) reported that they were using the same drug through some other mode during the last one month before injecting it. Among them more than half (52.0% -833/1633) had been using the same drug at least once a day before beginning to inject it. The exception was Champhai where more than two third (67.8%-206/304) of the ever injectors had never used the drug before injecting it for the first time.

How often were you using the same drug 30 days prior to first injection	Frequency	Percentage
Never	401	19.4
Less than once a month	129	6.3
1 to 3 times a month	99	4.8
About once a week	145	7.0
2 to 3 times a week	319	15.5
4 to 6 times a week	138	6.7
About once a day	222	10.8
2-3 times a day, almost every day	416	20.2
4 or more times a day, almost every day	195	9.4
Total	2064	100

Proportionately more male respondents (80.9%-1548/1914) than the females (76.6%-105/137) reported using the drug through other modes during the last one month before injecting for the first time.

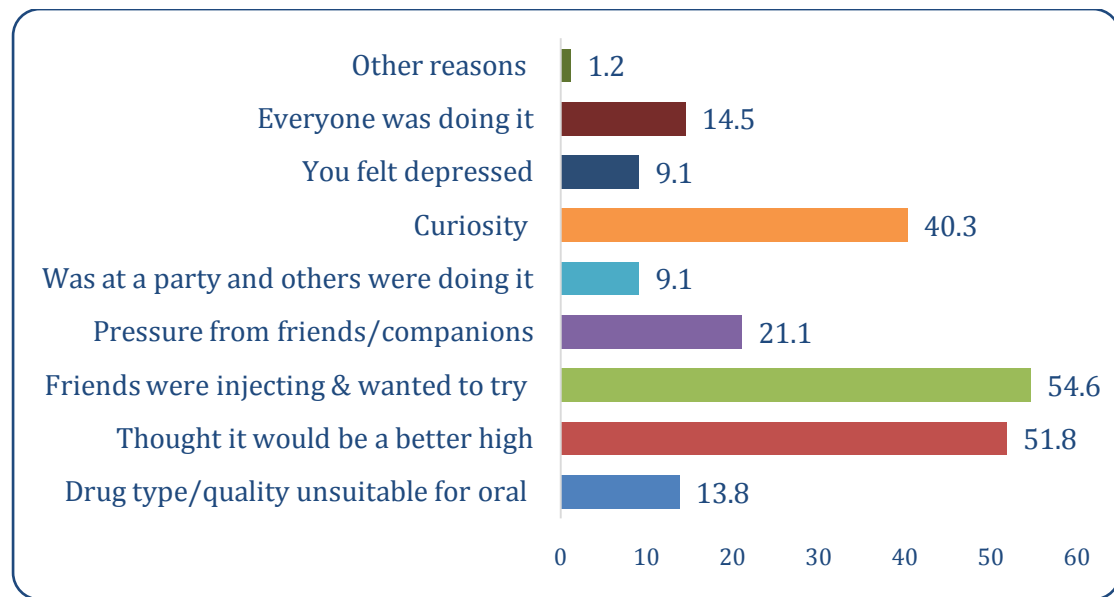
While, the first injection was administered by a close friend for 78.6% (1623/2064), 9.8% (203/2064) of those who had ever injected any drugs reported injected by self the first time.

Who injected the first drug	Frequency	Percentage
Self	203	9.8
Primary sex partner	16	.8
Another sex partner	1	.0
A relative who was not a sex partner	53	2.6
A close friend	1623	78.6
Other friend or acquaintance	123	6.0
Dealer/gallery operator/other drug professional	37	1.8
Someone you didn't know well	7	.3
No response	1	.0
Total	2064	100.0

Almost a quarter (24.1%-500/2064) injected with needles and syringes already used by someone else that first time they had injected any drugs.

Did you inject the first time with a needle syringe used by someone else	Frequency	Percentage
No	1544	74.8
Yes	500	24.2
No response	20	1.0
Total	2064	100.0

More than half (51.8% -1069/2064) of those who had injected ever thought that injecting the drug would give them a 'greater high', 54.6% (1127/2064) reported that they had friends and companions who were injecting and wanted to give it a try too.



Before taking the first injection 68.5% (1413/2064) of those who had ever injected did not think that they may be infected with HIV and 72.9 % (1505/2064) were not afraid of being infected with Hepatitis-C.

Before the first injection did not think that they may be infected with:	Frequency	Percentage (n=2064)
HIV	1413	68.5
Hepatitis-C	1505	72.9

More than two-third (67.9%-1402/2064) of those who had injected ever reported injection as their primary route of drug use and 13.5% (279/2064) reported using drugs both ways (injecting as well as non-injecting).

Primary route of drug use	Frequency	Percentage
Injecting	1402	67.9
Non-injecting	378	18.3
Both ways equally	279	13.5
No response	5	.2
Total	2064	100.0

Injecting practices in the last three months

Among the ever injectors, 60.5% (1248/2064) reported injecting at least once in the last three months. Respondents from Champhai reported the highest proportion (86.8%-264/304) who injected drugs within the last three months, followed by Kolasib (76.0%- 219/288) and Mamit (68.8%-88/128).

More than half of those who had injected ever, reported injecting heroin(52.0%-1074/2064) and 9.9% (203/2064) injecting dextro-propoxyphene based drugs at least once in the last three months.

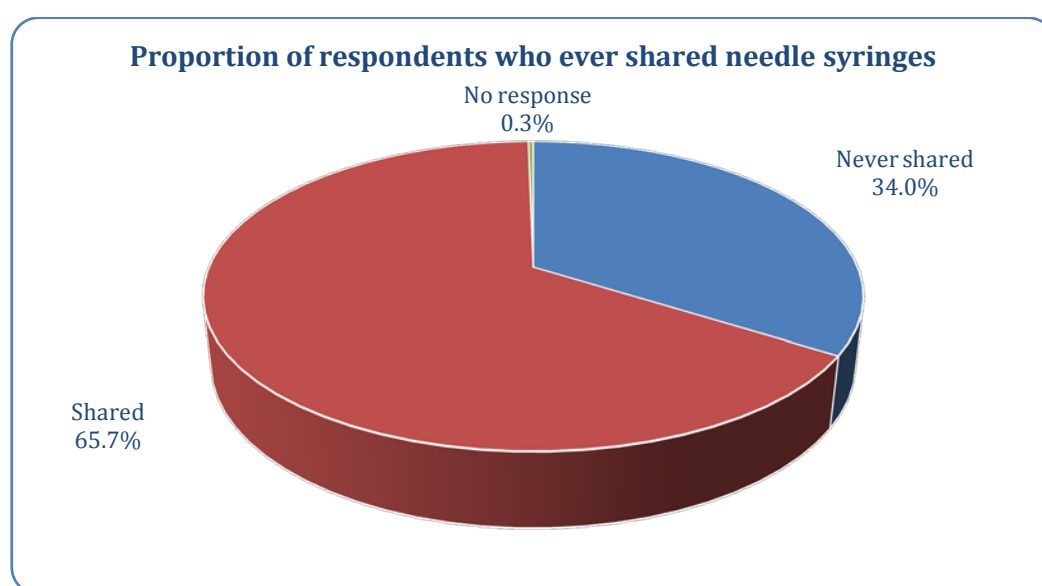
Injected last time	At least once in last 3 months	Percentage (n=2064)
Heroin	1074	52.0
Dextro propoxyphene (SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon)	203	9.9
Sedatives (diazepam, valium, nitrazepam, nitro, nitravet)	53	2.6
Buprenorphine, (Tidigesic, G-norphine, Norphine)	1	0.0
Pentazocine (Fortwin)	2	0.0
Opium (Beng)	5	0.2

Almost three fourth (74.7%-660/883) of those who had injected heroin as their first drug continued to inject it in the last three months before the interview. In addition, more than one third (35.1%-410/1168) of those who had initiated with dextro-propoxyphene as the first drug reported injecting heroin during the last three months. Whereas, among those who had initiated with dextro-propoxyphene-15.6% (182/1168) continued injecting the same drug during the last three months.

First drug injected	Frequency	Percentage (n=2064)	Injected in the last 3 months					
			Heroin	%	Dextro-propoxyphene	%	Sedative	%
Heroin	883	42.8	660	74.7	20	2.3	17	1.9
Dextropropoxyphene	1168	56.6	410	35.1	182	15.6	34	2.9
Sedatives	6	0.3	1	16.7	1	16.7	1	16.7

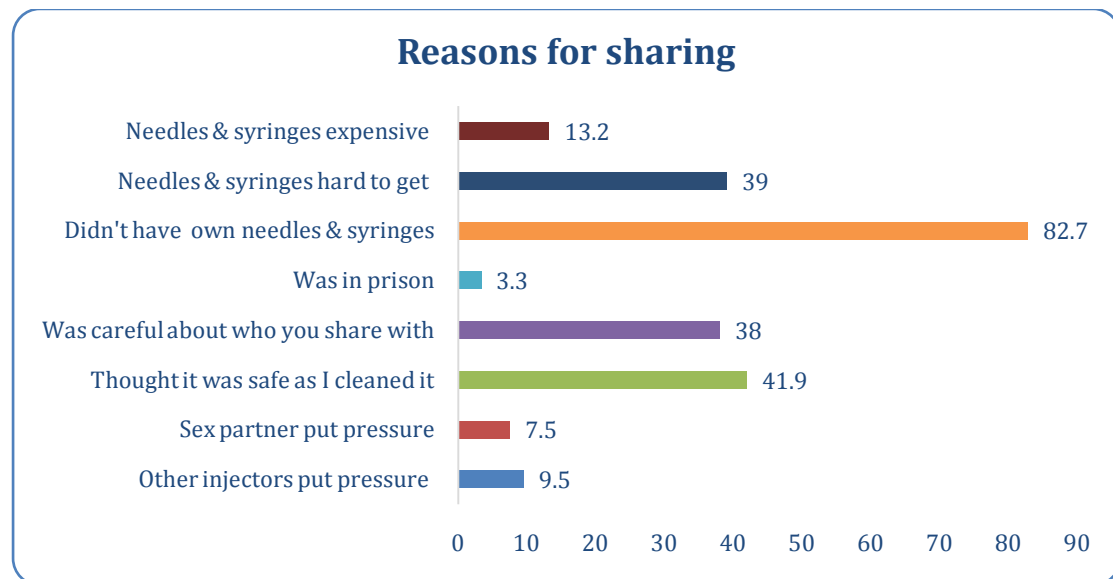
Sharing practice related findings

Almost two- third (65.8% -1357/2064) of those who had ever injected reported sharing (using needles & syringes after being used by someone else) at least once in their life time.



Almost a quarter (25.6%-348/1357) of them had shared needles & syringes within the last three months.

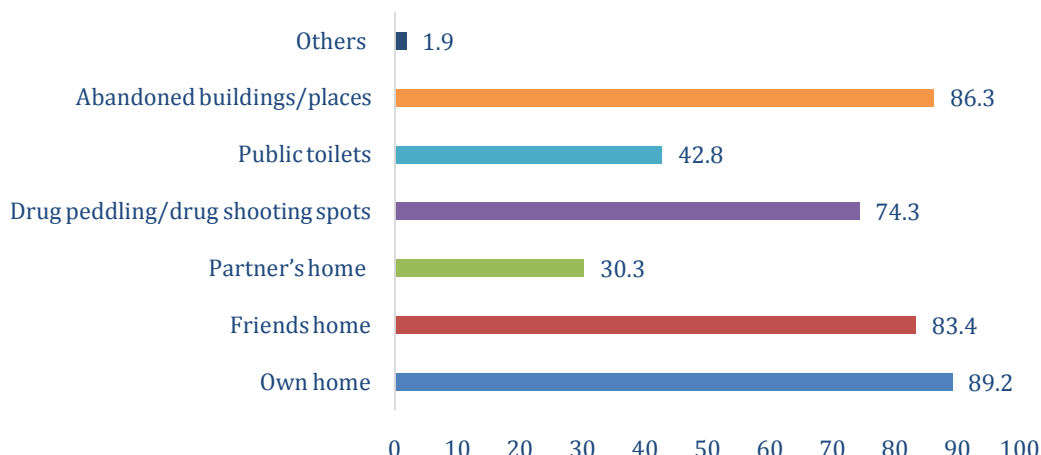
Among the respondents who had ever shared needles and syringes, 82.7% (1122/1357) said that they did not have their own needles and syringes at the time of injecting drugs, 41.9% (568/1357) thought that 'it was safe because they cleaned it', 39.0% (530/1357) reported that 'needles and syringes were hard to get' and 38.0% (515/1357) reasoned that they 'were (being) careful with whom they shared'.



Places of injecting

The respondents reported injecting in various places; the most favoured place was their own home as reported by 89.2% (1211/2064), followed by 86.3% (1172/2064) preferring abandoned buildings/places and 83.4% (1132/2064) choosing friends home. Almost three quarter (74.3% -1009/2064) of the respondents injected at drug peddling/shooting spots.

Preferred places of injecting



People injecting with

While, respondents injected with various people, most (91.5%- 1242/2064) preferred injecting alone, followed by drug using male peers (90.5%- 1229/2064). Among the ever injectors 43.8% (595/2064) injected with the drug dealers.

People who have never injected

Respondents who had never injected any drugs reported varied reasons for never injecting. At the state level- top reasons for not injecting drugs ever were 'Fear/dislike of needles/ syringes/blood'(54.5%-310/569), being 'worried about HIV'(43.4%-247/569), being satisfied with non- injecting high'(41.3%-235/569), 'accustomed to non-injection; never thought of injecting'(37.8%-215/569) 'don't see myself as injector type', (36.4%-207/569) and being 'worried about Hepatitis-C' (34.6%-197/569).

Reasons for not injecting	Frequency	Percentage (n=569)
Trying to control/reduce/eliminate drug use	186	32.7
Worried about health consequences of injection	184	32.3
Worried about contracting HIV/AIDS	247	43.4
Worried about contracting hepatitis	197	34.6
Easier to modulate doses, avoid overdose	174	30.6
Fear/dislike of needles/syringes or blood	310	54.5
Avoid law enforcement	39	6.9
Injection paraphernalia unavailable	37	6.5
More convenient, easier, faster to use through non-injection methods	155	27.2
Satisfied with the high from non-injection methods	235	41.3
Peer pressure/desire to be like companions/friends/partners	51	9.0
Because of the social stigma attached to injecting	81	14.2
Don't see myself as injector type	207	36.4
Accustomed to non-injection; never thought of injecting	215	37.8
No contact with injectors/not exposed to injection scene	49	8.6
Never had the opportunity	48	8.4
Other	5	0.9

However, among the respondents who had never injected any drugs 19.4% (108/557) used drugs in the same place where others were injecting and 46.7% had friends who inject drugs.

	Frequency	Percentage
In the last 6 months, did you ever use drugs while anyone else was injecting drugs at the same place?	108	19.4
Do you have friends who inject drugs?	260	46.7

Treatment related

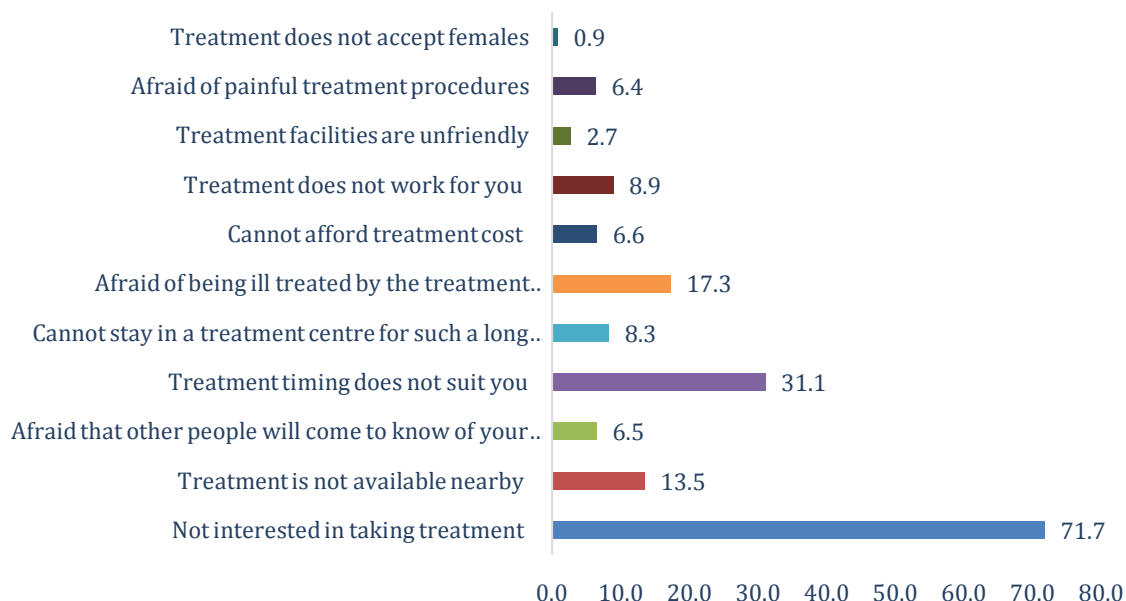
Among all the respondents 59.7% (1573/2633) ever received any treatment for drug related issues, 70.9% (1116/1573) had ever received out-patient treatment and 50.8% (799/1573) had received in-patient treatment. Among those who had ever received treatment 78.6% (1236/1573) were currently receiving it. While 48.0% (596/1241) of those who reported currently receiving treatment were receiving out-patient treatment and 39.3% (488/1241) were receiving in-patient treatment. Opioid Substitution Therapy was being received by 35.9% (445/1241) and needles & syringes by 35.2% (437/1241).

	Frequency	Percentage	(n=)
Ever received any treatment	1573	59.7	2633
Ever received out-patient treatment intended to help modify your drug use	1116	70.9	1573
Ever received in-patient treatment intended to modify drug use	799	50.8	1573
Currently receiving drug treatment	1241	78.9	1573

Type of treatment currently receiving	Frequency	Percentage (n=1241)
Out patient treatment for drug dependence	596	48.0
In patient treatment for drug dependence	488	39.3
Opioid substitution therapy	445	35.9
Needle syringe programme	437	35.2

Among the respondents who were not receiving any treatment at the time of the interview 71.7 % (1002/1397) were not interested in seeking treatment, 31.1% (434/1397) reported that treatment was not available nearby and 17.3% (241/1397) were afraid that people would come to know.

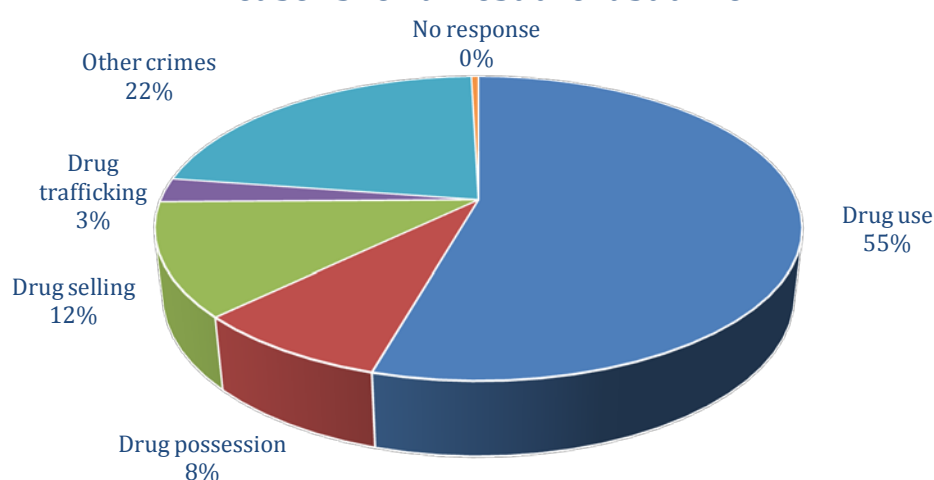
Reasons for not taking treatment currently



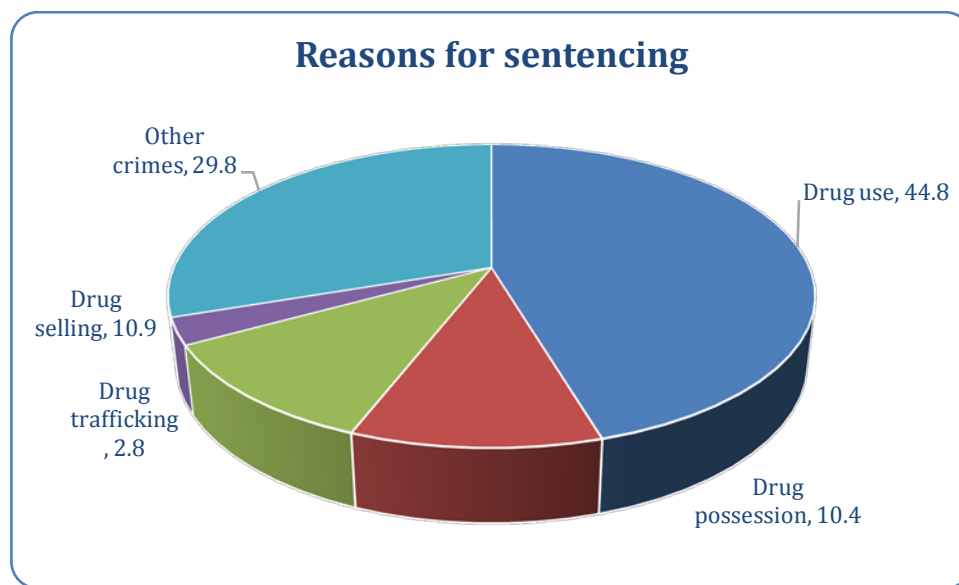
Legal issues

Among all the respondents 44.6% (1174/2633) had been arrested ever for drug related offences, 64.2%(754/1174)of them were arrested more than once and 37.9% (445/1174) were last arrested within the past one year. While, 54.4% (639/1174) were arrested for drug use, 8.3% (98/1174) for possession of drugs, 12.0% (141/1174) for drug selling and 22.2% (261/1174) were arrested for other crime committed to procure or support drug use.

Reasons for arrest the last time



Among those arrested ever, 32.9 % (386/1174) were ever sentenced. While, 60.1% (232/386) of them were sentenced more than once in their life time, 40.4% (156/386) were sentenced within the last one year. Among them 44.8% (173/386) were sentenced for drug use and 29.8% (115/386) for other crime committed to procure support drug use.



Among the respondents ever sentenced 28.5% (110/386) had used some drugs and 19.2% (74/386) had injected drugs while in custody.

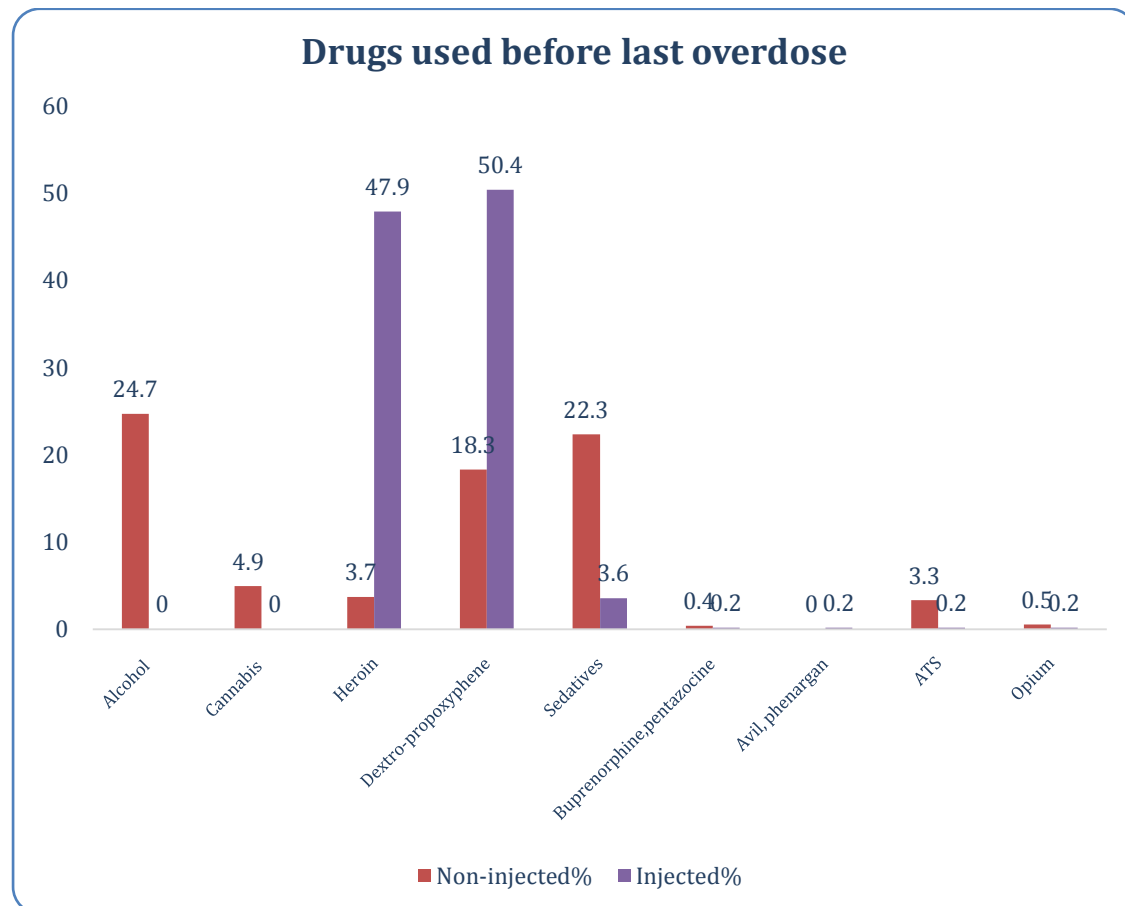
Drug use in custody	Frequency	Percentage (n=386)
Ever used drugs in jail/prison	110	28.5
Ever injected drugs in jail/prison	74	19.2

Overdose related findings

Almost two thirds (65.1%- 1714/2633) of the respondents had witnessed another person overdose on drugs, 57.9 % (1524/2633) had known a person who had died of overdose and 21.3% (562/2633) had experienced overdose themselves. More than half of those who had overdosed (52.7%- 296/562) had injected dextro-propoxyphene based drugs the last time they had experienced overdose and 47.9% (269/562) injected heroin. In addition, almost a quarter 24.4% (137/562) reported having used alcohol, 22.4% (126/562) had used sedatives (viz. Diazepam, Valium, Alprax, alprazolam, nitrazepam, Nitro, Nitravet) and 19.4% (109/562) had used dextro-propoxyphene based drugs (viz. SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) when they had overdosed the last time.

During the last episode of overdose- injection as well as oral use of dextro-propoxyphene based drugs was reported by 13.5% (76/562) of those who had ever overdosed, 11.6% (65/562) had injected heroin and consumed alcohol, 10.7% (60/562) had used alcohol along with injection of dextro-propoxyphene and 10.3% (58/562) had reported combining injection of dextro-propoxyphene and oral sedative use.

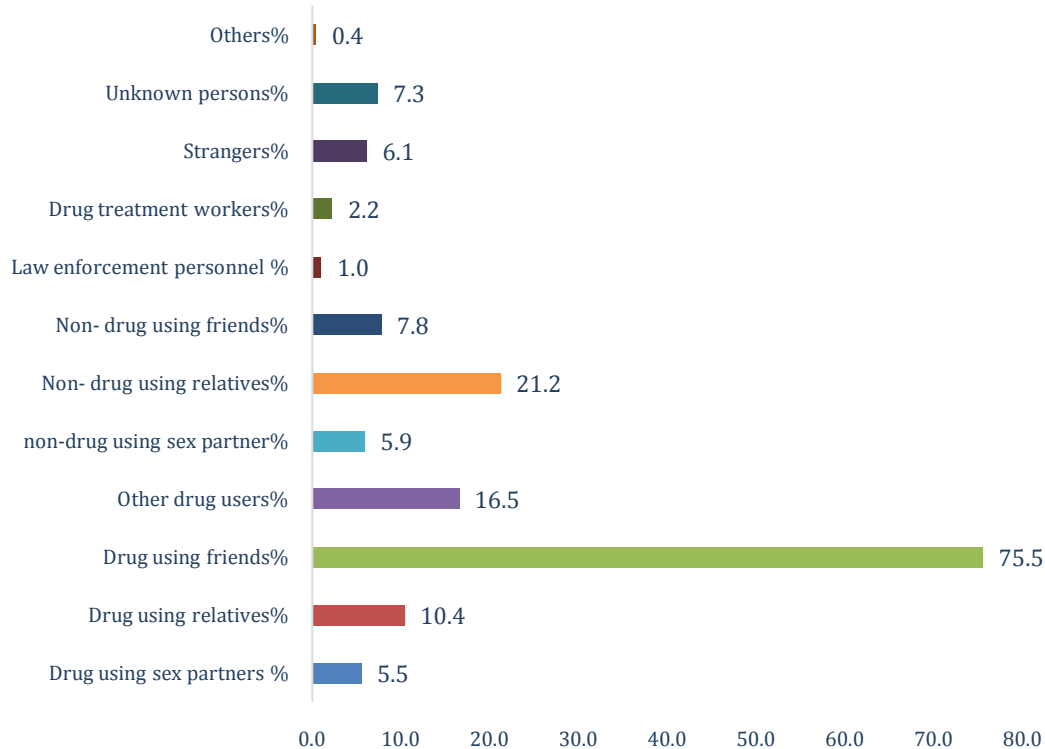
Combination of heroin injection, alcohol and oral sedative use was reported by 2.7% (15/562). While the same (2.7%-15/562) proportion of respondents reported injecting dextro-propoxyphene combined with oral use of sedatives and alcohol, injection as well as oral use of dextro-propoxyphene along with alcohol use was reported by 2.5%(14/562) of those who had ever experienced overdose.



Among those who had experienced overdose 18.5% (104/562) were alone when they had overdosed the last time and 87.2% (490/562) received help during their last overdose.

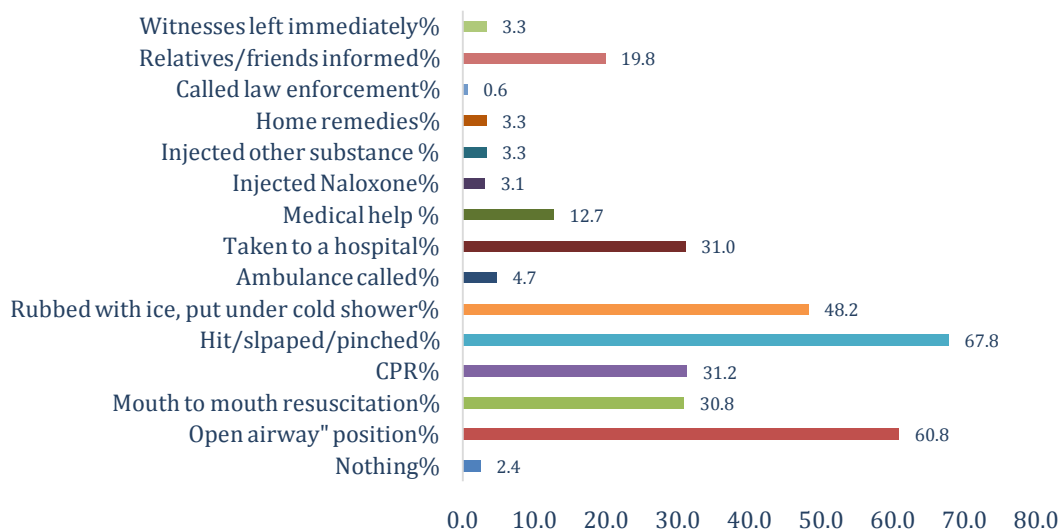
A little over three fourth(75.5%- 370/490) of those who had received help during their last episode of overdosereceived it from their drug using friends, more than one fifth (21.2%-104/490) were helped by non- drug using relatives and 16.5 % (81/490)by other drug users.

People who helped during last overdose



While, 60.8% (298/490) of those who had received any help during their last overdose, were placed in 'open airway position', 31.2% (153/490) were provided Cardio Pulmonary Resuscitation (CPR), 30.8% 'mouth to mouth resuscitation' and 31.0% (152/490) were taken to hospital; 67.8% (332/490) were 'hit/slapped/ pinched' and 48.2% (236/490) were rubbed with ice, or put under cold shower. Naloxone was injected to 3.1%-(15/490).

Types of help received



Sexual practices

More than one third (37.0%- 975/2633) of the respondents did not have any sex during the last six months, 62.4% (1644/2633) reported having sex with the opposite sex and 1.3% (34/2633) reported having sex with the same sex during the same period.

Among those who had sex with the opposite sex 42.6% (700/1644) reported having sex at least once a week during the last six months and among those who had sex with the same sex 35.3% (12/34) reported having sex with partners of the same sex within the same period.

Among the respondents who had sex with the opposite sex within the last six months less than a quarter (24.1% -396/1644) had sex with their primary partners during the given period and 21.7% (86/396) among them reported sex with their primary partner at least once a week.

While, 70.7% (280/396) of those who ever had sex with their primary partner of the opposite sex within the last six months reported not using condoms during their last sex act, 85.3% (29/34) of those who had sex with the primary partner of the same sex did not use condom during their last sex act.

Condom use with primary partners	Frequency	Percentage	(n=)
Did not use a condom during the last sex act with the primary partner of the opposite sex	280	70.7%	396
Did not use a condom during the last sex act with the primary partner of the same sex	29	85.3%	34

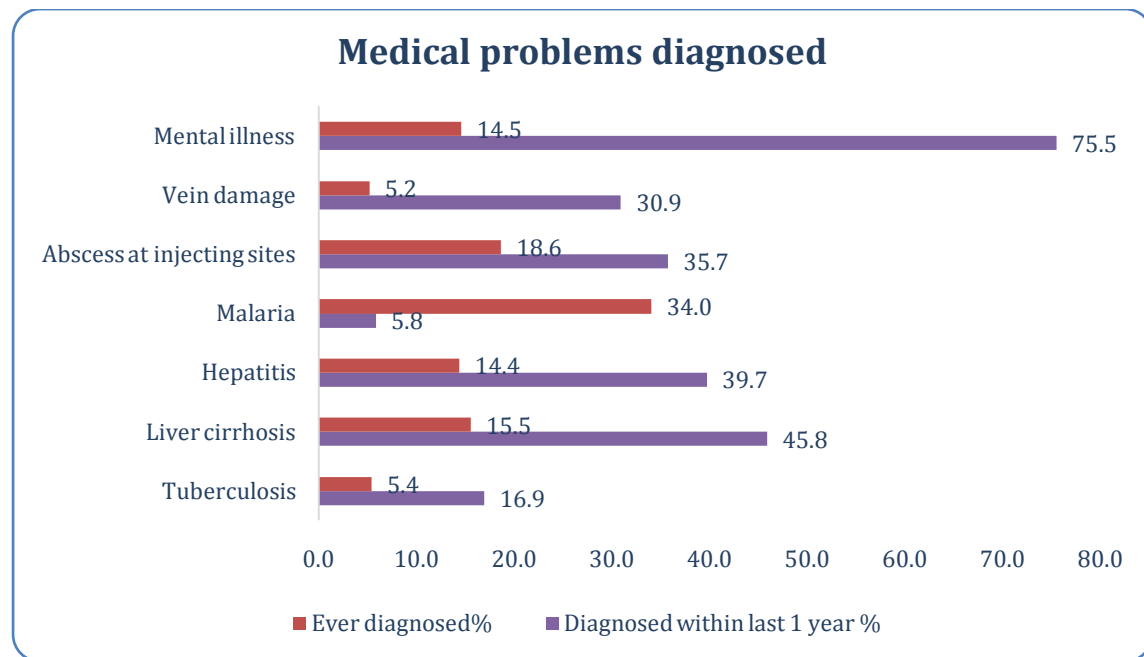
Sex with casual partners in the last six months was reported by 8.8% (145/1644), among them 55.9% (81/145) reported not using condoms.

Among those who had sex within the last six months, 2.2% (36/1644) reported having paid money for sex, 5.4% received money for sex, 2.2% (36/1644) gave drugs for sex and 4.1% (68/1644) received drugs for sex.

Among those who had sex within the last six months 52.6% (865/1644) reported using alcohol or other drugs before having sex.

Medical issues

While, 18.6% (490/2633) of the respondents had abscess at injecting sites, ever in their life, 35.7%(175/490) among them reported having the same within the last one year. Ever being diagnosed with any kind of Hepatitis was reported by 14.4% (378/2633) of all the respondents and 39.7% (150/378) among them reported being diagnosed with some form of hepatitis within the last one year. While, 15.5% (408/2633) were ever diagnosed with Cirrhosis of liver, 39.75 (150/2633) among them were diagnosed for the same within the last 1 year. Among all the respondents 14.5% (383/2633) were ever diagnosed with mental health illnesses of some sort by medical experts, 75.5% (289/383) reported being diagnosed with similar complication within the last one year.



Abuse & violence

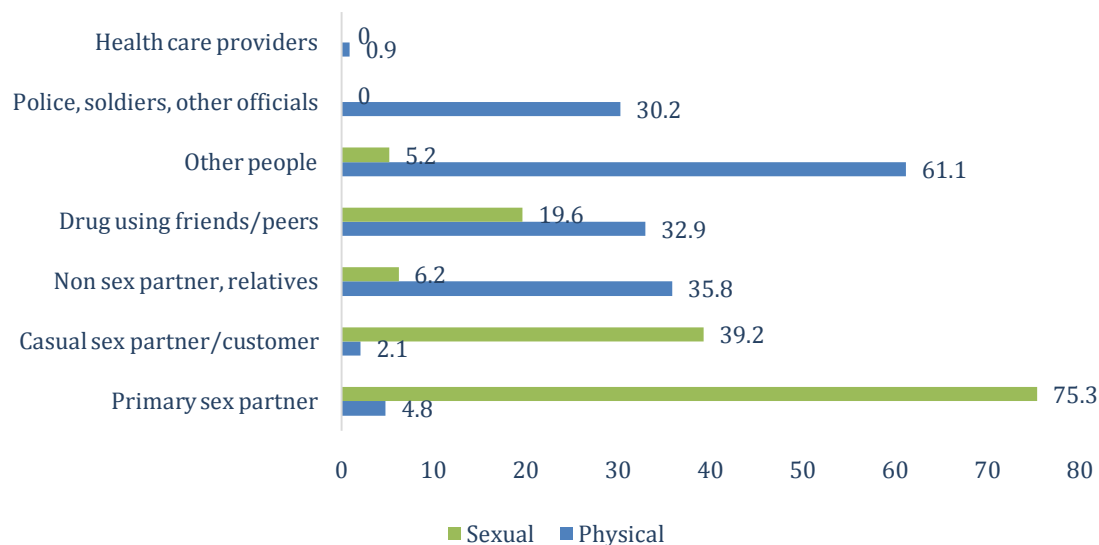
Nearly half (49.0% -1290/2633) of the respondents had experienced physical violence (being hit with a fist, kicked, or beaten) during their period of drug use. While, 59.1% (763/1290) of those who were ever abused experienced it once or twice during their drug use, 14.5% (187/1290) reported being abused 'Too many times to keep track of'.

A majority among them, 61.1% (788/1290) were abused by 'other people in the community/neighbourhood', 35.8% (462/1290) by relatives and 32.9% (425/1290) by drug using friends/peers.

Among the respondents 3.7 (97/2633) reported experiencing sexual abuse during their period of drug use. While one third (36.1%- 35/97) among them reported being sexually abused 'once or twice', 14.4% (14/97) –a 'few times', 45.4% (44/97) said that they had experienced abuse 'too many times to keep track of'.

While, in more than three fourth (75.3%-73/97) cases the perpetrator was a primary sex partner, in case of 39.2% (38/97) it was the casual sex partner or the customer and for 19.6% (19/97) it was a drug using friend or peer.

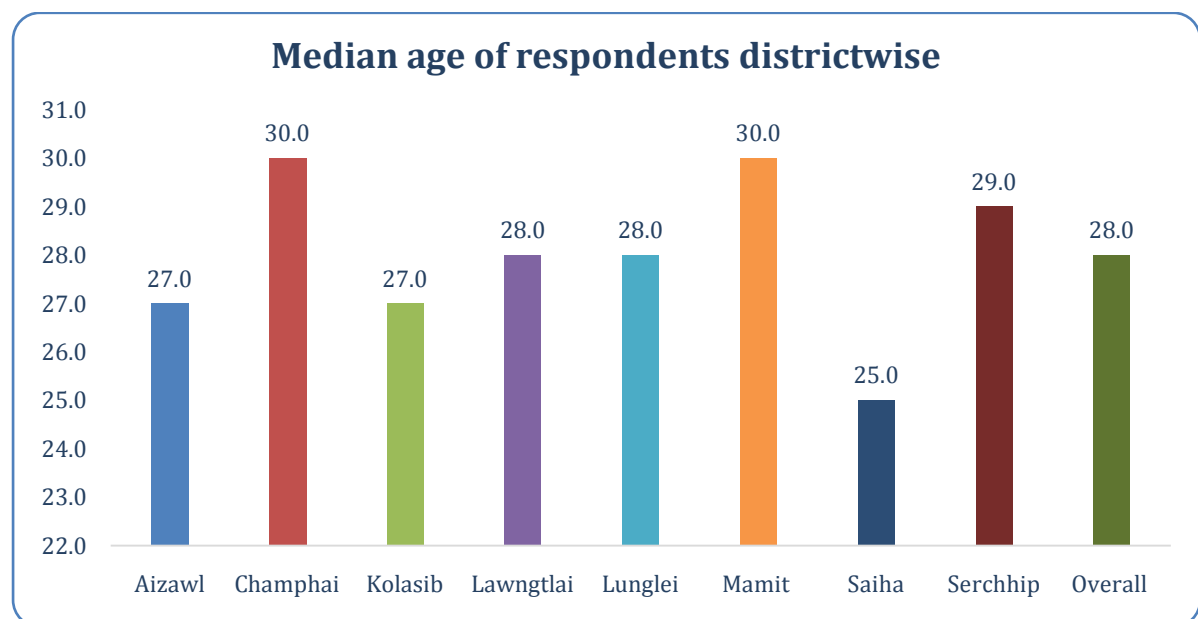
Perpetrators of physical & sexual abuse



6. District wise findings

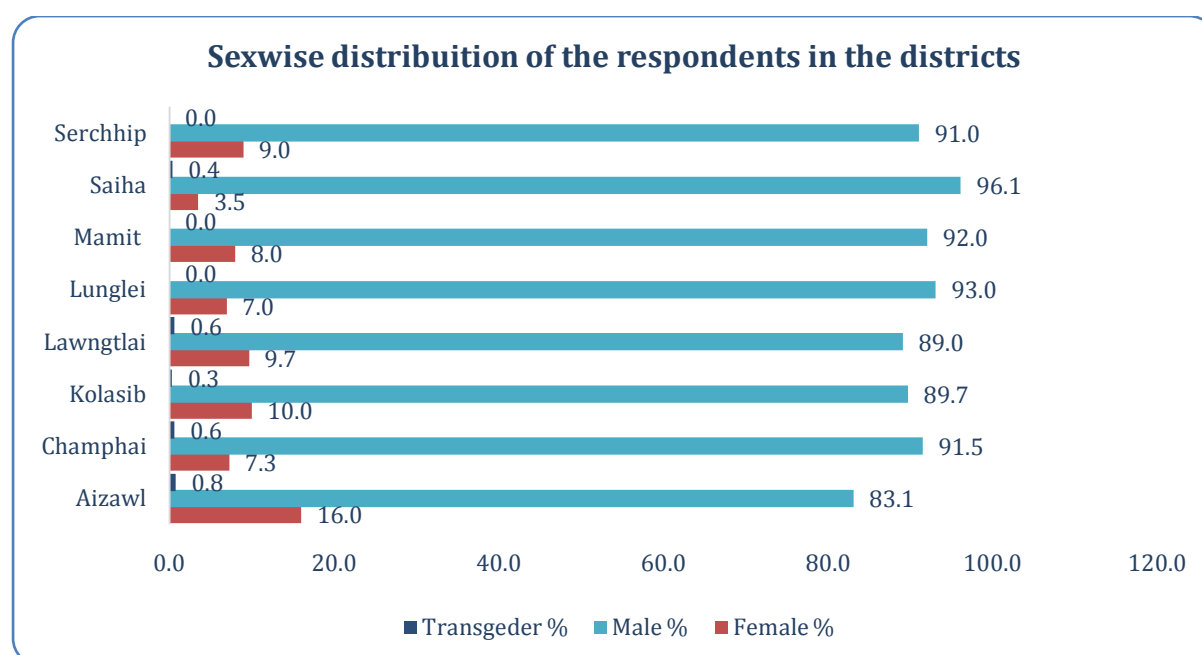
Age

While the overall median age of the respondents was 28.0 years (SD±6.5) the districts showed variation. The oldest respondents were reported from Mamit and Champhai (both median age of 30.0 years with SDs ±7.3& ±6.2 respectively). The youngest were from Saiha with a median age of 25.0 years (SD ±5.1)



Sex

While 10.1% of the all respondents were female the districts varied in their male to female proportions. The highest proportion of females were reported from Aizawl (16.0%- 121/756), followed by Kolasib (10.0%- 30/300), Lawngtlai (9.7%-15/155) and Serchhip (9.0%-23/256), the lowest was reported from Saiha (3.5%-9/255). Respondents identified themselves as transgenders in Aizawl (0.8%- 6/756), Champhai (0.6%- 2/316), Lawngtlai (0.6%- 1/155), Saiha (0.4%-1/255) and Kolasib (0.3%-1/300).

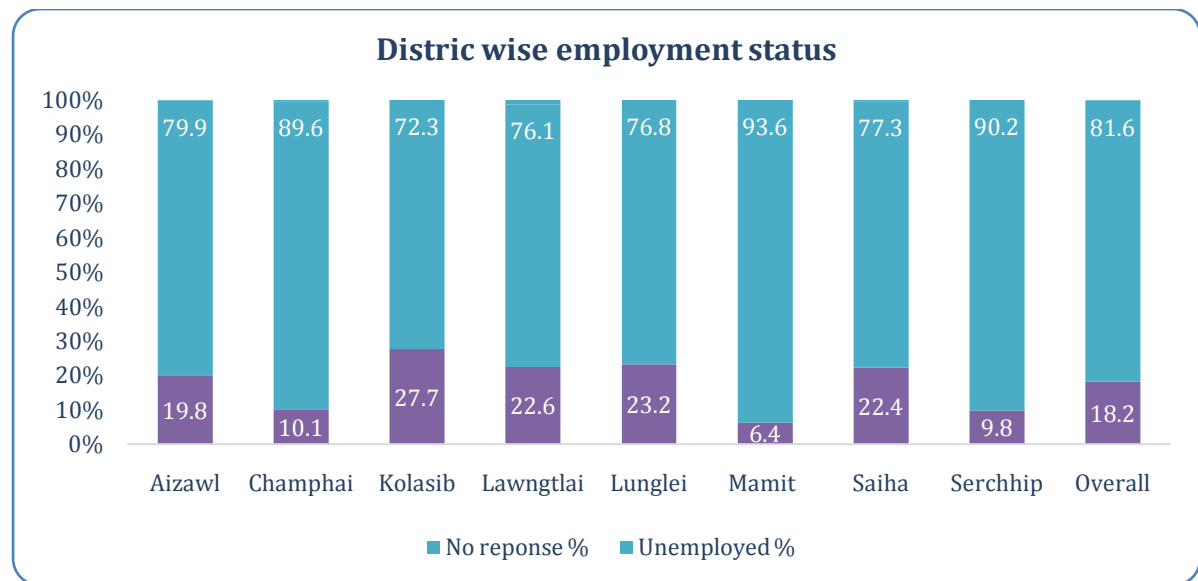


Education

Over all the respondents were educated –they had either studied upto middle school (41.4%- 1091/2633) or had completed higher secondary level education (36.2% -954/2633). Among those who had completed middle school, the highest proportion was reported from Mamit (58.8%-147/250) and the lowest from Saiha (27.1%-69/255). Among those who finished studying upto Higher Secondary school the highest proportion was reported from Aizawl (44.7%-338/756) and the lowest from Mamit (22.8%-57/250). Highest proportion of graduates (those who had completed undergraduate level of education) was reported from Kolasib (19.7%-59/300) and the lowest from Mamit (0.8%-2/250).

Employment & source of income

While, majority of the respondents (81.6%-2149/2633) at the state level were unemployed the districts too reflected a similar trend with highest proportion of unemployment being reported from Mamit (93.6%-234/250) and lowest from Kolasib (72.3%-217/300).



Highest proportion of respondents having regular jobs was reported from Mamit (93.3%-14/16) and the lowest from Saiha (12.7%-7/57). While 72.7% (40/57) of those employed in Saiha were into temporary jobs, Mamit reported none in the given category (0.0%- 0/16). Selling drugs as the main source of income was reported by the highest proportion from Aizawl (14.6% -21/150). Aizawl also topped the list for (selling) sex for money with 13.2% (19/150) reporting it. None reported selling drugs and sex for money from Champhai, Mamit, Saiha and Serchhip districts.

Living arrangement

Almost three fourth (73.0%-1922/2633) of the respondents lived with their parents and 2.9% (77/2633) lived alone.

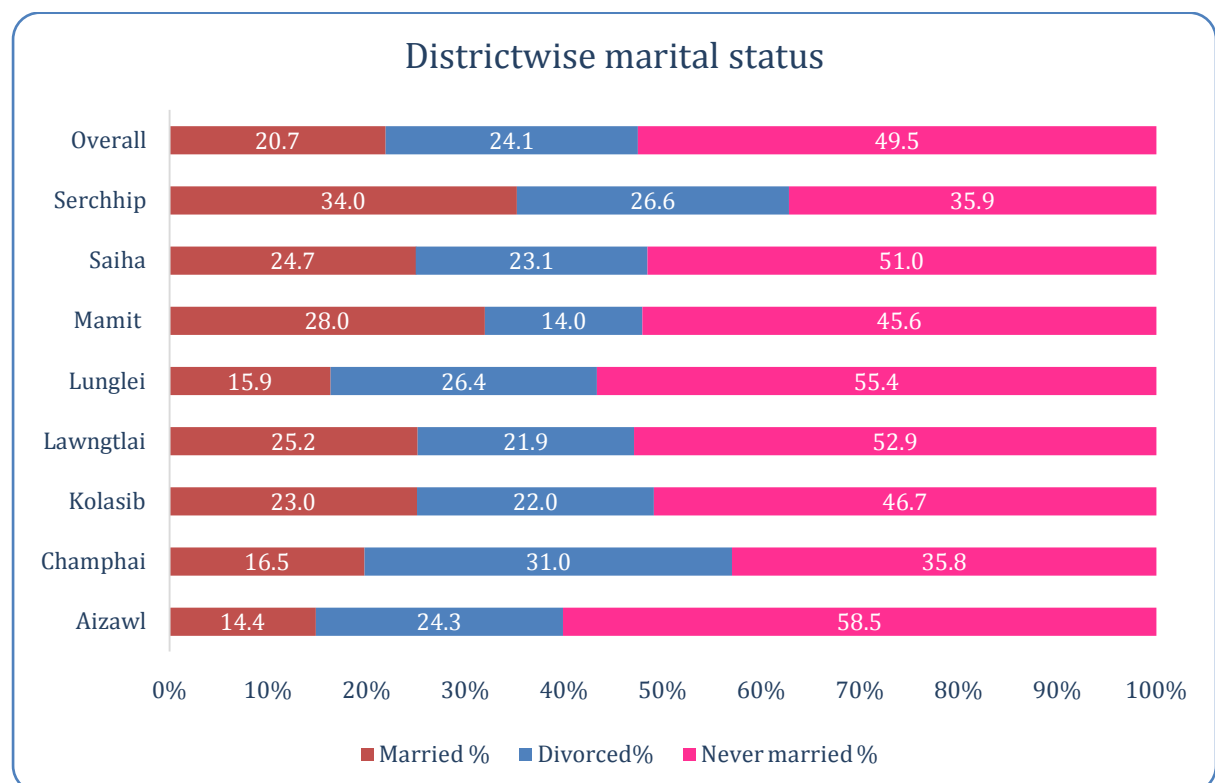
Highest proportion of respondents living with their parents was reported from Champhai (86.1%- 272/316) and highest proportion of respondents living alone was from Mamit (6.8%-17/250).

While, at the state level, 70% (1843/2633) of the respondents lived in their own houses (or their spouse/partner's), 92.0% (230/250) of the respondents from Mamit had similar arrangement and 4.1% (13/316) from Champhai reported the same. Living in rented houses/apartments was most common in Aizawl (21.2% (160/756) and least in Champhai (7.0%-22/316). Majority of the respondents from Champhai (88.0%-278/316) lived in houses owned by their parents/ relatives or friends. Among the respondents from Kolasib 8% (24/300) lived in treatment centres for the last six months. Living in brothels (or place of sex work) was reported by 0.5% of the respondents from Aizawl.

Marital status

At the state level, almost half (49.5%-1304/2633) the respondents were never married and another quarter (24.1%-635/2633) were divorced, a little over one fifth were legally married (20.7%-544/2633).

Aizawl reported the highest proportion of never married respondents (58.5%- 442/756) and the lowest proportion of those who were married (14.4%-109/756) at the time of the interview. Champhai reported the lowest proportion of never married (35.8%-113/316) respondents and the highest proportion of those who have been divorced (31.0%-98/316). While Serchhip reported the highest proportion of married (34.0%-87/256) respondents Mamit reported the lowest proportion of those divorced (14.0%-35/250).



*Chart showing major components only

Drug use related findings

All districts reported more than 90% respondents using tobacco and more than 80% using alcohol. Cannabis, opium, heroin, pharmaceutical opioids, sedatives and volatile solvents too were reported being used in all the eight districts. While cocaine use was not reported from Lunglei, ATS use was not reported from Saiha and use of hallucinogens was not reported from Lawngtlai, Mamit and Saiha districts.

Tobacco

Highest proportion of respondents using tobacco was reported from Lunglei (100%-345/345) and the lowest from Saiha (91.4%-233/255). When enquired about dependence on tobacco within the last one year respondents from Mamit (99.2%- 246/248) reported the highest proportion among those who had ever used and Saiha reported the lowest (27.9%- 65/233). Lowest (median) age of initiation into tobacco use was reported from Lunglei (14 years- SD- ± 3.1).

TOBACCO						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	15.0	± 3.4	702	92.9	499	71.1
Champhai	15.0	± 3.6	298	94.3	91	30.5
Kolasib	15.0	± 3.1	295	98.3	167	56.6
Lawngtlai	15.0	± 3.3	152	98.7	125	82.2
Lunglei	14.0	± 3.1	345	100.0	143	41.4
Mamit	15.0	± 2.5	248	99.2	246	99.2
Saiha	15.0	± 2.1	233	91.4	65	27.9
Serchhip	14.5	± 2.7	254	99.2	223	87.8
Overall	15.0	± 3.1	2527	96.0	1559	61.7

Alcohol

Proportionately, among the ever user alcohol use was highest in Mamit (99.2%-248/250) and the lowest in Aizawl (81.1%-613/756). While, respondents from Aizawl, Kolasib, Lunglei, Saiha and Serchhip reported initiating with alcohol use at the median age of 16.0 years, those from Lawngtlai initiated at the median age of 18.0 years. Dependence on alcohol was highest in Mamit (91.9%- 228/248) among those who reported ever use and lowest in Champhai (8.2%-23/282).

ALCOHOL						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	16.0	± 3.3	613	81.1	168	27.4
Champhai	17.0	± 3.4	282	89.2	23	8.2
Kolasib	16.0	± 3.7	274	91.3	89	32.5
Lawngtlai	18.0	± 3.4	147	95.5	65	44.2

Lunglei	16.0	±3.1	337	97.7	148	43.9
Mamit	17.0	±3.7	248	99.2	228	91.9
Saiha	16.0	±2.3	235	92.2	54	23.0
Serchhip	16.0	±3.0	251	98.0	160	63.7
Overall	16.0	±3.3	2387	90.7	935	39.2

Cannabis

Among those who had reported ever use, respondents from Lunglei reported the highest use of cannabis (80.3%-277/345) while the lowest was from Aizawl (40.5%-306/756). Saiha reported the highest (65.9%-122/185) proportion of users dependent on cannabis and Champhai reported the lowest (3.6%-6/168). Median age of initiation into cannabis was lowest (16.0 years) in Serchhip&Lunglei and the highest (18.0 years) was from Lawngtlai&Saiha.

CANNABIS						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	17.0	±3.5	306	40.5	78	25.5
Champhai	17.0	±4.1	168	53.2	6	3.6
Kolasib	17.0	±3.8	190	63.3	35	18.4
Lawngtlai	18.0	±2.6	92	59.7	43	46.7
Lunglei	16.0	±3.2	277	80.3	27	9.7
Mamit	17.0	±3.5	166	66.4	79	47.6
Saiha	18.0	±2.6	185	72.5	122	65.9
Serchhip	16.0	±3.1	106	41.4	52	49.1
Overall	17.0	±3.5	1490	56.6	442	29.7

Opium

While, use of raw opium was highest in Saiha (74.9%- 191/255) and lowest in Champhai (4.4%-14/316), dependence on opium was report to be highest among the ever users in Lawngtlai (80.2%-89/111). No respondents from Champhaimet the ICD-10 criteria for dependence on raw opium. Initiation into opium use was earliest among the respondents from Mamit (17.0 years) and the latest among those from Kolasib (23.5 years).

OPIUM						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	21.5	±5.6	54	7.1	18	33.3
Champhai	22.0	±6.8	14	4.4	0	0.0
Kolasib	23.5	±4.6	37	12.3	9	24.3
Lawngtlai	20.0	±5.6	111	72.1	89	80.2
Lunglei	22.0	±5.2	61	17.7	1	1.6
Mamit	17.0	±4.6	11	4.4	2	18.2

Saiha	20.0	±4.0	191	74.9	149	78.0
Serchhip	21.0	±3.8	16	6.3	6	37.5
Overall	20.0	±4.6	274	18.8	274	55.4

Heroin

Proportionately, heroin use was highest among the respondents from Champhai (95.3%-301/316) and the lowest among those from Saiha (21.2%-54/255). Dependence on heroin was highest among the respondents from Kolasib (86.9%-246/283) and the lowest among those from Lunglei (7.6%-11/145). Initiation into heroin was reported to be at the lowest age in Mamit (17.0 years) and the highest in Kolasib (23.5 years).

HEROIN							
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %	
Aizawl	21.5	±4.9	633	83.7	523	82.6	
Champhai	22.0	±5.9	301	95.3	246	81.7	
Kolasib	23.5	±5.6	283	94.3	246	86.9	
Lawngtlai	20.0	±4.2	20	13.0	7	35.0	
Lunglei	22.0	±5.3	145	42.0	11	7.6	
Mamit	17.0	±5.5	123	49.2	91	74.0	
Saiha	20.0	±4.0	54	21.2	18	33.3	
Serchhip	21.0	±4.0	173	67.6	127	73.4	
Overall	21.0	±5.3	1496	56.8	578	38.6	

Pharmaceutical opioids

While, 99.1% (342/345) of the respondents (proportionately highest) from Lunglei reported use of pharmaceutical opioids the lowest (40.5% -128/316) was reported from Champhai.

Respondents from Aizawl & Lunglei (18.0 years) reported the youngest median age of initiation and those from Mamit reported the oldest (20.0 years). Among the districts Serchhip reported the highest proportion of respondents dependent on pharmaceutical opioids (73.7%-165/224) and Champhai the lowest (27.3%-35/128).

PHARMACEUTICAL OPIOIDS						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	18.0	±3.2	458	60.6	181	39.5
Champhai	19.0	±4.4	128	40.5	35	27.3
Kolasib	19.0	±4.3	209	69.7	134	64.1
Lawngtlai	19.0	±3.9	96	62.3	41	42.7
Lunglei	18.0	±4.2	342	99.1	192	56.1

Mamit	20.0	±4.3	199	79.6	102	51.3
Saiha	19.0	±2.2	181	71.0	128	70.7
Serchhip	19.0	±3.4	224	87.5	165	73.7
Overall	19.0	±3.8	1837	69.8	978	53.2

Sedatives

Both highest proportion of ever use (74.4%-186/250) of Sedatives and dependence (72.0%- 134/186) on it were reported from Mamit. While, lowest use of sedatives was reported from Serchhip (39.1%- 100/256), lowest dependence on it was reported from Champhai (12.3%- 18/146). Age of initiation was lowest (18.0 years) at Lunglei and Aizawl and highest at Mamit (20.0 years).

SEDATIVES						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	18.0	±4.7	433	57.3	158	36.5
Champhai	19.0	±5.3	146	46.2	18	12.3
Kolasib	19.0	±4.4	194	64.7	56	28.9
Lawngtlai	19.0	±5.1	76	49.4	36	47.4
Lunglei	18.0	±4.8	241	69.9	80	33.2
Mamit	20.0	±5.6	186	74.4	134	72.0
Saiha	19.0	±3.4	120	47.1	55	45.8
Serchhip	19.0	±4.3	100	39.1	41	41.0
Overall	20.0	± 4.9	1018	38.7	138	13.6

Volatile Solvents

Volatile solvent use was highest in Lunglei (65.2%-225/345) and lowest in Aizawl (23.3%-176/756). Dependence on volatile solvents was reported to be highest at Serchhip (37.3%- 25/67) and Champhai reported no one dependent on it. Lowest age of initiation was reported from Aizawl, Lawngtlai, Lunglei, Saiha and Serchhip (all 15.0 years) and highest from Mamit (17.0 years).

VOLATILE SOLVENTS						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	15.0	±5.6	176	23.3	43	24.4
Champhai	16.0	±4.7	112	35.4	0	0.0
Kolasib	16.0	±5.7	158	52.7	37	23.4
Lawngtlai	15.0	±2.2	36	23.4	8	22.2
Lunglei	15.0	NA	225	65.2	12	5.3
Mamit	17.0	±3.7	162	64.8	7	4.3
Saiha	15.0	NA	82	32.2	6	7.3
Serchhip	15.0	±5.0	67	26.2	25	37.3
Overall	15.0	±3.8	20	30.8	20	30.8

Cocaine

Use of cocaine was reported from all districts except Lunglei and proportionately its use was highest in Kolasib (6.0%-18/300). Dependence on cocaine was highest (39.1%-9/23) in Aizawl. Initiation into cocaine was reported to be earliest in Aizawl (20.0 years) and latest in Serchhip (29.0 years).

COCAINE						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	20.0	±5.6	23	3.0	9	39.1
Champhai	24.0	±4.7	5	1.6	0	0.0
Kolasib	23.5	±5.7	18	6.0	6	33.3
Lawngtlai	21.0	±2.2	9	5.8	3	33.3
Lunglei	NA	NA	0	0.0	0	0.0
Mamit	22.0	±3.7	4	1.6	1	25.0
Saiha	20.0	NA	1	0.4	0	0.0
Serchhip	29.0	±5.0	5	2.0	1	20.0
Overall	21.0	±5.4	65	2.5	13	25.0

Amphetamine Type Stimulants (ATS)

Apart from Saiha all other districts reported ever use of ATS and respondents from Kolasib reported the highest use (3.3%-10/300). Among the ever users of ATS, proportionately respondents from Lawngtlai reported the highest dependence (66.7%-2/3) and Kolasib reported none.

AMPHETAMINE TYPE STIMULANTS (ATS)						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	26	±4.6	20	2.6	7	35.0
Champhai	33.5	±4.6	6	1.9	1	16.7
Kolasib	27.5	±5.7	10	3.3	0	0.0
Lawngtlai	22	±2.6	3	1.9	2	66.7
Lunglei	26	±5.2	7	2.0	1	14.3
Mamit	19	±7.6	3	1.2	1	33.3
Saiha	NA	NA	0	0.0	0	0.0
Serchhip	27	±4.6	3	1.2	1	33.3
Overall	26.5	±5.5	52	2.0	15	28.8

Hallucinogens

While highest use of hallucinogens was reported from Champhai (0.9%- 3/316), respondents from Lawngtlai, Mamit and Saiha did not report its use. None reported being dependent on hallucinogens.

HALLUCINOGENS						
Districts	Age of Initiation	SD	Ever use	Ever use %	Dependence	Dependence %
Aizawl	16.5	±2.1	2	0.3	0	0
Champhai	15.0	±2.1	3	0.9	0	0
Kolasib	21.0	NA	1	0.3	0	0
Lawngtlai	NA	NA	0	0.0	0	0
Lunglei	NA	NA	1	0.3	0	0
Mamit	NA	NA	0	0.0	0	0
Saiha	NA	NA	0	0.0	0	0
Serchhip	30	NA	1	0.4	0	0
Overall	18.0	±5.6	8	0.3	0	0

District wise drug use

Aizawl

Apart from tobacco, alcohol and cannabis, the most common drug used by the respondents from Aizawl was heroin (83.7%-633/756) followed by pharmaceutical opioids (60.6%-458/756) and sedatives (57.3%-433/756). Dependence on heroin was reported by 82.6% (523/633) of those who had ever used it, followed by pharmaceutical opioids (39.5% -181/458).

AIZAWL					
Drugs	Median age of initiation	Ever use	Ever use % (n=756)	Dependence	Dependence %
Tobacco	15.0	702	92.9	499	71.1
Alcohol	16.0	613	81.1	168	27.4
Cannabis	17.0	306	40.5	78	25.5
Opium	21.5	54	7.1	18	33.3
Heroin	20.0	633	83.7	523	82.6
Pharmaceutical opioids	18.0	458	60.6	181	39.5
Sedatives	20.0	433	57.3	158	36.5
Volatile solvents	15.0	176	23.3	43	24.4
Cocaine	20.0	23	3.0	9	39.1
ATS	26.0	20	2.6	7	35.0
Hallucinogens	16.5	2	0.3	2	0.3

Champhai

Besides, tobacco alcohol and cannabis, the most commonly used drug by the respondents from Champhai was heroin (95.3%-301/316). The second being sedatives (46.2%-146/316) and the third- pharmaceutical opioids (40.5%-128/316). Dependence on heroin topped the list (81.7%- 246/301) followed by pharmaceutical opioids (27.3%-35/128).

CHAMPHAI					
Drugs	Median age of initiation	Ever use	Ever use % (n=316)	Dependence	Dependence %
Tobacco	15.0	298	94.3	91	30.5
Alcohol	17.0	281	89.2	23	8.2
Cannabis	17.0	168	53.2	6	3.6
Opium	22.0	14	4.4	0	0
Heroin	23.0	301	95.3	246	81.7
Pharmaceutical opioids	19.0	128	40.5	35	27.3
Sedatives	23.0	146	46.2	18	12.3
Volatile solvents	16.0	112	35.4	0	0
Cocaine	24.0	5	1.6	0	0
ATS	33.5	6	1.9	1	16.7
Hallucinogens	15.0	3	0.9	0	0

Kolasib

Leaving aside, tobacco, alcohol and cannabis, heroin (94.3%-283/300) was the most popular drug ever used by the respondents from Kolasib, followed by pharmaceutical opioids (69.7%-209/300) and sedatives (64.7%-194/300). Dependence on heroin was the highest (86.9%- 246/300) reported, followed by pharmaceutical opioids (64.1%- 134/300) and sedatives (28.9%-37/158).

KOLASIB					
Drugs	Median age of initiation	Ever use	Ever use % (n=300)	Dependence	Dependence %
Tobacco	15	295	98.3	167	56.6
Alcohol	16	274	91.3	89	32.5
Cannabis	17	190	63.3	35	18.4
Opium	23.5	37	12.3	9	24.3
Heroin	22	283	94.3	246	86.9
Pharmaceutical opioids	19	209	69.7	134	64.1
Sedatives	20	194	64.7	56	28.9
Volatile solvents	16	158	52.7	37	23.4
Cocaine	23.5	18	6	6	33.3
ATS	27.5	10	3.3	0	0
Hallucinogens	21	1	0.3	0	0

Lawngtlai

Opium (72.2%-111/154) was the most common drug ever used by the respondents from Lawngtlai, dependence on it was highest (80.2%-89/111) too among the respondents from the district. About one third (62.3%- 96/154) reported ever use of pharmaceutical opioids and almost half reported using sedatives (49.4%-76/154) at least once in their lifetime. Dependence on sedatives was reported by 47.4% (36/76) and pharmaceutical opioids by 42.7% (41/96). No one reported ever using hallucinogens from this district.

LAWNGTLAI					
Drugs	Median age of initiation	Ever use	Ever use % (n=154)	Dependence	Dependence %
Tobacco	15	152	98.7	125	82.2
Alcohol	18	147	95.5	65	44.2
Cannabis	18	92	59.7	43	46.7
Opium	20	111	72.2	89	80.2
Heroin	21.5	20	13.0	7	35.0
Pharmaceutical opioids	19	96	62.3	41	42.7
Sedatives	20.5	76	49.4	36	47.4
Volatile solvents	15	36	23.4	8	22.2
Cocaine	21	9	5.8	3	33.3
ATS	22	3	1.9	2	66.7
Hallucinogens	NA	0	0.0	0	0.0

Lunglei

Ever use of pharmaceutical opioids was reported by 99.1% (342/345), sedatives by 69.9% (241/345) and 65.2% (225/345) reported using volatile solvents. Dependence on pharmaceutical opioids was reported by 56.1% (192/342) and sedatives by 33.2% (80/241). While 42.0% (145/345) reported ever using heroin, dependence on it was reported by 7.6% (11/145). None reported the use of cocaine from Mamit.

LUNGLEI					
Drugs	Median age of initiation	Ever use	Ever use % (n=345)	Dependence	Dependence %
Tobacco	14	345	100	143	41.4
Alcohol	16	337	97.7	148	43.9
Cannabis	16	277	80.3	27	9.7
Opium	22	61	17.7	1	1.6
Heroin	23	145	42.0	11	7.6
Pharmaceutical opioids	18	342	99.1	192	56.1
Sedatives	20	241	69.9	80	33.2
Volatile solvents	15	225	65.2	12	5.3
Cocaine	NA	0	0	0	0
ATS	26	7	2	1	14.3
Hallucinogens	NA	1	0.3	0	NA

Mamit

Ever use of pharmaceutical opioids was reported by 79.6% (199/250) of the respondents from Mamit, sedatives by 74.4% (186/250) and volatile solvents by 64.8% (162/250). While almost half (49.2%-123/250) of the respondents reported ever use of heroin 74% (91/123) of them reported being dependent on it during the last one year. Use of hallucinogens was not reported from this district.

MAMIT					
Drugs	Median age of initiation	Ever use	Ever use % (n=250)	Dependence	Dependence %
Tobacco	15	248	99.2	246	99.2
Alcohol	17	248	99.2	228	91.9
Cannabis	17	166	66.4	79	47.6
Opium	17	11	4.4	2	18.2
Heroin	22	123	49.2	91	74.0
Pharmaceutical opioids	20	199	79.6	102	51.3
Sedatives	20	186	74.4	134	72
Volatile solvents	17	162	64.8	7	4.3
Cocaine	22	4	1.6	1	25
ATS	19	3	1.2	1	33.3
Hallucinogens	NA	0	0	0	0

Saiha

While ever use of raw opium was reported by almost three fourths (74.9%-191/255) of the respondents dependence on it was reported by 78.0% (149/191) among them. Use of pharmaceutical opioids was reported by 71.0% (181/255) and dependence on them was reported by 70.7% (128/181). Sedative use (ever) was reported by 47.1% (120/255) and dependence by 45.8% (55/255) among them. Ever use of ATS and hallucinogens was not reported.

SAIHA					
Drugs	Median age of initiation	Ever use	Ever use % (n=255)	Dependence	Dependence %
Tobacco	15	233	91.4	65	27.9
Alcohol	16	235	92.2	54	23
Cannabis	18	185	72.5	122	65.9
Opium	20	191	74.9	149	78
Heroin	20	54	21.2	18	33.3
Pharmaceutical opioids	19	181	71.0	128	70.7
Sedatives	19	120	47.1	55	45.8
Volatile solvents	15	82	32.2	6	7.3
Cocaine	20	1	0.4	0	0
ATS	NA	0	0	0	0
Hallucinogens	NA	0	0	0	0

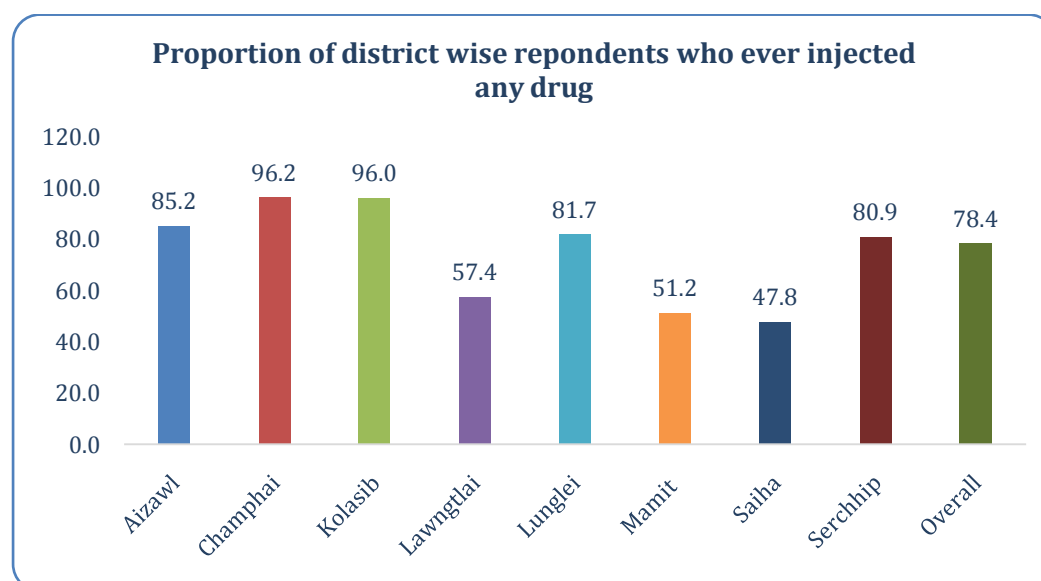
Serchhip

Pharmaceutical use was reported by 87.5% (224/256), heroin by 67.6% (173/256) and sedatives by 39.1% (100/256). Dependence on pharmaceutical opioids was reported by 73.7% (165/224), heroin by 73.4% (127/256) and sedatives by 41.0% (41/100).

SERCHHIP					
Drugs	Median age of initiation	Ever use	Ever use % (n=256)	Dependence	Dependence %
Tobacco	14.5	254	99.2	223	87.8
Alcohol	16	251	98	160	63.7
Cannabis	16	106	41.4	52	49.1
Opium	21	16	6.3	6	37.5
Heroin	22	173	67.6	127	73.4
Pharmaceutical opioids	19	224	87.5	165	73.7
Sedatives	19	100	39.1	41	41.0
Volatile solvents	15	67	26.2	25	37.3
Cocaine	29	5	2	1	20.0
ATS	27	3	1.2	1	33.3
Hallucinogens	30	1	0.4	0	0

Injection related findings

Among the districts highest proportion of respondents who ever injected any drug was reported from Champhai (96.2%-304/316) and the lowest was from Saiha (47.8%-122/255).



Age of initiation

Respondents from Lunglei were the youngest with a median age 18.0 years (SD±3.7)

when injecting for the first time and those from Champhai&Mamit were the oldest with median age of 21.0 years (SD ±5.5 & ±4.9 respectively).

	injecting median age	SD
Aizawl	19.0	±4.3
Champhai	21.0	±5.5
Kolasib	20.0	±4.4
Lawngtlai	19.0	±3.7
Lunglei	18.0	±3.7
Mamit	21.0	±4.9
Saiha	19.0	±2.4
Serchhip	19.0	±3.2
Overall	19.0	4.4

Drugs injected at initiation

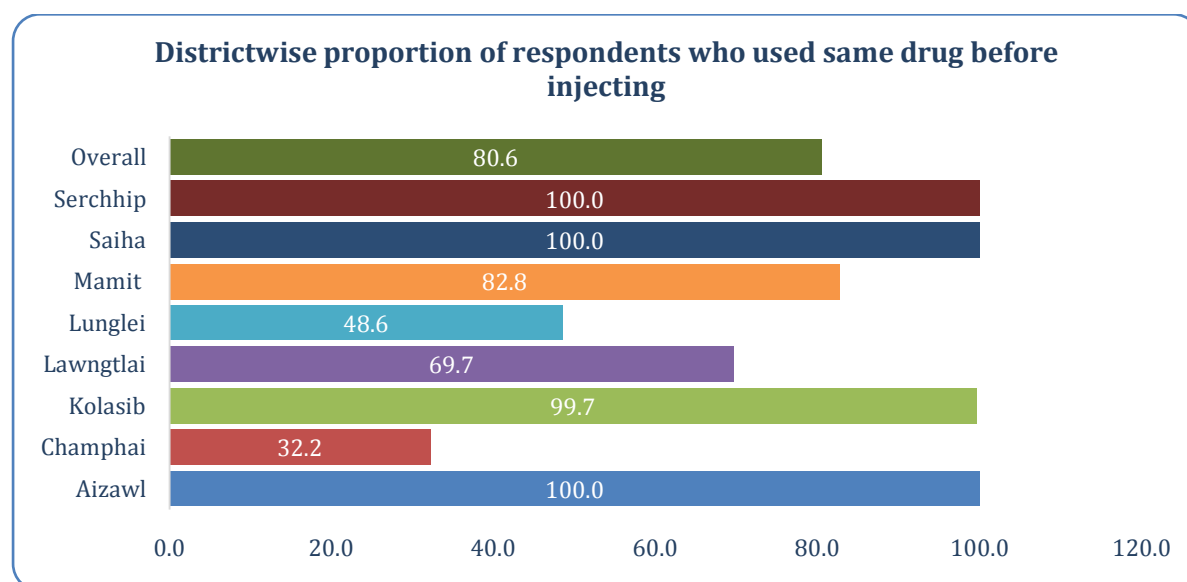
Dextro-propoxyphene based opioids (SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon etc.) were the most commonly injected drugs at initiation followed by heroin. Dextropropoxyphene based opioids and heroin as the drug of initiation into injecting was reported from all the eight districts. While the respondents from Lawngtlai reported the highest (96.6%-86/89) use of dextro-propoxyphene and the lowest use of heroin (2.2%-2/89) at initiation into injecting, those from Champhai reported the lowest use of dextro-propoxyphene (31.9%-97/304) based opioids and the highest use of heroin (68.1%-207/304).

Sedatives (diazepam, valium, alprax, alprazolam, nitrazepam, nitro, nitravet) were reported as the drug of initiation from Serchhip, Lunglei and Aizawl, buprenorphine from Kolasib and methamphetamine from Aizawl. Injection of opium was reported from Lawngtlai.

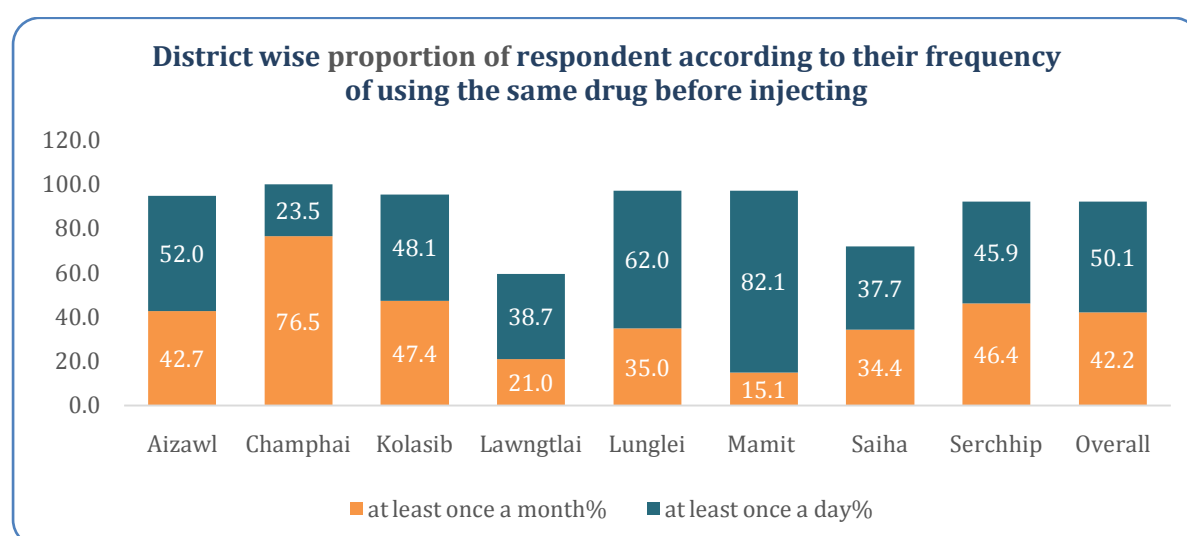
	Heroin		Dextro-propoxyphene		Sedatives		Buprenorphine		Pentazocine		Methamphetamine		Opium	
Districts	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Aizawl	395	61.3	245	38.0	1	0.2	0	0.0	2	0.31	1	0.2	0	0.0
Champhai	207	68.1	97	31.9	0	0.0	0	0.0	0	0.00	0	0.0	0	0.0
Kolasib	142	49.3	145	50.3	0	0.0	1	0.3	0	0.00	0	0.0	0	0.0
Lawngtlai	2	2.2	86	96.6	0	0.0	0	0.0	0	0.00	0	0.0	1	1.1
Lunglei	15	5.3	265	94.0	2	0.7	0	0.0	0	0.00	0	0.0	0	0.0
Mamit	74	57.8	54	42.2	0	0.0	0	0.0	0	0.00	0	0.0	0	0.0
Saiha	10	8.2	111	91.0	0	0.0	0	0.0	0	0.00	0	0.0	0	0.0
Serchhip	38	18.4	165	79.7	3	1.4	0	0.0	1	0.48	0	0.0	0	0.0
Overall	883	42.8	1168	56.6	6	0.3	1	0.0	3	0.15	1	0.0	1	0.0

Using the same drug through some other mode before injecting it

All respondents who had ever injected from Aizawl, Saiha, and Serchhip had been using the same drug through some other mode before injecting it during the last one month. All but one from Kolasib (99.7%-287/288) reported similarly. However, 67.8 % (206/304) of the ever injectors from Champhai reported having never used the same drug before injecting it for the first time.



While, 76.5% (98/98) of the respondents from Champhai who had reported using the same drug before injecting it reported using it at least once a month, 23.5% (23/98) reported using it at least once daily. Among the respondents from Mamit, 15.1% (16/106) reported using the same at least once a month and 82.1% (87/106) reported using the same drug at least once a day before injecting it.



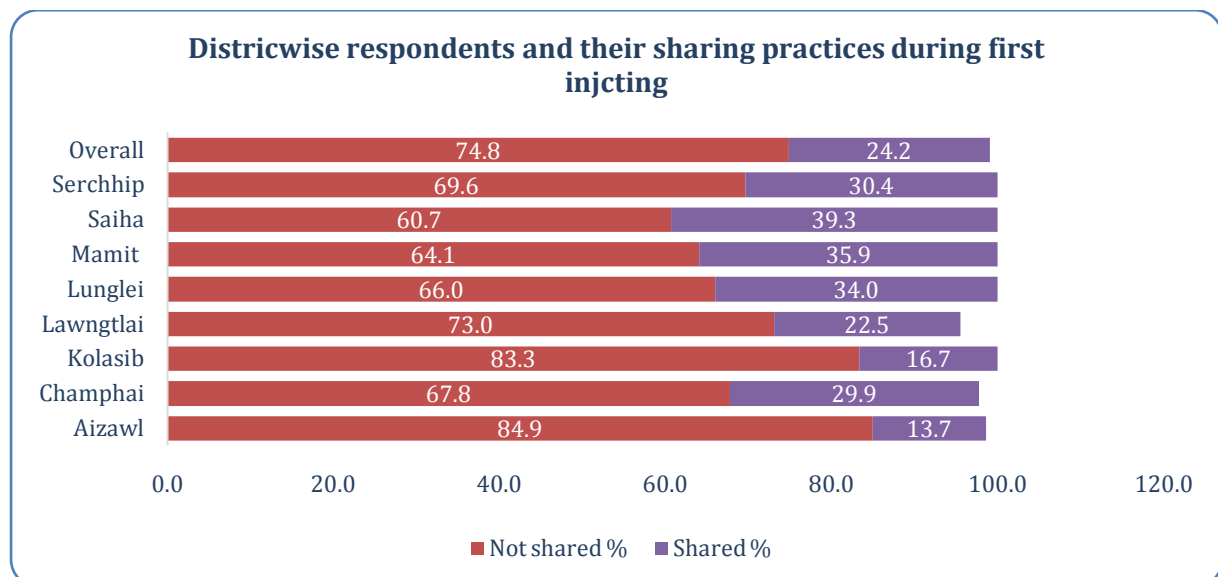
Who injected the first drug

The majority from all districts reported that the first drug was injected by a close friend with the highest proportion being reported from Lunglei (92.9%-262/282) and the lowest from Kolasib (48.6%-140/288). Among the ever injectors from Champhai 39.3% (119/304) reported injecting themselves and 10.8% (31/288) from Kolasib reported being injected by drug dealers or gallery operators.

	Self		Sex partner		Relative		Close friend		Other friend or acquaintance		Drug dealers/gallery operators		Someone you didn't know well		
Districts	f	%	f	%	f	%	f	%	f	%	f	%	f	%	(n=)
Aizawl	39	6.1	6	0.9	11	1.7	574	89.1	7	1.1	1	0.2	6	0.9	644
Champhai	119	39.3	2	0.7	2	0.7	168	55.4	12	4.0	0	0.0	0	0.0	304
Kolasib	16	5.6	6	2.1	8	2.8	140	48.6	87	30.2	31	10.8	0	0.0	288
Lawngtlai	8	9.0	0	0.0	4	4.5	72	80.9	4	4.5	1	1.1	0	0.0	89
Lunglei	5	1.8	1	0.4	9	3.2	262	92.9	4	1.4	1	0.4	0	0.0	282
Mamit	8	0.1	0	0.0	1	0.0	116	90.6	3	0.0	0	0.0	0	0.0	128
Saiha	3	2.5	0	0.0	14	11.5	101	82.8	3	2.5	0	0.0	1	0.8	122
Serchhip	5	2.4	2	1.0	4	1.9	190	91.8	3	1.4	3	1.4	0	0.0	207
Overall	203	9.8	17	0.8	53	2.6	1623	78.7	123	6.0	37	1.8	7	0.3	2064

Sharing practice related findings

Majority from all the districts reported not sharing needles syringes during the first time they had injected. Highest proportion of sharing during the first injecting was reported from Saiha (39.3%-48/122) and the lowest was from Aizawl (13.7%-88/644).



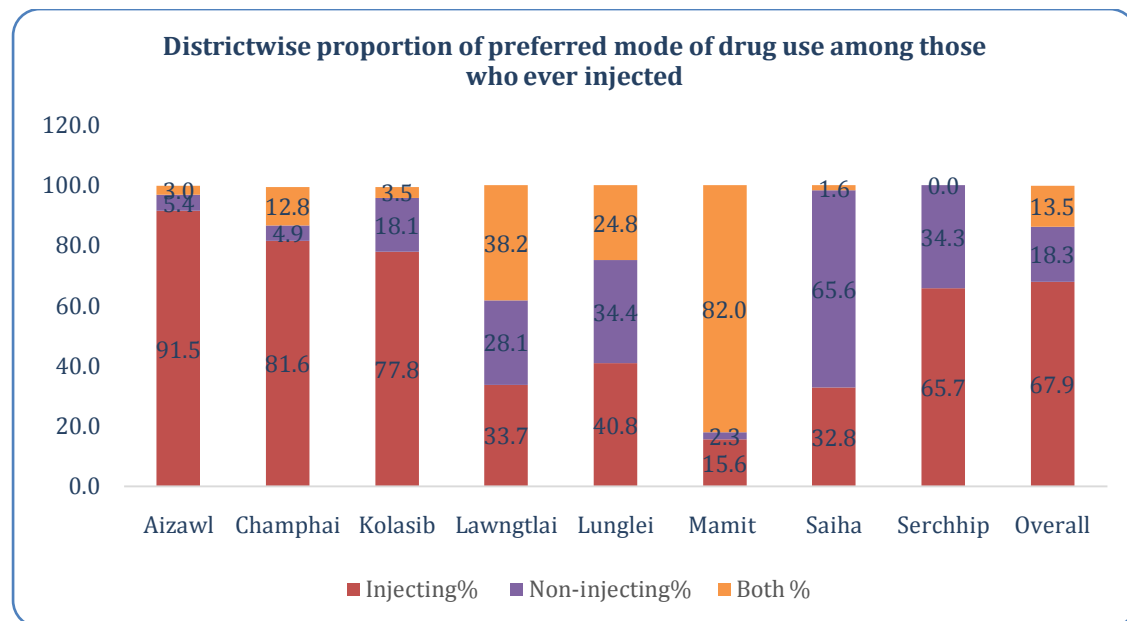
*no response not included in the graph

Commonly reported reasons for injecting was 'friends companions were injecting and wanted to try', 'thought it would be a better high', and 'curiosity'. Highest proportion from Mamit (88.3%-113/128) reported 'friends companions were injecting and wanted to try' while the lowest proportion reporting the same were from Serchhip (14.5%-30/207). Highest proportion of respondents from Serchhip (88.4%- 183/207) 'thought it would be a better high' and the lowest were from 23.3% (150/644). 'Curiosity' was the reason for 93.8% (120/128) of the ever injectors from Mamit while 1.6% (2/122) from Saiha. Three fourths (75%-96/128) of the ever injectors from Mamit also reported 'Type/quality of drug available inadequate for non-injection' as the reason for injecting.

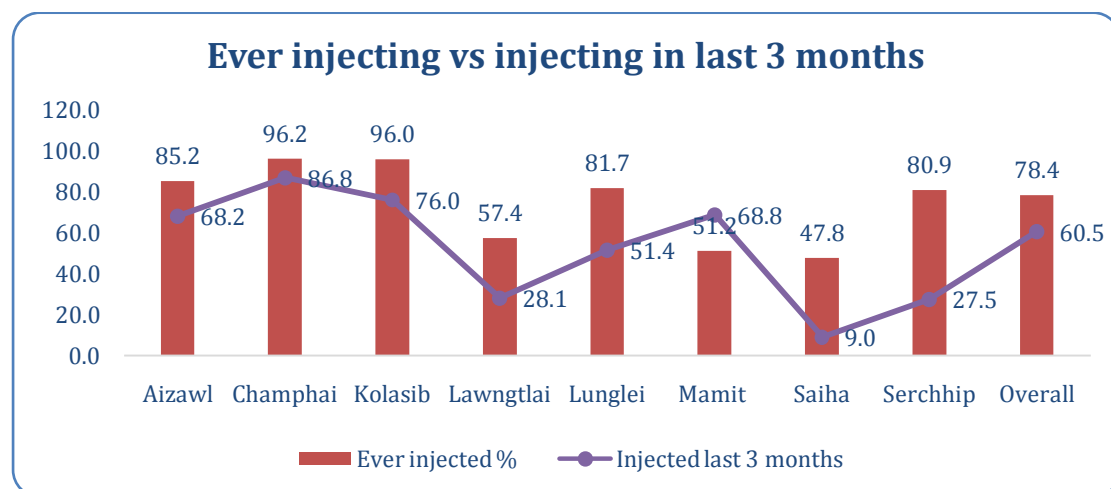
Among the respondents from Kolasib who ever injected any drug- 74.5%(214/288) thought that they could be infected with HIV and 72.6% (209/288) thought that they could be infected with hepatitis-C before injecting the first time, while, among those from Saiha none was worried about HIV and only 0.8% (1/122) was concerned about being infected with hepatitis-C.

Before injecting thought could be infected with					
Districts	HIV	%	Hep-C	%	(n=)
Aizawl	346	53.7	253	39.3	644
Champhai	2	0.7	2	0.7	304
Kolasib	214	74.3	209	72.6	288
Lawngtlai	14	15.7	12	13.5	89
Lunglei	2	0.7	1	0.4	282
Mamit	71	55.5	68	53.1	128
Saiha	0	0.0	1	0.8	122
Serchhip	2	1.0	13	6.3	207
Overall	651	31.5	559	27.1	2064

While injecting was the more preferred mode of drug use for majority of those who had ever injected any drug in Aizawl (91.5%-589/644), Champhai (81.6%-248/304), Kolasib (77.8%-224/288) and Serchhip (65.7%-136/207), non-injecting mode of drug use was most favoured among those from Saiha (65.6%-80/122) and both injecting and non-injecting from Mamit (82.0%-105/128).



Among the ever injectors in the whole state, 60.5% (1248/2064) reported injecting at least once in the last three months. Respondents from Champhai reported the highest proportion (86.8%-264/304) who injected drugs within the last three months, followed by Kolasib (76.0%- 219/288) and Mamit (68.8%-88/128).

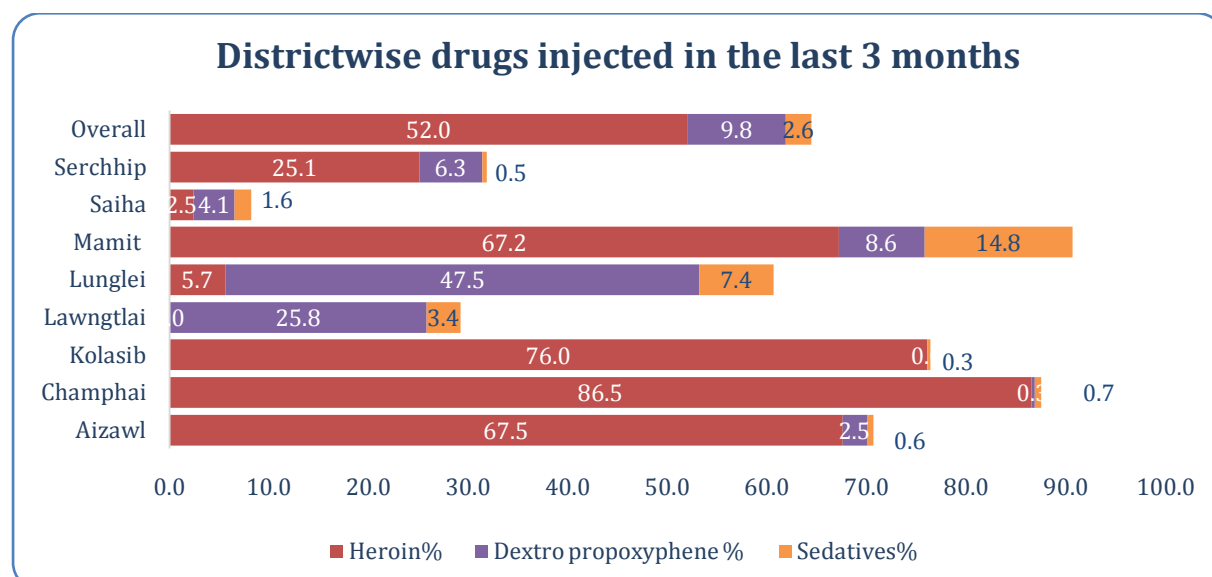


Heroin was injected by respondents from all districts excepting Lawngtlai in the last three months. Champhai (86.5%-263/304) reported the highest proportion injecting heroin in the last three months.

While, injection of dextro-propoxyphene was not reported from Kolasib in the last three months, Lunglei topped the list with 47.5% (134/282) respondents reporting it.

All the districts reported injection of sedatives with the highest proportion (14.8%-19/128) being reported from Mamit.

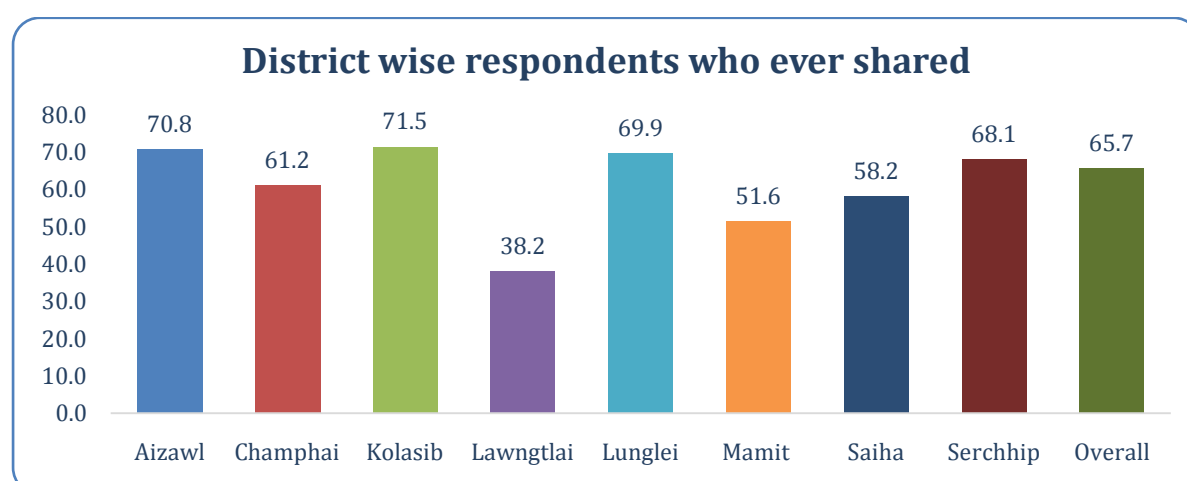
While, Injection of raw opium in the last three months was reported from Aizawl (0.2%-1/644), Lawngtlai (2.2%-2/89), Mamit (0.8%-1/128) and Saiha (0.8%-1/122), injection of Pentzocine during the same period was reported from Aizawl (0.2%-1/644) and Kolasib (0.3%-1/288), buprenorphine from Serchhip (0.5%-1/207) and methamphetamine from Kolasib (0.3%-1/288).



*opium, buprenorphine, pentazocine and methamphetamine not included in the graph

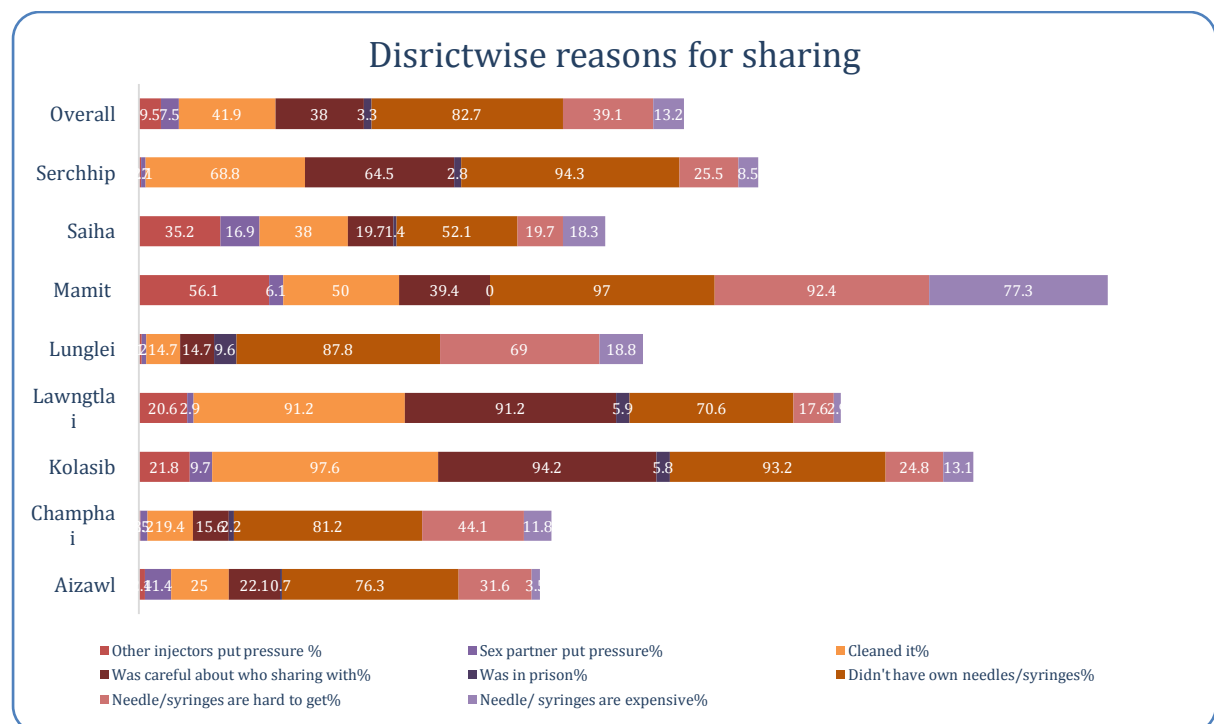
Sharing practices

While almost two third of the respondents who ever injected reported having shared needles/syringes at some point of time the highest proportion of respondents sharing reported from Kolasib (71.5%-206/288) and the lowest was reported from Lawngtlai (38.2%-34/89).



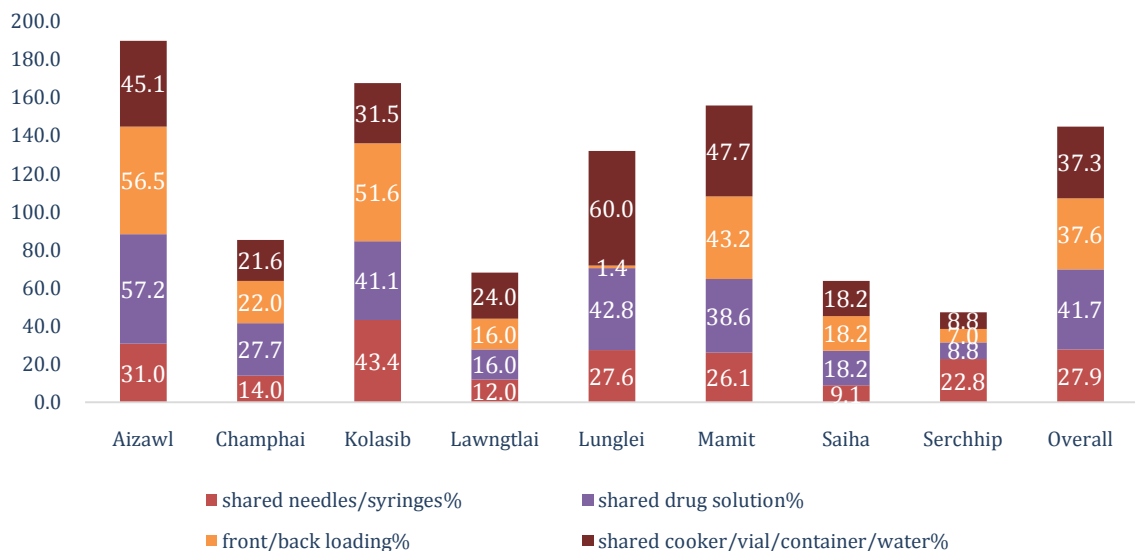
Reasons for sharing

'Did not have own needles and syringes at the time of injecting' was the commonest reason provided for sharing. While 82.7% (1122/1357) from all over the state said it the highest was reported from Mamit (97.0%-64/66) and the lowest was from Saiha (52.1%-37/48). The second most common reason given was 'I cleaned it before using' with 41.9% reporting it overall. With 97.6%(201/206) reporting it Kolasib topped the list and Lunglei was at the bottom with 14.7% (29/197). 'Needle/syringes are hard to get' was the third most frequent reason (at state level 39.1%0 530/1357) with 92.4% (61/66) reporting it from Mamit as the highest and 17.6%(6/20) from Lawngtlai as the lowest.



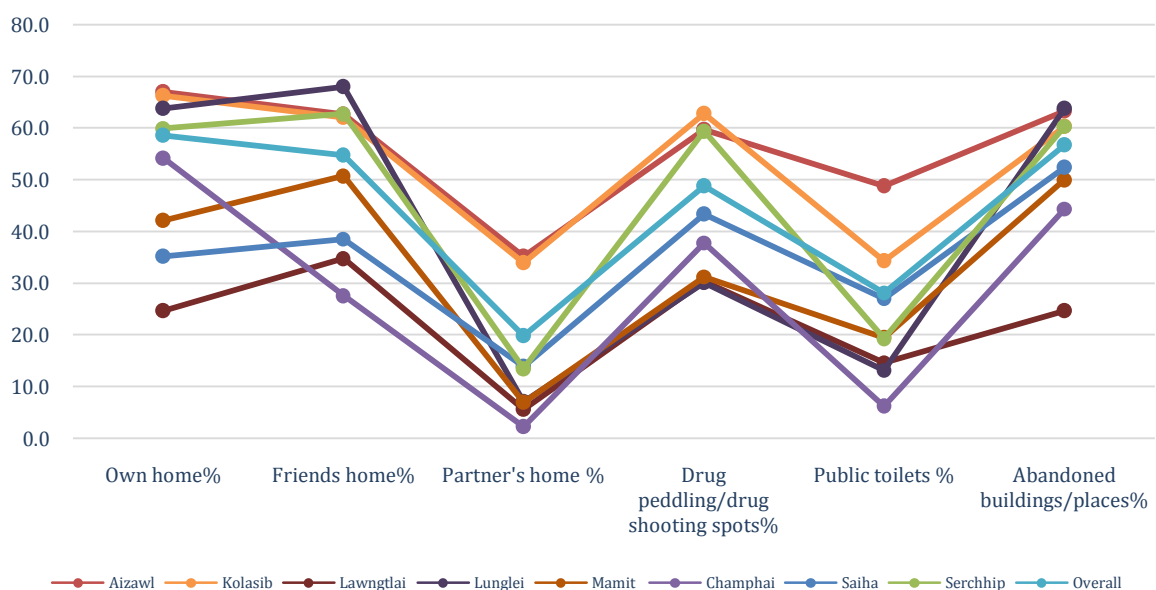
Sharing of needles and syringes within the last three months was reported by the highest proportion of respondents who ever injected within the last three months from Kolasib (43.4%-95/219) and the lowest from Saiha. Sharing of drug solutions within the same period was highest among those from Aizawl (56.5%-248/439) and lowest from Serchhip. Squirting of drug solutions into the syringe (frontloading/backloading) to was highest among those who had injected during the last three months in Aizawl (56.5%-248/439) and lowest from Lunglei (1.4%-2/145). Cookers/containers and water used for preparation of drugs was shared by the highest proportion from Lunglei (60.0% -87/1450) and the lowest from Champhai (21.6%-57/264).

Districtwise sharing practices in the last 3 months



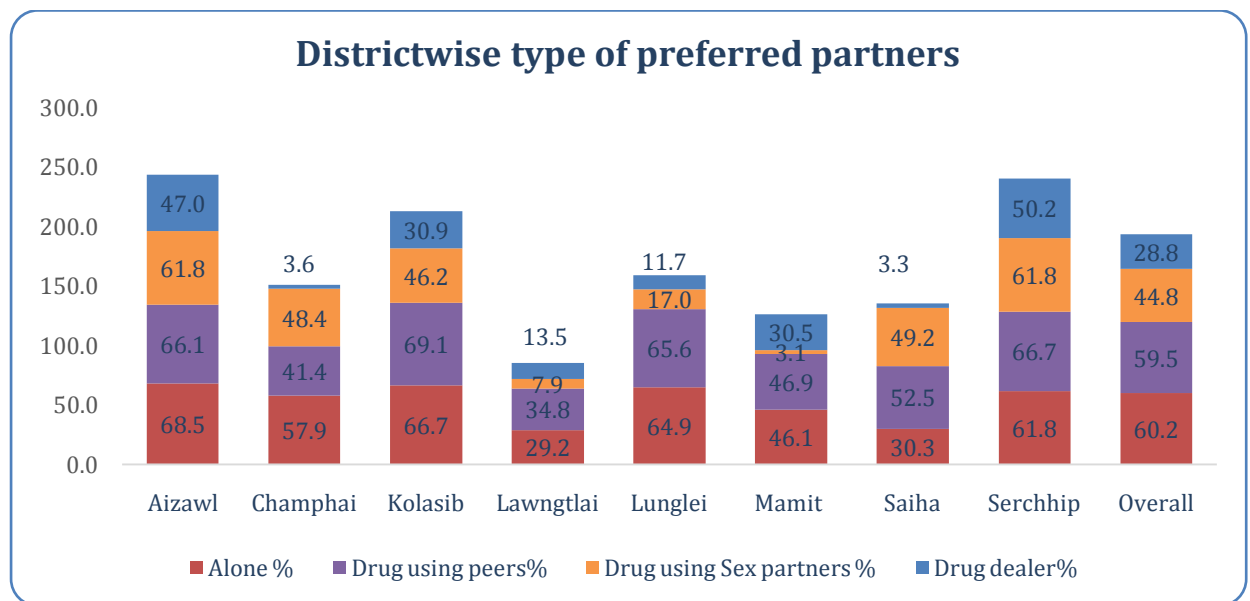
At the state level the most favoured place of injecting was the respondents 'own home' with highest proportion of ever injectors reporting it from Aizawl (67.1%-432/644) and the lowest was from Lawngtlai. Abandoned buildings was the second most preferred place for injecting with Lungeli (63.8%-180/282) reporting the highest and Lawngtlai (24.7%-22/89) the lowest. 'Friends home' the third was most preferred overall was reported by the most from Lungeli (68.1% (192/282) and the lowest from Champhai (27.6%-84/304). Drug peddling and shooting spots were preferred by the most from Kolasib (62.8%-181/288) and the least from Lunglei (30.1%-85/282).

Districtwise distribution of preferred spots for injecting



Who did you inject with

Mostly respondents preferred to inject alone with the highest being reported from Aizawl (68.5%-441/644) and the lowest from Lawngtlai (29.2%-26/89). The next most preferred were the drug using peers- with Kolasib reporting the highest proportion (69.1%-199/288) and Lawngtlai the lowest (34.8%-31/89). While, drug using sex partners were the chosen ones for 61.8% (398/644) from Aizawl, 3.1%(4/128) from Mamit preferred injecting with them. Injecting with drug dealers was preferred by the highest proportion from Aizawl 47.0% (303/644) while the lowest was reported from Saiha (3.3% 4/595).

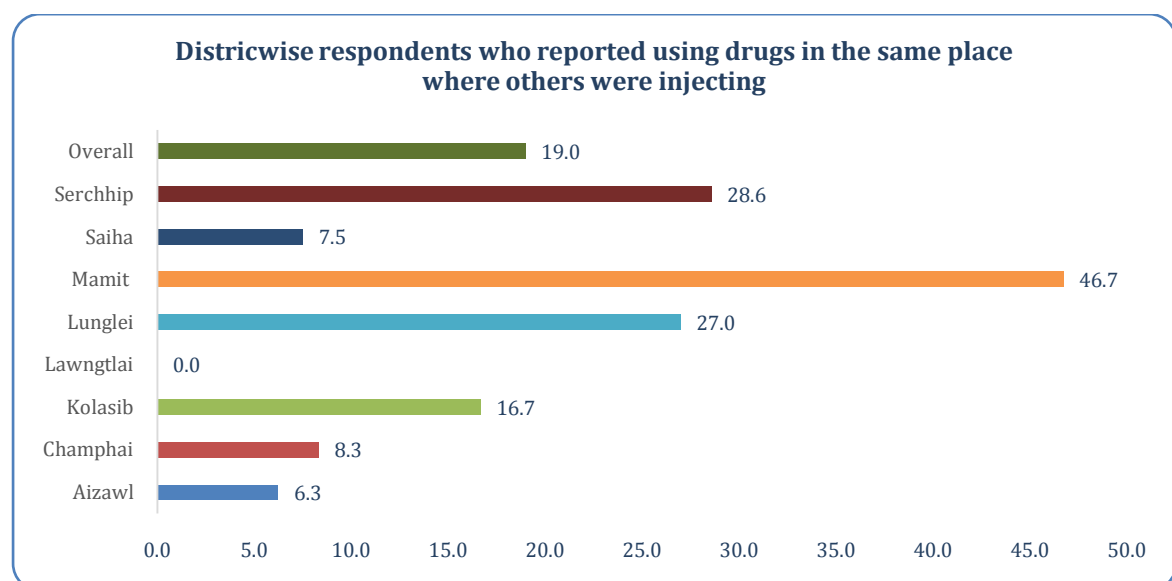


People who have never injected

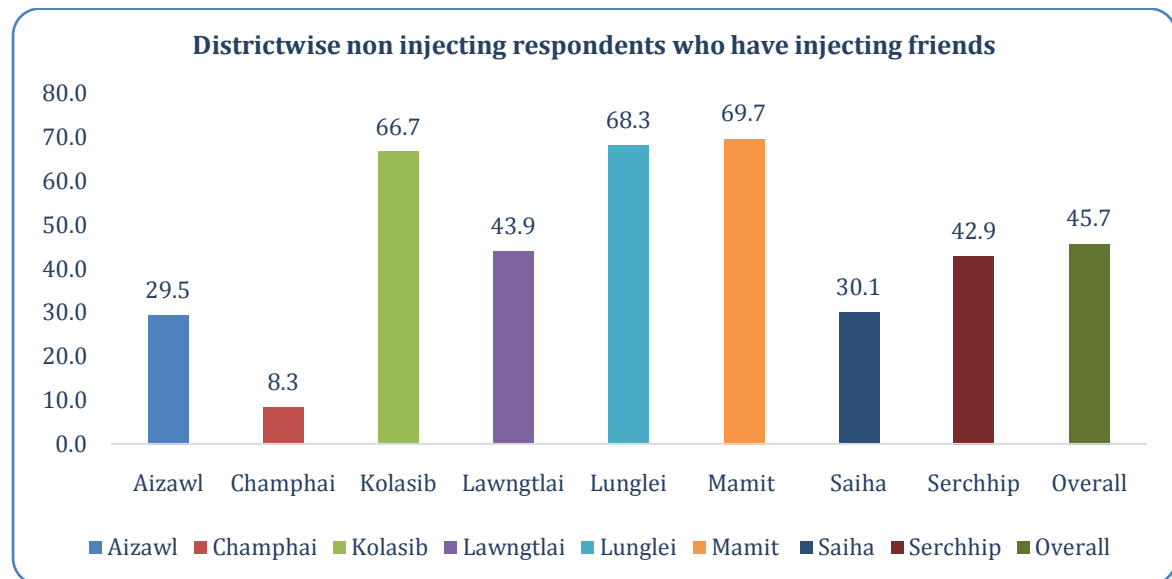
Respondents who had never injected any drugs reported varied reasons for never injecting. At the state level- top reasons for not injecting drugs ever were 'Fear/dislike of needles/ syringes/blood'(54.5%-310/569), being 'worried about HIV'(43.4%-247/569), being satisfied with non- injecting high'(41.3%-235/569), 'accustomed to non-injection; never thought of injecting'(37.8%-215/569) 'don't see myself as injector type', (36.4%-207/569) and being 'worried about Hepatitis-C' (34.6%-197/569).

	Trying to control/reduce/eliminate drug use		Worried about health consequences of injection		Worried about contracting HIV/AIDS		Worried about contracting hepatitis		Easier to modulate doses, avoid overdose		Fear/dislike of needles/syringes or blood		Satisfied with the high from non-injection methods		Don't see myself as injector type		Accustomed to non-injecting; never thought of injecting		Never injected
Districts	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	
Aizawl	10	8.9	15	13.4	29	25.9	20	17.9	23	20.5	79	70.5	11	9.8	14	12.5	3	2.7	112
Champhai	8	66.7	9	75.0	10	83.3	7	58.3	7	58.3	9	75.0	7	58.3	7	58.3	5	41.7	12
Kolasib	6	50.0	7	58.3	7	58.3	5	41.7	6	50.0	7	58.3	9	75.0	5	41.7	7	58.3	12
Lawngtlai	3	4.5	1	1.5	1	1.5	1	1.5	1	1.5	31	47.0	23	34.8	56	84.8	31	47.0	66
Lunglei	6	9.5	31	49.2	34	54.0	31	49.2	19	30.2	53	84.1	35	55.6	37	58.7	29	46.0	63
Mamit	88	72.1	90	73.8	100	82.0	99	81.1	99	81.1	47	38.5	111	91.0	63	51.6	108	88.5	122
Saiha	65	48.9	15	11.3	34	25.6	7	5.3	7	5.3	55	41.4	24	18.0	6	4.5	27	20.3	133
Serchhip	0	0.0	16	32.7	32	65.3	27	55.1	12	24.5	29	59.2	15	30.6	19	38.8	5	10.2	49
Overall	186	32.7	184	32.3	247	43.7	197	34.6	174	30.6	310	54.5	235	41.3	207	36.4	215	37.8	569

When asked 'did you use drugs in the same place where someone else was injecting, (within the last 6 months) 46.7% (57/122) from Mamit reported 'yes', while all non injecting respondents from Lawngtlai reported against it.

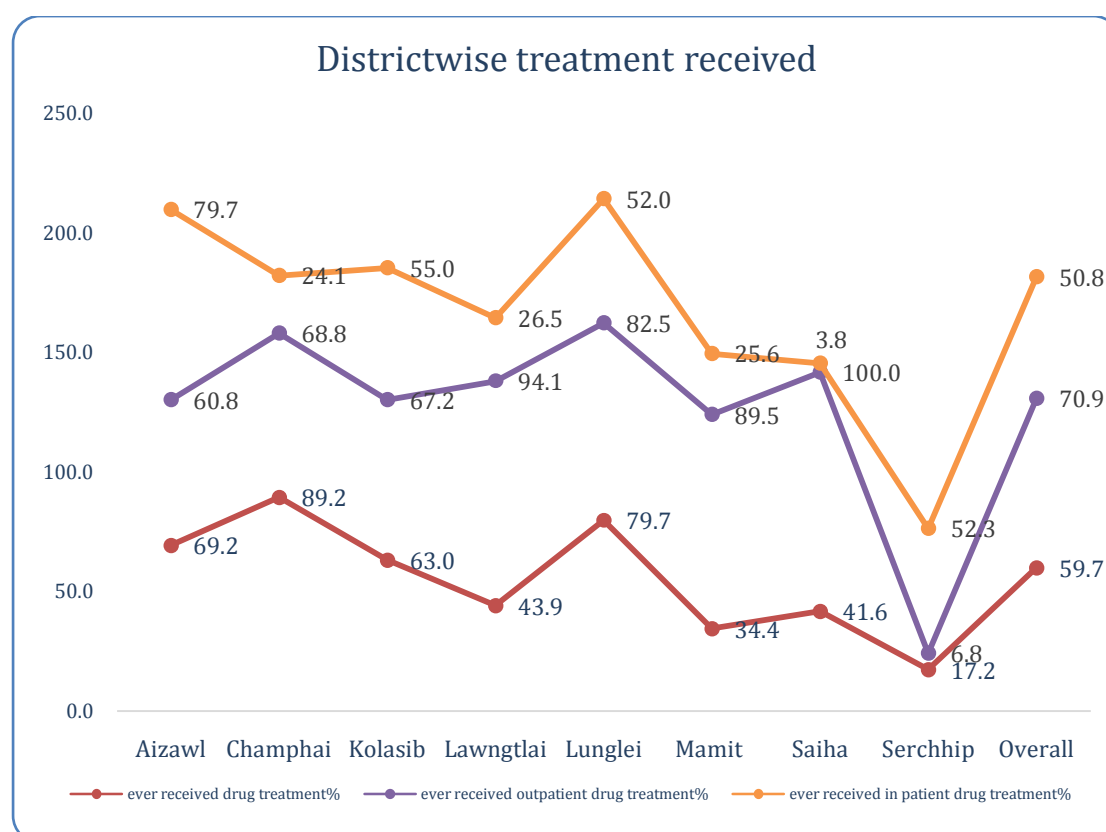


While, 69.7%(85/122) never injecting respondents from Mamit reported having friends who injected drugs 8.3%(1/12) reported the same.

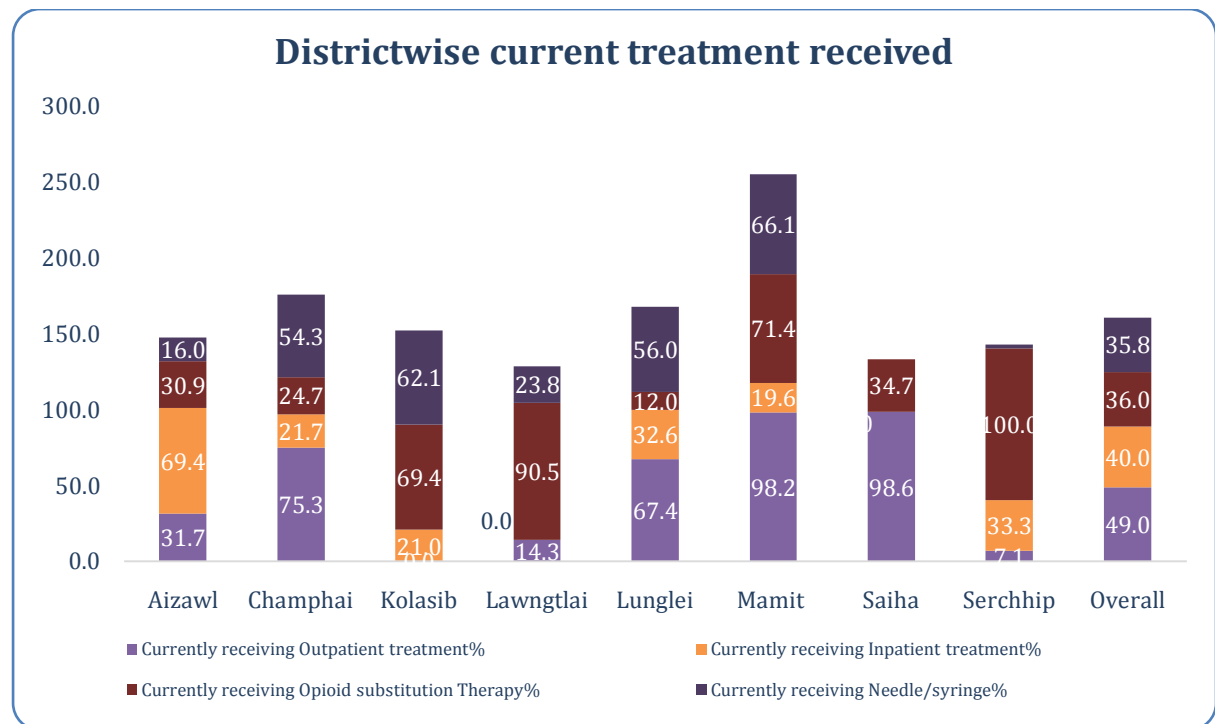


Treatment related

Highest proportion of respondents who had ever received any treatment for drug use related problems were from Champhai (89.2%-282/316) and the lowest were from Serchhip (17.2%-44/256). While highest proportion from Saiha (100%- 106/106) reported receiving outpatient treatment highest proportion from Aizawl (79.7%-417/756) reported outpatient treatment. Lowest proportion of inpatient treatment was received by respondents from Serchhip (6.8%-3/44) and inpatient treatment by those from Saiha 3.8% (4/106).



Among the respondents who had ever received any treatment for drug related problems the highest proportion currently receiving treatment were reported from Champhai (94.7%-267/282) and the lowest from Lawngtlai (30.9%-21/68). While, none among the current treatment receivers from Kolasib were receiving outpatient treatment, 98.6% (71/72) from Saiha were into outpatient treatment for drug dependence. Highest proportion receiving inpatient treatment services were reported from Aizawl (69.4%-326/470) and none from Saiha (0.0%-0/72). While, all respondents currently receiving treatment from Serchhip (100%-42/42) were into Opioid Substitution Therapy, 12.0% (22/184) among those from Lunglei reported the same. While, highest proportion currently receiving needle syringe services were from Mamit (66.1%- 37/56) one from Saiha receiving it at the time of the interview.



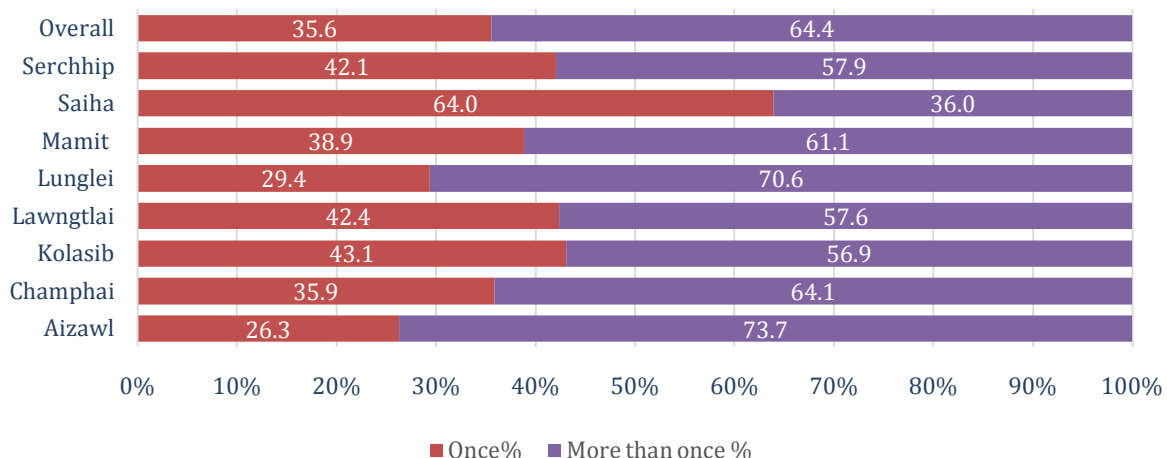
Among the respondents who were not receiving any treatment at the time of the interview 71.7 % (1002/1397) were not interested in seeking treatment, 31.1% (434/1397) reported that treatment was not available nearby and 17.3% (241/1397) were afraid that people would come to know.

Among those who were not receiving treatment currently, 85.7% (138/161) were not interested in seeking treatment from Lunglei and 57.1%(28/49) from Champhai reported that treatment was not available nearby.

Legal issues

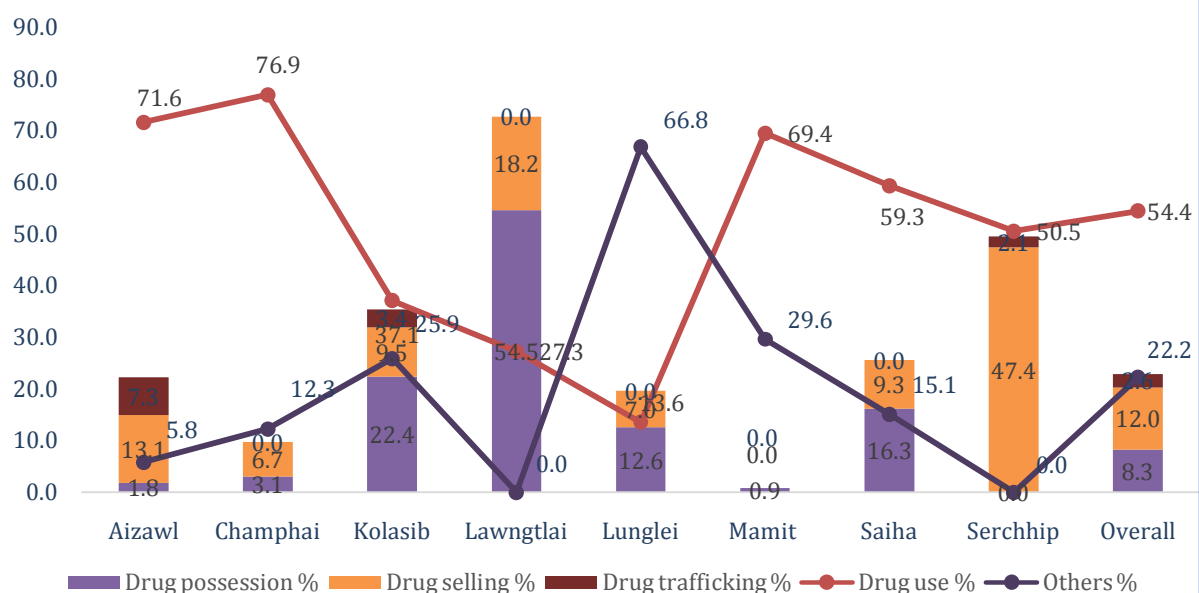
While highest proportion of respondents ever arrested were from Lunglei (62.0%- 214/345), the lowest were from Lawngtlai (21.3%-33/155), the highest proportion of respondents arrested once were from Serchhip (64.0%-55/86) and the highest proportion of those arrested more than once were from Aizawl (73.7%-241/327).

Districtwise number of times arrested



While majority of respondents (54.4%-639/1174) have been arrested for drug use in the state the highest proportion of respondents arrested in a district were from Champhai (76.9%-150/195). Highest proportion arrested for drug possession were from Lawngtlai (54.5%-18/33), for drug selling (47.4% - 45/195) from Serchhip and for drug trafficking from Aizawl (7.3%-24/327). Highest proportion of respondents arrested for other crimes were from Lunglei (66.8%-143/214).

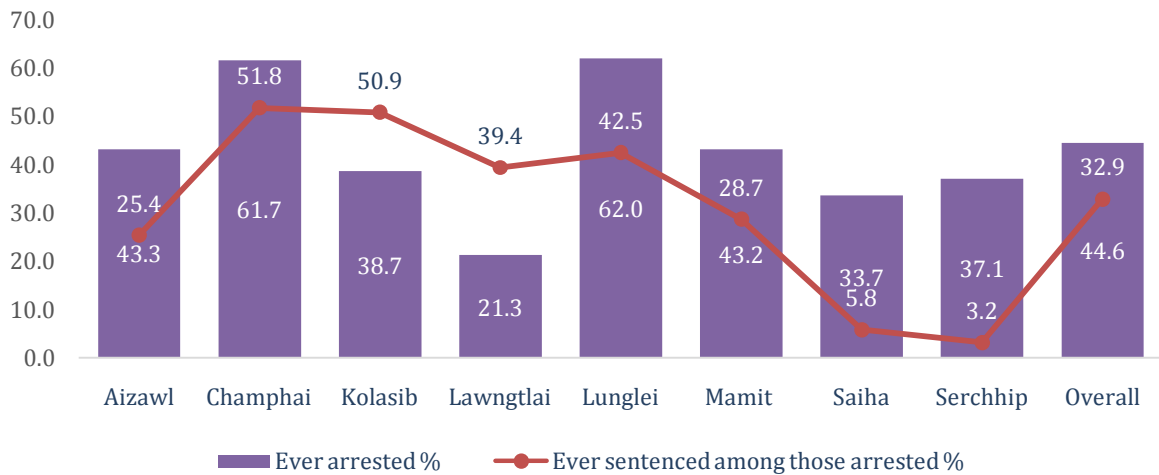
Districtwise reasons for arrest



While highest proportion of respondents who were ever sentenced among those ever arrested were from Champhai (51.8%- 101/195) and the lowest were from Serchhip (3.2%-3/95). Lawngtlai (46.2%-6/13) reported the highest proportion of respondents sentenced once and Mamit (24/31) reported the highest among those sentenced more than once. Among the ever sentenced the highest

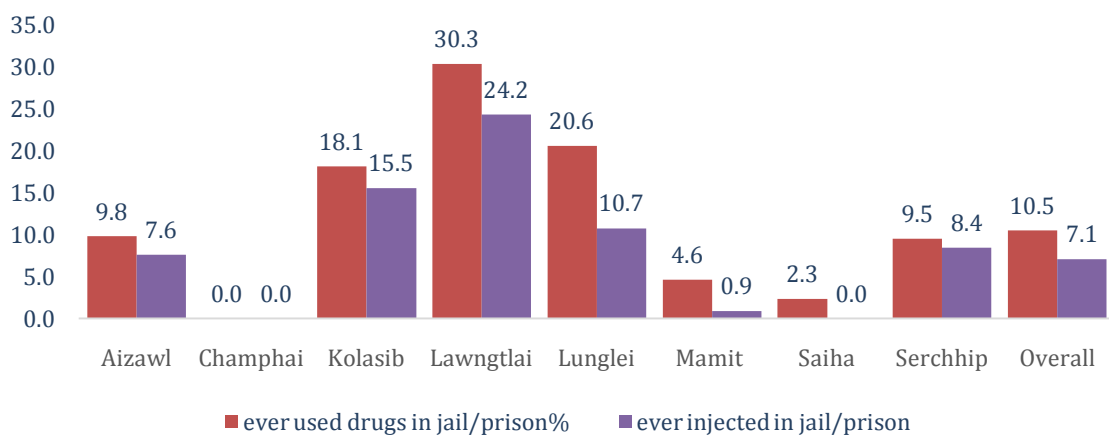
proportion from Champhai (72.3%-73/101) were sentenced for drug use, for drug possession the highest was from Kolasib (25.4%-15/59), from drug selling from Lawngtlai (38.5%- 5/13), for drug trafficking from Aizawl (10.8%-9/83) and for other crimes from Lunglei (65.9%- 60/91).

Distictwise proportion of ever arrested and sentenced



While none of the respondents who were arrested from Champhai reported ever using drugs when in prison or jail the highest proportion using drugs through non-injecting mode as well as injecting were reported from Lawngtlai (30.3%-10/33, 24.2%-8/33, respectively).

Districtwise respondents who used drugs when in prison



Overdose related findings

While, at the state level 65.1% (1714/2633) had witnessed overdose- among the districts the highest proportion was reported from Serchhip (80.1% -205/256) and the lowest from Lawngtlai (25.8%-40/155). Highest proportion of respondents from Serchhip (84.8%-217/256) reported knowing someone who had died of overdose and lowest were from Mamit (21.6%-54/250). Personal experience of overdose was reported by the highest proportion from Champhai (25.9%-82/316) and the lowest from Mamit (12.8% -31/250).

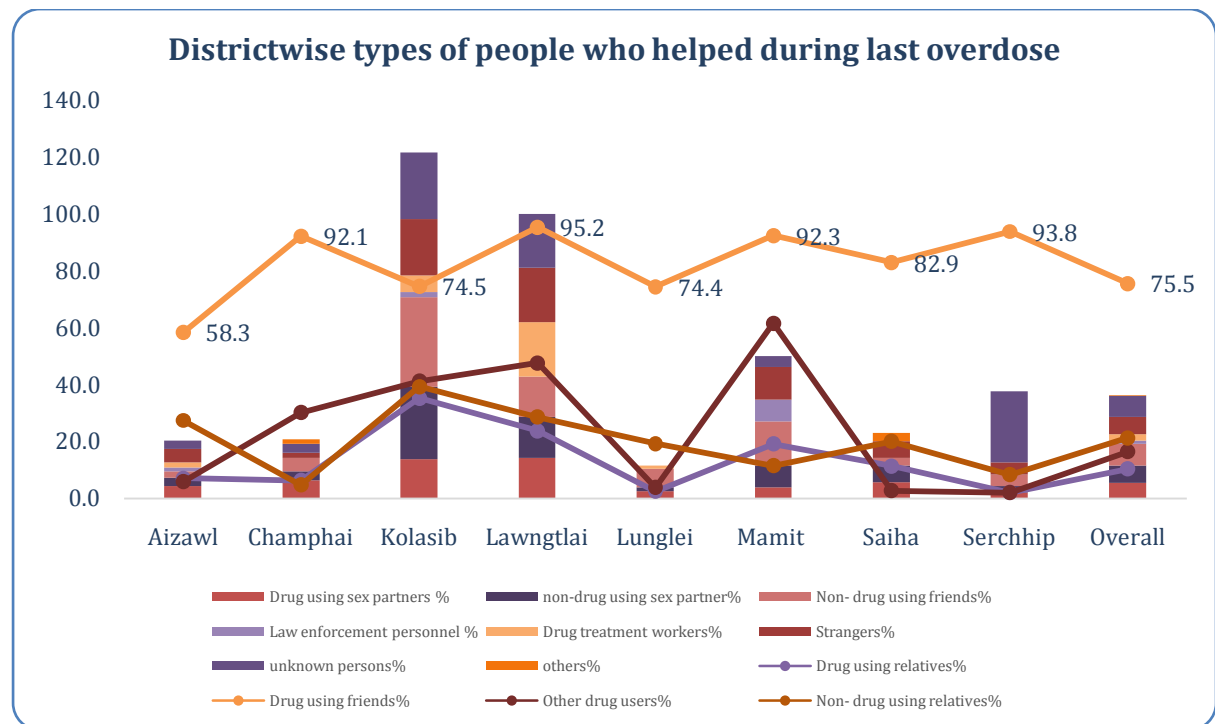
Among the respondents who had ever overdosed, the highest proportion (84.1%-69/82) of respondents reporting injection of heroin were from Champhai, the lowest (17.1%-14/82) proportion injecting dextro-propoxyphene were also from the same district. Highest proportion injecting dextro-propoxyphene were from Saiha (86.5%-32/37) and sedatives from Mamit (12.5%-4/32). Among the drugs used through non-injecting mode half (50.0%-41/82) of those who overdosed from Champhai reported using alcohol, 48.0% (12/25) from Lawngtlai used dextro-propoxyphene based drugs and 46.9% (38/81) from Lunglei reported using sedatives.

During that last time of overdose 17.9% (34/190) from Aizawl injected both heroin and dextro-propoxyphene, 41.5% (34/82) from Champhai reported injecting heroin and drank alcohol and 22.0% (18/82) from the same district also reported injecting heroin and oral use of sedatives. A quarter (25.0%-8/32) of the respondents from Mamit had injected heroin and drank alcohol, 36.0% (9/25) of the respondents who had injected dextro-propoxyphene from Lawngtlai had also used the same drug through the oral route. Injection of dextro-propoxyphene combined with oral use of sedatives was reported by 32.1% (26/81) from Lunglei.

Combination of dextro-propoxyphene injections, oral sedatives and alcohol was reported by 8.6% (7/81) from Lunglei; injected as well as oral dextro-propoxyphene combined with alcohol was reported by 8.1% (5/62) from Kolasib. Heroin through the injecting route in combination with oral sedatives and alcohol was reported by 7.3% (6/82) from Champhai.

Among the respondents who had overdosed, 30.6% (62/19) from Kolasib reported being alone at the time of the last overdose, while, 96.3% (87/81) reported receiving some help.

While the majority of respondent who reported receiving some help during their last episode of overdose received it from their drug using friends, the highest proportion reporting this was from Lawngtlai (95.2%- 20/21). Respondents from Mamit reported 61.5% (16/26) being helped by other drug users and 39.2% (20/51) from Champhai received help from 'non-drug using relatives'.



While, during the last overdose 94.1% (48/51) from Kolasib reported being placed in the open airway position, (56.9%- 29/51) received CPR, 25.5% (13/51) received medical help and 17.6% (9/51) received Naloxone injection, 98.0% (50/51) were hit/slapped/ pinched as part of help received. Among those who received help from Serchhip 64.6% (31/48) had received 'mouth to mouth resuscitation' and 46.4% (78/168) from Aizawl had been taken to hospital. None from Champhai, Lawngtlai, Mamit, Saiha, Serchhip were provided with Naloxone injection during the last overdose.

Sexual practices

While, at the state level more than one third (37.0%- 975/2633) of the respondents did not have any sex during the last six months, highest proportion reporting similarly were from Saiha (69.0%-176/255). Among respondents from Mamit 74.4% (186/250) reported sex with the opposite sex within the last six months and 2.6% (20/756) from Aizawl reported sex with the same sex during the same period.

Among those who had sex with the opposite sex 55.4% (103/55.4%) from Mamit reported at least once a week sex and among those who reported sex with the same sex 50.0% (10/20) from Aizawl had sex at least once a week.

Among the respondents who reported having sex with a partner of the opposite sex within the last six months 62.0% (49/79) from Saiha reported having sex with primary partners and 74.7% (74/99) from Serchhip reported having sex with their primary partners at least once a week.

When asked about condom use during the last sex act with their primary partners- everyone who reported sex with their primary partner (100%- 18/18)

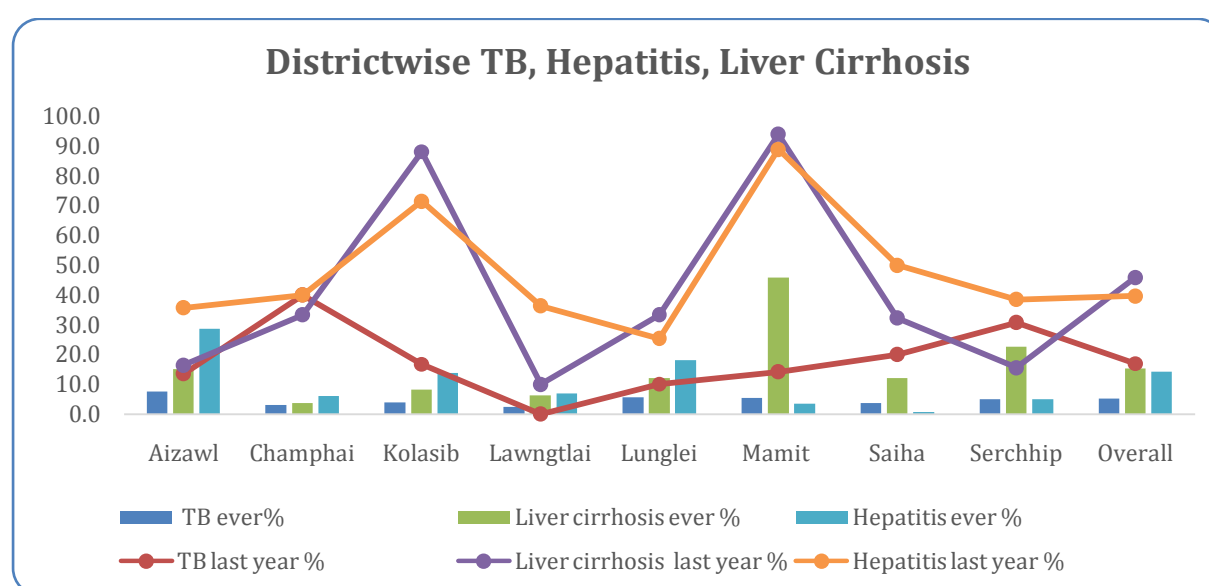
from Mamit reported not using condom. All respondents who reported having sex with their primary partner of the same sex from Aizawl (100%- 20/20), Lunglei (100%- 3/3) and Mamit (100.0%-1/1) reported not using any condoms.

Serchhip reported the highest proportion of respondents having sex with casual partners (18.9%-40/212). None of the respondents who reported having sex with casual partners within the last six months from Mamit reported using any condoms.

Almost three quarter of respondents from Saiha who ever had sex used alcohol or other drugs before sex.

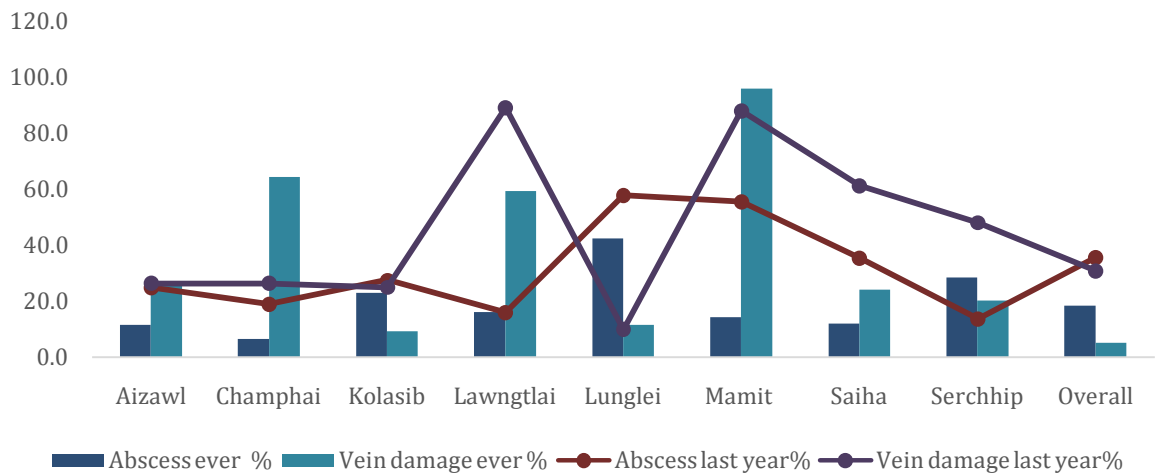
Medical issues

While, in Aizawl 7.8% (59/756) reported ever being diagnosed with TB and from Serchhip 30.8% (4/13) reported being diagnosed with TB within the last one year. Liver Cirrhosis was prominent among the respondents from Mamit with 46.0% (115/250) among all being diagnosed with it at least once in their life time and 93.9% (108/115) among the ever diagnosed reported it within the last one year. Ever diagnosis of hepatitis of any type was reported by the highest proportion from Aizawl (28.8% 218/756) and diagnosis within the last one year was reported by 88.9% (8/9) from Mamit.



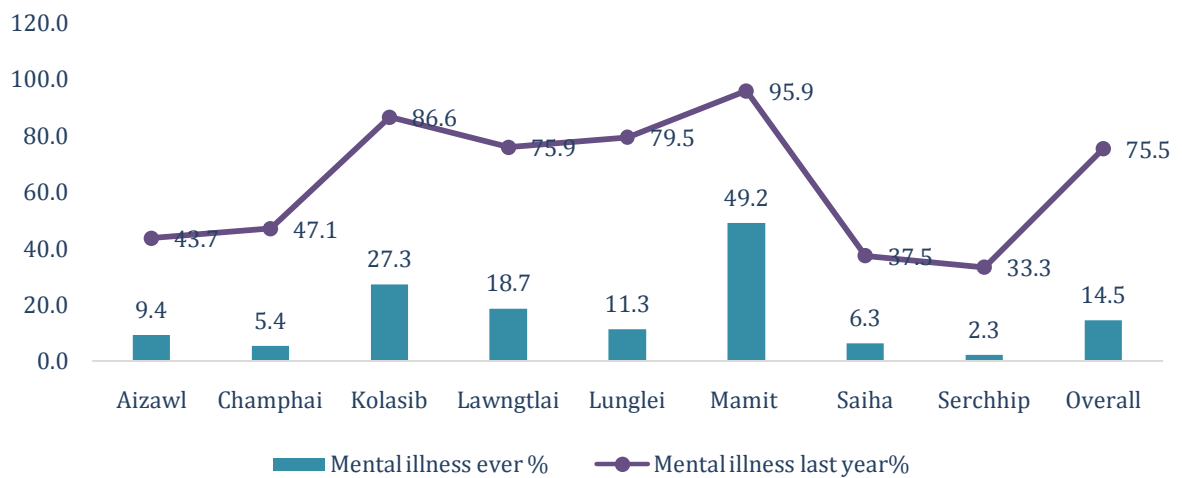
Abscess at injecting sites ever and within the last one year was highest among the respondents from Lunglei (42.6%-147/345 and 57.8%-85/147 respectively). Collapsed or damaged veins ever experienced was reported by the highest proportion of respondents from Champhai (64.6%-204/316) and by those from Lawngtlai (89.1%-82/92) within the last one year.

Districtwise abscess, vein damage



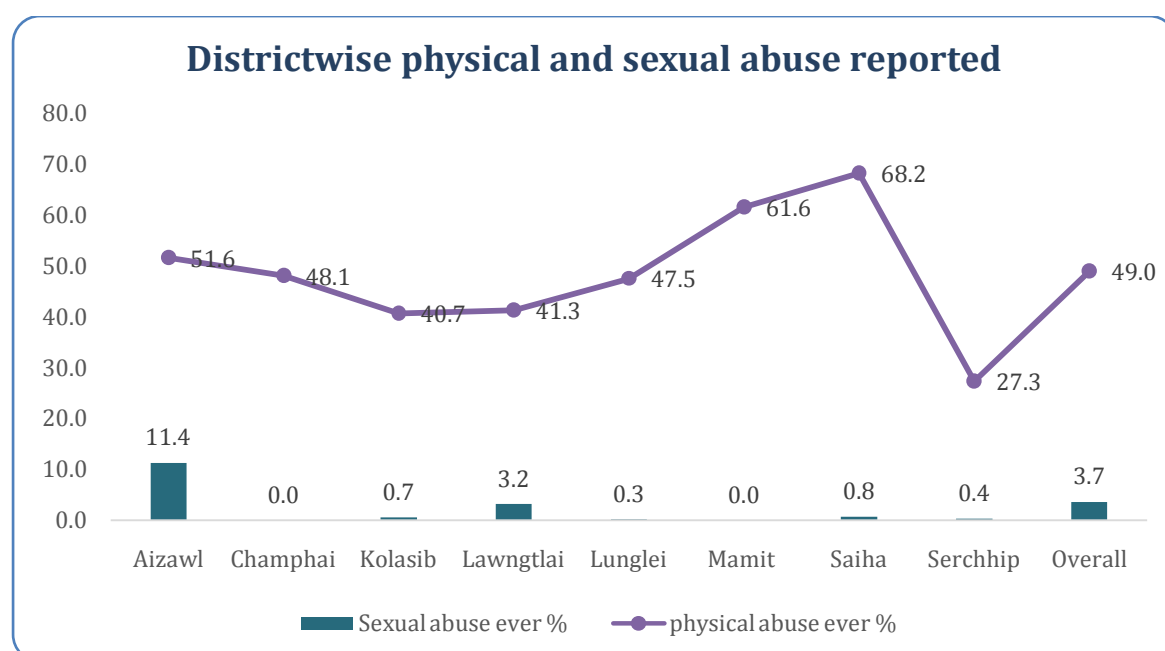
Mental health illness was highest reported from Mamit –both ever (49.2%- 123/250) and within the last one year (95.9%- 118/123).

Districtwise mental health illness



Abuse & violence

While, highest proportion of respondents from Saiha (68.2%-174/255) reported being physically abused ever, those from Aizawl (11.4%-86/756) reported the highest proportion experiencing sexual abuse ever. More than half (51.3%-79/154) of those who had ever been abused physically from Mamit reported that they had experienced physical abuse too many times to keep track of. Half of those sexually abused from Aizawl, reported being abused too many times to keep track of.



Majority from most of the districts reported 'other people in the community', 'drug using friends/peers' and 'law enforcement personnel' to be the common perpetrators who committed physical violence against the respondents. Highest proportion reporting 'other people from the community' (87.20%- 143/164) and 'law enforcement personnel' (29.27%-48/164) were from Lunglei. Highest proportion reporting 'drug using friends/peers' were reported from Mamit (79.22%-122/154).

Common perpetrators of sexual abuse were 'primary sex partners', 'casual sex partners' and drug using friends'. While, highest proportion of respondents who reported primary sexual partners as perpetrators were from Saiha (100.0%-2/2), those from Lawngtlai reported highest proportion reporting violation by 'casual sex partners' (60.0%-3/5) and 'drug using friends' (60.0%-3/5).

Aizawl reported 82.6% (71/86) being sexually abused by 'primary sex partners', 38.4% (33/86) by 'casual sex partners' and 17.4% (15/86) by drug using friends and peers.

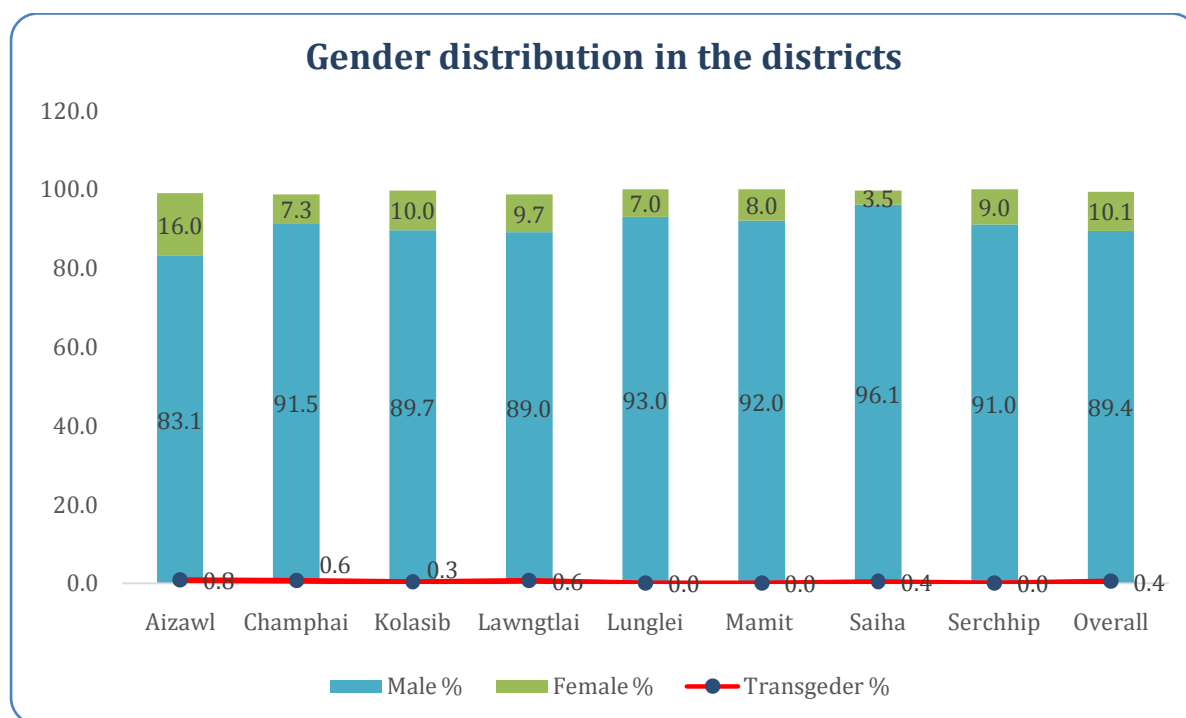
7. Gender-wise findings

Gender distribution across the districts

While majority of the respondents were male (89.4%-2353/2633); 10.1% (265/2633) females and 0.4% (11/2633) trans genders also took part in the study.

Highest proportion of females were reported from Aizawl (16.0%-121/756) and lowest proportion was reported from Saiha (3.5%-9/255).

Respondents identified themselves as transgender from Aizawl (0.8%- 6/756), Champhai (0.6%- 2/316), Lawngtlai (0.6%- 1/155), Saiha (0.4%-1/255) and Kolasib (0.3%-1/300).

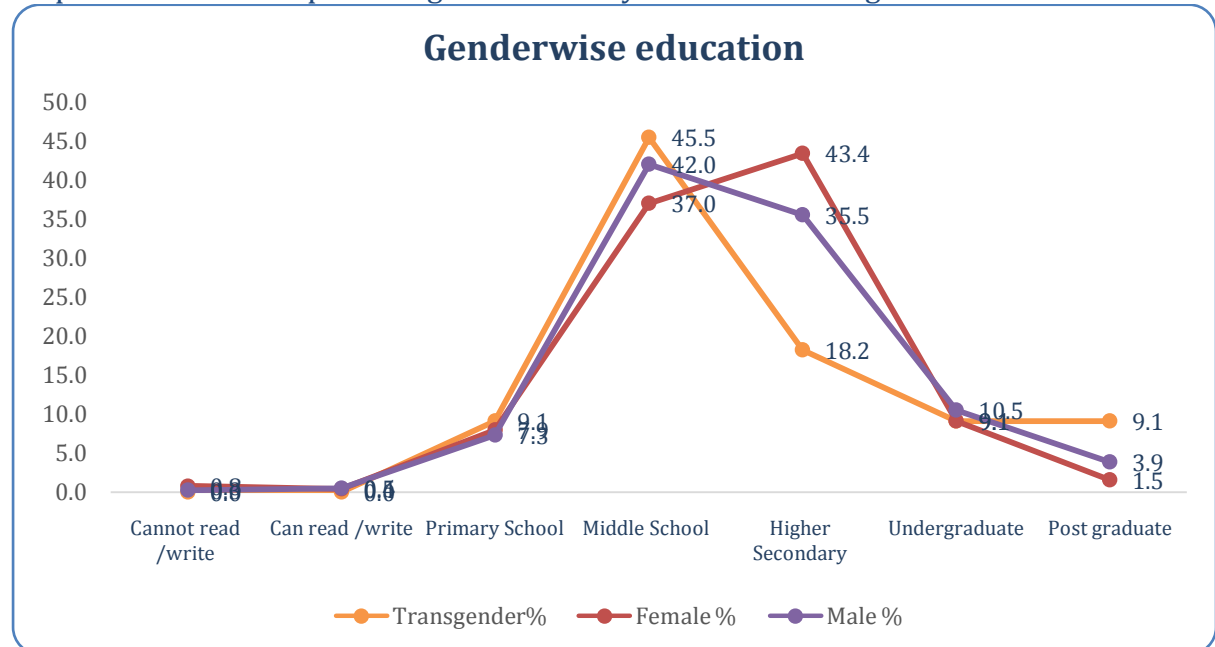


Age

The male respondents were slightly older (median age-28.00 years, SD \pm 6.5) than the female (27.00, SD \pm 6.8) and the transgender (27.00, SD \pm 6.8) respondents.

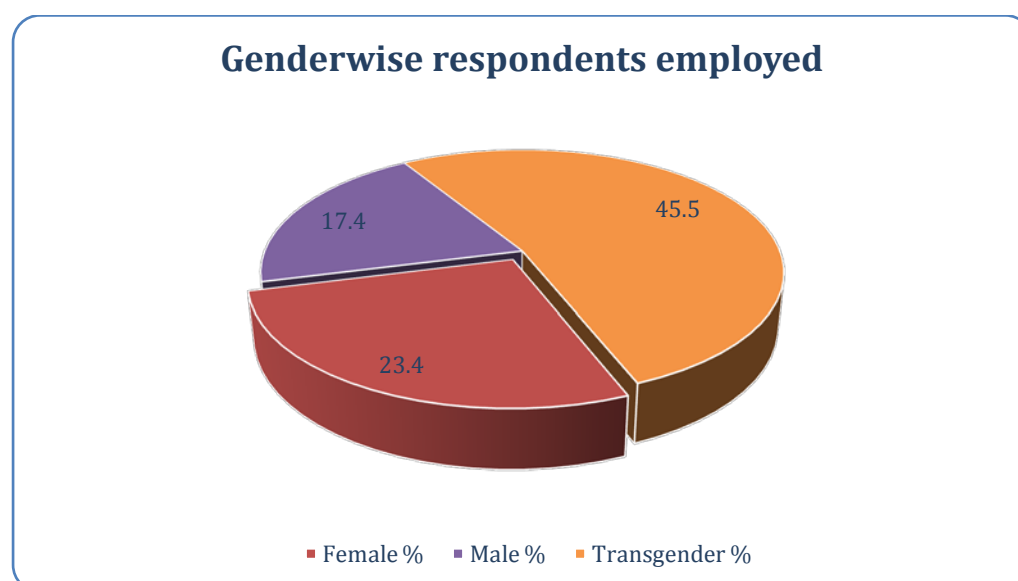
Education

While proportionately more males (42.0%- 988/2353: 37.0%- 98/265) had studied up to middle school, more female (43.4%-115/265:35.5%-836/2353) respondents had completed higher secondary level of schooling.



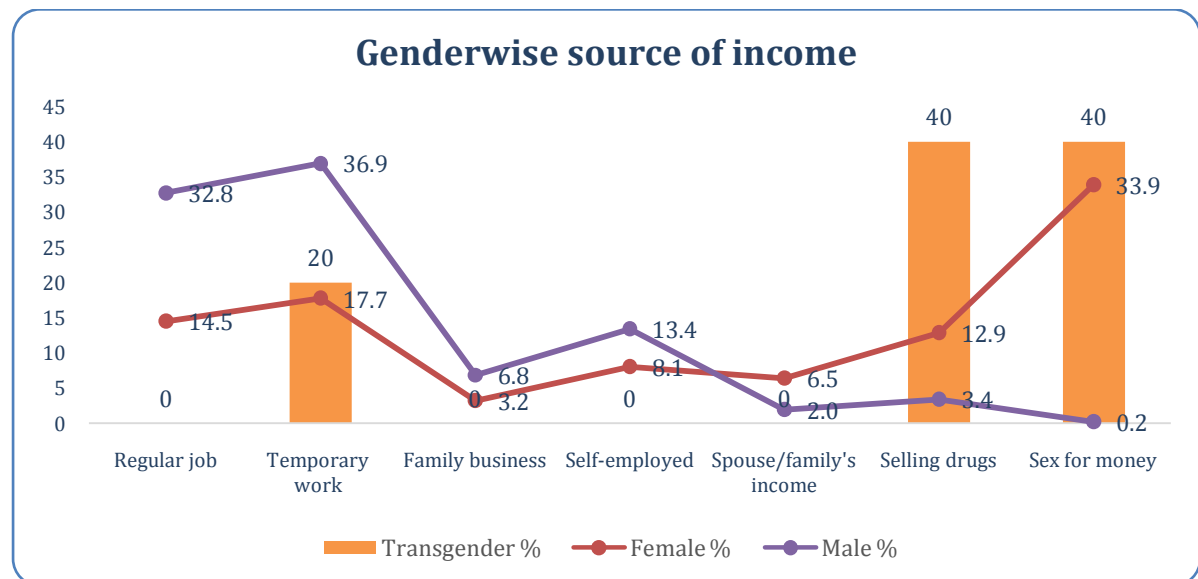
Employment

Proportionately the highest proportion employed were the transgenders (45.5%-5/11). Greater proportion of females (23.4%-62/265: 17.4%-409/2353) were employed than their male counterparts at the time of the interview.



Source of income

Among those employed, proportionately, more male respondents reported main source of income over the last six months being 'regular job with fixed salaries' (32.8%-134/409:14.5%-9/62) and 'temporary work (including odd jobs)' (36.9%-151/409: 17.7%-11/62). More female respondents than male (proportionately) reported 'selling drugs' (12.9%-8/62: 3.4%- 14/409). A little over one third (33.9%-21/62) of the 'employed' female respondents reported 'selling sex for money'.



Living arrangements

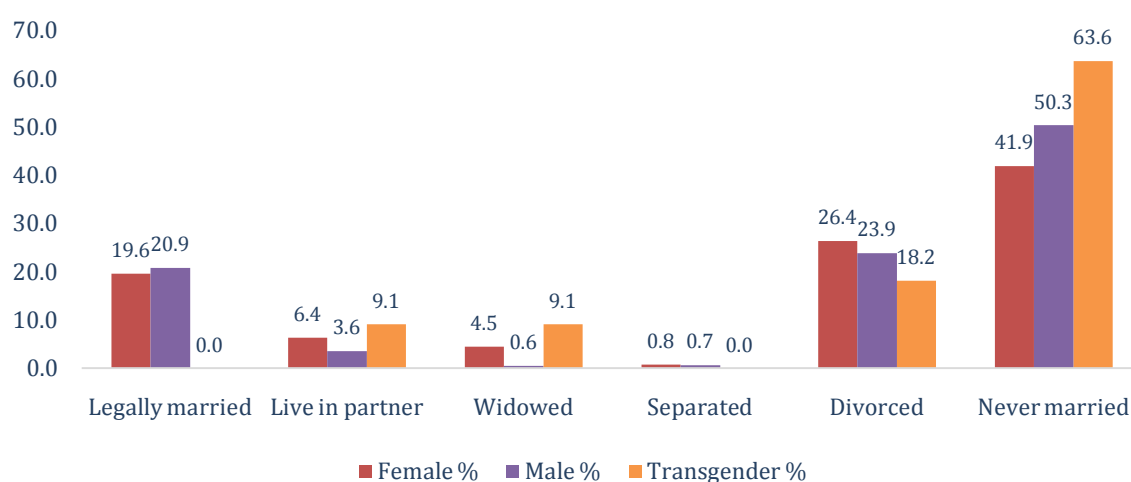
While, 15.1% (40/265) of females lived with their spouses/partners, 11.7% (276/2353) males reported similarly. Greater proportions of males lived with their other adult relatives than females (73.4%- 1726/2353: 69.8%- 185/265).

Significantly higher proportion of females (21.1%- 56/265:16.60-319/2353) lived in 'house, flat, apartment, or room, rented by themselves or their spouses/partners. Whereas, greater proportions of males (14.3%-337/2353: 9.4%-25/265) lived 'someone else's (including parents, relatives, friends) house flat or apartments' than their female counterparts.

Marital status

Half of the male respondents were never married (50.3%-1184/2353:41.9%-111/265), greater proportion of female respondents were divorced (26.4%-70/265:23.9%-562/2353) and higher proportion among them had 'live in partners' (6.4%-17/265:3.65-85/2353).

Genderwise marital status



Drug use

Proportionately more male respondents had ever used any drugs studied through this report when compared to their female counterparts. The difference was significant in case of tobacco, alcohol, cannabis, opium, heroin and volatile solvents. Hallucinogens were not reported to be used by females and transgender.

Drugs ever used	Female		Male		Transgender	
	Frequency	Percentage (n=265)	Frequency	Percentage (n=2353)	Frequency	Percentage (n=11)
Tobacco	230	86.8	2283	97.0	10	90.9
Alcohol	197	74.3	2177	92.5	9	81.8
Cannabis	92	34.7	1389	59.0	7	63.6
Opium	24	9.1	467	19.8	3	27.3
Heroin	126	47.5	1594	67.7	9	81.8
Pharmaceutical opioids	174	65.7	1657	70.4	4	36.4
Sedatives	148	55.8	1341	57.0	4	36.4
Volatile solvents	43	16.2	969	41.2	5	45.5
Cocaine	6	2.3	58	2.5	0	0.0
Amphetamine type stimulants (ATS)	5	1.9	47	2.0	0	0.0
Hallucinogens	0	0.0	8	0.3	0	0.0

Age of initiation into various drugs

While, the male respondents initiated earlier on alcohol, cannabis, opium, heroin, pharmaceutical opioids and volatile solvents, initiation into sedatives and cocaine were reported to be earlier in case of the females. Tobacco and ATS were initiated at the same age.

Drugs initiated	Female		Male		Transgender	
	Median age	SD	Median age	SD	Median age	SD
Tobacco	15	±3.8	15	±3.0	15.5	±7.0
Alcohol	18	±5.1	16	±3.0	17	±3.4
Cannabis	18	±4.5	17	±3.4	21	±4.6
Opium	21	±5.4	20	±5.3	26	±3.5
Heroin	23	±5.4	21	±5.3	20	±7.1
Pharmaceutical opioids	20	±4.3	19	±4.0	21	±2.9
Sedatives	19	±5.1	20	±4.9	25.5	±2.6
Volatile solvents	18.5	±6.1	15	±3.5	18	±0.8
Cocaine	19.5	±5.5	22	±5.9	NA	NA
Amphetamine type stimulants (ATS)	26	±4.9	26	±5.5	NA	NA
Hallucinogens	NA	NA	18	±5.6	NA	NA
Injections	22	±5.3	19	±4.3	20	±7.1

Dependence

Greater proportion of female respondents were found to be dependent on tobacco (69.6%-160/230: 61.3%-1400/2283), heroin (80.2%-101/126: 72.7%-1159/1594), pharmaceutical opioids (61.5%-107/174: 52.6%-872/1657), sedatives (55.4%-82/148: 36.8%-493/1341), and volatile solvents (27.9%-12/43: 12.9%- 125/969), among those who had ever used the drug.

Dependent drugs	Female			Male			Transgender		
	Ever used	Dependent	%	Ever used	Dependent	%	Ever used	Dependent	%
Tobacco	230	160	69.6	2283	1400	61.3	10	3	30.0
Alcohol	197	75	38.1	2177	854	39.2	9	5	55.6
Cannabis	92	26	28.3	1389	412	29.7	7	3	42.9
Opium	24	12	50.0	467	262	56.1	3	2	66.7
Heroin	126	101	80.2	1594	1159	72.7	9	8	88.9
Pharmaceutical opioids	174	107	61.5	1657	872	52.6	4	1	25.0
Sedatives	148	82	55.4	1341	493	36.8	4	3	75.0
Volatile solvents	43	12	27.9	969	125	12.9	5	1	20.0
Cocaine	6	2	33.3	58	17	29.3	0	0	0.0
Amphetamine type stimulants (ATS)	5	2	40.0	47	11	23.4	0	0	0.0
Hallucinogens	0	0	0.0	8	0	0.0	0	0	0.0

Injecting drug use

While, 81.3% (1914/2353) of the male respondents had ever injected any drug 51.7% (137/265) of the female respondents and 90.1% (10/11) of the transgender respondents reported ever injecting.

The male members initiated into injecting earlier (median age 19.00 years, SD ± 4.3) than the females (22.00 years, SD ± 5.3) and the transgender (20.00 years, SD ± 7.1).

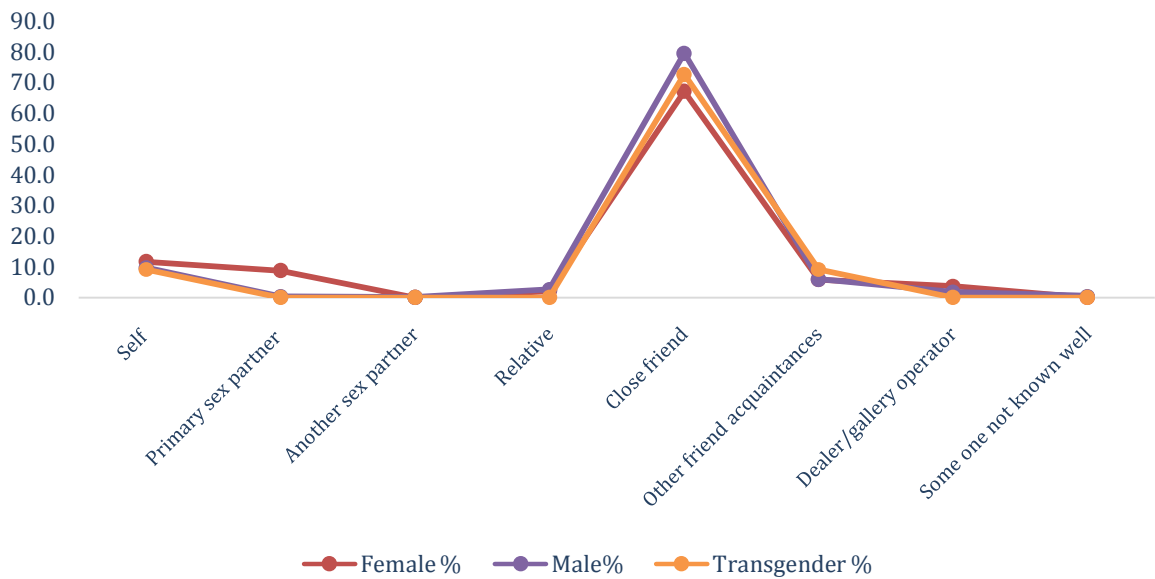
While, higher proportion of female (54.7%-75/137: 41.7%-799/1914) respondents reported heroin as the first drug injected, male respondents reported dextro-propoxyphene (57.7%-1104/1914: 43.8%-60/137).

Proportionately more male respondents (80.9%-1548/1914) than the females (76.6%-105/137) reported using the drug through other modes during the last one month before injecting for the first time. More females reported using the same drug at least once a day (44.5%-61/137: 768/1914) during the same period.

Frequency of use through other modes before injecting the first time	Female		Male		Transgender	
	No.	% (n=137)	No.	% (n=1914)	No.	% (n=11)
Never used before injecting	32	23.4	366	19.1	3	27.3
Ever used before injecting first time	105	76.6	1548	80.9	7	63.6
Used less than once a month	11	8.0	117	6.1	1	9.1
Used 1 to 3 times a month	5	3.6	94	4.9	0	0.0
Used at least once a week	28	20.4	569	29.7	2	18.2
Used at least once a day	61	44.5	768	40.1	4	36.4
ever injector	137	100.0	1914	100.0	10	90.9

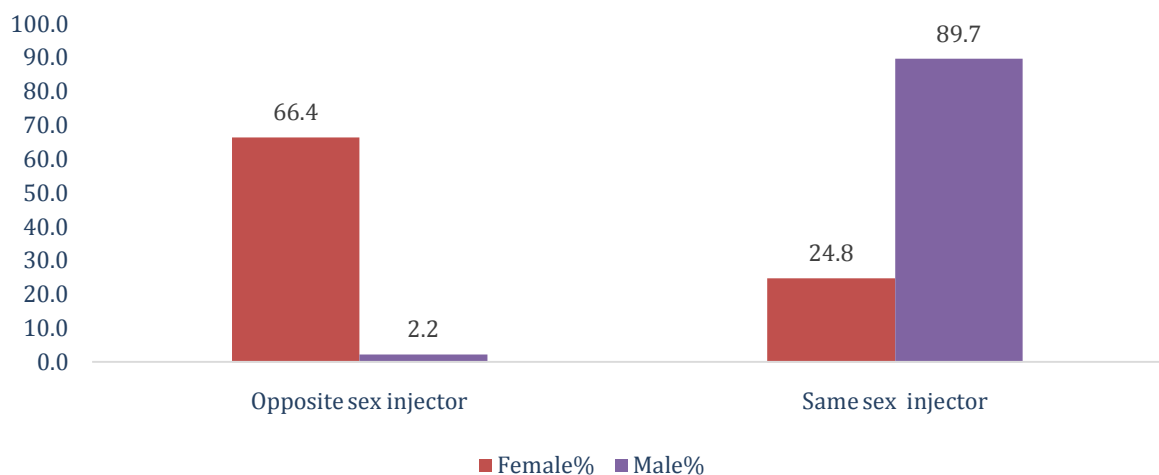
Significantly, more female (8.8%-12/137: 0.2%-4/1914) respondents were injected the first time by their primary sex partner and more male (79.5%-1522/1914) respondents were injected by their close friends than the females (67.2%-92/137). Greater proportion of female respondents were injected by self (11.7%-16/137: 9.6%-184/1914) and dealer/gallery operator etc. (3.6%-5/137: 1.7%- 32/1914) than their male counterparts.

Genderwise people who injected the first drug



While 66.4% (91/137) of the female respondents were injected that first time by a member of the opposite sex (i.e. male), 2.2%(42/1914) of the males received their first injection from a female.

Genderwise sex of first injector



That first time more male (24.6%-471/1914: 19.7%: 27/137) respondents used needles & syringes that had been used by someone else.

When asked about reasons for injecting 'that' first time' -significantly higher proportion of female respondents reported 'curiosity' (54.0%- 74/137:39.1%- 749/1914), 'feeling sad/depressed' (27.0%- 37/137: 7.8%-150/1914) and 'being at a party where others were doing it' (16.1%-22/137: 8.6%- 164/1914) than their male counterparts.

Proportionately more female (48.9%-67/137:36.8%-704/1914) respondents reported using heroin within the last one month than the males.

When asked about reasons for sharing needles and syringes- significantly higher proportion of female respondents reported- 'thought it was safe because I had cleaned it' (40.9%- 56/137: 26.5%- 507/1914), 'I was careful about who I share with' – (37.2%- 51/137: 460/1914) and 'primary partner put pressure to share' (16.8%- 23/137: 4.1%- 79/1914).

While female respondents in significant proportion reported preferring injecting at 'partner's home' (35.8%- 49/137: 18.8%- 359/1914), male respondents reported greater preference for abandoned buildings and places' (57.3%- 1096/1914: 50.4%- 69/137).

Significantly, more male respondents chose to inject alone (60.6%- 1159/1914:55.5%-76/137) and with 'drug using male peers' (60.3%- 1154/1914). Proportionately, more female respondents injected with 'drug using female peers' (41.6%- 57/137: 28.5%- 546/1914), 'drug using regular partners' (31.4%- 43/137: 20.1%- 384/1914) and 'drug using casual partners' (24.1%- 33/137: 14.3%- 274/1914) than the males who injected drugs.

Never injectors

When asked about reasons for not injecting the female respondents differed significantly from the males. 'Fear of needles or blood' was the reason provided by 64.8% (83/128) of the female respondents who never injected as compared to the males (51.7%- 227/439) and 'trying to control/ reduce/ eliminate drug use' was reported by 36.0% (158/439) of the males against 20.3% (26/128) females.

Significantly, more male (49.8%- 218/439:31.3% 40/128) respondents reported having friends who inject drugs than the females.

Treatment

There was a significant difference between the males and females who ever received any treatment. While, 61.4% (1444/2353) of the males received treatment, among the females 44.2% (117/265) ever received any form of drug treatment.

Legal issues

More male (46.2%-1086/2353: 30.6%- 81/265) respondents were ever arrested for drug related offences. Proportionately, more female (12.3%- 10/81: 2.1%- 23/1086) respondents were arrested within the last month and more female (8.6%- 7/81: 2.1%-23/1086) were arrested for drug selling than the males.

Overdose

Significantly more male (67.0%- 1577/2353) respondents witnessed overdose than the females (48.7%-129/265) and more males consumed alcohol (25.8%-133/515) on top of other drugs than the females (16.6%-44/129). Proportionately, more female (25%-11/44: 2.9%-15/133) respondents who experienced overdose were helped by their drug using sex partners.

Sexual practices

Proportionately, more male respondents reported having sex with a partner of the opposite sex within the last six months than their female counterparts (62.9%-1479/2353: 59.6%-158/265). Among those who reported having sex with a partner of the opposite sex, more males (29.4%-435/1479: 17.7%-28/158) reported having 'sex less than once a month'. Proportion of females reporting 'having sex more than 2-3 times a day' (10.1%-16/158: 0.5%-8/1479) and '4 or more times a day' (4.4%- 7/158: 0.3%- 4/1479) were significantly greater than the males.

Significantly, more male respondents reported 'having less than once a month sex with a casual partner' than females (10.9%-257/1479:3.8%-10/158). Significantly greater proportion of females reported having sex with a casual partner:

- '2 to 3 times a week' (4.2%-11/158:1.7%- 40/1479),
- '2-3 times a day' (4.9%-13/158:0.0%)
- 4 or more times a day almost every day'- (2.3%-6/158:0.0%)

Significantly greater proportion of females used condoms during their last sex act with a casual partner (84.6%-44/55:53.4%-251/470) than the males.

While 12.0% (19/158) of the female respondents who had sex within the last 6 months reported having received money for sex, none of the male members reported similarly.

More male respondent who reported having sex reported using alcohol or other drugs before having sex than the females (22.9%-338/1479:13.3%-21/158).

Violence

Significantly greater proportion of males have experienced physical abuse during their period of drug use than the females (50.4%-1187/2353: 40.4%-107/265).

Proportionately, higher number of male respondents were abused by:

- Other people in the community (62.8%- 746/1187: 33.6%- 36/107)
- Drug using friends/peers (33.8%- 401/1187: 20/107)
- Law enforcement personnel (31.3%-371/1187: 12.1%-13/107)

Greater proportions of perpetrators abusing females were:

- Non- sex partner relatives (55.1%-59/107:33.6%-399/1187)
- Primary sex partners (22.4%-24/107: 3.2%-38/1187)
- Casual sex partners/customers (6.5%-7/107:1.6%-19/1187)
- Health care providers (1.9%-2/107: 0.8%- 10/1187)

While, 6.8% (18/265) of the female respondents were sexually abused 3.4% of the males (79/2353) reported the same. Among those who were ever abused sexually, significantly higher proportion of male respondents reported primary sex partners (86.1%-68/79: 27.8%-5/18) as the perpetrators. Greater proportion of female respondents reported non- sex partner relatives (27.8%-5/18: 19.0%- 15/79), drug using friends/peers (22.2%- 4/18: 19.0%- 15/79) and other people in the community (22.2%-4/18: 1.3% -1/79) as the perpetrators when compared to the males.

8. Border wise findings

For the purpose of the study the districts were divided into four groups according to the type of border they shared:

Sharing borders with	Districts	Number respondents	of	Percentag e
No international borders	Aizawl, Kolasib	1056		40.1
Bangladesh	Mamit	250		9.5
Myanmar	Champhai, Saiha&Serchhip	827		31.4
Bangladesh & Myanmar	Lawngtlai&Lunglei	500		19.0
Total		2633		100.0

The districts – Aizawl & Kolasib did not have any international borders, Mamit had border with Bangladesh, Champhai, Saiha&Serchhip shared international borders with Myanmar, while Lawngtlai&Lunglei shared borders with both Bangladesh & Myanmar.



Demographics

The median age of the respondents was highest in the district that shared border with Bangladesh i.e. Mamit (30.0, SD \pm 7.3) and the lowest in districts that did not share any international borders i.e.- Aizawl and Kolasib (27.0 SD \pm 6.2).

Border types	Median age	SD
No international borders	27.0	\pm 6.2
Bangladesh	30.0	\pm 7.3
Myanmar	28.0	\pm 6.2
Bangladesh & Myanmar	28.0	\pm 7.3
Overall	28.0	\pm 6.5

More than half of the female respondents were significantly reported from the districts with no international borders (57%- 151/265).

Significantly, greater proportion of respondents were employed in districts with no international borders (48.7%- 233/478) and those bordering both Bangladesh and Myanmar (24.1%-115/478).

Significantly greater proportion of respondents from Champhai, Saiha&Serchhip- the districts bordering Myanmar were married (37.1%-202/544).

Drug use

Border types	No international borders		Bangladesh		Myanmar		Bangladesh & Myanmar	
Ever use	Frequency	% (n=1056)	Frequency	% (n=250)	Frequency	% (n=827)	Frequency	% (n=500)
Tobacco	997	94.4	248	99.2	785	94.9	497	99.4
Alcohol	887	84.0	248	99.2	768	92.9	484	96.8
Cannabis	496	47.0	166	66.4	459	55.5	369	73.8
Opium	91	8.6	11	4.4	221	26.7	172	34.4
Heroin	916	86.7	123	49.2	528	63.8	165	33.0
Pharmaceutical opioids	667	63.2	199	79.6	533	64.4	438	87.6
Sedatives	627	59.4	186	74.4	366	44.3	317	63.4
Volatile solvents	334	31.6	162	64.8	261	31.6	261	52.2
Cocaine	41	3.9	4	1.6	11	1.3	9	1.8
ATS	30	2.8	3	1.2	9	1.1	10	2.0
Hallucinogens	3	0.3	0	0.0	4	0.5	1	0.2

Greater proportion of respondents from districts with no international borders reported using heroin (86.7%-916/1056), cocaine (3.9%-41/1056) and ATS (2.8%- 30/1056). Districts bordering Myanmar only reported higher proportion of respondents using pharmaceutical opioids (64.4%- 533/827), heroin (63.8%-

528/827) and sedatives (44.3%-366/827). Significantly greater proportion reported ever use of cannabis (73.8%-369/500), opium (34.4%-172/500) and pharmaceutical opioids (87.6%-438/500) from districts bordering both Bangladesh & Myanmar. District having border only with Bangladesh reported higher proportion using sedatives (64.8%-162/250) and volatile solvents (64.8%- 162/250).

Border types	No international borders		Bangladesh		Myanmar		Bangladesh & Myanmar	
Dependent on	Frequency	%*	Frequency	%*	Frequency	%*	Frequency	%*
Tobacco	669	67.1	248	100.0	380	48.4	268	53.9
Alcohol	257	29.0	229	92.3	237	30.9	213	44.0
Cannabis	113	22.8	79	47.6	180	39.2	250	67.8
Opium	27	29.7	2	18.2	158	71.5	90	52.3
Heroin	770	84.1	91	74.0	392	74.2	18	10.9
Pharmaceutical opioids	315	47.2	102	51.3	332	62.3	233	53.2
Sedatives	214	34.1	135	72.6	114	31.1	232	73.2
Volatile solvents	80	24.0	7	4.3	31	11.9	20	7.7
Cocaine	15	36.6	1	25.0	1	9.1	3	33.3
ATS	7	23.3	1	33.3	2	22.2	3	30.0

(* n= number of people ever using the same drug in the border type)

Districts bordering only Myanmar reported greater proportion dependent on heroin (74.2%- 392/528), opium (71.5%-158/221) and pharmaceutical opioids (62.3%-332/533). Those without any international borders reported significantly greater proportion of heroin (84.1%-770/916), volatile solvents (24.0%- 80/334) and cocaine dependence (36.6%- 15/41). Districts having borders with both Bangladesh & Myanmar reported significantly higher proportion of ever users being dependent on cannabis (67.8%- 250/369) & sedatives (73.2%- 232/317).

Injecting drug use

Highest proportion reporting ever injection of any drugs were from the districts with no international borders (88.3%- 932/1056), followed by those having borders with Myanmar only (76.5%-633/827), districts bordering only Myanmar (74.2%- 371/500) and district bordering only Bangladesh (51.2%-128/250).

Sharing borders with	No international borders		Bangladesh		Myanmar		Bangladesh & Myanmar	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Ever injected	932	88.3	128	51.2	633	76.5	371	74.2

While, heroin as the first drug injected was reported by similar proportion from the districts with no international borders (57.6%-537/932) and those with Bangladesh only (57.8%- 74/128)- those bordering both Bangladesh and Myanmar reported much less (4.6%- 17/371). Dextropropoxyphene based opioids as the first drug injected was reported by 94.9% (352/371) of the ever injectors from the districts bordering both Bangladesh & Myanmar.

Border types	No international borders		Bangladesh		Myanmar		Bangladesh & Myanmar	
First drug injected	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Heroin	537	57.6	74	57.8	255	40.3	17	4.6
Dextro propoxyphene	391	42.0	54	42.2	374	59.1	352	94.9

Significantly lesser proportion of respondents had shared needles and syringes during their first injection in districts with no international borders (14.6%-136/932) than the others.

Border types	No international borders		Bangladesh		Myanmar		Bangladesh & Myanmar	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Shared during first injection	136	14.6	46	35.9	202	31.9	116	31.3

Significantly, greater proportion of respondents from the districts with no international borders and those with Bangladesh only, reported being afraid of being infected with HIV (60.2% and 55.5% respectively) and Hepatitis C (49.7% and 53.1% respectively) than those bordering Myanmar only as well as both Bangladesh & Myanmar.

Border types	No international borders		Bangladesh		Myanmar		Bangladesh & Myanmar	
Afraid of being infected with	Frequency	%	Frequency	%	Frequency	%	Frequency	%
HIV	561	60.2	71	55.5	4	0.6	16	4.3
Hepatitis-C	463	49.7	68	53.1	16	2.5	13	3.5

While, among those who had injected ever, the greatest proportion reporting injection of heroin within the last 3 months was reported from the districts with no international borders (70.2% -654/932), the highest proportion injecting dextro-propoxyphene based drugs was reported by the districts bordering both Bangladesh & Myanmar (42.6% -158/371) and sedatives by the district having border with Bangladesh only (14.8% -19/128).

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
Drugs injected in the last 3 months	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Heroin	654	70.2	86	67.2	318	50.2	16	4.3
Dextro-propoxyphene	16	1.7	11	8.6	19	3.0	158	42.6
Sedatives	5	0.5	19	14.8	5	0.8	24	6.5

Among the ever injectors highest proportion reporting ever sharing of needles & syringes were from the districts with no international borders (71.0%- 662/932)

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Ever shared needles & syringes	662	71.0	66	51.6	398	62.9	232	62.5

Responding to reasons for 'sharing'- highest proportion from district having border only with Bangladesh reported 'other injectors put pressure to share' (56.1%-37/66) and 'thought it was safe because I cleaned it' (50.0%- 33/66). Significant proportion of respondents from the same district reported 'did not have own needles & syringes' (97.0%-64/66), 'needles syringes re hard to get' (92.4%- 61/66) and needles syringes are expensive' (77.3%-51/66).

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Other injectors put pressure to share	57	8.6	37	56.1	29	7.3	9	3.9
Thought it was safe because I cleaned it	317	47.9	33	50.0	160	40.2	61	26.3
Didn't have own needles and/or syringes	542	81.9	64	97.0	323	81.2	197	84.9
Needles and/or syringes are hard to get	196	29.6	61	92.4	133	33.4	142	61.2
Needles and/or syringes are expensive	43	6.5	51	77.3	47	11.8	38	16.4

Treatment

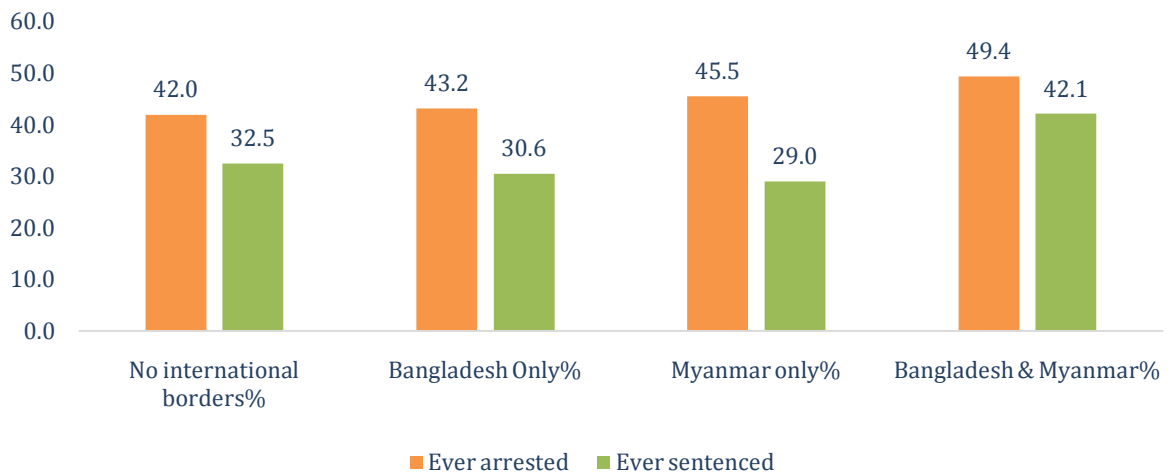
Highest proportion of respondents ever receiving treatment was reported from the districts having borders with both Bangladesh & Myanmar (68.6%-343/500) closely followed by those having no international borders (67.4%-712/1056). Among those ever treated for drug related issues, highest proportion currently receiving treatment was reported from the districts with no international borders (56.7%-599/712). While, highest proportion currently receiving OST (71.4%-40/86) and needle syringe (66.1%-37/86) was reported from the district bordering Bangladesh only, highest proportion receiving inpatient treatment currently were reported from the districts without international borders (59.4%-356/599).

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
Treatment	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Ever received treatment	712	67.4	86	34.4	432	52.2	343	68.6
Ever received outpatient	449	63.1	77	89.5	303	70.1	292	85.1
Ever received inpatient treatment	524	73.6	22	25.6	95	22.0	161	46.9
Currently receiving treatment	599	56.7	56	22.4	381	46.1	205	41.0
Currently receiving outpatient treatment	150	25.0	55	98.2	276	72.4	127	62.0
Currently receiving inpatient treatment	356	59.4	11	19.6	72	18.9	60	29.3
Currently receiving OST	237	39.6	40	71.4	133	34.9	41	20.0
Currently receiving Needle Syringe	152	25.4	37	66.1	146	38.3	108	52.7

Legal issues

While, almost half (49.4%-247/500) of the respondents from the districts bordering both Bangladesh & Myanmar were arrested at least once in their lifetime, 42.1% (104/247) among them, from the same districts were sentenced at least once in their lifetime.

Arrest & sentences according to type of borders



Overdose

Highest proportion of respondents reporting overdose was from the districts with no international borders (23.9%- 252/1056)- 69.0 % (174/252) of those who experienced overdose from the same districts reported injecting heroin when last overdosed, while, 70.8% (75/106) of those who experienced overdose from the districts bordering both Bangladesh & Myanmar reported having injected dextro-propoxyphene.

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
Overdose	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Experienced overdose	252	23.9	32	12.8	172	20.8	106	21.2
Injected heroin	174	69.0	10	31.3	86	50.0	5	4.7
Injected dextro-propoxyphene	115	45.6	19	59.4	87	50.6	75	70.8
Used alcohol	37	14.7	14	43.8	60	34.9	27	25.5
Oral dextro-propoxyphene	34	13.5	2	6.3	30	17.4	44	41.5
Oral sedatives	49	19.4	5	15.6	31	18.0	44	41.5

Significantly, greater proportion of respondents who had experienced overdose were administered CPR (45.6%-115/252) and taken to hospital (36.9%-93/252) in the districts with no international borders, when compared to others.

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
Overdose	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Administered CPR	115	45.6	1	3.1	5	2.9	32	30.2
Was taken to a hospital	93	36.9	2	6.3	36	20.9	24	22.6

Violence

While experience of physical abuse was proportionately highest among the respondents from the district that bordered Bangladesh only (61.6%-154/250), sexual abuse was reported by the highest proportion from the districts having no international border (8.4%-89/1056).

Border types	No international borders		Bangladesh Only		Myanmar only		Bangladesh & Myanmar	
Violence related	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Ever physically abused	515	48.8	154	61.6	404	48.9	230	46.0
Ever sexually abused	89	8.4	0	0	13	1.6	9	1.8

Prison based Survey

As part of this survey an independent study was conducted among the prison inmates in Mizoram. Permission was sought from the Inspector General of Police (Prisons) through a formal application from the Social Welfare Department. Upon approval interviews were conducted by investigators specially trained for the purpose.

Methodology

Data was collected using a pre-designed questionnaire from prison inmates who met the following criteria for recruitment.

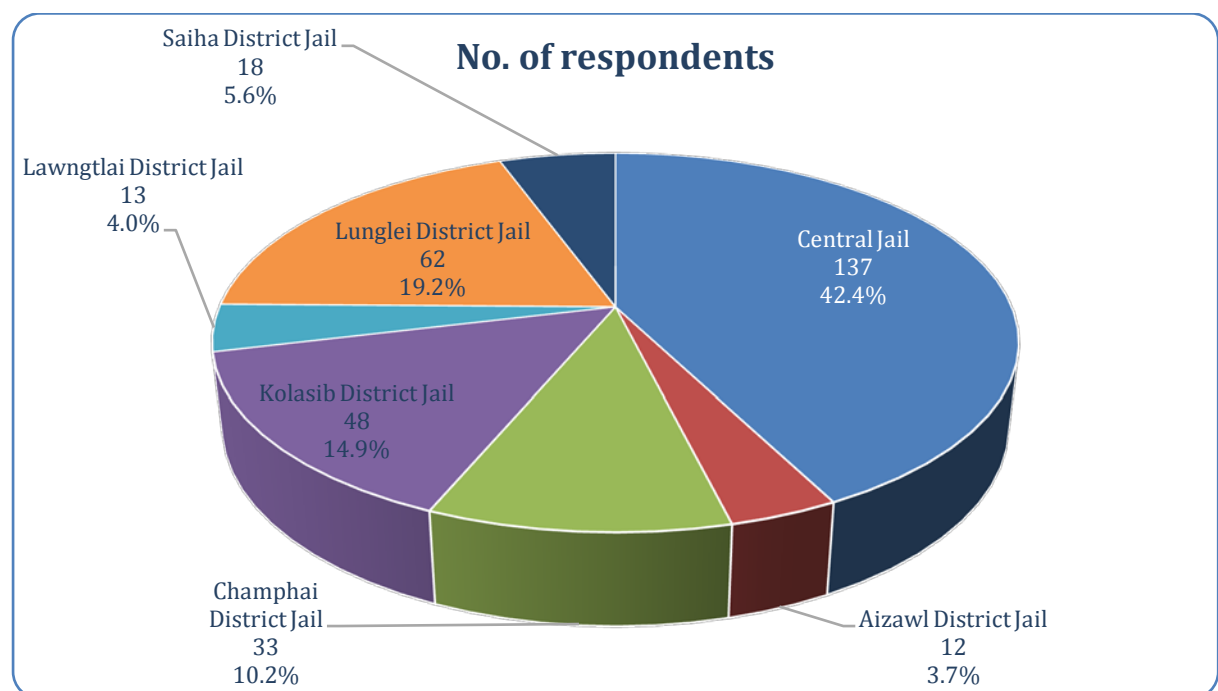
Criteria of recruitment:

- Above the age of 18 years
- Used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year

Data collected was quantitative in nature.

Respondents

In total 323 respondents took part in the survey. Highest proportion of respondents were reported from the Central Jail (42.4%-137/323) and the lowest from Aizawl District Jail.

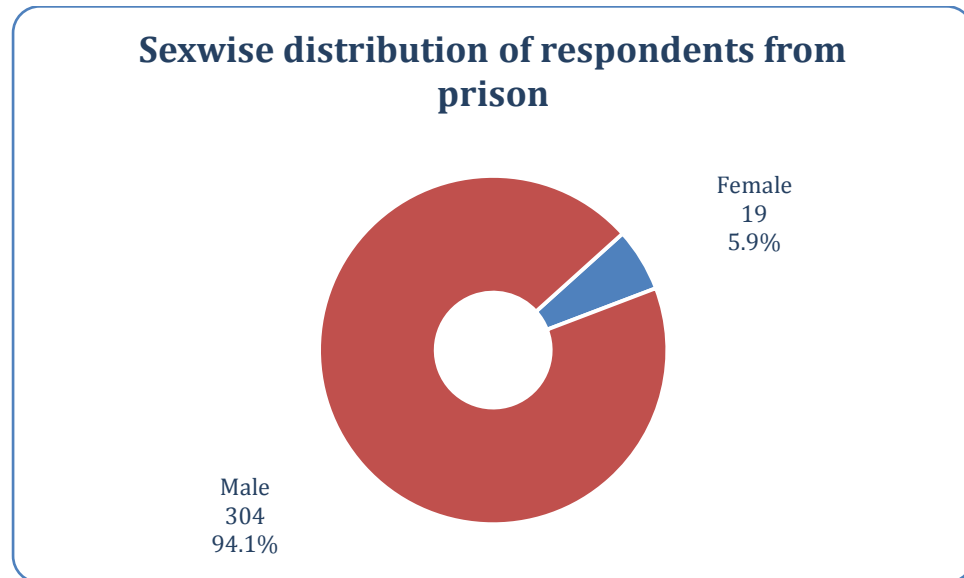


Findings

Demographics

Sex

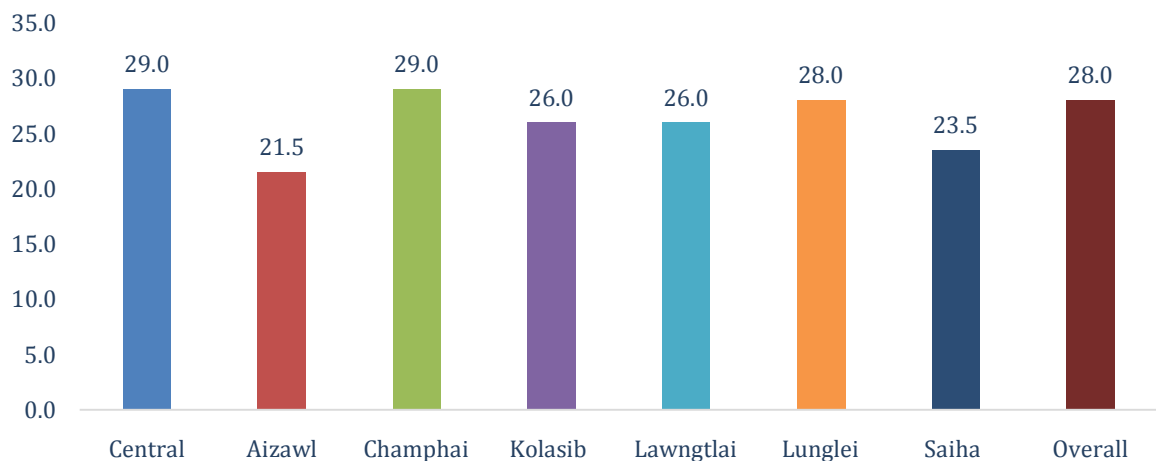
Most of the respondents were male (94.1%-304/323) with 5.9% (19/323) females. Only the Central (6.6%- 9/137) and the Champhai (30.3%- 10/33) district jails reported female respondents fitting the criteria.



Age

Median age of respondents was 28.00 years (SD ± 7.17), minimum age was 18 years and maximum was 65 years. While the respondents from the Central & Champhai district jails were slightly older with a median age of 29.0 years (SD ± 6.6 & 5.3 respectively) those from Aizawl district jail were the youngest (21.5- SD ± 2.8). Female respondents were slightly older (median age 29.00 years SD ± 6.6) than the males (median age 28.0 years SD ± 7.2).

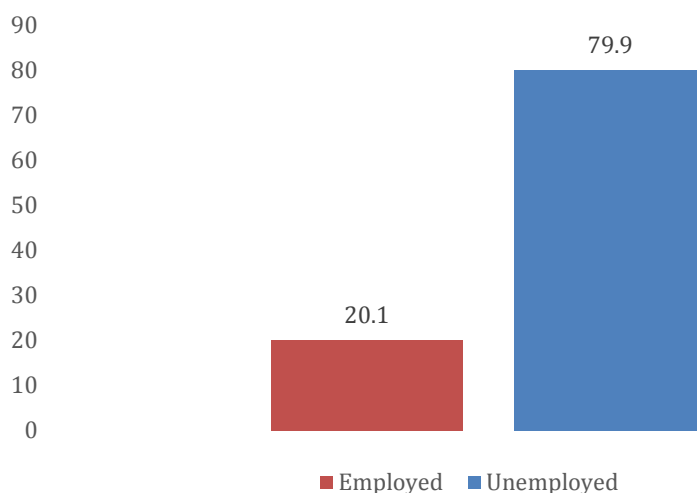
Jailwise age of respondents



More than half had studied up to middle school (54.5%- 176/323), 28.8% (93/323) had studied up to higher secondary school and 5.0% (16/323) had completed college education.

Education	Frequency	Percent
Cannot read /write	4	1.2
Can read /write	1	0.3
Primary (0-6 yrs)	31	9.6
Middle School (7-10 yrs)	176	54.5
Higher Secondary School (11-12 yrs)	93	28.8
College education-undergraduate	16	5.0
College education- post graduate	2	0.6
Total	323	100

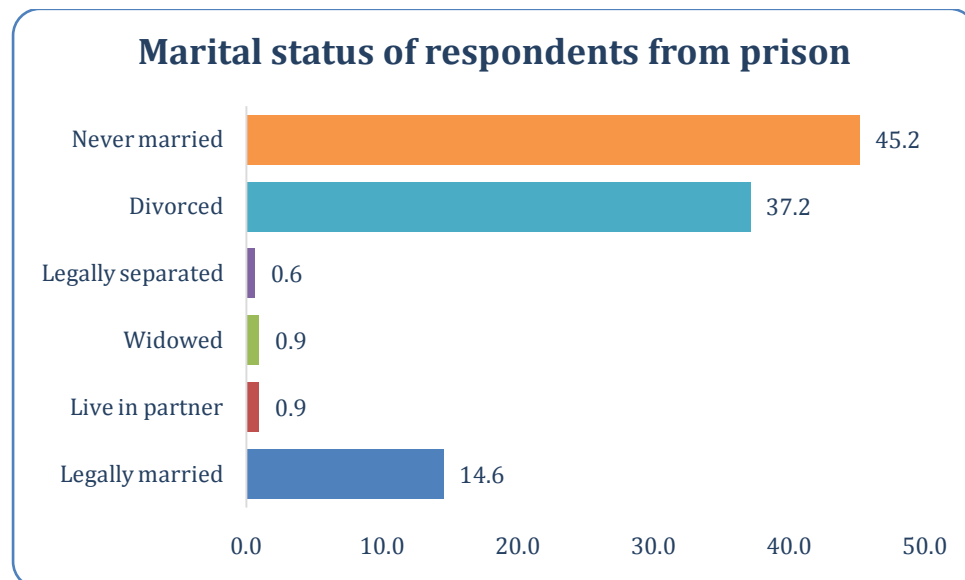
Almost four out of five (79.9%-258/323) were unemployed before coming to the prisons.



Among those employed, 47.7% (31/65) reported having regular job before coming to prison, 30.8% (20/65) had temporary work, 3.1(2/65) reported selling drugs- one among them was female.

Source of earning	Frequency	Percent
Regular job	31	47.7
Temporary work	20	30.8
Self-employed	11	16.9
Selling drugs	2	3.1
Others	1	1.5
Total	65	100.0

Among the respondents 45.2% (146/323) were never married and 37.2% (120/323) were divorced.



Legal issues

While, 55.1% (178/323) respondents were under trials, 44.6% (144/323) had already been convicted and were undergoing their sentences. For 39.3% this was the first time in prison and 60.7% (196/323) had previous experiences.

More than one third (36.5%- 118/323) had undergone sentences for petty theft followed by 31.0% (100/323) for drug use, 20.1% (65/323) for possession of drugs ever in their lives.

When asked about reasons for being sentenced this time- one third (33.7%- 109/323) reported petty theft, 12.4% (40/232) drug use and 4.6% (15/323) possession of drugs. Selling of drugs as a reason for being sentenced ever was reported by 12.4% (40/323) and for the current instance by 3.1% (10/323).

While, being sentenced for murder/ attempt to murder was reported by 5.9% (19/323) ever and 3.1% (10/323) for the current sentence, rape/outraging modesty of women was reported by 7.4% (19/323) ever and 8.7% (28/323) as the cause for the current sentence.

Issues related to family/domestic violence was reported as a cause for being sentenced ever by 13.6% (44/323) and this time by 11.5% (37/323) by significant proportions under the response heading of others.

Reasons for being sentenced	Ever	%	This time	%
Drug use	100	31.0	40	12.4
Possession of paraphernalia (needle syringes)	18	5.6	1	0.3
Possession of drugs	65	20.1	15	4.6
Selling drugs	40	12.4	10	3.1
Transporting drugs	18	5.6	3	0.9
Disturbing local peace	63	19.5	35	10.8
Rash driving/driving without valid documents	18	5.6	0	0.0
Petty theft	118	36.5	109	33.7
Snatching	10	3.1	2	0.6
Burglary	29	9.0	17	5.3
Armed robbery/dacoity	11	3.4	3	0.9
Murder/attempt to murder	19	5.9	10	3.1
Rape /outraging modesty of women	24	7.4	28	8.7
Forgery/duping/blackmailing	1	0.3	1	0.3
Other	66	20.4	52	16.1

The median age for being arrested the first time was 23.0 years (SD±6.5). The female respondents were slightly older when first arrested with a median age of 25.0 years (SD±5.8) than their male (23.0 years, SD±6.5) counterparts. The respondents from Aizawl District Jail were the youngest when first arrested (19.5 years, SD±3.2) and those from the Champhai district jail (26.0 years, SD±4.3) were the oldest.

Prisons	Median age	SD
Central Jail	24.0	±6.3
Aizawl District Jail	19.5	±3.2
Champhai District Jail	26.0	±4.3
Kolasib District Jail	22.0	±4.7
Lawngtlai District Jail	24.0	±6.1
Lunglei District Jail	20.0	±9.0
Saiha District Jail	21.0	±5.3
Overall	23.0	±6.5

Drug use

Apart from tobacco (97.2%-314/323), alcohol (93.8%-303/323) and cannabis (65.6%-212/323), ever use of opium was reported by 21.7% (70/323), heroin by 76.8% (248/323), pharmaceutical opioids by 77.1% (249/323) and sedatives by 62.8%(203/323). Ever use of cocaine was reported by 4.0% (13/323), ATS by (6.5% (21/323) and Hallucinogens by 1.9% (6/323).

Drugs ever used	Frequency	%
Tobacco	314	97.2
Alcohol	303	93.8
Cannabis	212	65.6
Opium	70	21.7
Heroin	248	76.8
Pharmaceutical opioids	249	77.1
Sedatives	203	62.8
Volatile solvents	158	48.9
Cocaine	13	4.0
ATS	21	6.5
Hallucinogens	6	1.9

Initiation

Respondents reported initiating tobacco use at the median age of 15.0 years (SD ± 3.8), followed by volatile solvents (15.0 years SD ± 4.5), alcohol (16.0 years ± 4.1) and cannabis (18.0 years SD ± 4.3). While most of them had already initiated with the drugs prior to being held in police custody or being sentenced- 1.98 of those who ever used alcohol (6/303) reported initiating with it while in custody and 2.36 (5/212) of the ever cannabis user reported the same. Among those who had ever used opium 31.4% (22/70) had started using it after being released from prison, 17.3% (43/248) of the ever users of heroin and 7.2% (18/249) of those who had used pharmaceutical opioids ever reported similarly. Among the ever users of cocaine and ATS-30.8% (4/13) and 42.9% (9/21) respectively had initiated their use after being released from prison or police custody.

Drugs used	ever	Median age	SD	Initiation					
				Before first arrest/sentence		While in police custody		After release	
				Frequency	%	Frequency	%	Frequency	%
Tobacco		15	± 3.8	309	98.4	1	0.32	3	1.0
Alcohol		15	± 4.5	300	99.0	6	1.98	1	0.3
Cannabis		16	± 4.1	189	89.2	5	2.36	15	7.1
Opium		18	± 4.3	46	65.7	2	2.86	22	31.4
Heroin		18	± 4.8	206	83.1	0	0.00	43	17.3
Pharmaceutical opioids		20	± 4.9	224	90.0	7	2.81	18	7.2
Sedatives		21	± 5.9	155	76.4	5	2.46	36	17.7
Volatile		21	± 5.5	154	97.5	0	0.00	3	1.9

solvents								
Cocaine	21	±5.4	8	61.5	1	7.69	4	30.8
ATS	23	±7.4	12	57.1	0	0.00	9	42.9
Hallucinogens	28	±6.0	2	33.3	0	0.00	3	50.0

Drug use in the last one year

While, 90.1% (281/312) of those who had used tobacco in the last one year before coming to prison had continued to use it while in prison this time, nearly a quarter (24.6%- 28/114) of those who had used cannabis outside continued its use in prison. Use of heroin in the prison was reported by 8.3% (18/216) of those who had used it before coming to prison.

Drugs used in the last 1 year	Ever use	Before coming to prison		While in prison this time	
	Frequency	Frequency	%	Frequency	%
Tobacco	314	312	99.4	281	90.1
Alcohol	303	271	89.4	6	2.2
Cannabis	212	114	53.8	28	24.6
Opium	70	25	35.7	0	0.0
Heroin	248	216	87.1	18	8.3
Pharmaceutical opioids	249	71	28.5	2	2.8
Sedatives	203	140	69.0	6	4.3
Volatile solvents	158	18	11.4	0	0.0
Cocaine	13	1	7.7	0	0.0
ATS	21	8	38.1	0	0.0
Hallucinogens	6	0	0.0	0	0.0

Dependence

While, 66.3% (165/323) of the ever users of heroin had fitted the criteria of dependence before coming to the prison this time, 62.4% (103/165) among them continued to experience dependence even in the prison. Continued dependence on tobacco (81.3%-65/80), cannabis (23.8%- 5/21) and pharmaceutical opioids (7.5%-7/93) was reported by the respondents.

Dependence	Before prison	% (n= ever use of the same drug)	In prison within the last one year	% (n=dependence before prison)
Tobacco	80	26.4	65	81.3
Alcohol	70	33.0	14	20.0
Cannabis	21	30.0	5	23.8
Opium	16	6.5	1	6.3
Heroin	165	66.3	103	62.4
Pharmaceutical opioids	93	45.8	7	7.5
Sedatives	38	24.1	0	0.0

Volatile solvents	6	46.2	1	16.7
Cocaine	0	0.0	0	0
ATS	2	33.3	1	50.0
Hallucinogens	0	0.0	0	0.0

Injecting drug use

Among the respondents 87.9% (284/323) had ever injected any drugs. Initiation into injecting happened at the median age of 19.0 years (SD±4.4), with a minimum of 13 years and a maximum of 38 years.

Ever injected	284	87.92569659
Median	19	SD± 4.4
Minimum	13	
Maximum	38	

While, for 91.9% (261/284) of the respondents' initiation into injecting occurred before coming into police custody, 7.4% (21/284) reported initiation after being released from custody and 0.7 (2/284) reported starting to inject while in prison.

The majority reported dextro-propoxyphene based opioids (58.8%-167/284) as the first drug injected, followed by heroin (39.1%-111/284).

First drug injected	Frequency	Percentage (n=284)
Heroin (brown sugar, No. 4)	111	39.1
Dextropropoxyphene based opioids	167	58.8
Pharmaceutical Sedatives	2	0.7
Pentazocine	2	0.7
Others	4	1.4

Almost half (49.3%-140/284) of those who had injected ever, reported not using the same drug through any mode during the last one month prior to injecting it for the first time. Using the same drug at least once a day before injecting it was reported by more than a quarter (25.7%-73/284).

Frequency of using the same drug in the last one month prior to injecting	Frequency	% (n=284)
Never	140	49.3
Less than once a month	13	4.6
1 to 3 times a month	3	1.1
About once a week	10	3.5
2 to 3 times a week	10	3.5
4 to 6 times a week	4	1.4
About once a day	10	3.5
2-3 times a day, almost every day	37	13.0
4 or more times a day, almost every day	26	9.2

While, 78.9% of those who had injected ever were injected that first time by their close friends, 11.3% had injected themselves. In case of 0.7% (2/284) respondents 'another jail inmate' had injected – 'that first time'.

Who injected the first drug	Frequency	Percent
Self	32	11.3
Sex partner	1	0.4
A relative who was not a sex partner	11	3.9
A close friend	224	78.9
Other friend or acquaintance	7	2.5
Dealer/gallery operator/other drug professional	6	2.1
Someone you didn't know well	1	0.4
Another jail inmate	2	0.7
Total	284	100.0

More than one fifth (21.8%- 62/284) had shared needles and syringes when injecting for the first time.

Shared needles and syringes that first time	62	21.83
---	----	-------

Majority of the respondents reported that they had 'friends and companions who were injecting and (they too) wanted to try' (71.8%-204/284), followed by 60.6%- (172/284) reporting 'curiosity' and 21.8% (62/284) felt that it would be a better high.

Reasons for injecting		
Type/quality of drug available inadequate for non-injection	33	11.6
Thought it would be a better high	62	21.8
Friends companions were injecting and wanted to try	204	71.8
Pressure from friends/companions	48	16.9
You were at a party and others were doing it	4	1.4
Curiosity	172	60.6
You felt depressed	28	9.9
Everyone was doing it	25	8.8
You were in jail	1	0.4
Other reasons	7	2.5

Before injecting 21.1% (60/284) were afraid of being infected with HIV and 20.1% (57/284) of hepatitis-C.

Afraid of		
HIV	60	21.1
Hepatitis C	57	20.1

When asked about preferred mode of drug use – 79.2% (225/323) reported injecting.

Preferred mode of drug use	Frequency	Percent
Injecting	225	79.2
Non-injecting	38	13.4
Both ways equally	21	7.4
Total	284	100.0

Among the ever injectors who continued to use heroin in the last one year before coming to prison, 6.7% (914/208) reported using heroin in prison at least once in the last one year.

Last injected	Before prison at least once in last 1 year		In prison this time at least once in last 1 year	
	Frequency	%	Frequency	%
Heroin	208	73.2	14	6.7 (n=208)
Dextro-propoxyphene	37	13.0	0	0.0 (n=37)
Sedatives	14	4.9	1	7.1 (n=14)
Buprenorphine	6	2.1	0	0.0 (n=6)
Pentazocine	7	2.5	0	0.0 (n=7)
ATS	3	1.1	0	0.0 (n=3)
Opium	2	0.7	1	50.0 (n=2)

While for 89.2 % (181/203) not having own needles and syringes caused them to share, for 26.6% (54/203) of the ever-sharing respondents shared because 'needles and syringes were expensive' and 20.7% (42/203) 'thought it was safe because they had cleaned it'

Reasons for injecting	Frequency	% (n=203)
Other drug injectors put pressure on you to share	9	4.4
Your primary/other sex partner put pressure to share	3	1.5
Thought it was safe because you cleaned it	42	20.7
You are careful about who you share with	27	13.3
You were in prison	11	5.4
Didn't have your own needles and/or syringes	181	89.2
Needles and/or syringes are hard to get	54	26.6
Needles and/or syringes are expensive	8	3.9
Any other	1	0.5

Out of the 16 who had ever injected during their stay in prison 62.5 % (10/16) reported sharing during their stay in the prison and 56.3% (9/16) had shared within the last 3 months before the interview.

Shared needles and syringes during prison stay this time	Frequency	% (n=16)
More than one year ago	1	6.3
Within the last three months	6	37.5
Within this month	3	18.8

Treatment

Among the respondents from prison 56.3% (182/323) had ever received treatment for drug related problems. Currently, 1.9% (6/323) were receiving any form of treatment within the prison. While, 83.3% (5/6) of those currently receiving treatment in prison were receiving outpatient treatment 33.3% (2/6) reported receiving needles and syringes within prison.

Treatment	Frequency	%
Ever treated	182	56.3 (n=323)
Currently receiving treatment in prison	6	1.9 (n=323)
Out patient treatment for drug dependence	5	83.3 (n=6)
In patient treatment for drug dependence	1	16.7 (n=6)
Opioid substitution therapy	0	0.0 (n=6)
Needle syringe programme	2	33.3 (n=6)

Among the respondents 14.9% (48/323) reported being diagnosed with some mental illness in the last one year, 9.3% (30/323) with hepatitis, 3.4% (11/323) with cirrhosis of liver and 2.8% (9/323) with tuberculosis.

Diseases diagnosed in the last one year	Frequency	Percentage (n=323)
TB	9	2.8
Cirrhosis of liver	11	3.4
Hepatitis	30	9.3
Mental illness	48	14.9

More than half (52%-168/323) had experienced physical violence during their drug use days and 0.6% (2/323) reported being sexually abused.

	Physical abuse	% (n=323)	Sexual abuse	% (n=323)
Ever	168	52.0	2	0.6
Before being in prison	151	89.9	1	50
While being in prison	22	13.1	1	50
After being in prison	54	32.1	0	0

While, more than two third (69.6% -117/168) of those who had been physically abused were abused by 'other people in the community', more than half (56.0%-94/168) had been abused by 'law enforcement personnel' and more than one third (37.5%-63/323) had been abused by relatives.

Perpetrators	Physical abuse	%	Sexual abuse	%
Primary sex partner	6	3.6	0	0
Casual sex partner/customer	3	1.8	1	50
Non sex partner, relatives	63	37.5	0	0
Drug using friends/peers	13	7.7	0	0
Other people in the community	117	69.6	0	0
Police, soldiers, or other officials	94	56.0	1	50
Health care/drug treatment providers	1	0.6	0	0
Prison inmates	5	3.0	0	0

9. Discussions on community based survey

The study consisted of two components:

1. the community based survey and
2. the prison survey

The community based component utilized RDS methodology to recruit people who use drugs in the eight districts of Mizoram. RDS is an ideal strategy suited for hidden populations like people who use drugs who are otherwise difficult to access. Data has been obtained from 2633 respondents.

The prison component studied drug use among inmates who had been arrested or sentenced for drug related offences. It conducted interviews among inmates who had used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year.

The community based survey

Demographics

While, majority of the respondents are male (89.4%-2353/2633), 10.1% (265/2633) females and 0.4% (11/2633) transgender also participated in the study. The respondents are mostly youths with a median age of 28 years ($SD \pm 6.5$). Almost nine out of ten (88.3%-2318/2633) have at least completed middle school. Since, a majority of the people who use drugs are literate it is important to design appropriate substance use prevention / intervention related information, education and communication materials for them. Preventive intervention needs to be initiated in schools and followed up for those who drop-out outside the educational institutes.

More than a quarter (26.4%-70/265) of the female respondents are divorced and 41.9% (111/265) of them never married, making majority of the women who use drugs also main earners for their families. Moreover, majority of the respondents (81.6%-2149/2633) are unemployed. Selling drugs as the main source of income over the last six months was reported by 5.2% (25/478) and 'sex for money' by 5.0% (24/478) of the respondents who reported being employed. Among those who reported sex for money as their main source of income 87.5% (21/24) were females. Thus, it is necessary to devise alternate economic opportunities, especially for women who use drugs.

Drugs used and dependence

All districts reported more than 90% respondents using tobacco and more than 80% using alcohol. Cannabis, opium, heroin, pharmaceutical opioids, sedatives and volatile solvents too were reported being used in all the eight districts.

Based on criteria laid down in ICD- 10, 73.3% (1269/1732) of those who ever used heroin were found to be dependent on it during the last one year. Dependence on pharmaceutical opioids (dextro-poxyphene based drugs) was

reported by 44.0% (808/1837), alcohol by 39.2% (935/2387) and sedatives 38.6% (578/1496). Dependence on tobacco was also high (63.35-1559/2527) among those who ever used it.

Thus, opioids i.e heroin, and dextro-propoxyphene based drugs, sedatives, alcohol and tobacco are the main drivers. While prevention treatment and care of opioids and sedatives are in place (even if inadequate in the districts), services for prevention and treatment of alcohol and tobacco needs to be strengthened.

Greater proportion of female respondents were found to be dependent on heroin (80.2%-101/126: 72.7%-1159/1594), pharmaceutical opioids (61.5%-107/174: 52.6%-872/1657) and sedatives (55.4%-82/148: 36.8%-493/1341) than their male counterparts. As, drug treatment services for women are mostly concentrated in Aizawl it is difficult to access them for women from the other districts. Though numbers reflected in the current study are small, but intervention experiences indicate that more women identify themselves when services specially tailored to suit their needs are made available and accessible.

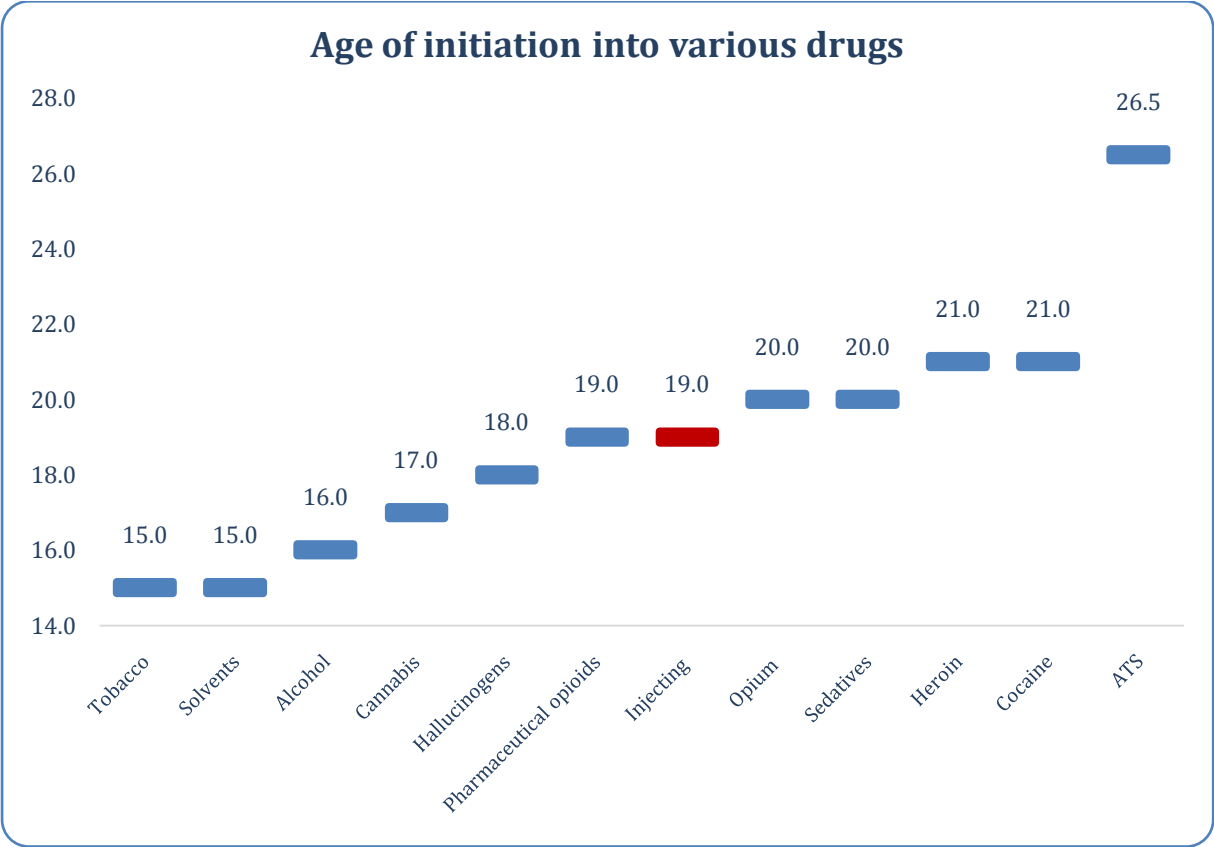
Though reported in small proportions, 30.8% (20/65) of those who have ever used cocaine and 28.8% (15/52) of ATS users are found to be dependent on them. This indicates a continued demand and subsequent regular supply of these drugs – both risk factors for initiation by newer users. Specialised treatment services for stimulants like cocaine and ATS are required, which currently is limited in the state. Capacity of treatment providers also need to be built.

Greater proportion of respondents from districts with no international borders (i.e.- Aizawl & Kolasib) reported using heroin (86.7%-916/1056), cocaine (3.9%-41/1056) and ATS (2.8%- 30/1056). They also reported significantly greater proportion of heroin (84.1%-770/916) and cocaine dependence (36.6%- 15/41).

Districts bordering only Myanmar (Champhai, Saiha & Serchhip) reported greater proportion dependent on heroin (74.2%- 392/528), opium (71.5%-158/221) and pharmaceutical opioids (62.3%-332/533).

Significantly greater proportion reported ever use of cannabis (73.8%-369/500), opium (34.4%-172/500) and pharmaceutical opioids (87.6%-438/500) from districts bordering both Bangladesh & Myanmar (i.e.- Lawngtlai & Lunglei). These same districts also reported significantly higher proportion of ever users being dependent on cannabis (67.8%- 250/369) & sedatives (73.2%- 232/317).

Age of initiation into drugs



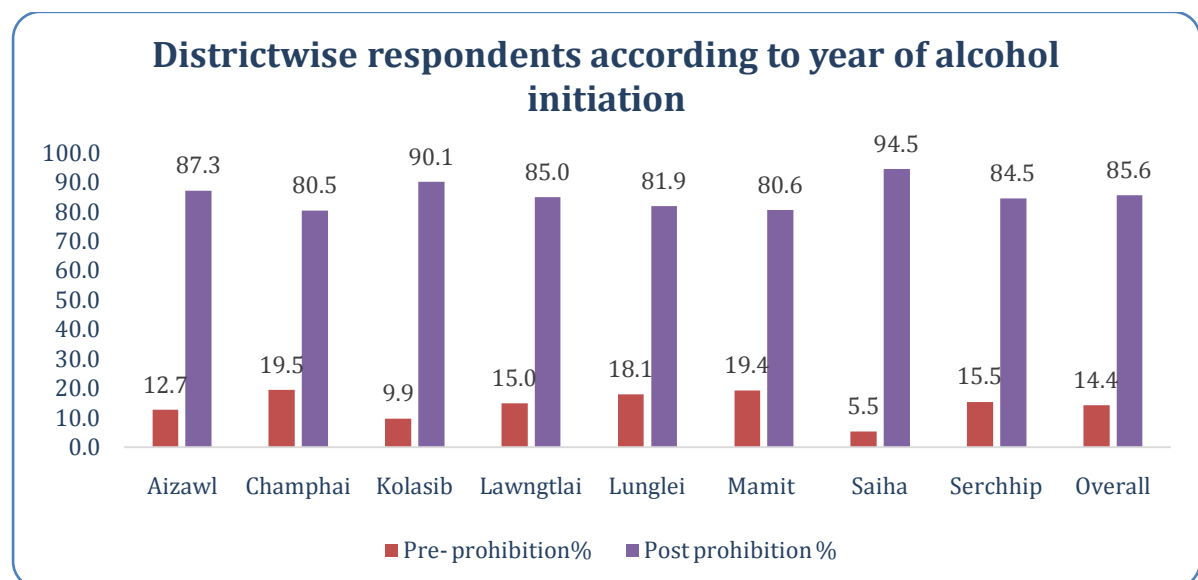
Studying the median age of initiation into various drugs shows a trend where the first drugs used by the respondents are usually tobacco and/or volatile solvents at the early age of 15 years. They progressively move into alcohol and cannabis within the next two years. By the time they are 19 years old, they try out pharmaceutical opioids and within one year they experiment with injecting. While opium and sedatives are initiated at 20 years of age, heroin is introduced at a slightly older median age of 21 years. People who have used cocaine, ATS start off at 21 and 26 years respectively while hallucinogens are initiated at 18 years.

This provides an opportunity to intervene early and reverse the process of progression from licit (tobacco, solvents, alcohol) to illicit (cannabis, pharmaceutical opioids- without prescriptions) and non-injecting to injecting mode of drug use.

This also indicates that drug use is initiated earlier than the age of 18 years and needs to be studied for prevention and early intervention.

Alcohol initiation

Use of alcohol was prohibited in Mizoram in the year 1997. Among those who had ever used alcohol, 85.6% (2044/2387) reported having initiated use of alcohol after the prohibition was in effect. Highest proportion initiating use of alcohol in the post prohibition era was reported from Saiha (94.5%- 222/235), whereas, the lowest was from Champhai (80.5%-227/282).



While findings from this study cannot be used to conclude on the effectiveness of the prohibition in terms of initiation and continued alcohol use and subsequent consequences. It will be important to invest in a more focused study to understand alcohol related issues to help guide future policy planning.

Injecting drug use

Among the respondents, 78.4% (2064/2633) reported injecting at least once in their lifetime. Median age of initiation into injecting any drugs was 19.00 years (SD \pm 4.4). Male respondents initiated into injecting earlier (median age 19.00 years, SD \pm 4.3) than the females (22.00 years, SD \pm 5.3). Dextro-propoxyphene based opioids (viz. -SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) was reported as the drug of initiation by 56.6% (1168/2064) of the ever injectors followed by 42.8% (883/2064) heroin.

Among the ever injectors 80.6% (1633/2064) had used the same drug through other mode in the last one month before injecting it.

Among the ever injectors 60.5% (1248/2064) respondents injected some drug at least once in the last three months. More than half (52.0%-1074/2064) of those who had injected ever, reported injecting heroin and 9.9% (203/2064) dextro propoxyphene (SP, Spasmo, Relipan, RP Parvon, Spas, Proxyvon) while injecting in the last three months.

Sharing practice related findings

A similar finding has been noted in the analysis of age of initiation into various drugs and indicates that there are windows of opportunities to intervene and reduce the chances of progression from oral to injecting. Interventions specifically designed to reverse the progression and halt the switch (from oral to injecting) needs to be in place. The traditional but standardised, 'non- harm reduction' treatment services e.g. the MSJE supported Integrated Rehabilitation Centre for Addicts (IRCA) centres need to take lead and make use of the newer and more effective treatment options like OST for treatment of opioid dependents before they can switch to injecting drugs.

More than half (54.6% -1127/2064) of the ever injectors had friends and companions who were into injecting and this was a reason why they wanted to give it a try. Before taking the first injection more than two third (68.5% - 1413/2064) did not think that they may be infected with HIV and 72.9% (1505/2064) were not afraid of being infected with Hepatitis-C. Almost a quarter (24.1%-500/2064) injected with needles and syringes already used by someone else 'that first time' they had injected any drugs. Thus, it is important to provide information, awareness and education on safer injecting even to people who are currently using drugs through non-injecting route, especially if they are using opioids (heroin, dextro-propoxyphene based drugs).

Almost two- third (65.8% -1357/2064) of those who had ever injected reported sharing and among them, 82.7% (1122/1357) said that they did not have their own needles and syringes at the time of injecting drugs, 41.9% (568/1357) thought that 'it was safe because they had cleaned it', 39.0% (530/1357) reported that 'needles and syringes were hard to get' and 38.0% (515/1357) reasoned that they 'were (being) careful about whom they shared with'. The needle syringe exchange services, under the national HIV programme provides needles and syringes, information on safer injecting etc.- but it is limited for people who have injected within the last three months. The other treatment services do not reach out with fresh needles for the occasional injectors. So those who inject occasionally fall out of the safe injecting net. Interventions that provide safe injecting provisions and education even to occasional injectors are required.

Places of injecting

Most of those who injected ever, preferred their own home (89.2%-1211/2064), followed by abandoned buildings/places (86.3% -1172/2064) and preferred to inject alone (91.5%- 1242/2064). Both are risk factors in terms of overdose and getting help in case of it. Overdose education needs to highlight this.

Treatment related

Among the respondents who are not receiving any treatment, 71.7 % (1002/1397) are not interested in seeking treatment, treatment was not available nearby for 31.1% (434/1397) and 17.3% (241/1397) were afraid that

people would come to know. While two third or more respondents were ever treated in Champhai (89.2%), Lunglei (79.7%) and Aizawl (69.2%), almost two third from Mamit (65.6%- 164/250) and 82.8% (212/256) from Serchhip never received any form of drug treatment. Drug treatment services in the districts need to be made available within accessible distances. Maintenance of confidentiality and stigma reduction efforts in the community are required.

More than half of the female respondents (55.8 % -148/265) never received any form of drug treatment. More than 80% of female respondents from Lawngtlai (80.0%-12/15), Saiha (88.9%-8/9), Mamit (95.0% -19/20) and Champhai (95.7%- 22/23) did not receive any treatment.

Drug treatment services for women are mostly limited to Aizawl and is difficult to access by women in other districts where the number of women reporting drug use is small. Women friendly drug treatment services even in places reporting small numbers currently are required.

Overdose

More than one out of five (21.3% -562/2633) of the respondents experienced overdose. Among those who received help during their last episode of overdose, 31.0% (152/490) were taken to hospital and Naloxone was injected to 3.1% (15/490). Being 'hit/slapped / pinched' was reported by 67.8% (332/490) and 48.2% (236/490) were rubbed with ice, or put under cold shower. Globally, 'overdose deaths contribute to between roughly a third and a half of all drug-related deaths'⁴. But this is very much preventable- awareness among people who use drugs – irrespective of their mode of use is required. Their immediate family members and the service providers need education on identification of overdose and evidence based support to be provided in case of one- including what all are not to be done. Importance of naloxone in being able to save lives in case of overdose needs to be stressed at the policy level. Reduction of legal hassles will facilitate early reporting of overdose at medical facilities and save lives.

Legal issues

Among all the respondents 44.6% (1174/2633) had been arrested ever for drug related offences and 32.9 % (386/1174) of them have been sentenced. Awareness of the law and legal support for those arrested and in case of continued court cases is required for people who cannot afford it.

Sexual practices

Condom was not used by 70.7% (280/396) during the last sex act with the primary partner and by 55.9% (81/145) in case of last sex with a casual partner.

⁴United Nations Office on Drugs and Crime, World Drug Report 2016

Among those who had sex within the last six months, 2.2% (36/1644) paid for sex and 5.4% received money for sex, 2.2% (36/1644) gave drugs for sex and 4.1% (68/1644) received drugs for sex. Use of alcohol and other drug use before sex was reported 52.6% (865/1644).

Awareness on safer sex practices need to be generated among people who use drug- irrespective of whether injecting or not. Regular supply of condoms need to be made available to all drug users irrespective of their mode of use.

Medical issues

Being diagnosed with hepatitis was reported by 14.4% (378/2633) and cirrhosis of liver by 15.5% (408/2633). Both are indicative of hepatitis-B, C and alcohol related liver diseases. Use of alcohol further complicates issues in case of both. Prevention, treatment and care services for hepatitis (especially hepatitis-C) and liver diseases along with treatment for alcohol dependence is very much a necessity.

Among all the respondents 14.5% (383/2633) were ever diagnosed with mental health illnesses of some sort by medical experts. Co-occurrence of drug use and mental health disorders have been evidenced strongly- while, in some cases drug use causes mental health problems there are others who learn to use drugs to self-medicate the challenges of mental health disorders. Irrespective of the cause and effect, it is necessary to treat both the problems if co- occurring or else none of them can be effectively managed. Capacity of service providers need to be enhanced to be able to diagnose and treat co-occurring issues.

Violence

Nearly half (49.0% -1290/2633) of the respondents had experienced physical violence (being hit with a fist, kicked, or beaten) during their period of drug use and 3.7 (97/2633) reported experiencing sexual abuse. Education on violence and provisions for accessible legal protection is lacking.

10. Discussions on prison based survey

Drug use and related issues among prison inmates was studied as part of the 'Baseline Survey on Extent & Pattern of Drug Use in Mizoram'. Data was collected using a pre-designed questionnaire from prison inmates who met the same criteria for those studied in the community- i.e. being above the age of 18 years and having used any opioids, sedatives, amphetamine type stimulants (ATS)- in the last one year.

Demographics

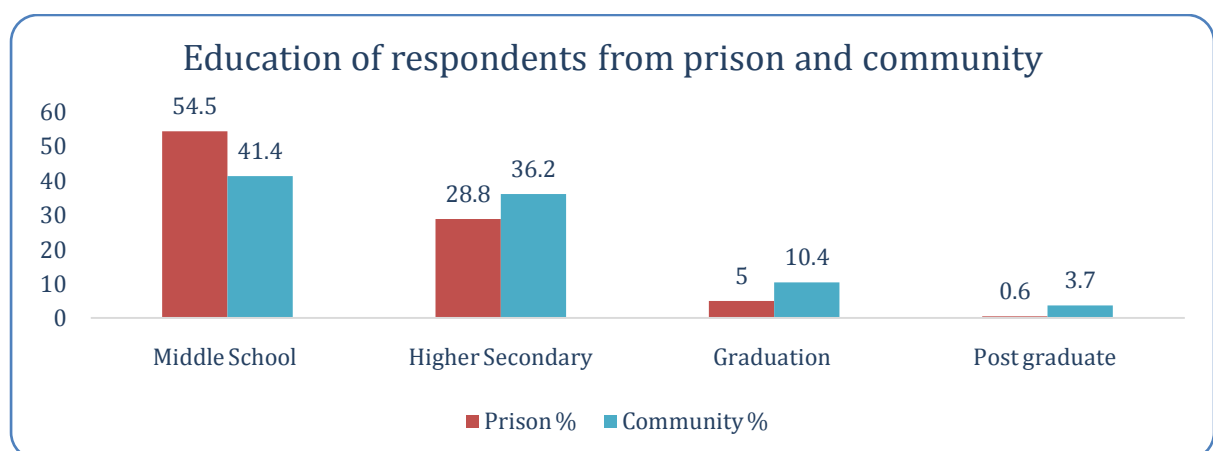
Greater proportion of the respondents from the prisons were male (94.1%:89.4%- male and 5.9% :10.1%- female) when compared to those from the community.

The respondents from the prisons were of similar age groups as those from the community (median age 28 years).

While, 79.9% of the respondents from the prisons were unemployed before coming to the prisons, 81.6% are unemployed in the community.

Selling drugs as the main source of income was reported by 3.1% of the respondents from the prison before confinement. Among the respondents from the community – 5.2% reported the same.

While, greater proportion of respondents from the prison had studied up to middle school (54.5%: 41.4%) when compared with those from the community- higher proportions from the community had completed higher secondary (28.8%: 36.2%), graduation (5.0%: 10.4%) and post-graduation (0.6%: 3.7%). This indicates greater proportion of respondents from prison had dropped out of their schools and colleges.



Lesser proportion of respondents from the prison are never married (45.2%: 49.5%), greater proportion are divorced (37.2%: 24.1%) than those from the community.

Reasons for incarcerations

People who use drugs are in prison not only for use, possession, selling or trafficking of drugs but for other crimes as well- namely –petty theft (36.5%), burglary (9.0%), armed robbery (3.4%) and snatching (3.1%)- which they may have committed for money to support their drug use. Almost one in five (19.5%) are in prison for disturbing local peace – may be due to intoxication. Serious crimes like murder/ attempt to murder is reported by 5.9% and rape/ outraging modesty of women by 7.4%. No drug was significantly correlated with any type of crime.

Reasons for being sentenced	Ever	%(n=323)	This time	% (n=323)
Drug use	100	31	40	12.4
Possession of paraphernalia	18	5.6	1	0.3
Possession of drugs	65	20.1	15	4.6
Selling drugs	40	12.4	10	3.1
Transporting drugs	18	5.6	3	0.9
Disturbing local peace	63	19.5	35	10.8
Rash driving/driving without valid documents	18	5.6	0	0
Petty theft	118	36.5	109	33.7
Snatching	10	3.1	2	0.6
Burglary	29	9	17	5.3
Armed robbery/dacoity	11	3.4	3	0.9
Murder/attempt to murder	19	5.9	10	3.1
Rape /outraging modesty of women	24	7.4	28	8.7
Forgery/duping/blackmailing	1	0.3	1	0.3
Other	66	20.4	52	16.1

Drug use

Greater proportion of respondents from the prison reported ever using all drugs than those from the community. Significantly greater proportion from the prison had ever used alcohol (93.8%:90.7%), cannabis (65.6%:56.6%), pharmaceutical opioids (77.1%:69.8%), sedatives (62.8%:56.8%), volatile solvents (48.9%:38.7%), cocaine (4.0%:2.5%), ATS (6.5%:2%) & hallucinogens 91.9%:0.3%). Greater proportion also reported use of tobacco (97.2%:96.0), opium (21.7%:18.8%) and heroin (76.8%:65.8%); but the difference was not statistically significant.

Drugs ever used	Frequency	Prison%	Frequency	Community	P-value
Tobacco	314	97.2	2527	96.0	0.11
Alcohol	303	93.8	2387	90.7	0.02
Cannabis	212	65.6	1490	56.6	0.00
Opium	70	21.7	495	18.8	0.12
Heroin	248	76.8	1732	65.8	6.6
Pharmaceutical opioids	249	77.1	1837	69.8	0.00
Sedatives	203	62.8	1496	56.8	0.00
Volatile solvents	158	48.9	1018	38.7	0.00
Cocaine	13	4.0	65	2.5	0.09
ATS	21	6.5	52	2	0.00
Hallucinogens	6	1.9	8	0.3	0.02

Initiation

While the respondents from both the prisons and the community initiated into use of tobacco (15.0), volatile solvents, (15.0), alcohol (16.0), injecting drug use (19.0), sedatives (20.0), heroin (21.0) and cocaine (21.0) at the same median ages, initiation into cannabis (18.0: 17.0), opium (21.0:20.0), hallucinogens (23.0:18.0) and ATS (28.0: 26.5) happened later among those from the prisons. Pharmaceutical opioids were initiated earlier by those from the prisons (18.0: 19.0).

Age of first use	Prison		Community	
	Median age	SD	Median age	SD
Tobacco	15	±3.8	15.0	±3.1
Volatile solvents	15	±4.5	15.0	±3.8
Alcohol	16	±4.1	16.0	±3.3
Cannabis	18	±4.3	17.0	±3.5
Pharmaceutical opioids	18	±4.8	19.0	±3.8
Injecting	19	±4.4	19.0	±3.3
Sedatives	20	±4.9	20.0	±4.6
Opium	21	±5.9	20.0	±4.9
Heroin	21	±5.5	21.0	±5.3
Cocaine	21	±5.4	21.0	±5.4
Hallucinogens	23	±7.4	18.0	±5.6
ATS	28	±6.0	26.5	±5.5

While most of them had already initiated with the drugs prior to being in prison- 2.0% of those who ever used alcohol and 2.4% of the ever cannabis users reported initiating in custody. Among those who had ever used opium, 31.4% had started using it after being released from prison, 17.3% of the ever users of heroin and 7.2% of those who had used pharmaceutical opioids ever reported similarly. Among the ever users of cocaine and ATS-30.8% and 42.9% respectively, had initiated their use after being released from prison or police custody. Thus indicating that the initiation may have been influenced by their stay in prison-where they could have learnt about the drugs from 'experienced users'.

While, 90.1% of those who were using tobacco before coming to the prison continued use, 24.6% of the cannabis users, 8.3% of those who were using heroin before prison and 2.8% of the pharmaceutical opioid users reported similarly.

Drugs used in the last 1 year	Ever use	Before coming to prison		While in prison this time	
	Frequency	Frequency	%	Frequency	%
Tobacco	314	312	99.4	281	90.1
Alcohol	303	271	89.4	6	2.2
Cannabis	212	114	53.8	28	24.6
Opium	70	25	35.7	0	0.0
Heroin	248	216	87.1	18	8.3
Pharmaceutical opioids	249	71	28.5	2	2.8
Sedatives	203	140	69.0	6	4.3
Volatile solvents	158	18	11.4	0	0.0
Cocaine	13	1	7.7	0	0.0
ATS	21	8	38.1	0	0.0
Hallucinogens	6	0	0.0	0	0.0

When asked about dependence, 62.4% of those who had been dependent on heroin before coming to the prisons reported meeting the criteria for dependence on it while in prison. One fifth (20.0%) of those dependent on alcohol, 23.8% on cannabis, 7.5% on pharmaceutical opioids and 6.3% on opium continued to be dependent in prison. This indicates the need for diagnosis and medical management of dependence within the prisons. In case dependence is un-treated, demand for the drugs within the prison will continue making it difficult to restrict their supply.

Dependence	Before prison	% (n= ever use of the same drug)	In prison within the last one year	% (n=dependence before prison)
Tobacco	80	26.4	65	81.3
Alcohol	70	33.0	14	20.0
Cannabis	21	30.0	5	23.8
Opium	16	6.5	1	6.3
Heroin	165	66.3	103	62.4
Pharmaceutical opioids	93	45.8	7	7.5
Sedatives	38	24.1	0	0.0
Volatile solvents	6	46.2	1	16.7
Cocaine	0	0.0	0	0
ATS	2	33.3	1	50.0
Hallucinogens	0	0.0	0	0.0

Injecting drug use

Though initiation into injecting for both -those in prison and those out in the community occurred at the median age of 19.0 years, greater proportion from the prisons had ever injected (87.9%:78.4%) any drugs. Among the respondents from prison, 7.4% reported initiation after being released from custody and 0.7 reported starting to inject while in prison.

Among the respondents from the community who were ever sentenced 28.5% had used some drugs and 19.2% had injected drugs while in custody.

Among the ever injectors who continued to use heroin in the last one year before coming to prison, 6.7% reported using heroin in prison at least once in the last one year.

These are evidences of injecting drug use within the prisons and since it has significant health consequences need for treatment services within prison premises is indicated. Treatment services may begin inside or outside the prison but should be linked and continued.

Majority in both type of respondents reported dextro-propoxyphene (58.8%:56.6%) as the first drug injected followed by heroin (39.1%: 42.8%).

While, a little over half (50.7%) of the ever injectors from the prisons had been using the same drug through any mode during the last one month, 80.6% of the ever injectors from the community reported the same. Sharing during that first time was reported by 21.8% of those from prison as against 24.1% from the community.

Out of the 16 who had ever injected during their stay in prison 62.5 % reported sharing during their stay in the prison and 56.3% had shared within the last 3 months before the interview. Among the respondents from prison 56.3% had ever received treatment for drug related problems and currently, 1.9% (6/323) were receiving any form of treatment within the prison.

Evidence based and human rights oriented treatment services including needle syringe programmes and OST needed in all prisons.

Among the respondents 14.9% reported being diagnosed with some mental illness in the last one year. This is common among incarcerated population. Thus, provisions for screening and treatment for mental health related issues will be required.

11. Recommendations

Evidence generation

1. Data collection on drugs being used and profile of people using it should be a continuous process. Network of people using drugs should be involved at every stage of the process.
2. Administrative systems need to ensure that alcohol and other drug use and consequences related data is collected and made easily available for assessment- especially from the educational institutes, government hospitals and the law enforcement agencies.
3. A study on drug use among minors (i.e below 18 years) and its consequences need to be conducted
4. A more focused study on alcohol use and effects of prohibition and lifting of it needs to be conducted for scientific understanding of related issues and appropriate policy making.

Policy related

5. State level action plan to deal with drug related issues need to be developed involving multiple stakeholders and delineating their roles and responsibilities
6. Suitable and attractive, income generation programmes for adolescents and youths –especially for women at risk need to be designed and made available and accessible across the state.
7. Need to advocate among community leaders, law enforcement agencies and service providers for reduction of stigma and maintenance of confidentiality to facilitate treatment and related service uptake
8. Advocacy with government hospitals and health care centres to ensure availability and accessibility of Naloxone in times of overdose and reduction of legal hassles to facilitate fearless reporting of overdose is required
9. Advocate for change in law and related policies to reduce criminalisation of people who use drugs and facilitate treatment and related service uptake. This will also help reduce burden on the prisons and law enforcement systems
10. Advocate for providing evidence based and human rights oriented treatment services like needle syringe programme and OST in prisons

Prevention

11. Evidence based and strategic early preventive intervention need to be initiated all-across the state- linking it with education, environment & climate change initiatives, sports will further help in effectiveness and sustainability
12. Dropping out early from schools is correlated to early drug use and conflict with the law. Interventions to bring back early dropouts to school

and enable them to continue education will help reduce drug use and crime.

13. Appropriate preventive and educative information, education and communication materials need to be developed and circulated.

Treatment and related services

14. Need to reach out to people who use drugs on a regular basis, even if they are not injecting or injecting irregularly. Outreach should be included as a planned & strategic activity in drug treatment services
15. Outreach based education needs to also include information, awareness and education on safer injecting even to people who are currently using drugs through non-injecting route, especially if they are using opioids (heroin, dextro-propoxyphene based drugs).
16. Coordination and collaboration with harm reduction services under the State AIDS Control Society is needed to keep track of people who are switching from non-injecting to injecting and vice versa so that there is a continuous cover of protective services.
17. Education and provisions for safer injecting (new needles and syringes) and safer sex (condoms) -either directly or through networking with other government agencies needs to be made available as and when required
18. Evidence based treatment for opioid (heroin and pharmaceutical drugs) dependence like OST needs to be provided to prevent non- injectors and irregular injectors from switching to regular injecting mode of drug use. Such treatment options should also be made available in prisons
19. Provisions for treatment of alcohol and tobacco dependence need to be in place.
20. Specialised treatment services for stimulants like cocaine and ATS need to be made available and accessible.
21. Special treatment provisions appropriate for women who use drugs need to be made easily available and accessible across all districts- such treatment services should also have provisions for admitting children of mothers seeking treatment
22. Awareness regarding causes and risk factors of overdose needs to be provided as part of all preventive intervention among those not using drugs and education of those who are currently using, through whatever, mode.
23. Network of people who use drugs need to set up self help groups especially for overdose response
24. Contents of preventive interventions and education of people who use drugs should include legal issues and provisions for support available.
25. Legal support for those arrested and in case of continued court cases is required for people who cannot afford it.
26. Legal support should also be provided to people who experience violence and sexual abuse
27. Education on violence and provisions for accessible legal protection are needed.

28. For survivors of violence, provisions for specialised counselling (including trauma counselling, counselling for legal support, couple counselling) and accompanied referral- including reporting to the police and legal aid services need to be organised.
29. Create / establish SHGs and crisis support systems for reducing violence against people who use drugs.
30. Provisions for testing for tuberculosis, hepatitis (especially hepatitis-C) and liver diseases among people who use drugs need to be included as part of drug treatment services.
31. Education on mental health issues and other comorbidities need to be included for people who use drugs as well as their service providers
32. Early identification and treatment of comorbid mental health issues need to be ensured – both in the community and in the prisons

Capacity building& education

33. Capacity of the service providers need to be built to provide outreach based education and related services to people who use drugs but are currently not injecting
34. Capacity of the treatment providers to be built for providing specialised treatment and care for tobacco, alcohol, and stimulant use disorders
35. Capacity of the treatment providers need to be built on providing drug treatment services to women and children
36. Treatment providers need to be trained on early diagnosis and treatment of mental health comorbidities among people who use drugs
37. People who use drugs- their immediate family members and the service providers need training on identification of overdose and evidence based support to be provided in case of one.
38. Simple educational and ready referral materials on 'what to do in case of overdose' should be developed and made available for family members, service providers and self-help group members. Such materials need to include helpline numbers too

Networking

39. Involve the Church and other faith based organisations in planning, execution and monitoring of evidence based- health and human rights oriented drug treatment services
40. Involve organisations like Young Mizo Association in advocacy, policy development and implementation of evidence based health and human rights oriented interventions
41. Network of people who use drugs need to be involved in:
 - data collection, analysis and reporting of issues
 - SHGs for prevention and crisis intervention in case of overdose, legal issues, violence and stigmatizationFinancial as well as logistic support needs to be provided to such networks for effective interventions.