

CHILDREN AT RISK

# **Lost in the Haze** A study on substance abuse amongst children

**Publication:** Lost in the Haze: A Study on Substance abuse amongst children

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“A nation-wide phone outreach emergency helpline for children in need of care and protection. Project supported by the Union Ministry of Women and Child Development.”



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Bangkim Chingsubam  
Principal Investigator

## ABBREVIATIONS & ACRONYMS

<b>AIDS</b>	<b>:</b>	<b>Acquired Immuno Deficiency Syndrome</b>
<b>BBVs</b>	<b>:</b>	<b>Blood Borne Virus (s)</b>
<b>CBO</b>	<b>:</b>	<b>Community Based Organization</b>
<b>CHR</b>	<b>:</b>	<b>Centre for Harm Reduction</b>
<b>DIC</b>	<b>:</b>	<b>Drop in Centre</b>
<b>DUs</b>	<b>:</b>	<b>Drug user(s)</b>
<b>ESEWOSSA</b>	<b>:</b>	<b>Educated &amp; Self Employs Women’s Social Service Association</b>
<b>FGD</b>	<b>:</b>	<b>Focus Group Discussion</b>
<b>GOs</b>	<b>:</b>	<b>Government officials</b>
<b>HCV</b>	<b>:</b>	<b>Hepatitis C Virus</b>
<b>HIV</b>	<b>:</b>	<b>Human Immuno Deficiency Virus</b>
<b>IDI</b>	<b>:</b>	<b>In depth Interview</b>
<b>IDUs</b>	<b>:</b>	<b>Injecting Drug user(s)</b>
<b>KII</b>	<b>:</b>	<b>Key informant interview</b>
<b>Kg</b>	<b>:</b>	<b>Kilogram</b>
<b>KP</b>	<b>:</b>	<b>Key Population (Drug user community)</b>
<b>MSACS/MACS:</b>		<b>Manipur State AIDS Control Society</b>
<b>NA</b>	<b>:</b>	<b>Narcotics Anonymous</b>
<b>NGO</b>	<b>:</b>	<b>Non-Governmental Organization</b>
<b>N/S</b>	<b>:</b>	<b>Needle Syringe</b>
<b>NSEP</b>	<b>:</b>	<b>Needle Syringe Exchange Program</b>
<b>PM</b>	<b>:</b>	<b>Per month</b>
<b>SASO</b>	<b>:</b>	<b>Social Awareness Service Organization</b>
<b>SP</b>	<b>:</b>	<b>Spasmo Proxyvon</b>
<b>STI</b>	<b>:</b>	<b>Sexually Transmitted infection</b>
<b>TIs</b>	<b>:</b>	<b>Targeted Interventions</b>

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## FOREWORD

CHILDLINE India Foundation (CIF) is pleased to release the “Children at Risk” series of publications. These publications comprise findings of original social research on specific communities of vulnerable children.

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Over the past few years, the CHILDLINE Network has reported hundreds of thousands of cases of children in distress. In many cases, we come across cases of children who are trapped in unique situations- situations that not only need to be addressed in terms of statutes but also require special interventions. Children from across the Indo-Bangladesh border, Children in Mining, Mentally Challenged Children and Children addicted to Substance Abuse are amongst these communities. In these groups, rights of children are not only routinely abused but the solution requires cross-support from a number of agencies and ministries. We call these groups “Children at Risk”.

As a distress response network the CHILDLINE 1098 toll-free nationwide service, which currently receives over two million calls a year, our objective in conducting these studies is more to facilitate the attention of organizations that work with such issues to also consider focusing attention on children impacted by these issues.

Our findings suggest that Child Protection initiatives among these children require a deeper understanding of their circumstances and the factors that impact them most in their vulnerabilities. It is to address this need that CIF commissioned social researches. They are illustrative of the issues rather than representative at a national level. By no means are they to be considered as indicative of the size and structure of these communities across India.

We hope to partner with agencies and government bodies in developing intervention solutions to these children. We are very keen to obtain feedback from organizations who work with such children so that we can fashion effective intervention strategies.

Do write in to us.



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## EXECUTIVE SUMMARY

Children who use drugs are often hidden and cannot come forward for various existing services. The existing intervention programs for drug abusers that are established, are primarily targeted towards adult male drug users with limited attempts to reach out and work with child drug users. This invisibility is reflected in the research literature. These factors place children who use drugs at a greater risk of various health and social problems, more than other vulnerable groups in the community. For children using drugs, the impact can be on education, mental health and other adverse health related issues including HIV/AIDS. Protecting themselves from health related issues like HIV and other blood borne virus is often not a priority for these children.

This study was conducted with an aim to describe the situation and needs of children, less than eighteen years of age, using drugs in the state of Manipur. It was designed to increase understanding of the contextual factors associated with initiation into drug use among children including injecting-drugs-users below 18 years of age; and the influence of these factors on drug abuse. Understanding the pathways to drug use, socio-economic conditions and determinants will assist in identification of groups at risk of initiation into substance use, as well as the mechanisms/processes of initiation. Improved understanding of these issues will assist in developing preventive interventions that can better target the needs of this mostly neglected vulnerable group.

The study adopted qualitative and quantitative methods of data collection. The sample size of the study was 220 participants. Since this population group is hard to reach, a response driven sampling approach was used along with a snowballing method through the use of peers. *In-depth interviews* and *Focus Group Discussions (FGDs)* in every proposed district were other sources of primary data. Review of literatures along with *Key Informant interviews (KIs)* was undertaken to substantiate the findings of the primary data.

This study identified that drug use among children is widespread in the state of Manipur. Even though most of the children were initiated with commonly available drugs perceived to be milder due to the absence of immediate adverse health consequences, a progress towards an initiation of 'harder' drugs (*Spasmo-Proxyvon (S.P.)*, heroin and diazepam) often followed which commonly resulted into an established addictive behavior pattern. These findings clearly show an urgent need

for intervention and prevention programs to address future deterioration of health, education and socio-economic conditions among this vulnerable group of children.

Most importantly, findings from this study will also highlight opportunities for designing effective intervention preventions program in the earlier 'career' of young people that have started using drugs, and can be used to inform and enhance social and political advocacy for drug abuse prevention

## BACKGROUND AND RATIONALE

The National Survey on Drug Abuse, 2004 (includes Rapid Assessment Survey, Drug Abuse Monitoring System and National Household survey) shows that out of the children who came for drug treatment to various NGOs, 63.3% were introduced to drugs below 15 years of age. According to the Rapid Assessment Survey<sup>1</sup>, Drug Abuse Monitoring System<sup>2</sup> and a National Household Survey<sup>3</sup>, among those involved in drug and substance use in India, 13.1% are below 20 years. Heroin, opium, alcohol, cannabis and propoxyphene were the five common drugs used by children in India, and among the alcohol, cannabis and opium users about 21%, 3% and 0.1% respectively were below 18 years. About 20 million children aged 10-14 years are estimated to be tobacco dependent according to a 2004 survey done by National Sample Survey Organisation of the Government of India. Besides, this alarming figure, an estimated 55,000 new drug users children are added everyday, making two million new users every year. A WHO 2004, report states that if the current trend of addiction to tobacco continues then 250 million children alive today will die as a result of tobacco consumption.

Manipur is a small state in the north-eastern part of India, and it is known for a very high HIV prevalence rate among the *Injection Drug Users (IDUs)*. Manipur shares its international border with Myanmar (Burma) on the east; there is also close proximity with golden triangle<sup>4</sup>. During the early 80s, Manipur was one of the main drug trafficking routes for smuggling heroin to other states as other countries. Myanmar is known for being a high opium and heroin producing country since early 80s. During the 1990's the HIV prevalence among the IDUs was 90%. In 2007 the HIV prevalence among IDUs was reported at 43.48% following more than a decade of Harm Reduction programs implemented by the state government. In spite of ongoing harm reduction intervention prevention programs targeting drug users, the sharing

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<sup>1</sup>The multi site RAS attempted to obtain data from hidden and otherwise inaccessible drug users in the community

<sup>2</sup>Data is obtained from the centers funded by the Ministry of Social Justice and Empowerment (MSJE), Ministry of Health and Family Welfare (MOHFW) and others providing services to drug users

<sup>3</sup>National Household Survey proposed to study prevalence of various licit and illicit substances for the country and Socio-demographic correlates of drug abuse.

<sup>4</sup>The **Golden Triangle** is one of Asia's two main illicit opium-producing areas. It is an area of around 350,000 square kilometres that overlaps the mountains of four countries of Southeast Asia: Myanmar (Burma), Laos, Vietnam, and Thailand

of injecting equipment has been reportedly increasing among the youth that do not have specific services to address their needs on such issues. This particular study will try to explore drug use and its related issues among children under eighteen years of age in the state of Manipur.

The state of Manipur is geographically divided between valley and hilly regions and has 9 districts (4 Valley and 5 hilly) viz Imphal East, Imphal West, Bishnupur, Thoubal, Churachandpur, Chandel, Senapati, Ukhrul and Tamenglong. The 4 valley districts are mainly inhabited by Meiteis (Hindu and non Hindu) while the other 5 hilly districts are inhabited by 29 tribes which belong to various ethnic communities. The state is plagued by ethnic conflict, armed civil insurgency, a heavy military presence and high unemployment among youths. Drug use has become a unique challenge, as the availability and consumption of drugs have destroyed lives, families and communities at large. Drug use has contributed significantly to the growth of a HIV epidemic in this state. National AIDS Control Organisation (NACO) classified Manipur as one of the sixth highest HIV prevalent state in India that make up 0.4% of India's population, but account for 3.0% of cumulative AIDS cases. Injecting drug use is a serious public health issue in this state, where heroin and Spasmo-Proxyvon (a synthetic opioid analgesic) are the most commonly injected drugs. Injecting drug use is one of the major routes of HIV transmission. Sentinel surveillance data estimates that HIV prevalence among injecting drug users (IDUs) in Manipur in the year 2005 was 24%.

Currently the HIV epidemic is no longer confined to one particular high risk group as more than 29.04% are HIV positive among heterosexuals, 43.48% among IDUs, 0.26% among Men having Sex with Men (MSM) and also > 1.52% HIV prevalence is reported among antenatal attendees in the state (Manipur AIDS Control Society, October 2007).

In Manipur, there are more than twenty drug de-addiction and rehabilitation centres under Government of India, not including the district de-addiction centres that are under the State Government of Manipur. In all such facilities it is reported that the relapse rates remain very high (90%).

Various agencies estimate high numbers of IDUs in Manipur since the early 1990s (an estimated 50,000 by Manipur Voluntary Health Association (MVHA)). UNESCO Rapid Situation Assessment (2000), study found an estimated 14,000 IDUs in Imphal alone.

NACO estimates that out of approximately 2% of the population engaged in injecting drug use in Manipur, mostly are male, and the socio demographic profile of the IDUs differ substantially from those found in other parts of India. IDUs in the north-east

are more likely to be well-educated, young, and among those who are living with their families. The proportion of IDUs in north-east India who are female IDUs is estimated to be around 7%. Almost half of IDUs in Manipur (47%) are initiated into injecting before or below the age of 21 years (compared to 24% for India), and 86% by 26 years (compared to 56% for India).

The existing HIV/AIDS intervention and prevention programs in Manipur aim to reduce the risk of *blood borne virus (BBVs)* infection among IDUs by offering a range of Harm Reduction services including needle and syringe and condom promotion. However, these programs are constrained in what they are able to achieve in the state as a result of pervasive and deeply felt social conservatism. There is also an absence of interventions to address upstream (social vulnerability, transitional stage) factors that contribute to children's decision to drug use or inject drugs. Glue sniffing and chewing tobacco is a commonly found drug among children but programs to address these issues do not currently exist. Hence, transitioning from glue sniffing/chewing tobacco to harder drugs (SP, Heroin etc) use has been common among the children of Manipur.

The Recent study findings among the young drug users conducted by Australian International Health Institute (AIHI) in Manipur and Nagaland shows that, initiation into injecting drug use occurred at below 20 years of age. Out of 200 young IDUs (age 18 to 26 years) the most commonly injected drugs were Spasmo-proxyvon (65.5%) and heroin (30.5%). In 53.5% of cases, a needle belonging to someone else was used for injecting a drug. Two-thirds (66.7%) had used the drug previously, and 91.0% had known other IDUs prior to initiation (mean = 7.5 others). The first injection was usually administered by another person (94.5%), mostly a friend (84.1%). Drug use initiation is a social event; 98% had initiated having others present. Initiation of others was independently associated with being male and unemployed; having IDU friends and using alcohol around the time of initiation; and having been taught to inject and not paid for the drug at the time of initiation. (AIHI & Project ORCHID Report, 2006).

Most drug users at risk and most in need of intervention, prevention, treatment and care programmes are those least likely to have access to these services. There is very limited number of programmes specifically designed to reach them. Additionally drug users often face discrimination, stigma and in some cases even criminal prosecution by the societies they live in.

## OBJECTIVES AND METHODOLOGY OF THE STUDY

### Objectives:

- To identify socio-economic conditions that contribute to risk of children initiating into substance abuse.
- To understand the drug abuse and risk associated behaviors among children below eighteen years of age.
- To help in designing prevention interventions which can better target the long neglected vulnerable group of children.
- To highlight opportunities for designing effective intervention preventions program in the earlier 'career' of children who have started using drugs.
- To facilitate in advocating drug abuse prevention intervention program specifically for children.
- To inform and enhance social and political advocacy for HIV prevention in the larger social context.

### Methodology:

This study was conducted among children in Manipur covering 7 districts between November 2007 and February 2008 in collaboration with NGOs- drug treatment and rehabilitation centres working in drug use and HIV/AIDS related issues namely: Social Awareness Service Organisation (SASO); Manipur Network of Positive People (MNP+), Kripa Foundation, in Imphal East & West, Lifeline Foundation and MNP+ district network in Thoubal district, Sahara and Shalom in the Churachandpur district, ESEWOSSA and Dedicated People's Union (DPU) in Bishenpur district, MNP+ district network in Ukhrul district and SASO in Chandel district. These NGOs provide a range of services for IDUs including needle and syringe programs through Outreach and Drop-in-center (DIC) based peer education, primary health care, care and support, counselling, drug substitution therapy and detoxification services.

The study was initiated with a workshop among functionaries and service providers of NGOs, GOs, CBOs and Medical professionals along with the research team which formulated the tools to be used which included a range of qualitative methods and a survey. Seventeen field outreach workers were identified and trained from the various districts to recruit participants during the process of data collection.

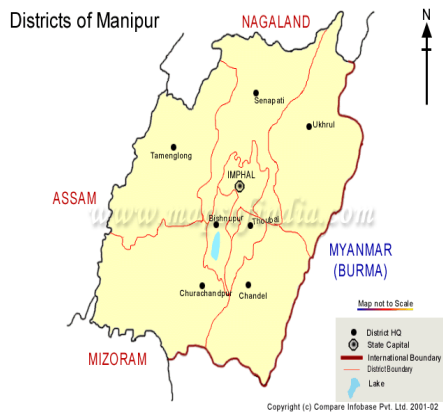
- A total of 220 DUs aged  $\leq 18$  years were surveyed. A DU was defined as a person who has used any kind of illicit drugs within the last two to three years. The sampling approach used a combination of convenience and snowball sampling through ORWs from various NGOs working in drug use related issues in the state.
- A total of 5 Focus Group Discussions were conducted in 5 different districts.
- Key Informant (KI) interviews were conducted from Law Enforcement Agencies, School Authorities, NGO service providers, and Parents of drug using children. The respondents were identified and consented to participate. A token incentive was provided for their valuable time for the survey.
- Additionally In-depth Interviews (IDI) were conducted on drug abusing children covering all the 7 districts.

Qualitative research data from the In-depth interviews (IDIs), Key informant interviews (KIs), and Focus group discussions (FGDs) were recorded by using Dictaphone and taking notes to ensure accurate transcription. Qualitative responses obtained from FGDs, IDIs and KIs were transcribed and translated within a short time following the collection of information. For quantitative data, the study team set up the frames for data entry with the help of a specialist. Quantitative data was analyzed using the SPSS 11.0 data analysis software package. The principal investigator monitored the quantitative data entry and ensured that one in every five questionnaires was verified against data entry.

**Ethical Concerns** - Ethical norms were followed for all the activities carried out during the study period. Interviews and Focus Group Discussions were conducted only after obtaining informed consent. (Annexure 1) Privacy, Anonymity and Confidentiality of study participants was ensured and maintained. A two stage consent procedure was adopted while recruiting study participants. In the first stage potential study participants were approached by a peer or a known service provider who informed them about the study and sought their consent orally to participate. If consent was provided the individual was approached by a study team member who explained in greater detail the objectives of the study and obtained formal written consent from the individual. Once data was collected, the anonymity and confidentiality of study

participants was strictly maintained and stored in a secure place. This data was accessible only to the study team. An identification code was used to identify data of each study participant and the link between participant's names and the identification code was kept separately in a secure place. Tape recordings or photographs were taken only after the study participants had consented. No cash incentives were provided to the participants but food and refreshments were offered after the interview. Study participants recruited for the research were reassured that their participation or non-participation in the study will in no way affect the health care they are seeking.

**Fig.1 Study sites:**



**Limitations** - Findings may not be representative of all the children using drugs in Manipur, but rather, only those who were approached and consented to being interviewed. As a result of the two-tiered consent taking procedure, we were unable to assess the characteristics of those who did not consent to participate when approached by peers or service providers since they didn't want to disclose their drug abuse identity. It is possible that those who use drugs most clandestinely have been missed. Hence we acknowledge that study findings are likely to be biased towards those who were more open about their drug use. There was also a limited time frame and lack of NGOs, CBOs working on drug use issues especially among children less than eighteen years of age. Also, two districts had to be left out due to unavailability of OWRs for the survey. A lack of references on drug use among children did not allow sufficient cross referencing which could have facilitated more qualitative analysis of the study.



## KEYS FINDINGS AND DISCUSSION

**3.1: Personal details (Socio-demographic profile of study participants):** Table 1 presents a socio-demographic profile of survey respondents.

**3.1.1** Findings suggested that the range of children included in the study was from 14 to 18 years (N=220). Among them, the highest number of children were aged 17 years (N=90) which accounted for 40.4 of the total study sample. The youngest respondents in the study were 14 years (N = 2, 0.90%) and the oldest ones were 18 years of age (N = 82, 37.27%). The mean age of the children in the study was 17.

**3.1.2** Out of the 220 samples, there were 205 male children (93.2%) and 15 females (6.8%). Lack of peer group for females and less female children accessing any sort of services contributed to less number of female respondents in the study sample.

**3.1.3** Almost half of the respondents were Hindus-99 (45.0%), 33 Muslims (15%) and 82 Christians (37.3%). Others included 6 respondents of other religions (2.7%) including non Hindu Meiteisms, and Buddhist.

**3.1.4** Almost half of the respondents were Meiteis (N = 108, 49.1%), Meitei Pangals constituted 14.1% (N=31) and Nagas constituted 7.7% (N=17) while Kukis were 6.4% (N=140) and other ethnic groups constituted 22.7% (N=50) which include Paite, Kom, Hmar, Zou.

The numbers of the respondents need not directly relate with the concentration of drug using children religion and ethnic wise as the districts covered in the study may have impacted on the data collection.

Table:1	
Description	Percentages %
<b>Age</b>	
14	0.9%
15	4.1 %
16	17.3 %
17	40.4%
18	37.3%
Mean age	18
<b>Sex</b>	
Male	98.2 %
Female	6.8%
<b>Religion</b>	
Christian	37.3%
Hindu	45.0 %
Muslim	15.0 %
Others: (non Hindu Meities/ Buddhist)	2.7% *
<b>Ethnicity</b>	
Kuki	6.4 %
Meitei	49.1%
Meitei Pangal (Muslims)	14.1 %
Naga	7.7 %
Other (Hmar, Kom & Paite)	22.7 %
<b>Education</b>	
No formal education	4.1 %
Up to class 5	1.4 %
Class 6 to 10	31.8 %
Class 11 to 12	25.9 %
Drop out (in between academic session)	36.8%
<b>Marital status</b>	
Unmarried	93.2 %
Married	4.5 %
Separated/Divorce	2.3 %
<b>Employment</b>	
Daily wage	10.4 %
Self employed	4.1 %
Private job	3.2 %
Unemployed	82.3 %
<b>Average monthly income</b>	
> Rs. 500	4.1 %
Rs. 501 – 1000	1.8 %
Rs. 1001 – 2000	6.8 %
Rs. 2001 – 3000	5.0 %
No income	82.3 %

**3.1.5:** When examining education achievements 57 of the respondents were in standard XI and XII (25.9%), and 9 of them never ever attended any formal education (4.1%),

3 of the respondents studied upto standard V (1.4%) and another 70 studying in standard VI to X (31.8%). A majority of them (36.8%) dropped out in between academic sessions due to various reasons including financial constraints of the family, repeated failure, drug use related problems.

**3.1.6:** Most of the respondents were unmarried 205 (93.20%) and 10 of the participants were ever married (4.50%) and 5 of the unmarried respondents were separated or divorced (2.30%).

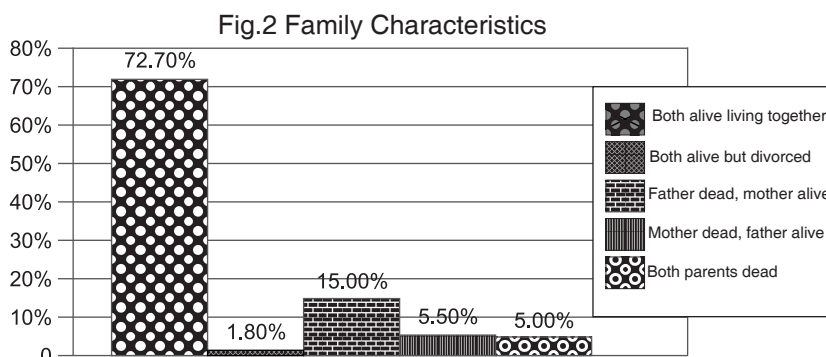
**3.1.7:** A large number of the respondents were not earning and were not employed in any form, 181, (82.3%) and among those earning, (N = 39), there were 23 daily wage earners (10.4%), 9 of them were self employed (4.1%), 7 of them were engaged in private jobs (3.2%).

24 respondents were engaged in part time jobs (61.5%) whereas 15 of them were in full time jobs (38.5%). 39% of the respondents had monthly income in the bracket of Rs.1001-2000, followed by 28% of them earning Rs. 2001-3000 and another 23% of respondents earning less than Rs. 500 and a few of them (10%) earning Rs. 501-1000.

**3.1.8:** When asked about their immediate goal in the next 4 years, the highest number responded as further education, 69 (31.4%), another 47 (21.4%) responded career. 35 (15.9%) wanted to give up drugs and another 36 (16.4%) said they have no special plan. 8 (3.6%) of them wanted to get married and another 4 (1.8%) responded of wanting to be just relaxed. 21(9.5%) of the respondents responded as the other category which included, to win back trust of family members and friends, to be involve in drug use related services and doing some social work.

## **3.2: Socio-demographic profile of family**

**3.2.1:** Majority of respondents had both parents and lived with them (N=151) 68.6%. Out of the total study sample, 38 respondents stayed with their mother only (17.35%) and 20 stayed with their father only (9.1%). 4 respondents stayed with their fiancé or wife (1.8%). A single respondent stayed with friends and 3 lived alone (1.4%). Among the total study sample 126 had brothers and sisters staying with them (57.3%) and 20 had relatives staying with them (9.1%). 10 participants were currently staying away from home (4.5%). The biggest family size was 15 of which there was 1 respondent and the smallest size was 2 of which there was 1 respondent. Highest no. of respondents has 5 family members (N=62), 28.2% followed by 7 members (N=47, 21.4%) and 6 members (N=40, 18.2%).



**3.2.2:** Among the respondents, 194 of them stayed in their own house (88.2%) and 26 of them didn't have a house of their own (11.8%). For those respondents having own houses, 117 had a Semi-pucca ones (60%), 46 of them had Kuchha mud houses (24%) and another 31 lived in Pucca brick houses (16%).

*'I was very good student. My family was not able to give school fees when I was in class VIII. Because of that I wasn't allowed to give exam. At that time one of my friends was using SP. I always used to advise him to stop using but that day I was very sad and depressed. To cope up with that, I took 2 tablets from my friend and after that I also started using regularly with him.'* – 15 years old boy from Imphal East

**3.2.3:** 179 of them had migrated from another places (81.4%) while the rest 41 were staying in their native place (18.6%).

**3.2.3:** More than half of the respondents have parents who were alive and living together (N=160, 72.7%). 33 of them had their mother alive but father deceased (15%) and another 12 respondents have their father alive but mother deceased (5.5%). There were 11 respondents where both parents had died (5.0%). Very few of them both their parents living but divorced (N = 4, 1.8%).

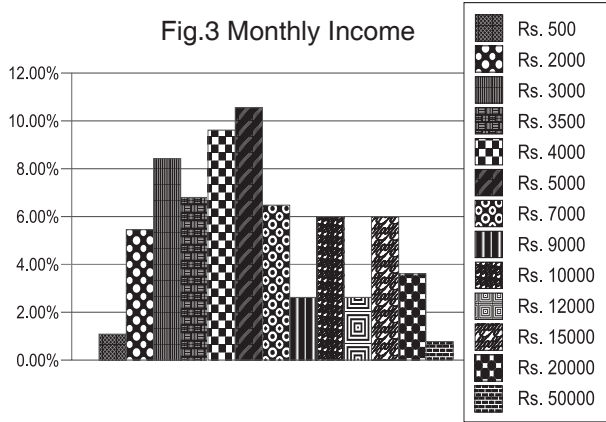
**3.2.4:** The mothers of around one-third respondents had not obtained any formal education (N=76, 34.5%) There were almost equal no. of respondents 36 and 37 respectively where mothers had studied up -to primary and middle school (16.4% & 16.8%). Mothers of 40 (18.2%) respondents had studied up-to high school and 19 (8.6%) mothers were university graduates. 12 (5.5%) respondents did not know their mother's qualification.

Fathers of 31.8% (N=70) respondents had studied up-to high school, 24.5% (N=54) were university graduates, 21.8% (N=48) had studied up-to middle school, 5.9% (N=13) had studied only up-to primary school and 7.7% (N=17) of them responded that they didn't know their father's education.

**3.2.5:** Almost half of the respondents had their main source of family income from government jobs (100, 45.5%) 38 from small family business (17.3%) and another 31 from agriculture (14.1%). Labour was the main family income for 24 respondents (10.9%) and 13 respondents had private jobs as their main family income (5.9%). 14 of the respondents had other sources as their family income (6.4%).

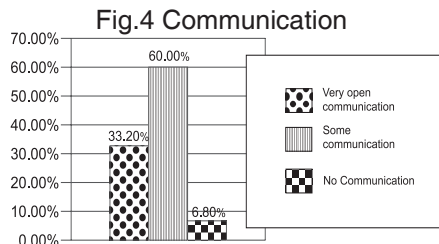
The monthly family income ranged from Rs. 500 to Rs. 50,000. Among them the highest no. of respondents (23, 10.5%) had monthly family income of Rs. 5000 per month (p.m.). Another 21 (9.5%) of them had

income of Rs. 4000 p.m. 18 (8.2%) of the respondents earned Rs. 3000 p.m and 15 (6.8%) of them got Rs. 3500 p.m. 14 of them had Rs. 7000 as their monthly family income (6.4%). There were 13 respondents each who has monthly family income of Rs. 10,000 and Rs. 15,000 (5.9% each) and another 12 who earned Rs. 2000 p.m. (5.5%) 8 of the respondents had a monthly family income of Rs. 20,000 (3.6%) and 6 respondents each who had family earning of Rs. 12,000 p.m. and Rs. 9,000 p.m. (2.7% each). There was only 1 respondent from a family with the highest income of Rs. 50,000p.m. (0.5%) and 2 of them who has a lowest monthly family income of Rs. 500 only (0.9%) There were also respondents in the other category with their families earning different income levels, which had few respondents each.

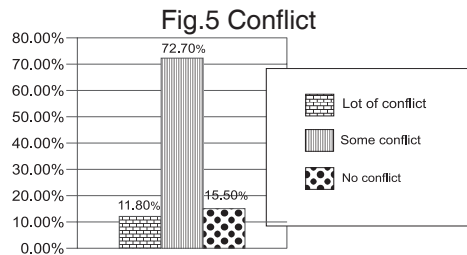


**3.3: Psycho-social relationship with family:**

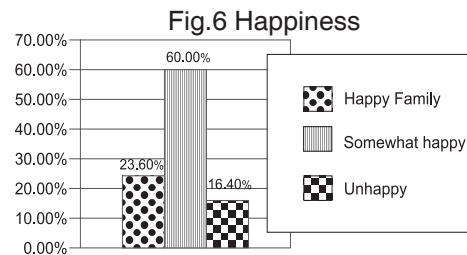
**3.3.1:** More than half of them responded of having some communication with their family members (132, 60%) and 73 (33.2%) of them had very open communication with their family members .15 (6.8%) of them responded of having almost no communication with their family.



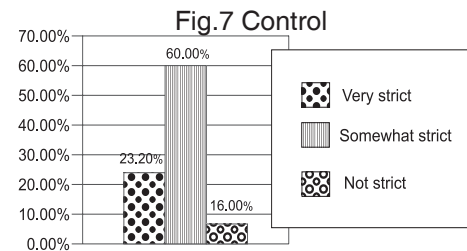
**3.3.2:** 160 (72.7%) respondents had some conflict with their family members and 26 (11.8%) responded of having a lot of conflict. 34 (15.5%) of the respondents said they have no conflict with their family members.



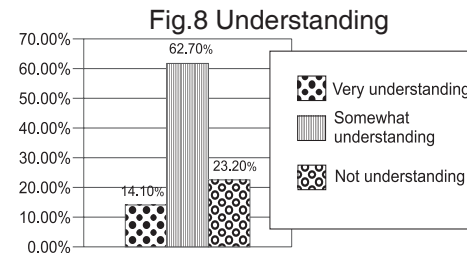
**3.3.3:** 132 (60%) respondents believed that they had somewhat happy family and 52 (23.6%) said they were a happy family. 36 (16.4%) of the respondents believed they had an unhappy family life.



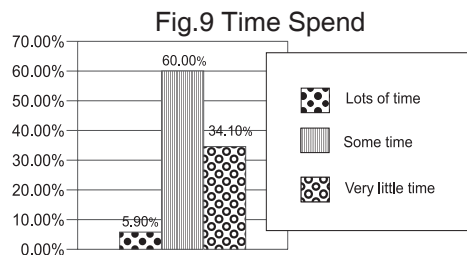
**3.3.4:** Highest number of respondents said their family was somewhat strict in controlling them 132 (60%) and another 51 (23.2%) said their family was very strict and 37 (16.8%) of them responded that their family was not strict at all with them.



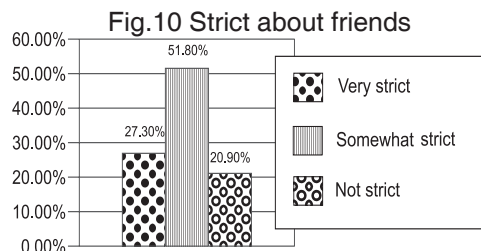
**3.3.5:** 138 (62.7%) of them responded of having a family that somewhat understood them, 31(14.1%) of them had a family that was very understanding and 51(23.2%) of the respondents said their family was not understanding.



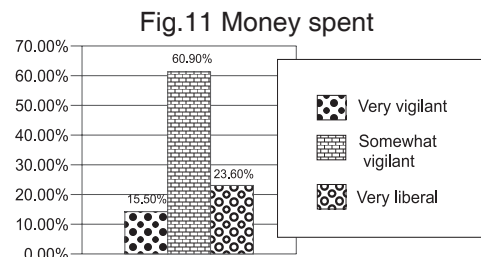
**3.3.6:** More than half of the respondents had family members spending sometime with them, 132 (60%) and another 13 (5.9%) had family members that spent lots of time with them. 75 (34.1%) of them responded that their family members spent very little time with them.



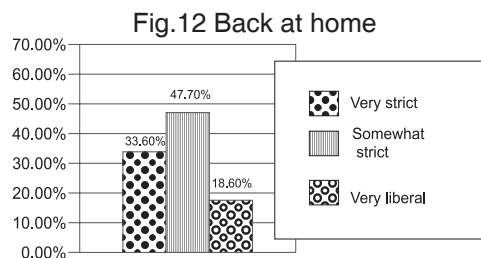
**3.3.7:** Half of the respondents (114, 51.8%) said their family was somewhat strict about who their friends were. 60 (27.3%) of them said their family was very strict about their friends and 46 (20.9%) of them responded that their family was not strict at all.



**3.3.8:** More than half of the respondents (134, 60.9%) had a family that was somewhat vigilant about how they spend money. 34 (15.5%) responded that their family was very vigilant on how they spend their money and 52 (23.6%) of them responded that their family was very liberal on how they spend their money.



**3.3.9:** Almost half of the respondents (105, 47.7%) said their family was somewhat strict about being back home and 74 (33.6%) said their family was very strict. 41 (18.6%) of the respondents said their family was very liberal on them being back home at night.



### 3.4: Peers drug use history

Among the respondents, the highest number of them, 76 (34.5%) had friends most of whom smoked and 63 (28.6%) of them had friends who all smoked. 49 (22.3%) of the respondents had few friends who smoked and 24 (10.9%) 2 of them said about half of their friends smoked. None of their friends smoked for 7 respondents (3.2%) and 1 respondent was not aware whether friends smoked or not (0.5%).

*'My family earns a living by selling liquor/alcohol. The family members know about my drug habits so I always have conflict with them; when I didn't have any money for my drugs I always stole and shall by any means'.*

*- 18 years respondent, class XI (Drop out) from Churachandpur.*

Among the respondents, 53 (24.1%) had a few friends that drank alcohol and 48 (21.8%) had friends who all drank alcohol. 45 (20.5%) of the respondents had friends,

most of whom drank alcohol and 36 (16.4%) of them said about half of their friends drank alcohol. None of their friends drank alcohol for 33 respondents (15.0%) and 5 respondents were not aware whether their friends drank alcohol or not (2.3%).

*'I always wanted to take drugs since my early childhood. There were elders in our locality taking drugs. Seeing them I always wanted to take drugs.'*  
 – 16 years old respondent from Imphal

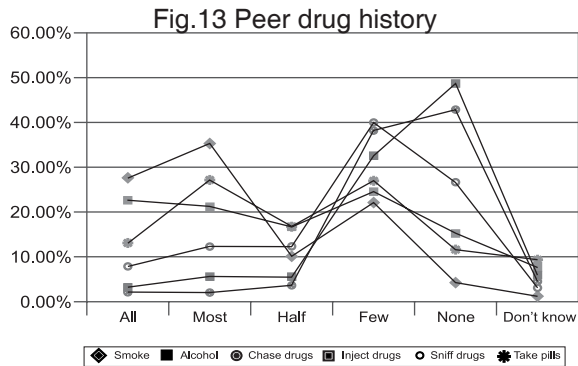
Among the respondents, the highest number of them, 96 (43.6%) had no friends who chased drugs (heroin) and 84 (38.2%) of them had few friends who chased drugs. 21 (9.5%) were not aware whether their friends chased drugs or not. 8 (3.6%) respondents had half of their friends who chased drugs and 7 (3.2%) of them said all of their friends chased drugs. 4 (1.8%) respondents said most of their friends chased drugs.

Among the respondents, none of their friends injected drugs for 108 respondents (49%), 11(5%) had friends most of whom injected drugs and 6 (2.7%) of them had friends who all injected drugs, 70 (31.8%) of the respondents had a few friends who injected drugs and 11(5.0%) of them said about half of their friends injected drugs and 14 (6.4%)

respondents were not aware whether friends injected drugs or not.

Among the respondents, highest number of them, 88 (40.0%) had few friends who sniffed drugs and 57 (25.9%) of them had no friends who sniffed drugs. 26 (11.8%) of the respondents had most of their friends who sniffed and 25 (11.4%) of them said about half of their friends sniffed. 17 respondents (7.7%) said that all of their friends sniffed drugs and 7 (3.2%) respondents were not aware whether their friends sniffed drugs or not.

59 (26.8%) respondents had few friends who took pills and 58 (26.4%) of them said most of their friends took pills, 36 (16.4%) of the respondents had about half of their friends who took pills and 28(12.7%) of them said all of their friends took pills. None of their friends took pills for 23 (10.5%) respondents and 16 (7.3%) respondents were not aware whether their friends took pills or not.



### 3.5: Drug use pattern:

**3.5.1:** There were 137 respondents who had someone in the family who took alcohol or drugs (62.3%) while the remaining 83 respondents has no one in the family who took alcohol or drugs (37.7%).

Amongst those who had someone in the family with alcohol or drug history, 11 respondents said their mother took it, (8%). 80 of them had their father taking either alcohol or drug (58%). 58 of the respondents had their brother taking it (42%). There was only 1 respondent each who had their sister and husband on alcohol or drug (0.7%). 58 of the respondents had other family members taking alcohol or drugs (42%).

Description (multiple response)	Percentages
Mother taking drugs/alcohol	8.0%
Father taking drugs/alcohol	58.0%
Brother taking drugs/alcohol	42.0%
Sister taking drugs/alcohol	0.7%
Husband taking drugs/alcohol	0.7%
Other family members taking drug/alcohol includes uncle, cousin, grandfather	3.6%

3.5.2: A large number of respondents, 177 said they had ever taken alcohol (80.5%), while 43 respondents had never taken alcohol (19.5%). The earliest age at which they have taken alcohol ranged from 7 years (N=1, 0.5%) to 17 years (N=14, 8%) The highest number of them started taking alcohol at the age of 14 (N=52, 29 %) followed by 13 years and 15 years with 38 respondents each (21% each). 25 of the respondents were initiated into alcohol at the age of 16 (14%), 6 of the respondents started taking alcohol at the age of 12 (4%) and 1 respondent each started taking alcohol at the age of 9, 10 and 11 years (0.5% each).

Age	Percentages
7	0.5%
9	0.5%
10	0.5
11	0.5%
12	3.9%
13	21.4%
14	29.3%
15	21.4%
16	14.0%
17	8.0%

*'I did not get proper care and love. My sister-in-law was very rude towards me and she really looked down upon me and sometimes did not give me any meals. So, I dropped school after having completed class IV as I could not afford uniform and books. As I was no longer in school, I started to loiter around some of the girls in my locality. My friends could afford and got all the things they wanted without their parents help. So, I become curious and started to question, how they got the money. My friends were all Sex workers (SWs) and they often told me how easily they could earn money by being SWs. I become a SW when I was 15 years and soon I started drinking and using drug at the age of 16'. – An 18 years old girl respondent from Churachandpur.*

Among the 177 respondents who had taken alcohol, more than half of them said they took it sometimes (107, 60.5%), 38 of the respondents took alcohol rarely (21.5%) and 32 of them responded taking alcohol often (18%).



**3.5.3:** A substantial number of respondents consumed Spasmo Proxyvon (S.P.) as their first substance used (N=63, 28.6%), 46 of them started with Dendrite (20.9%) and 45 used Ganja as their first substance (20.5%). 18 respondents started with N10 as their first substance (8.2%) and 16 respondents started with Relipin (7.3%). 9 respondents started using Heroin as their first substance (4.1%).

**Table:4**  
**First age of initiation of other drugs**

Drug	Age
N10	12
Lobain	13
Valium	14
Alprazolam	13
SP	12
Ganja	10
Dendrite	11
Diazepam	13
Calmpose	13
Buprenorphine	16
Cough syrup	8
Brown sugar	14
Raw opium	12
Heroin	13
Others	13

There were 7 respondents who started with Cough Syrup (3.2%) and another 6 started by using Alprazolam (2.7%). Valium was the first substance used by 5 respondents (2.3%) There were 2 respondents each who started with Diazepam and Avil (0.9% each) and 1 respondent had taken Raw Opium or Kani as the first drug (0.5%).

**3.5.4:** The first initiation of drug among the respondents ranged from 8 years (N=1, 0.5%) to 18 years (N=1, 0.5%). The majority of respondents had their first initiation into drugs at 14 years of age (N=60, 27.3%) followed by 15 years with 58 respondents (26.4%) and 16 years with 44 respondents (20.0%). 27 of the respondents initiated when they were 13 years of age (12.3%) and 17 respondents were initiated at the age of 17 years (7.7%).

**Table 5.**  
**Age at initiation of all other drugs (N=220)**

Age	Percentage
8	0.5%
10	0.5%
11	0.5%
12	4.5%
13	12.3%
14	27.3%
15	26.4%
16	20.0%
17	7.7%
18	0.5%
Mean age – 13.4 years	

10 of the respondents started taking drugs at the age of 12 (4.5%) and 1 respondent each started taking drugs at the age of 10 and 11 years (0.5%).

**3.5.5:** While asked the reasons for taking drugs, there were some multiple responses while some of them gave single reasons. 106 of the respondents started taking drugs as they were curious (48.2%), while 101 cited the reason as friends persuading them to take (45.9%). 86 of them gave the reason as taking it for fun for the first time (39.1%) and 32 of them said they were depressed so they took it (14.5%). There were 18 respondents who cited other reasons for their initiation into drugs (8.2%) 5 respondents said that they were tricked into taking drugs for the first time (2.3%) and another 5 gave the reason as family of cultural tradition introducing them to drugs (2.3%).

**Table:6**

Reasons for initiating drugs use (N=220) multiple response	Frequency
For fun	39.1%
Peer pressure	45.9%
Curiosity	48.2%
Depression	14.5%
Tricked	2.3%
Family/cultural tradition	2.3%
Others includes availability/accessibility and over come shyness	8.2%

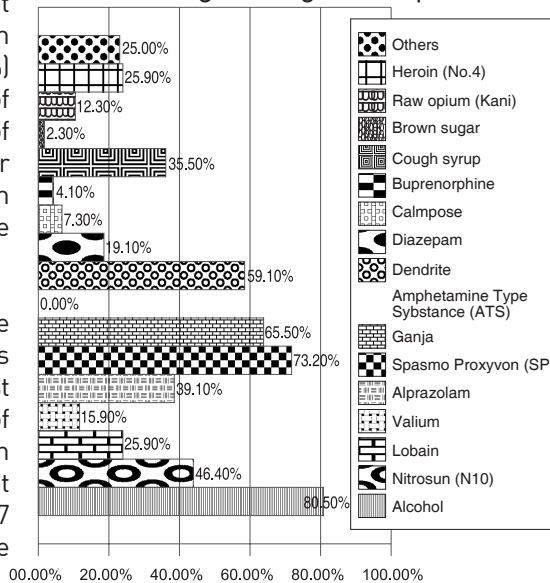
**3.5.6:** When asked about the frequency of their drug habits, more than half of the respondents said they take it sometimes (N=116, 52.7%) and another 88 of them responded of taking it always (40.0%). 16 of them said they take drugs rarely (7.3%).

**3.5.7: Drug-wise analysis:**

**3.5.7. (a). Nitrosun (N10) -**

When asked about the different substances used, 102 of them had used Nitrosun or N10 (46.4%) whereas another 118 responded of having never used it (53.6%) Out of the 102 who had ever (Can a better term be used) used N10, maximum number of them started at the age of 15 (N=31) and 29 of them started at the age of 16. 1 respondent started taking it at age the age of 11. All the respondents who took N10 used it orally the first time (100%). Amongst them 47 of them took it in the last one month of the survey and another 55 didn't take it in the last one-month. All 47 respondents who took N10 in the last one month took it orally.

**Fig.14 Drug consumption**



**3.5.7. (b). Lobain -**

Among the 220 respondents, 57 of them had ever taken Lobain (25.9%) and the rest 163 hadn't taken it (74.1%). The youngest respondent who took Lobain was at the age of 13 (N=1) and the highest number of them first took Lobain at the age of 16 (N=21). Out of the 57 respondents who ever used Lobain, 56 of them used it orally the first time while 1 injected it. When asked whether they used it in the last one month of the survey, 18 of them responded of having used it while 39 respondents did not. Among those who took Lobain in the last one month, 17 of them used it orally and 1 injected it.

**3.5.7. (c). Valium-**

35 of the respondents had ever taken Valium (15.9%) whereas 185 had never taken it (84.1%) The earliest initiation of Valium among the respondents was at the age of 14 (N=4) and maximum number of the respondents started it at the age of 16 (N=14). All the respondents who had ever taken Valium took it orally the first time (100%). When asked whether they had taken it in the last one month, 8 of them responded of having

taken it and 27 replied in the negative. All 8 respondents who took it in the last one month took it orally.

### **3.5.7. (d). Alprazolam-**

Among the 220 respondents, 86 of them had ever taken Alprazolam (39.1%) while 134 had never taken it (60.9%). The youngest age at which they started taking Alprazolam was 13 years (N=2) and maximum number of the respondents started it at the age of 16 years (N=32) and another 26 started it at the age of 15 years. All the 86 respondents who had taken Alprazolam used it orally the first time (100%). Among them 43 of them responded of having used it in the last one month of survey (50%) and another 43 did not use it (50%). 40 of them used it orally in the last one month and 3 injected it.

### **3.5.7. (e). Spasmo Proxyvon (SP)-**

A large number of the respondents had ever taken Spasmo Proxyvon (SP) (N=161,73.2%) while 59 had never used it (26.8%). The first initiation into SP started at the age of 12 (N=1) and the highest number of respondents started taking it at the age of 15 (N=57) followed by 16 years (N=41). 23 each of the respondents started it at the age of 14 and 17 years. Among those who have ever taken SP, 151 of them started taking it orally the first time whereas 10 of them first injected it. When asked whether they used it in the last one month of the survey, 139 of them said they used it and another 22 did not use it in the last one-month. Among those who used it in the last one month, 115 of them used it orally and 24 of them injected it.

### **3.5.7. (f). Ganja-**

144 of the respondents reported to have ever used Ganja (65.5%) and the rest 76 have never used it (34.5%) There was a respondent who started taking it at the age of 10 years and maximum no. of them started it at the age of 15 years (N=35) followed by 16 years (N=33) and 14 years (N=31)

All the 144 respondents reported to have used it by smoking it while taking it for the first time (100%) When asked whether they have taken Ganja in the last one month of the survey, a large no. of them reported to have used it (N=105) and they all used it by smoking.

*'It was Shivratri festival, my cousin brothers were smoking Ganja. I was curious and asked for a few puff, they agreed happily on a festive mood'*  
- an 18 year old boy from Imphal East

### **3.5.7. (g). Amphetamine Type Substances (ATS)-**

There were no cases of using ATS among any of the 220 respondents who took part in the survey.

### **3.5.7. (h). Dendrite-**

There were 130 respondents who reported of having ever used Dendrite (59.1%) and another 90 who never used it (40.9%) The youngest respondents who started using it were at the age of 12 (N=5) Highest number of respondents started using it at the age of 14 (N=35) followed by 15 years with 34 respondents and 16 years with 23 respondents and another 20 respondents started it at the age of 17 years. All the 130 respondents used Dendrite through sniffing the first time they used it (100%). 57 out of the 130 respondents used Dendrite in the last one month of the survey and all of them used it through sniffing.

### **3.5.7. (i). Diazepam-**

42 of the respondents reported of having ever used Diazepam (19.1%) and the rest 178 never used it (80.9%). The youngest age of initiation into Diazepam was 13 years with 1 respondent. The maximum number of respondents started using it at the age of 16 years (N=18) followed by 15 years with 12 respondents. All the 42 respondents who ever used Diazepam used it orally the first time (100%). Out of them 16 respondents reported to have used it in the last one month of the survey and all of them used it orally.

### **3.5.7. (j). Calmpose -**

There were 16 respondents who reported of having ever used Calmpose (7.3%) and 204 reported never using it (92.7%) There was 1 respondent who started using it at the age of 13 years. Maximum number of respondents started using it at the age of 16 and 17 years with 6 each. Out of those who ever used Calmpose, 8 respondents reported to have taken it orally the first time (50%) and another 8 injected it the first time (50%). 6 of them reported to have used it in the last one month of the survey and among them 2 used it orally and the remaining 4 injected it.

### **3.5.7. (k). Buprenorphine -**

9 of the respondents reported to have ever taken Buprenorphine (4.1%) and 211 never used it (95.9%). The first age of initiation was 16 years with 2 respondents. 5 respondents started it at the age of 17 years while another 2 started it at the age of 18. All the 9 respondents had taken Buprenorphine orally the first time (100%). Out of them 3 respondents had reported having taken it in the last one month of the survey and all of them used it orally.

### **3.5.7. (l). Cough Syrup -**

78 respondents have ever taken Cough Syrup as a drug (35.5%) and 142 of them never abused it (64.55). The youngest age of taking Cough Syrup as a drug was at 8 years (N=1). The highest number of respondents started using it at the age of 16 years (N=22) followed by 15 years with 19 respondents and 17 years with 15 respondents.

All the 78 respondents reported to have used it through drinking the first time ever (100%). In the last one month of the survey 28 of the respondents reported to have used Cough Syrup and they all used it through drinking.

### 3.5.7. (m). Brown Sugar -

There were 5 respondents reported to have ever used Brown Sugar (2.3%) and 215 of them never used it (97.7%). The youngest age of initiation into Brown Sugar was 14 years with 1 respondent (20%). Highest number of respondents initiated into it at the age of 16 years (N=2, 40%). All the 5 respondents reported to have used Brown Sugar by chasing it the first time ever (100%). Amongst those who used, 1 respondent reported to have used it in the last one month of the survey (20%) and it was used by chasing.

Drugs	Percentages
N10	21.4%
Lobain	8.2%
Valium	3.6%
Alprazolam	19.5%
SP	63.2%
Ganja	47.7%
ATS	0
Dendrite	25.9%
Diazepam	7.3%
Calmpose	2.7%
Buprenorphine	1.4%
Cough syrup	12.7%
Brown sugar	0.5%
Raw opium	4.5%
Heroin	21.4%
Others	14.1%

### 3.5.7. (n). Raw Opium (Kani) -

There were 27 respondents who reported of having ever used Raw Opium (12.3%) and 193 never used it (87.7%) The youngest age of initiation was 12 years with 1 respondent, and the highest number of respondents initiated into it at the age of 17 with 12 respondents. Among the 27 respondents who ever used Raw Opium, 12 of them used it orally the first time and another 15 used it through sniffing, smoking or drinking the first time. 12 of the respondents reported to have used it in the last one month of the survey and among them 10 used it orally while 2 used it through sniffing, smoking or drinking.

### 3.5.7. (o). Heroin (No.4) -

There were 57 respondents who reported to having used Heroin (25.9%) and 163 never used it (73.1%) The earliest age of initiation was 13 years with 2 respondents and the maximum numbers of respondents were initiated into it at the age of 16 years with 17 respondents followed by 17 years with 16 respondents and 15 years with 12 respondents. Out of the 57 respondents reported to have used Heroin, 17 of them chased it the first time ever and 40 of them injected it the first time. 47 respondents reported to have used Heroin in the last one month of the survey and among them 7 chased it and 40 injected it.

*'As both my parents were peddlers, drugs were easily available at home so I wanted to taste it and try it out'*

*- a 17 years old respondent from Imphal West*

### 3.5.7. (p). Other substances-

55 of the respondents reported to have used other substances (25 %) and 165 never used other substances (75%). Among the 55 respondents, the highest number of them abused Relipin (N=25), followed by Sinarest abused by 10 respondents and Erazex abused by 9 respondents. Cyclopam and Avil were reported to be abused by 3 respondents each. 2 respondents reported to have abused Vicks-500. Tidigesic, Petrol and Spasmodart were reported to have been abused by 1 respondent each.

The first age of using other substances as drug was 13 years with 1 respondent. 19 respondents started using other substances at the age of 15 years and 14 respondents started using it at the age of 16 years while another 13 respondents started using other substances at the age of 17 years. 31 respondents out of the 55 who have ever taken other substances as drugs reported to have taken it in the last

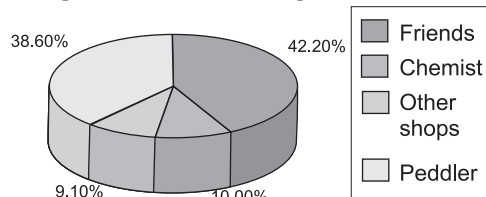
*'I used to accompany my elders in the community, when they used to go and meet their girlfriends they always took SP. I also wanted to have girlfriend like them. They said if you take SP it becomes easy to approach. Since I wanted to have a girlfriend I started taking pills from them and gradually I got addicted'*  
- 16 years old boy from Imphal west

Fig. 15 Source of drugs

one month of the survey.

### 3.5.8 Source of Drugs

93 of the respondents reported to have procured the drugs from friends (42.2%), 85 respondents got it from a peddler (38.6%), 22 bought it from chemist (10.0%) and another 20 bought it from other shops (9.1%).

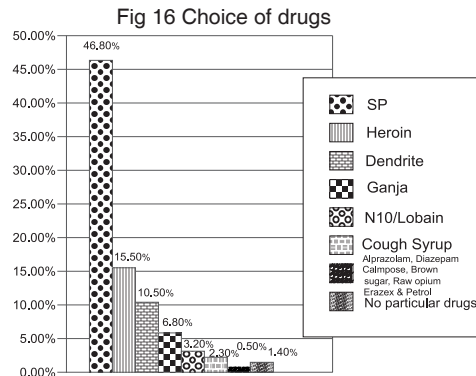


*'My friends usually bring them (drugs). Sometimes I used to go with those friends to the peddler. Those were when I used to stay in Imphal at a rented place for taking Tuition. Whether it is Imphal or Thoubal, drug is easily available.'*  
- a 16 years old boy, class XI standard from Thoubal.

*'I was staying at a hostel in Imphal. In that hostel 80 % of the students were using pills – SP and Dendrite. I was introduced by my senior in the hostel. My parents came to know of it and took me out from that school. I came back home, since I have got addicted I started using it regularly. I didn't have any problem in getting SP either at hostel or home.'*  
- a 17 years old boy from Kumbi

### 3.5.9 Choice of drugs

Almost half of the respondents reported they preferred Spasmo Proxyvon (SP) as their choice of drug, 103 (46.8%). 34 of the respondents preferred Heroin (15.5%) and another 23 preferred Dendrite (10.5%). 16 of the respondents preferred Relipin (7.2%). 15 of the respondents preferred Ganja (6.8%) while 7 respondents each reported on preferring N10 and Lobain (3.2% each). 5 of the respondents preferred Cough syrup (2.3%).



Alprazolam, Diazepam, Calmpose, Brown Sugar, Raw Opium, Erazex and Petrol were the choice of drug for 1 respondent each preferring it (0.5% each) and another 3 responded of having no particular drug preferred (1.4%).

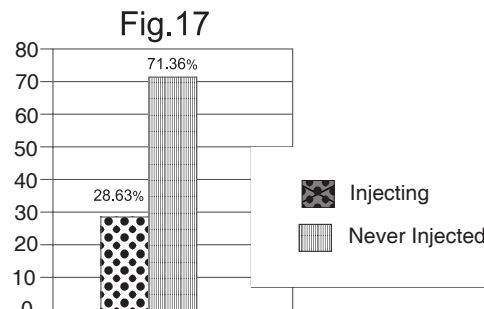
*'I started with SP and I am using SP most of the time. In case when I don't get SP I use SINAREST and ACTIFIT'*

*- a 17 years old boy from Churachandpur*

*'When I was in 7th standard, one of my friends at school introduced sniffing Eraz-ex (correcting fluid). I tried it once and then repeated many times because it made me feel drowsy and changed my mood. Since then, I took whatever my friends would do, like sniffing Dendrite and others drugs too'*

*- an 18 year old respondent from Ukhrul*

**3.5.10: Injecting history:** Among the 220 respondents, 63 had a history of injecting (28.63%) and 157 of them had never injected (71.36%). The reasons being reported for injecting were, cost of drugs as it was cheaper (N=16) and more than half of those injecting cited giving a 'better high' (N=44). Another 3 gave other reasons for preferring injection drugs. Among the 63 respondents, maximum number of them injected 3 times a day (N=23) while another 18 respondents reported to inject 2 times a day. 4 respondents said they injected 4 times a day while 3 respondents

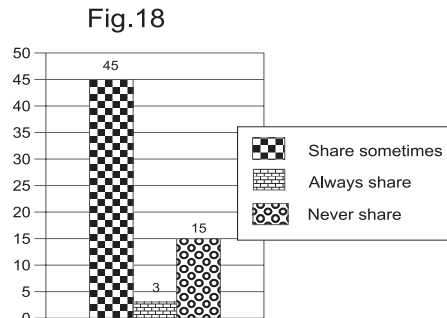


reported injecting 5 times a day. The maximum number of injections per day was reported to be 7 times by 1 respondent.

*'In 2006, when the price of Relipin went up to Rs. 35.00 per pills, I was unable to afford it so I started injecting heroin since then and am continuing it till now'*  
*- an 18 year old respondent from Churachandpur*

Out of the 63 respondents, only 15 of them reported to have never shared injecting equipments. 45 of the respondents shared their equipments sometimes while 3 respondents reported to have always shared their equipments.

When asked about their place of injection, maximum number of them reported to have injected at the peddlers' place (N=20) followed by 18 respondents injecting at a friends' place. 15 respondents said they inject at home and 10 of them reported to have injected at isolated places.



### 3.6: Expenditure on drugs and others

**3.6.1:** Among the 220 respondents, 93 of them reported to have spent Rs. 51-100 per day on drugs (42.3%). Another 64 respondents said they spent Rs.101-200 per day on drugs (29.09%). 55 respondents reported to have spent less than Rs. 50 a day on drugs (25.0%). There were 6 respondents spending Rs. 201-300 per day on drugs (2.7%) and 2 respondents spending Rs. 301-400 a day on drugs (0.95%)

**3.6.2:** More than half of the respondents reported to have sold personal belongings for buying drugs (N=113, 51.36%), while 107 never sold any personal belongings for drugs (48.64%). 83 of them said they had stolen from others to procure drugs (37.72%) and 137 reported having never stolen to buy drugs (62.38%). 49 respondents reported to have sold drugs to buy drugs (22.27%) and the remaining 171 said they never sold drugs (77.73%). 7 respondents reported to have had sex to get money for drugs (3.2%) and 200 respondents said they never indulged in sex to get money for drugs (90.90%) and the remaining 13 gave no responses.

*'I took money (Rs 2000) in excuse for buying branded clothes. I bought my clothes from second hand and fooled my parents. I just spent Rs. 200 on my clothes.'*  
*- 16 year old boy from Imphal West*

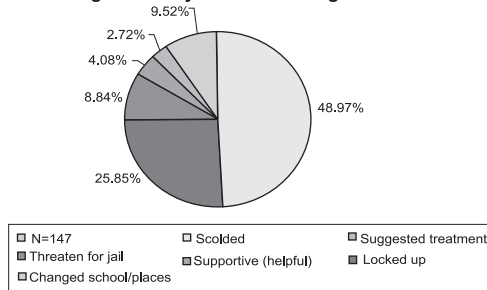


5 respondents said they had sex in exchange for drugs (2.3%) and 204 reported of never having sex in exchange of drugs (92.7%) while 11 did not gave any response.

**3.7: Affect and Response of drug use**

**3.7.1:** 147 of the respondents said someone in their family knew about their drug habit (66.81%) and 73 said no one in their family knows (33.19%). Among those 147 respondents whose families knew their habits, 72 said they had been scolded (48.97%), 38 responded of having been suggested to go for treatment (25.85%), 13 reported to have been threaten to be put in jail (8.84%), 6 of the respondents said their family had been very supportive, helpful and loving (4.08%) and another 4 respondents reported to have been locked up in rooms (2.72%). 14 respondents gave others i.e. changed the schools or sent them to other places (9.52%).

**Fig. 19 Family reaction to drug use**



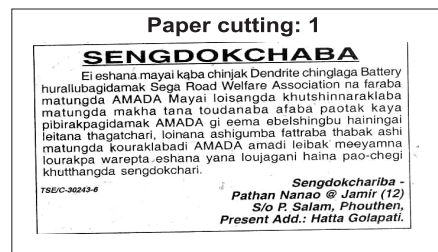
**3.7.2:** 40 reported to have been in trouble with law enforcers relating to their drug use (18.18%) and 180 said they have never been in trouble with law enforcers (81.82%).

**Table:9**  
**Ever in trouble for drug use**

With whom	Yes	No
Law enforcers	40	180
Social organizations	42	178
School authorities	22	198
Employer	01	219
Others	88	132

42 respondents said they had been in trouble with social organizations related to their drug habits (19.09%) and 178 had never been in trouble with any social organizations (80.91%).

22 respondents said they had been in trouble with educational institutions in relation to drug use (10.0% out of 220) whereas 198 had never been in trouble with school or college authorities related to their drug use (90.0%).



1 respondent reported to have been in trouble with employer (0.5%) and 8 of them reported to have been in trouble with others regarding their drug use (3.6%).

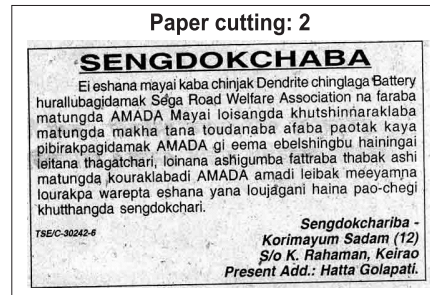
88 of the respondents reported of having been in trouble with someone in relation to drug use (40.0%) and 132 of them said they were never in trouble with anyone regarding their drug habits (60.0%).

*'I was caught red handed with syringes by volunteers of a CBO. They beat me, humiliated me and forcibly made me confess my drug use habit in the local electronic media. I felt ashamed and as a result had to change my school. I was studying in a premier higher secondary institute. I changed to another where many of the students were using alcohol. But I am still using drugs'*

*- a 17 year old boy from Imphal East*

**3.7.3:** When asked whether their drug habits affected their academic performance, 115 respondents replied in the affirmative while 45 said it didn't affect their studies. 91 respondents said their classmates know about their habit while 69 said they don't know.

**3.7.4:** 103 of the respondents said they isolate themselves from friends because of drug use (46.87%). A large number of the respondents said they misuse money meant for education on drugs (N=151, 68.64%).

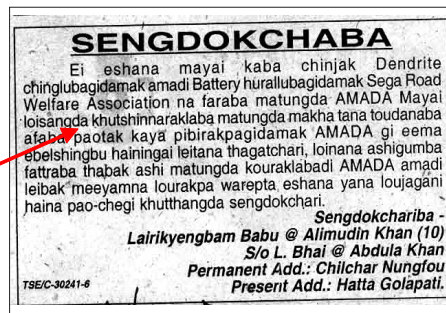


*'Wherever I go, I feel people are talking about me. Sometimes, I also get the feeling that people don't want me to enter their house. I know that people are behaving like that towards me because of my drug problem. I don't blame them as well.'*

*- 17 years old boy from Imphal East*

**3.7.5:** 75 respondents said their family was discriminated because of their drug use habits (34.09%) and 145 said their family has never faced discrimination because of their drug use (65.91%). 60 of them reported of having been discriminated by community or church leaders because of drug use (27.27%) and 160 of them said they never faced any discrimination from community or church leaders (72.73%).

*Paper cutting 1, 2 & 3 from a local daily 'The Sangai Express, November 2007' - where users are subjected to forcibly confess and disclose their identity compromising their rights. A daily feature in the local dailies as a response to eradicate drug use in the state of Manipur.*



**3.7.6:** 23 of the respondents reported to have experienced overdose in the last three months of the survey (10.46%) and 197 said they have not experienced it in the last three months of survey (89.54%).

*'When I am in need of money, I sell off things from home. We own a Tata (Truck). I sell off various parts of the vehicle. I even sold off 2 roofing tin sheets, gas cylinder and gas stove. My family is fed up with me. My father chased me away and told me not to come back. I tried to stop but cannot bear the withdrawal pain. I am a SP injector.'*

*-17 year old boy from Imphal West.*

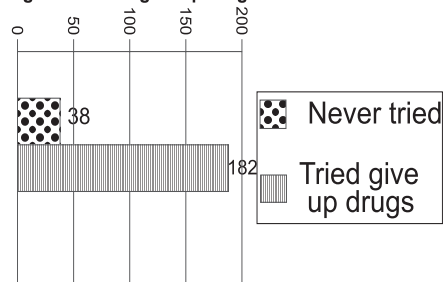
**3.7.7:** 182 of them said they tried to give up drugs (82.73%) while 38 of them never tried (17.27%). Among those who tried to give up drugs, 28 of them said they relapsed because they had no support and 154 said their relapse is not due to lack of support.

101 of them said the cause of their relapse was because they went back to old friends while 81 said going back to old friends was not the cause of their relapse.

The cause of relapse was given as being dependent for 66 respondents while for 116 being dependent wasn't the cause of relapse.

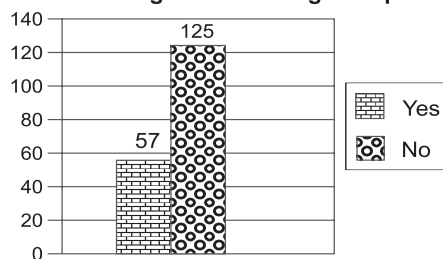
26 of the respondents cited other reasons for the cause of relapse and 156 said they don't have other reasons for their relapse.

**Fig. 20 Tried to give up drugs**



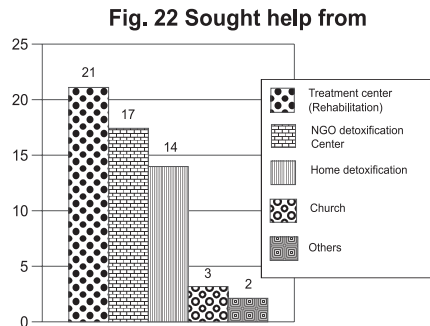
**3.7.8:** When asked to describe their drug use situation, a large number of them, 155 respondents said they really wanted to give up drugs (70.45%) and 43 said whether they give up or not, it doesn't matter (19.54%). 16 respondents said there is no reason why they should give it up (7.27%) and 6 respondents said they didn't fit in those situation (2.72%)

**Fig. 21 Ever sought help**



**3.7.9:** 57 of the respondents reported to have sought help from some facility to give up drugs while 125 never sought any help while trying to give up drugs.

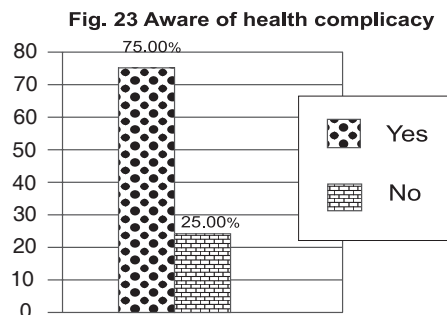
Among the 57 respondents who sought help to give up drugs, 21 of them went to drug treatment centre and 17 got detoxification in NGOs while 14 respondents did personal detoxification. 3 sought help from churches and 2 tried help from others include joining self help/support groups.



28 of the respondents said they haven't taken any help but they need it while 9 said they don't need it. Among those 28 who reported of needing help, 7 respondents each said they need services of drug treatment centre and counseling. 5 respondents each said they need user-friendly services and home detoxification. 2 respondents each said they need support group for recovering drug users and community drug detoxification camp organized by NGOs.

### 3.8: Health conditions, knowledge and services

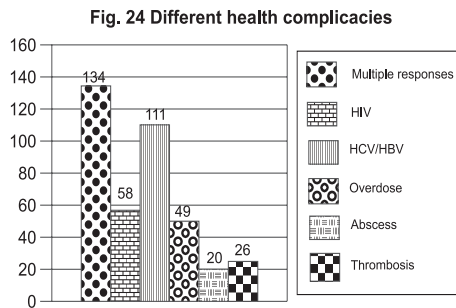
**3.8.1:** Among the health complications experienced by the respondents, 92 of them reported of having lost weight (41.8%) and 41 of them experienced recurring fever (18.6%) Almost a half of them had headache and/or stomachache (N=105, 47.7%) 20 of the respondents have had abscess (9.1%) and 121 of them experienced sleeplessness (55.0%). There were 67 respondents who had suffered from anxiety or depression (30.5%) 5 of the respondents said to have had tuberculosis (2.3%) and another 16 respondents reported of having other complications (7.3%) 37 of the respondents were found to have no complications arising out of their drug use (16.81%).



**3.8.2:** When asked about their awareness of health complications that can arise out of drug use, a large number of them said they are aware (N=165, 75.0%) and 55 said they aren't aware (25.0%).

134 of the respondents reported of knowing that HIV can be a consequence of drug use (60.9%) and 58 of them knew that Hepatitis 'B' and 'C' can be the consequences of drug use (26.4%) The fact that drug overdose can be a consequence of drug use

was known by 111 respondents (50.5%). 49 respondents were aware that abscess can be a consequence of drug use (22.3%) and another 20 were aware of thrombosis as



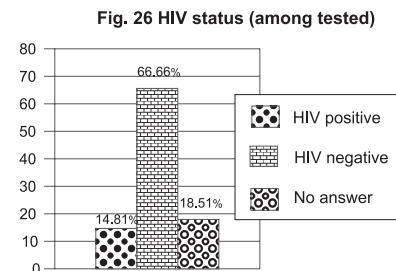
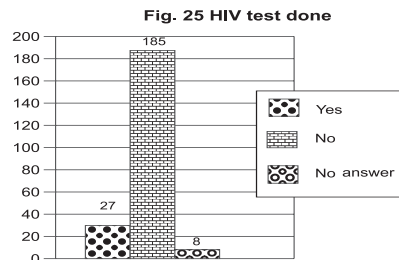
a consequence of drug use (9.1%). 26 of the respondents reported being aware of other consequences that can arise out of drug use (11.8%).

**3.8.3:** 132 of the respondents reported to having heard about sexually transmitted infections (STIs) (60.0%) while 88 of them had never heard of them (40.0%).

When asked about the different symptoms they know of STIs, 26 of the respondents were aware that ulcer was one (19.69%) 15 of them knew that genital discharge was a symptom of STI (11.36%). 31 respondents were aware that itching was a symptom of STI (23.48%). 8 respondents were aware that lower abdominal pain can be a symptom of STI (6.06%) while another 6 were aware that genital warts is also another (4.54%). 42 respondents were aware that burning or pain on urination can be a symptom (31.81%). 60 of the respondents who had heard of STIs were not aware of any symptoms (45.45%). There was only 1 respondent who reported that STI can be asymptomatic (0.75%). 27 of them reported being aware of other symptoms of STIs (20.45%).

**3.8.4:** 81 of the respondents reported of having sexual experiences (36.8%) and 139 of them never had any experiences of sex (63.2%). Among the 81 respondents who had experience of sex, 20 of them reported of always using condoms (24.69%), 44 of them used it sometimes (54.32%) and 17 of them never used condoms (20.98%).

**3.8.5:** 27 of the respondents reported of having taken HIV test (12.3%) and 185 of them hadn't (84.1%). 8 respondents refused to



answer (3.6%). Out of the 27 tested, 5 of the respondents said they don't want to share the results (18.51%). 4 were reported to be HIV positive (14.81%) and 18 were reported to be HIV negative (66.66%).

### 3.9: Service facilities for drug treatment

**3.9.1:** There were 139 respondents who reported of having drug treatment service facilities in their area (63.2%) and 81 of them reported of having no treatment service facilities in their area (36.8%). Among those 139 having service facilities, 60 of the respondents said the facilities were sufficient (43%) and another 79 respondents said it wasn't sufficient (57%). 72 of the respondents reported that the facilities were located within walking distance (51.7%) while 47 of them reported of having to take a rickshaw to go to the facilities (33.8%). Another 20 reported of needing to take a bus or other vehicle in order to reach the facilities (14.3%).

*'I was admitted to a rehabilitation centre but I felt out of place as they (inmates) were all my elders. I ran out without completing the treatment.'*  
- a 16 year old boy from Imphal West

**3.9.2:** 82 of the respondents said they have been treated well when they went to health care providers for their general health (37.3%) while 49 of them said they were not treated well (22.3%). 89 of the respondents had never been to any centre for their general health (40.4%).

*'I have tried two times to stop drugs but not succeeded. My family supported me to give up drugs but they could not afford money for me to be kept at Rehabilitation Centre. If someone would have financially supported me, I would have stop drugs'*  
- a 17 years old boy from Bishenpur

**3.9.3:** 40 of the respondents said they were treated well by health care providers when they visited for drug related problems (18.2%) while 26 of them reported that they hadn't been treated well when they sought help related for their drug use problem (11.8%). 154 of the respondents had never been to a health care provider in relation to their drug use problem (70.0%).

**3.9.4:** 15 of the respondents reported of having been treated well when they visited health care provider for sexual and reproductive health problems (6.8%), while 18 of them said they were not treated well (8.2%). 187 of them had never been to health care providers related to sexual and reproductive health problems (85.0%).

**3.9.5:** 26 of the respondents said they were treated well when they sought help from drug detoxification or drug treatment centres (11.8%) while 32 said they were not treated well (14.5%). 162 of them never visited such drug treatment or detoxification centers (73.7%).

### 3.10: Personal attitude towards seeking service and facilities

103 respondents said they would feel shy in approaching a health care provider for a condom (46.8%) while 117 said they wouldn't feel shy (53.2%).

*'I don't feel comfortable going to NGOs working on drug use and HIV/AIDS because they are mainly for hardcore users and HIV Positive. The NGO staff often contacted and told me to come to their centre but I never felt the need to do it as I don't consider it as problem at present'*

*- a 16 years old boy from Bishenpur*

106 respondents feel they will be shy in approaching a medical shop for a condom (48.2%) while 114 said they wouldn't feel shy (51.8%).

97 of the respondents said they would feel shy to approach a health care provider for their drug related problems (44.1%) while 123 feel that they won't be shy (55.9%).

*'I have decided to get married to get out of drug use. After getting married, I will have some responsibility and I think I will be able to control my habit'*

*- an 18years old boy from Kumbi, Bishenpur*

*'I really want to come out of this habit. The treatment facilities are not available in my area so I am helpless and clueless, Please help me'.*

*- 16 years old boy from Thoubal*

### 3.11: Helpline services

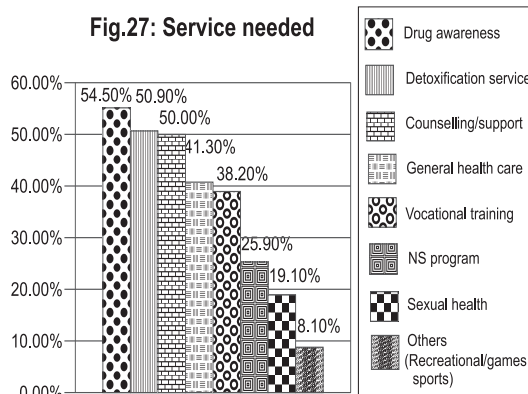
During the survey, none of the 220 respondents seem to be aware of helpline service provided by CHILDLINE where they can seek help or share their drug use related problems in the state.

### 3.12: Suggestions for services

When the respondents were asked to suggest service/services to be provided in their area regarding the drug use problem, maximum number of them suggested

awareness generation programmes for precaution (N=120, 54.5%) followed by drug detoxification centres (N=112, 50.9%). 110 respondents suggested counseling and support services for children (50.0%) while 91 respondents suggested general health services (41.3%). 84 of the respondents gave suggestions for vocational training

Fig.27: Service needed



centres (38.2%) and 57 respondents suggested needle/syringe exchange programmes (25.9%). 42 of the respondents suggested sexual and reproductive health services (19.1%) and 18 respondents gave suggestions for other services (8.1%).

*Case history 1: My name is 'X' from Imphal - West, I am an 18 years old boy. While I was in class four, my both parents died due to HIV/AIDS. Now I am living with my grandmother at my father's house; my grand mother told me my father was an IDU. During my seventh standard I fell sick and I came to know I was HIV positive. Now I am living with the virus for the last four/five years. Unfortunately due to peer pressure during my ninth standard I had started using SP as many of my classmates were, and I don't want to be alone. In order to make friends with them I still continue using it..... Now I am facing both problems of drug addiction and adherence to my ARV drugs. Due to my drug habits I fail to adhere to my ARV medication many times and I really don't know whom to consult and seek help from.*



## Qualitative Findings of the Study

### A) Compiled FGD report for seven districts:

**Focused Group Discussion (FGD) was conducted with children who are using drugs and community groups.**

#### **1. Drug use scenario among children in this area & 2. Commonly used substances among children under 18 years in this area (district)**

Alcohol is the most commonly used substance in all the district of Manipur. More than (70 – 80%) of male population in the hilly district used alcohol. In a family of 5 members, 3 used alcohol. It is easily available. Brewing of alcohol at home is still going on in spite of the presence of pressure groups. Heroin was used in the past but now it's rare. Those who used heroin in the late 80's or early 90's are now HIV positives and many have died as well.

As we have seen our adults/ elders drinking alcohol, all of us started taking alcohol in the age group 14 – 16. Other than alcohol, children also used ganja, dendrite, SP, Cough syrup.

The group responded that in the Moijing area nearly 70% of the children (boys) use substances. Drug use among children is very common in this area.

The group responded that children under 18 in Imphal West are using extensively. They may not be dependent but more than 80% are using. Dendrite, Alcohol, Ganja, SP, N10. Among the children there are also another group which fix SP by mixing it with N10. In the absence of SP, children take Dendrite or Eras ex. "I have always wanted to take drug since my early childhood. There were elders in our locality taking drugs. Seeing them I always wanted to take drug."

Drug use among children is very common in this area. Unlike other districts girls also use drug here, though the percentage of boys using is high in compare to girls. It is easier for girls to hide their habit also.

Children used variety of substances ranging from SP, N10, Alpazaolam, Heroin. The causes/reason for using differs from one child to another. "I started using so that I can talk with my girlfriend." "I started drinking at a very early age. In swastipu-ja ceremony at our home, I drank the leftover alcohol of elders with my age group friends. We enjoyed and had lots of fun. Then I started going to vendor for drinking with friends." "I was studying at Bangalore. I started smoking ganja in the first place. Then I used brown sugar which I chased and inject as well. I injected for the first time when I was in class IX. I had to discontinue my studies because of my drug problem.

After coming back at Imphal, I used Heroin.” It was shared by two children that they started using as a part of the culture among their age group. It’s a sort of fashion to use before going for date to meet their girlfriends.

“My seniors took me for a party. They were drinking and taking pill. I didn’t want to be left out so I started doing the same.”

SP is the most common substance used. SP also happens to be the first substance used by children unlike other districts where the first substance children get introduce is usually alcohol or ganja. Other than SP, children also have tried other substances - N10 known as DUS, Dendrite, Buprenorphin. Some of the children have tried alcohol but this is not common being a Muslim community.

Alcohol is very common here. Girls take it occasionally while going to parties or picnic but not daily. They don’t take it daily because of the smell and they have to attend schools. But boys take it very often on holidays or after school hour. RP is the most commonly used drug among girls. This is because there is the misconception that taking of RP will help in getting a slim figure and a fair skin. Many girls had started taking it this way and gradually became dependent. The other substances are N10, Ganja, Alpazaolam, Dendrite, SP.

The girls present in the FGD said “We take 2 pills before going to school, two in the break time and two later in the evening at home. In case if we don’t have for the evening, then we manage it by drinking hot water.” In an average girls usually take 4 pills a day whereas for boys they take around 6 – 8 pills in a day. One tablet cost Rs 10. For girls its only RP but boys take more than one substance in a day like ganja, alcohol. Ganja are cheap and ganja bought for Rs 5 can be taken for two days by a person. Substances are easily available in New Bazar or Old Bazar. For boys its not at all a problem for getting but for girls they have to be a little cautious.

The group reported that they haven’t face much problem initially in the beginning but as they started getting dependent, sometimes they are not able to afford it. For girls its much easier because the family members doesn’t suspect much and they can easily take money in the excuse of buying gifts for friends, cosmetics, school related stuffs or snacks for tiffin etc but at times, the family doesn’t have money to give. “I sold off my books and notebooks to afford my RP” – 16 year old girl  
Boys cannot hide their habit for long and after knowing the family members ask lots of question.

“As I didn’t have any money and my parents were also not giving, so I stole my sister expensive perfume or bags and sold it”.

### 3. Modes of use, sources of drug, sites of use, frequency of use in this area

The use of drug depends on its availability. Even though children prefer SP, they cannot use it on regular basis because its not available easily.

“We have to go to Imphal to get this [SP], which is not possible for us all the time. So we have to depend on our friends in Imphal or who are studying in Imphal from here to get this drug. We used SP when our friends get it for us during holidays and during festival time”.

The group reported that in the absence of SP, Ganja is often substituted because ganja is also easily available in Kumbi. There are people cultivating ganja in this area. It is also very cheap. Ganja for Rs 5 can be used for 3 to 4 days by a person.

Children in the group have also tried corex (cough syrup). But they cannot use it regularly as it is not available without doctor’s prescription. Sometimes getting dendrite is also a problem for them because they have to speak lies to the shopkeeper whenever they have to buy dendrite. Kumbi is a small village and everyone knows everybody. People in the village are also aware that children abused dendrite. So it’s a problem to get dendrite from the shop as well. The group reported that every time they have to buy dendrite, they have to make lots of excuses. By evening time it’s common for the youths to gather together and drink alcohol. The group felt that they are not addicts.

None of the members present have tried injection. “Sometimes I even tear my shirt if I don’t have a scarf or a hanky for sniffing dendrite. The kick of dendrite is different from other. It hit directly. I enjoy the kick”.

Among the children, the mode of use is oral. Majority of the group responded that the shift from oral to injecting happens at an older age group. SP is easily available in the locality. The peddler gives 4 pieces for Rs 20 to people close to them and 3 pieces for Rs 20 to others. The dose for drug use differs from individual to individual. In average the daily does is 4 to 8 pills a day.

Children got introduced to drug often from the elders in the locality. The responses given by the children were :- “I was staying at a hostel in Imphal. In that hostel 80 % of the students were using pills – SP and Dendrite. I was introduced by my senior in the hostel. My parents came to know of it and took me out from that school and hostel. I came back home but since I have already got addicted I started using it here as well. I didn’t have any problem in getting SP here also. It was easily available in hostel and it is easily available here as well.”

"I used to accompany my elders in the community when they used to go and meet their girlfriends. These elders used to take SP whenever they used to go to meet their girlfriend. I also wanted to have girlfriend like them. They said that if we take SP it become easy to approach the girls. Since I wanted to have a girlfriend I started taking pills from them and gradually I got dependent."

"My family wasn't able to give school fees when I was in class VIII. I was a very good student. Because of that I wasn't allowed to give exam. At that time one of my friend was using SP. I always used to advise him to stop using but that day I was very sad and depressed. To cope up with that, I took 2 tablets from my friend and after that I also started using regularly with him."

Mostly its oral or sniffing but it also depends on the drug which they are using. In the FGD, out of 8 children, 5 of them are injecting. So even among the children, there is a small proportion of them injecting.

Smoking, Chasing, Injecting - most of the children used in isolated places where people don't come like riverbank. The frequency of use differs from one person to another. The group reported difference in the frequency. For some its 6/8 pills a day, two of them were injecting daily and also taking pills orally. One boy had just started taking it and his dose was 2/3 pills a day.

#### **4. Finance of drug**

"I do some household work and take money from family or take money from family in the excuse of buying dresses."

"Without telling anyone in the family, I take out the food grain from the 'KOT' (place used for storing food grain) and then sell it off to others. The family can't even find out the difference"

"I pool money with my friends and we shared together the expenses for drugs." These are some of the responses given by the group when asked how they finance their drug. From the discussion it can be concluded that children misuse the money given for other purposes for getting their drug or even resort to stealing at times.

The children noted that the finance for drug at present is not a problem. When they don't have money, their friends get it for them and they share together. Even though they don't have their own source of income, they have their own means of getting it like - misusing coaching fees, school fees, traveling allowances and other educational expenditures.

“My parents send me for two tuitions but I attend only one and the money for the other tuition I utilized it for my drug. I make sure that I don’t get caught. At the time of the second tuition I go and hang out at shop, friend’s place and then return home at the time tuition gets over.”

Children engage in various means to get money for drugs. “I started peddling SP to get money for drugs.” “I took money (Rs 2000) in excuse for buying branded clothes. I bought my clothes from second hand and fooled my parents. I just spent Rs 200.” “When I am in need of money, I sell off things from home. We own a Tata vehicle (Truck). I sell off various parts of the vehicle. I even sell off 2 tin roofs, gas cylinder and gas stove. My families are fed up with me. My father chased me away and told me not to come back. I tried to stop but cannot bear the withdrawal pain. I am a SP injector.”

While I was studying outside, it was no problem. Parents used to send money and so it was easy for me. I come from a big family, if I take Rs.10/15 from each member, I can easily afford my drug habit. Its not a problem.

“My father was a drug user, he is no more, my mother runs a shop to afford the family. I always take out money from the box where she keeps money in the shop. I don’t know whether she knows it or not but I have never been caught red-handed.”

##### **5. Views of community towards children using drugs.**

At present, the community members don’t think it as a big problem or a major issue. They do advise us and scold us. We try to hide it from them. Sometimes, they think that we have stopped using.

Children using drug are not easily recognized by the community. They also make sure that we don’t mix around with the other elders who had been using for quite a long time. These people are known and they are easily recognized in the community. These are the the people whose choice of drug is heroin. They used SP only when they don’t get Heroin. We started with SP and we are using SP most of the time. In case when we don’t get SP we used SINAREST and ACTIFIT.

As these children are not involved in big crimes or troubles, parents or community are also not very strict with them. Even if they come to know also, they just give general advice like not to use such substances and to concentrate on studies.

Almost all the members present have faced various forms of stigma and discrimination from their friends, locality, family and relatives.

“My aunty doesn’t want me to hold her small daughter.”

“I was caught red handed with syringes by the CADA volunteers (CADA – Anti drug user organisation). They forcibly made me confess my drug use habit in the local ISTV (Local TV network). I felt ashamed and as a result had to change my school. I was studying in Brajalal Institute. I changed to another school, where all the students are using alcohol. They think that by beating and humiliating us we will be able to stop using. This is not true. I am still using as usual.”

The group reported that because of the various anti drug pressure group, they changed their strategy as well. They contribute money and buy the stuff in bulk.

“Wherever I go, I feel people are talking about me. Sometimes, I also get the feeling that people don’t want me to enter their house. I know that people are behaving like that to me because of my drug problem. I don’t blame them as well.”

#### **6. Issues of stigma and discrimination from your school, locality, and community in general because of your drug use.**

My drug use affected my education. Though I didn’t face any discrimination from my friends, I drifted apart from my classmates. I couldn’t mixed freely with my classmates who were not using drug. I wanted to hide my drug use so I started mixing with only those friends who were using drug like me.”

“I started bunking because of my drug use. I couldn’t even concentrate on my studies.”

There are no major stigma and discrimination these children have faced. In the school atmosphere, when other classmates came to know of their drug use, they themselves isolate from others. In the locality most of their age group are using drug.

Girls don’t face this problem because they are able to hide their drug use status. But even if they are able to hide they reported that many a times they feel guilty and are not happy. In the schools neither their non-drug using friends nor the teachers know that they use drugs.

As for boys, their classmates don’t discriminate them directly but often passed indirect comment to other people. Teachers also always make it a point to punish them. Teachers always look for excuses to give them punishment. If the same mistake is committed by someone the teacher wont give punishment but to them, the teacher will always try to find faults.

In the school/college and the locality, children who use drug mix together. They themselves avoid other people who don't use drug. There isn't much issue of stigma and discrimination.

Elders scold them and advise them. Three children however reported that they have faced discrimination from their relatives. Some of their relatives don't want them entering their houses in the fear that they will steal away some valuable. At that time they feel very hurt and humiliated.

**7. Any help/support for your drug use problem? If No, why? (Probe on the non-availability for children friendly services, fear of exposure, stigma and discrimination etc)**

They don't feel comfortable going to NGO like DPU because its for addicts and HIV Positives. The NGO staff often contacted them and told them to come to their centre but they never felt the need to do it as they don't consider it as problem at present.

"I am not an addict. I am a man. I will stop when I settled down and have baby. I will start earning by doing business and I will stop at that time."

"When I read literatures on drugs and HIV I get scared but I don't think that it will happen to me."

Majority of the members felt that their drug use habit is not a problem at the moment. Some of them acknowledged that it's a problem but don't know exactly where to get help. As stated above they don't feel comfortable in taking help from the existing NGOs.

Other than the general advice given by the elders and their family members, there are no places where they can take help to get over their drug use. There are NGOs working for drugs and HIV but none of these have services that suit their needs. One of the participant said, "I really want to come out of this habit. Please help me."

The facilities are not available in their area and they are helpless and clueless. Another participant said, "I have decided to get married to get out of drug use. After getting married, I will have some responsibility and I think I will be able to control my drug habit."

Some of the children have been to drug treatment centre but were not satisfied with the existing services. Some of them also complaint about the high admission fees in the treatment centre. Families are not able to afford the treatment fee.

"I was admitted to the centre but I felt out of place as they are all my elders. I ran out without completing the treatment."

## **8. If yes, were they satisfied with the services given? How was the response/ attitude?**

Yes, some of the respondents were enrolled as a client in NGOs but in the first place they had lots of apprehension.

“I wanted to come to MNP+ but always stopped myself as there are elders from our locality working as a staff. I didn’t feel comfortable seeking for service here.”

“Once I went for Detox at a NGO but there they ask me to bring my guardian. After that I never went back. I wanted to take their help because I didn’t want to tell my parents.”

## **9. Viewpoint on drug use service for children in this area.**

The children responded that the prevention programs should be strengthened. In villages, father goes out to earn money for their livelihood; mother is busy with household work or earning extra income for the family. Children are left on their own. There are lots of communication gap within the family members. So, it becomes easy for the children to hide their drug use habit from family or to get into drug use habit. Children all have their aim, whatever aim they have elders or guardians should be able guide them.

“I never thought that I would be using drug. I was a good student and I hated people using drug. But as I grew up, I started feeling the urge to use it and I started first with khaini. And then started using other substances. I thought I would be able to control it. At that time, if there was someone to stop me or to guide me, I feel I wouldn’t have done it.”

“I wasn’t a very good student in the class. As a result of this, teachers weren’t very good with me. I was very frustrated and felt left out. Ultimately I dropped out from the school and then gradually started using drug out of boredom.”

Children treatment centre or places where they can take help for their drug use. Community detox would also be helpful. Other facilities like having recreational centres, games and sports would also be effective.

The participants responded that they know NGOs like Sahara, Shalom are working for drug user but they don’t want to come here. They don’t feel comfortable here and moreover they don’t want to make their drug use habit known to other people even the service providers at NGOs.



"I am a school going girl, how can I go to Sahara. Even today I didn't want to come."

**10. Idea for improvement of existing services for children the best service delivery in this area for children? (Explore from them the type of place which will be easily accessible, type of helpline services, service provider)**

Career Counseling Centre, Coaching Centre, Children Recreational club, Vocational training for school drop out and extensive awareness campaign in the school and colleges and also means for helping children to come out from drug use.

Mother play a very important role. Mother are the ones who are very close with their sons. Mother should be given drug awareness and education.

School Drug Education Program from class VI onwards, separate NA meetings for children, Mass awareness program with multi media

There are other factors responsible for children getting into drug use. Misconceptions also have led girls to use RP. Other than this there are other social factors as well. In most of the tribal culture when someone in the family dies, everyone gathers in that family and stay awake and sing the whole night. In winter to avoid the cold, almost all of them take alcohol and this is culturally accepted. Most of the children got introduced to alcohol in this manner. Not only this, in all the major festivals, alcohol is served and hence children get introduced to alcohol quite early in the age around 10 – 14.

Most of the families are very poor and so the parents are busy working in the field to afford the family expenditures. Very often children are left to themselves and there are no recreational facilities. This is one reason leading them to taking drug.

Availability of recreational facilities, massive awareness campaign will help in preventing drug use among children to some extent. Most of us started using while walking to school. It's a long way and we get opportunity to try it out also. There should be school buses. There should be some place where children can come and do what ever they like playing guitar or computer. Since we didn't have any of these facilities we got into wrong habits.

Yes, some of the respondents were enrolled as a client in NGOs but in the first place they had lots of apprehension.

"I wanted to come to MNP+ but always stopped myself as there are elders from our locality working as a staff. I didn't feel comfortable seeking for service here."

“Once I went for Detox (Detox- short term treatment for drug use) at a NGO but there they ask me to bring my guardian. After that I never went back. I wanted to take their help because I didn’t want to tell my parents”

**Observation:**

As per researcher’s observation drug use population among the children less than 18 years of age is increasing in the state of Manipur. Choice of substance is varies from one district to another this due to availability of the drug or substance. There are various issues that needs to be addressed in order to reduce drug use population among the children:

1. Up-streaming intervention program is required (prevention program for to those children who haven’t started drug use.
2. Information education program among the parent especially among the mothers.
3. User friendly service for children who are already on drug use since they could not access the existing service facilities due to high stigma and discrimination.
4. Inclusion of drug use prevention program in the school and college education curriculum activities.
5. Mass on going information education program among the various communities.
6. Recreational facilities which includes-games and sports, education information program in every localities.

**B) Report on Interviews from Key Informants**

Key Informants like School authorities, NGOs, Law enforcement authorities and parents of children using drugs were interviewed. The report presents views of the informants on the problem of drug use amongst children in Manipur

**School Authorities**

According to the school authorities, drug use among school children is a major issue and concern in Manipur. Some of the reasons for young children entering into drug use given by them are:

- Invitation from senior classmate
- Little control of parents
- Strained relationship between parents and child
- Lack of proper guidance to the young children
- Influence of media as children are exposed to violent and obscene scene

According to them, at present school authorities do not have enough capacities to deal with drug problem but initiatives such as counseling, education on harms related to drugs use, panel discussion, workshops can be taken by the schools in collaboration with NGOs to tackle the problem of drug use amongst children.

### **Social Organisation**

According to the members of the NGOs, drug use amongst children in Manipur is rampant and increasing gradually. The parents do not consider drug use as major problem. Some of the reasons for rampant use of drugs given by them are:

- Lack of awareness
- Influence of media
- Lack of parental guidance

Some of the suggestions to minimize the problem of drug use amongst children are:

- Awareness programmes for parents
- Involvement of community leaders
- More facilities of recreational activities, games etc. for the children

### **Law Enforcement Authorities**

According to the Law enforcement agencies drug use among children is increasing in Manipur. Children from well off families misuse their pocket money, those from lower middle class families commit petty crimes such as stealing money etc. to get drugs of their choice.

Police personnel have important role in solving the problem by restricting the supply of drugs. Narcotics cell and Border Security Force can address the problems effectively by checking the peddling of drugs.

According to them, there are no concrete rules for dealing the cases of children using drugs. In some cases during special drive on prevention of drug use the children are arrested, detained and then released on bond signed by the parents. Parents are encouraged to send their children to drug rehabilitation centres

Some of the suggestions given by the enforcement agencies are:

- Setting up of special task force trained specifically for children who are drug users
- Involving school authorities and community to conduct awareness programmes
- Special legal guidance cell under Narcotics drug prevention
- Proper education to the young children and sensitization of parents

### **Parents of children using drugs**

The parents are worried about the humiliation the family has to face if their child's name is published in the newspaper by the anti-drug pressure groups. Also there are regular fights at home if the money is not given to them for purchasing drugs. Parents also feel if money is not given to them, the child might steal money from others. They feel sad and are worried about the future of their children.

Parents do not have any idea about the source from where their children procure drugs.

According to them, the drugs are easily available in every locality. They try to tackle the problem of drug use by establishing a network of the parents of children who are using drugs and convincing and sending children for treatment in rehabilitation centres. Parents accepted that they do not have the skill and knowledge to counsel children. Some of them admitted that they couldn't give proper attention to their child when the child was growing up. They take help from organizations for their children.

Parents are not satisfied with the existing services for children. Relapse of drugs after the children come out of the rehabilitation centre is a common phenomenon as there is no follow-up from the centre. They complained that there should be separate rehabilitation centres for children. When children are placed in the common rehabilitation centre they learn more bad things from the adults.

Parents feel that if proper attention is given to the child, children are not put under pressure and if some religious and spiritual environment is created at home they can prevent their children entering into drug use.

## CONCLUSION AND RECOMMENDATIONS

The findings from this report show widespread use of drugs in the state of Manipur irrespective of geographical location, age, sex, educational qualification, marital status, religion, ethnicity and economic status. The reasons as to why drug use is widespread remains complex but it could be suggested that the close proximity and behaviours of those in contact with the respondents, either as friends or family members, have direct and indirect influence upon their own drug consumption. A culture of alcohol consumption appears common with the majority of respondents claiming to have friends that drink alcohol. Interestingly, over a third of respondents have friends that 'chase' their drugs. The drug that is chased is not clear but it is possible it may be heroin. Among their peer group, around a third of respondents commented that just under half were aware of friends that inject drugs, with just under a half have friends that inhale drugs. The majority had friends that took pills. From the respondents perspective, most consumed drugs as a result of curiosity, peer pressure and the desire for fun. Such reasons for the initiation of drug use are not uncommon and can be supported by international studies. (See References)

The range of drugs consumed is broad ranging with just under a third of respondents selecting Spasmo Proxyvon as their first drug. The finding of just under a third of respondents with a history of injecting drugs, and further more the majority of those injecting claiming to share their injecting equipment is cause for alarm. With around a third of respondents not being aware that HIV can be a consequence of drugs use, and up to 40% not aware of STIs, considerable effort will need to be undertaken to address these gaps in knowledge and understanding of such topics. This is particularly the case when it is clear that the HIV epidemic of Manipur still remains at levels that require a rigorous public health response.

While not a specific focus of this study it can be suggested that knowledge and information of children consuming drugs and its consequences remains low, particularly among parents, and specifically among mothers and school teachers in Manipur. This is despite the fact of a perceived high awareness within the society of widespread drug use among children in Manipur found from the FGDs & KIs.

Currently there is no specific targeted program to address the findings of widespread drug consumption among children in the drug treatment centers either sponsored by the Government. of India or NGOs working in drug use related issues in the state.

In Manipur there is a general lack of outlets for children viz recreational facilities, information and educational systems. Health seeking behaviors is generally not well

established in the group with just under half feeling shy to access assistance from a health centre. Overall drug use among the respondents does generate a real or perceived sense of discrimination as a result of such behavior. There are a number of mixed messages from the findings but it is interesting to note that just under half of respondents claimed to isolate themselves from their friends [assumed to be non-drug using friends] due to their drug use. This heightened level of fear of exposure and discrimination ensures that those using drugs remain a hidden population in our society.

Currently there are various harm reduction intervention programmes and drug treatment services in Manipur that aim to reduce drug related harms and sex related risks. But the findings tend to show that available services are not oriented towards the needs of this particular population group.

In conclusion the accessibility of specific programs to child drug users is almost negligible for various reasons that include a denial of the scale of problem, a lack of involvement of children using drugs to contribute suggestions of the function and operations of a service provider; and lastly the importance to ensure that targeted efforts be primarily children orientated.

### **Recommendations**

Findings from this report will be incorporated into the design and plan to implement new programs for children using drugs in the state of Manipur. Childline India Foundation will utilize its already existing networks and linkages to advocate with potential stakeholders including Health and Social Welfare Departments of the Government of India to make use of the research for further in-depth studies and programme implementation for this population group. Additionally, CHILDLINE will also initiate and collaborate with those children drug use prevention and intervention programs that have services or activities operating in Manipur. The following recommendations based on the findings of this report include:

- Various innovative strategies need to be implemented to reach out to the children on drugs: for example the empowerment of this population group to respond to their needs Evidence from Manipur have shown that the peer led intervention is an effective strategy in bringing behavior change and creating an enabling environment i.e., involvement of children in designing and service providing the various intervention and prevention programs in the state. This same model can be applied with children consuming drugs. Facilitating creation of children self help or support groups can lead towards empowerment.

- There is urgent need for forming policies for children using drugs under the state and central Government in order to address the long neglected vulnerability of those under 18 years of age that consume drugs.
- There is a need to include children as active participants in the intervention prevention programs and existing drug rehabilitation and treatment programs. Furthermore, there is a need to assist in the capacity building of children and non-drug users to be skilled and trained to participate in sensitization activities, including the development of local specific strategies on drug use and associated issues of sexual health and human rights.
- There is a need to include a focus on sex and sexuality issues while designing/initiating children drug use programs due to them being a sexually active population involved in risk behavior and overall poor understanding of STIs. This program could specifically be designed in a way that could be incorporated into academic curriculums inside Manipur.
- Development of specific child friendly and attractive IEC materials that are designed following consultations with the youth population on suitability and appropriateness (drawings, art format or photos, 'flip chart'). The development of a 'Newsletter' on drug use related issues in the local dialect could be a consideration.
- There is a need to consider various factors in children's lives, including social, economic, mental and physical aspects when developing a program for them. All programs designed to meet the needs and concerns of children consuming drugs also need to consider barriers to treatment and other special needs as a result of their age.
- There is a need for adopting children specific program strategies, to ensure prevention programs will contribute to behavior change, which can include informed decision making to avoid adverse health consequences as a result of drug use including injecting and sexual risk practices.
- Development of mass awareness, information and education programs targeted towards parents, school/college teachers and other stakeholders associated with drug use among children. This will contribute towards an improved understanding of drug addiction and in return assist to decrease the stigmatization and criminalization of this population group. An enhanced understanding of the drug issues will lead to decreased marginalization of children consuming drugs and ultimately facilitate a shift among this vulnerable group to accessing mainstream services when required.

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## Annexure I: Informed Consent Form

### Purpose of the Study

Khurumjari (Namaste). My name is \_\_\_\_\_, and I work on the research team of project entitled 'Exploring the risk associated with Children on Drug/Substance use in the state of Manipur'.

The aim of this study is to increase understanding of the contextual factors associated with initiation of substance use in the state of Manipur and to explore the link of substance use, socio economic and psychological impact among the children.

The findings from this study will be useful to highlight opportunities for designing effective intervention prevention program and can be used as an advocacy tool.

### Procedures

You are being requested to participate in an interview that will take about 40-50 minutes. You will be asked questions about your drug use behavior, personal details, your health seeking behavior and factors that influence it. In addition, we will also seek your opinion about the best way to improve programs for children drug users.

The risks to you as a participant in this study are minimal. During the interview you may decide to share information that is very personal in nature. Please note that you may skip any questions that you do not wish to answer or stop the interview at any time, without giving any reasons. You need not tell anything that you don't consider appropriate. You do not have to answer any question you do not want to. Your answers will not negatively influence or affect the treatment or services that you are currently receiving.

We will not provide any money for your participation in this study. We can link you up to NGOs working for Children drug users in your area. We will offer you tea and snacks during or after the interview.

### Confidentiality

The interview will not be viewed by any of your family or service providers. Your responses will be seen only by the researchers, and will be stored in a locked place under their control. Your responses will be kept confidential. Your name will not appear on the interview record. No identifying information will be reported with your response.

Any information obtained from you in the study when shared with others will be in a form that cannot be identified with you.

We assure you again that information collected will be treated with confidentiality.

### Agreement to participate and right to refuse or withdraw

You understand that your participation in this study is voluntary. You will be free to decline if you wish. If you agree to participate, you can decide not to answer certain questions and can stop the interview at any time. Your decision about whether or not to participate in this study or to answer any specific questions will in no way affect any services that you receive.

If you do participate, you understand that a representative of the researchers may contact you to ensure that you have consented to do so.

You understand that you are free to ask questions before signing this form and that if you have further questions during the course of the study, you may contact Ch. Bangkim Singh, the study's principal investigator, at Uripok Snam Leikai, Imphal – 795001, Tel - 2411408

### Consent statement for signature

I have read this entire consent form, or \_\_\_\_\_ had it read to me, and any questions have been answered to my satisfaction. I agree to participate in this study.

Signature or (print) Left thumb impression of Respondent:

.....

Signature of Interviewer: .....

Date:..... Place:.....

Annexure II: Survey Questionnaire

ID

**A Study on Substance abuse amongst children  
CHILDLINE India Foundation  
2<sup>nd</sup> Floor, Nana Chowk Munc. School  
Grant Road West, Mumbai-400007**

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**Survey Questionnaire**

Date of Interview:

Informed Consent Obtained: Yes  No

(If Informed Consent Not Obtained, proceed to seek consent prior to interview. If respondent refuses to give consent, discontinue the interview process and record as No. Keep questionnaire on record to document refusals)

Name of Interviewer:  Signature

*Thank you for agreeing to participate in the interview. Your correct answers are very important. Please answer each question carefully and honestly.*

**SECTION I: PERSONAL DETAILS**

I would like to start by asking you a few questions about yourself.

Sl.	Questions	Coding categories	Code Boxes	Skip
1.1	How old are you (age in completed years)?			
1.2	What sex is the participant	01 Male 02 Female		

1.3	With whom do you stay currently?  Tick all that apply	01 Both parents 02 Mother only 03 Father only 04 Brother/Sister 05 My fiancé or wife/ husband 06 Other relatives 07 With friends in private accommodation 08 Alone in owned /rented residence 09 Other, specify .....		<b>If wresponse is 01,02 03 or 04 skip to 1.5</b>
1.4	If not staying with parents, brother and sisters since when have you been staying away from home? No. of completed years			
1.5	How many members are there in your family?	.....		
1.6	Do you own a house?	01 Yes 02 No		<b>If No, skip to 1.8</b>
1.7	If yes, what type of house do you stay in	01 Kuchcha (Mud house, hut) 02 Semi pucca (Tin roof) 03 Pucca (Brick wall)		
1.8	Have your family migrated from any other place?	01 Yes 02 No		
1.9	What is your marital status?	01 Unmarried 02 Married 03 Separated/Divorced 04 Widowed 05 Unmarried and living with partner 06 Single, unmarried and no live in partner 07 Abandoned		

1.10	Are you currently working	01 Yes 02 No		<b>If No skip to 1.14</b>
1.11	If yes, what is your occupational status?	01 Daily wage 02 Self employed/small business 03 Private job 04 Other, specify		
1.12	In the past 12 months, have you earned money by working full-time or part time?	01 Yes Full time work 02 Yes, part time work		
1.13	How much do you earn in a month?	01 Less than Rs.500 02 Rs. 501 – Rs. 1000 03 Rs.1001 - 2000 04 Rs.2001 – Rs.3000 05 More than Rs 3000		
1.14	What is your religion?	01 Hindu 02 Muslim 03 Christian 04 Buddhist 05 Other, specify ----- -----		
1.15	What is your Ethnic group?	01 Meitei 02 Meitei Pangal 03 Naga 04 Kuki 05 Other Specify		
1.16	What is your educational status?	01 Never attended school 02 Class 1-5 03 Class 6- 10 04 Class 11-12 05 Drop out 06 Other specify		
	If 05 (Drop Out) what was the last class you attended and why?			

1.17	What is your <b>main</b> goal for the next 4 years of your life?  <b>TICK ONE ANSWER ONLY</b>	01 Marriage 02 Further education 03 Finding career 04 Just being relaxed 05 Giving up my drug habit 06 No special plan 07 Other, specify		
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**SECTION II: FAMILY CHARACTERISTICS**

Now, I would like to ask you some more about yourself and your family. (*Mother and father = biological parents*).

2.1	Are your father and mother?	01 Both alive and living together 02 Both alive, but divorced/live apart 03 Father dead, mother alive 04 Mother dead, father alive 05 Both dead		
2.2	What is your mother's education?	01 No Education 02 Primary School (1-5 std) 03 Middle School (6-8 std) 04 High School (9-12 std) 05 University graduate & above		
2.3	What is your father's education?	01 No Education 02 Primary School (1-5 std) 03 Middle School (6-8 std) 04 High School (9-12 std) 05 University graduate & above		
2.4	What is the main source of family income	01 Private job 02 Business/ Small Enterprises 03 Government job 04 Agriculture 05 Labour 06 Other specify		
2.5	What is the monthly income of your family	Rs. ....		

**There are different types of families. Where would you place your family on the following:**

2.6	How openly do you communicate with your family?	01 Very open communication 02 Some communication 03 No communication		
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2.7	How much conflict or fighting is there between your family members?	01 No conflict 02 Some conflict 03 A lot of conflict		
2.8	How happy do you say your family is?	01 Happy 02 Somewhat happy 03 Unhappy		
<b>Parental supervision: These next questions relate to your relationship with your parents</b>				
2.9	Strict in controlling you?	01 Very strict in controlling me 02 Somewhat strict 03 No strict in controlling me		
2.10	Understanding you?	01 Not understanding me at all 02 Somewhat understanding 03 Very understanding of me		
2.11	Spending time with you?	01 Spend very little time with me 02 Spend some time 03 Spend lots of time with me		
2.12	Strict about whom your friends will be?	01 Very strict about who my friends will be 02 Somewhat strict 03 Not at all strict about who may friends will be		
2.13	Monitor how you spend money?	01 Very vigilant about how I spend money 02 Somewhat vigilant 03 Very liberal in money matters		
2.14	Strict about being back home at night?	01 Very strict about being back home 02 Somewhat strict 03 Very liberal about my being home on any time at night		

**SECTION III: PEER INTERACTIONS**

In this section, we will ask you questions about your friends.

	Questions	Coding categories	Code Boxes	Skip
3.1	How many of them smoke?	01 None 02 A few 03 About half 04 Most 05 All 06 Don't know		
3.2	How many of them drink alcohol?	01 None 02 A few 03 About half 04 Most  05 All 06 Don't know		
3.3	How many of them chase drug?	01 None 02 A few 03 About half 04 Most 05 All 06 Don't know		
3.4	How many of them inject drug?	01 None 02 A few 03 About half 04 Most 05 All 06 Don't know		
3.5	How many of them sniff drug?	01 None 02 A few 03 About half 04 Most 05 All 06 Don't know		
3.6	How many of them take pills?	01 None 02 A few 03 About half 04 Most 05 All 06 Don't know		



<b>SECTION IV. DRUG USE PATTERN</b>				
Many young people take alcohol or drug. Now, I would like to ask your experiences with alcohol and drugs.				
4.1	Does anyone in your family take drugs/alcohol? <i>(Drug = mind changing mood altering substances other than tobacco)</i>	01 Yes 02 No		<b>If No, skip to 4.3</b>
4.2	If, yes, who	01 Mother 02 Father 03 Brother 04 Sister 05 Husband 06 Other, specify		
4.3	Have you ever taken alcohol?	01 Yes 01 No		<b>If No skip to 4.5</b>
4.4	If yes, at what age did you start taking alcohol? (Completed years)			
4.5	How often would you say you drink alcohol?	01 Often 02 Sometimes 03 Rarely 04 Never		
4.6	What was the first substance you used and when? (Probe/prompt)			

4.7	<p>What was/were the reason(s) for taking substance the first time? ( No prompting)</p> <p><b>(Multiple responses)</b></p>	<p>01 I took drugs for fun 02 My friends persuaded me 03 I was curious about what it would do to me 04 I was depressed and thought it would make me feel better 05 My husband made me take it 06 Somebody tricked me 07 Family/ Cultural traditions 08 Other, specify</p>		
<p><b>Please tell us your first experience in detail</b></p>				
4.8	<p>How often would you say you take substances?</p>	<p>01 Always( Daily basis) 02 Sometimes 03 Rarely</p>		

Now, I want you to tell me your experiences of using common drugsw											Yes – 01		No – 02	
List of the substances	4.9 Have you ever taken the following	4.10 The first time you took this drug, how did were you	4.11 The first time you took this, did you take it				4.12 Have you ever taken this drug in the last one month	4.13 Mostly do you take it						
			a) Orally	b) Sniff it /Smoke / Drink	c) Chase it	d) Inject it		a) Orally	b) Sniff it	c) Chase it	d) Inject it			
1.Nitrosun 10 (N 10)/Nitrazepam														
2.Lobain														
3. Valium														
4.Alpazaolam														
5. Spasmo Proxyvon														
6. Ganja														
7. ATS														
8.Dendrite														
9.Diazepam														
10.Calmpose														
11.Buprenorphine														

12. Cough syrup											
13. Brown Sugar											
14. Raw opium (Kani)											
15. Heroin											
16. Other specify											

	Questions	Coding Categories	Code Boxes	Skip
4.14	Where do you usually get your substance?	01 Friends 02 Chemist shop/pharmacy 03 Shop 04 Peddler 05 Others, specify.....		
4.15	What type of drug you prefer			
4.16	Do you inject drugs?	01 Yes 02 No		If No skip to 4.21
4.17	Why do you prefer injecting drug?	01 I inject because it is cheaper 02 I inject because it gives a better high 03 Others, specify		

4.18	How many times do you inject in a day?	01 One time 02 Two times 03 Three times 04 Four times 05 Five times		
4.19	Do you share your injecting equipments?	01 Always 02 Sometimes 03 Never		
4.20	Where do you usually go to inject?	01 Home 02 Friend's place 03 Peddler's place 04 Isolated place 05 Park 06 Other, specify		
4.21	How much do you spend in a day for drug at present?	01 Less than Rs 50 02 Rs 51 to Rs 100 03 Rs 101 to Rs 200 04 Rs 201 to Rs 300 05 Rs 301 to Rs 400 06 Rs 401 to Rs 500 07 Rs 501 and above		
4.22	Have you ever sold your personal/ family belongings to buy drugs?	01 Yes 02 No		
4.23	Have you ever stolen money/ valuables from others to buy drugs?	01 Yes 02 No		
4.24	Have you ever sold drugs to use drugs?	01 Yes 02 No		
4.25	Have you ever had sex to get money for drugs?	01 Yes 02 No		
4.26	Have you ever had sex in exchange for drugs?	01 Yes 02 No		
4.27	Does anyone in your family know about your drug use habit?	01 Yes 02 No		<b>If No, skip to 4.29</b>
4.28	What was your family reaction about your drug use?	01 Suggested to go for treatment 02 Scolded 03 Locked up in the room 04 Threaten to put in jail 05 Very supportive, helpful and loving 06 Other, specify .....		

4.29	Have you ever been in trouble with any of the following  (Multiple response possible)	01 Law Enforcers 02 Social Organizations 03 Educational Institutions 04 Employer 05 Others, specify ..... 06 None		
If yes, please tell us in detail what were the reactions?				
4.30	Did your drug use affect your school/college education (attendance/performance)?	01 Yes 02 No		<b>Please refer Q 1.16 Educational status. And skip to 4.32 if not relevant</b>
4.31	Do/Did your classmates know about your drug use habits?	01 Yes 02 No		
If yes, what were their reactions?				
4.32	Did/Do you isolate yourself from your friends/localities because of your drug use?	01 Yes 02 No		
4.33	Have you ever misused the money meant for your educational purposes (school fees, books, pen, travel etc)	01 Yes 02 No		
4.34	Has anyone in your family ever faced any discrimination because of your drug use?	01 Yes 02 No		
If yes, please specify				
4.35	Has any church/community leader ever spoken badly about your drug use to you or to anyone else? If yes, please explain	01 Yes 02 No		
4.36	Have you ever overdosed in the last three months?	01 Yes 02 No		

4.37	Have you ever tried to give up drugs?	01 Yes 02 No		
	If yes, a) If yes, for how many days did you give it up?			
	b) Did you seek help/ got support from any facility	01 Yes 02 No		
	c) If Yes, which?	01 Detox service (NGO) 02 Detox (personal) 03 Govt Medical facility 04 Church 05 Community detox camp 06 Drug treatment centre 07 Other, specify		
	If No, a) Do you think you need any help/service to give up drugs?	01 Yes 02 No		
	b). If yes, what kind of service you need?			
4.38	Why did you get back to drug use? (Multiple response possible)	01 Because I had no support 02 Because I went back to my old friends who were still using 03 Because I was dependent and wanted to use it again 04 Other, specify		

4.39	Which of the following statements best describe how you feel about taking drugs:	01 I really want to give up drugs 02 Whether I give up or not, its ok 03 There is really no reason why I should give it up 04 Other, specify		
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**SECTION V : HEALTH KNOWLEDGE AND SERVICES**  
**Now, I would like to ask you some questions on your health status.**

	Questions	Coding Categories	Code Boxes	Skip
5.1	Are you suffering from any of these health problems?	01 Losing weight 02 Recurring Fever 03 Headache/ Stomach ache 04 Frequent Abscess 05 Sleeplessness 06 Anxiety/Depression 07 TB 08 Other specify..... 09 None		
5.2	Are you aware of health complications that can arise out of drug use?	01 Yes 02 No		If No skip to 5.4



5.3	If yes, what are the health problems  (Multiple responses)	01 HIV 02 Hepatitis B, C 03 Overdose 04 Abscess 05 Thrombosis 06 Others, specify -----		
5.4	Have you heard about any infections that people can get from sexual contacts?	01 Yes 02 No		<b>If No skip to 5.6</b>
5.5	Can you describe any symptoms of infections that people can get from sexual contacts?  Multiple responses	01 Ulcer/sore on private parts 02 Genital discharge 03 Itching in private parts 04 Lower abdominal tenderness/pain 05 Warts or growths on private parts 06 Burning or pain on urination 07 Do not know any symptoms 08 Asymptomatic 09 Other, specify		
5.6	Have you ever had sexual intercourse?	01 Yes 02 No		If no skip to 5.8
5.7	If yes, how often do you use condoms?	01 Always 02 Sometimes 03 Never		
5.8	Have you ever had an HIV test done	01 Yes 02 No 98 Refused to answer		If no or refuse to answer skip to 5.11
5.9	Do you mind sharing with us your result?	01 Yes 02 No		If yes skip to 5.11
5.10	If No, what was the result?	01 Positive 02 Negative		

Now, I would like to ask you how you feel about health facilities in your area. Please answer me the following				
	Questions	Coding Categories	Code Boxes	Skip
5.11	Are there any facilities in your area where you can seek treatment for drug related problems, including detoxification, abscess, overdose, infections, general health care etc.	01 Yes 02 No		If No skip to 5.13
	If yes, Are they sufficient?	01 Yes 02 No		
5.12	How far is the service located	01 Within walking distance (less than 1 km.) 02 Need to take a rickshaw 03 Need to take a bus		
5.13	Have you usually been treated well whenever you have been to a health care provider for your general health complaint?	01 Yes 02 No 98 NA (never visited a facility)		
5.14	Have you usually been treated well whenever you have been to a health care provider for a drug related problem like abscess, weight loss or overdose?	01 Yes 02 No 98 NA (never visited a facility)		
5.15	Have you usually been treated well whenever you have been to a health care provider for any sexual and reproductive health problem like itching in the private part, foul smell, white discharge etc?	01 Yes 02 No 98 NA (never visited a facility)		
5.16	If you have been to a detox or drug treatment centre, were you treated well?	01 Yes 02 No 98 NA		
5.17	Would you feel shy to approach a health care provider if you needed to get condoms?	01 Yes 02 No		
5.18	Would you feel shy to approach a medical shop if you needed to get condoms?	01 Yes 02 No		
5.19	Would you feel shy to approach a health care provider for treating drug related problems	01 Yes 02 No		

<b>SECTION VI : SUGGESTIONS FOR SERVICES</b>			
6.1	Are you aware of any helpline services where you can share your problems?	01 Yes 02 No	If No skip to 6.8
6.2	If yes, Can you name them?		
6.3	Have you ever availed the services?	01 Yes 02 No	If No skip to 6.5
6.4	If yes, which services you availed?		
6.5	If No, why haven't you availed the service?		Skip to 6.8
6.6	If you have availed the service, are you satisfied?	01 Yes 02 No	If Yes skip to 6.8
6.7	If No, why?		
6.8	What are the other kind of services you think should be provided in your area  <b>Multiple Responses</b>	01 Detoxification centers 02 Needle exchange programmes 03 General health services 04 Sexual and reproductive health services 05 Vocational training centres 06 Counselling and support services for children 07 Awareness generation for precautions 08 Others, specify	

*Thank you very much for your valuable time and cooperation*

Annexure III  
**Focus Group Discussion**  
PARTICIPANTS LIST

**Date:** .....

**Time:** .....

**Venue:** .....

**District:** .....

**Facilitator:** .....

**Recorder:** .....

**Details of the participants**

Sl. No.	Age	Education	Sex	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Introduction of the Facilitator, Recorder and the Participants. Assure the participants of the confidentiality.

The Facilitator should explain in detail the Research aims and objectives, rationale and the possible outcomes of the research.

1. Drug use scenario among children in this area.
2. Commonly used substances among children under 18 years in this area (district)
3. Modes of use, sources of drug, sites of use, frequency of use in this area
4. Finance of drug
5. Views of community towards children using drugs.
6. Issues of stigma and discrimination from your school, locality, and community in general because of your drug use.
7. Any help/support for your drug use problem?  
If No, why? (Probe on the non availability for children friendly services, fear of exposure, stigma and discrimination etc)
8. If yes, were they satisfied with the services given? How was the response/ attitude?
9. Viewpoint on drug use service for children in this area.
10. Idea for improvement of existing services for children the best service delivery in this area for children? (Explore from them the type of place which will be easily accessible, type of helpline services, service provider)

Annexure IV: KEY INFORMANTS INTERVIEW

**A. School Authority**

Name of the Interviewer: .....

Name of the Key Informant: .....

Position:

Date:

Time:

Venue:

1. Do you think drug use among school children is an issue in Manipur?
2. Can you describe the scenario from your experience?
3. What do you think are the facilitating factors for children getting into drugs?
4. Have you had any direct experience? How did you tackle? Please explain.
5. Can you please explain about the psycho social/academic aspects of these children?
6. Do you think the school authorities of Manipur have enough capacity to deal with such issues? If not, what can be the probable solutions?
7. Have you ever referred or taken help of any expert/professional working in the field of drug use? How do you link with them?
8. How do you think we can address the issue of school children using drugs in Manipur

## **B. Social Organization**

Name of the Interviewer: .....

Name of the Key Informant: .....

Position:

Date:

Time:

Venue:

1. Can you please describe the present scenario of children below 18 years using drugs in Manipur?
2. How do you address these issues?
3. What are the common drugs used by children that you have come across? What is the mode of use? Please explain in detail.
4. Why do you think there is a wide spread use of drug among children in Manipur?
5. What do you think made these children initiate into drugs? Please explain in detail.
6. How do you tackle the children you come across?
7. What are some of the organization/institutions you network for children using drugs? How does it work?
8. How do you think we can minimize the issue of children using drugs in Manipur?

### C. Law Enforcement Authorities

Name of the interviewer:

Name of the Key Informant:

Date:

Time:

Venue:

1. Are you aware of the problems of drug use among children below 18 years in Manipur? Please describe (drugs used, mode of use).
2. What are the main sources of drugs used by the children? Please describe.
3. Do you think the police have any role to play in solving the problem of drug use among children?  
If yes, how?
4. Who among the LEA can most effectively address this problem?
5. What are some of the steps usually taken up by the law enforcers against the children drug users? Please specify.
6. How adequate and how appropriate do you believe are the responses taken up against the children?
7. What are the laws relating to drug use among children in the state? At what extent are they enforced?
8. Have your department arrested any children? What were the responses and the follow ups?
9. Do you network with any other organization relating to drug use among children? How does it work?
10. How do you think your department as a key player contribute to minimize children using drugs in our state?



#### **D. Parents of Children using Drugs**

Name of the interviewer:

Name of the Key Informant:

Date:

Time:

Venue:

11. Can you please share with us the problems faced by the parents of children below 18 years using drug?
12. In general, what do you think are the main factors for children getting/initiating into drugs in our state?
13. What bigger responsibility can the parents play to address the issue of children using drug?
14. How did you tackle your child/children using drug?
15. Are you satisfied with the way you have dealt with your children? Do you feel that you could have done better? How?
16. Do you have any idea from where your child access drugs?
17. Have you taken any help/ support from anywhere? If so, please explain?
18. How adequate and how appropriate do you believe are the services available for children?
19. Are you satisfied with the services available? If No, how do you think can it be improved?
20. Please provide us some suggestions as to how we could minimize children initiating into drugs?

Annexure V  
**In-depth Interview Guidelines**

Respondent ID:

Age of respondent (completed years):

Education (completed):

Place of residence (District):

Interviewer name:

Site of interview:

Date of Interview:

Start time of Interview:

End time of Interview:

1. Could you please tell me little bit about your childhood?
2. Could you please share with me one of your best experiences in your life?
3. Please tell me about a typical day in your life?
4. Could you tell me about your family (socio economic)? Please explain in details about your intra familial relationship.
5. With whom you are presently staying? If you are staying away from family? Why and where?
6. When did you start taking drugs? What were your reasons for taking drugs?
7. What drug(s) was that and with whom? Present choice of drug?
8. How much do you spend in a day for drug at present? How do you afford your drug habit? (Probe – sex work, helper, small time peddler, stealing, selling off belongings or family assets or any other)

9. Could you please tell me where you usually procure your drugs? Is it easily accessible? If not, why?
10. Is your family, community aware of your drug use?
  - (a) If yes, how were you treated? Please explain in detail.
  - (b) If no, why?
11. Have you ever been arrested/harassed/humiliated for your drug use behavior?
  - (a) If yes, please specify (which and by whom). How do you feel at that time? (Probe: Suicidal attempt, rebellious, self-stigmatizations, low self esteem, other specify).
12. Have you ever tried to give up drugs? Can you please detail on it?
13.
  - (a) Do you get any support from your family for it?  
If yes, what are they? (Probe: Psychosocial, financial, physical)  
Satisfaction with the support you receive- why or why not?
  - (b) Do you get any other support other than your family?  
If yes, from where and whom? What are they? Please specify.  
Satisfaction with the support you receive- why or why not?
14. What do you think are the reasons for children getting into drugs in Manipur?
15. How can we prevent drug use among children?
16. What do you think can be the programs and services which will be effective for children using drugs? (Help to come out of drugs, health provisions, HR options)
17. Can you please give any comment/suggestions?

## Annexure VI: Profile of Authors

**Bangkim Chingsubam** is a Program Manager at the *Social Awareness Service Organization (SASO)*. He began working at SASO since early 1992 as a social worker for drug users (*DUs*) and the PLWHA (Full forms) community, providing education and referral and networking for DUs. He has worked on a range of activities including Harm Reduction, Care & support programs. He has years of experience on service delivery as well as a researcher, educator, policy analyst, and a consultant for Government and Non-government agencies such as, UNODC, EHA, Alliance, NSACS, KSACS, Population Council and UNICEF.

**Chakpram Umananda** is a District Supervisor at ICTC-HIV/TB (full form) (Imphal East), under Manipur State AIDS Control Society, Govt. of Manipur. He holds a Masters degree in Medical and Psychiatric Social Work, Pune University. He was actively involved in substance abuse and drug treatment centres in Muktangan- Pune, Kripa Foundation-Goa during his studies. Also he has worked as a visiting Counsellor in a Drug Treatment Center funded by Ministry of Social Justice and Empowerment and participated in studies of alcohol and substance abuse with NGOs and Individual Consultants.

**Archana Oinam** has work for 5 years in SASO as a Project Manager in the Care and Support project from 1999 to 2004. She is a trainer in the area of Harm Reduction and has been trained by Burnet Institute, Australia. Archana received a 2 year research fellowship from MacArthur Foundation through Population Council, New Delhi. She has completed a post graduate degree in psychology from the Kanpur University and has also coordinated research and intervention activities to inform development and implementation with the various donor agencies. Her research interests include understanding and addressing social and gender equity issues as they relate to preventing and mitigating the impact of the HIV epidemic on women and children and protecting and promoting the rights of those infected and affected.

**Phillip Laishram** has completed a post graduate degree in Applied Psychology from the JamiaMillia Islamia University, New Delhi. He was trained in '*Building managerial effectiveness in sexual health interventions*', from IIM, Kolkata and '*Exploring linkages between health & human rights*' from TISS, Mumbai. He worked as a documentation and research officer in the North East India Harm Reduction Network (*NEIHRN*). He has been involved in a number of research projects on drugs and HIV/AIDS related issues in Manipur including Family environment and self esteem of drug users, ARV (full form) provision and female injecting drug users. He has documented numerous articles on issues of drug use and HIV/AIDS. He is currently working as an ART counselor in Regional Institute of Medical Sciences, (*RIMS*), Imphal.