

# USE OF PSYCHOACTIVE SUBSTANCES AND ITS VULNERABILITY AMONG CHILDREN AND YOUNG ADULTS IN PUNJAB

## 2019



**SATYARTHI**

KAILASH SATYARTHI CHILDREN'S FOUNDATION

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# ACRONYMS



AIIMS	All India Institute of Medical Sciences
FGD	Focus Group Discussion
IDI	In depth Interview
IDU	Injecting Drug Use
KSCF	Kailash Satyarthi Children's Foundation
NDDTC	National Drug Dependence Treatment Centre
OOAT	Out patient Opioid Assistance Treatment
PGIMER	Post Graduate Institute for Medical Education and Research
PODS	Punjab Opioid Dependence Survey
PPS	Probability Proportionate Size
SPYM	Society for Promotion of Masses

# EXECUTIVE SUMMARY

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It is a well-known fact that consumption of psychoactive substances can have serious and adverse impact on the life of not only the consumer but also his/her family environment, other than the consumer's own health and well-being. Though all members of a family can get affected in multiple ways by the addict member, yet children and young adults are the worst sufferers. Throughout the border state of Punjab, whether in villages or cities, drugs have become a scourge.

The scale of the problem, if impossible to quantify precisely, is undeniably immense and worrisome. India has one of the world's youngest population, a factor that is expected to power future economic growth, yet Punjab is already a reminder of the demographic risks of a glut of young people.

The Kailash Satyarthi Children's Foundation (KSCF), under the leadership and guidance of Nobel Peace Laureate Kailash Satyarthi, works to realise its vision and mission of a world where every child can live freely with dignity, where all children exercise the fundamental right to be free, safe, healthy and educated, and realise their fullest potential. Keeping this in focus the research study was conducted in order to generate current data, information and knowledge related to specific aspects of the psychoactive substance abuse in Punjab so as to support the eventual design and development of improved prevention and protection strategies, and to strengthen existing strategies being used by the state government. The data generated from this study is critical to strengthening the overall response in the country towards the abuse of psychoactive substances by the relatively young segment of the population. Moreover, the spread of such reprehensible habits among children and young adults of the society ought to be treated and controlled.

In this study a multi stage sampling procedure was adopted for the selection of samples. Six districts, two each from the three administrative regions (Majha, Malwa, Doaba) were selected. The number of patients enrolled in each district for de-addiction in last three months was taken as the indicator for selection of districts. The final selection was carried out through Probability Proportionate Size (PPS). The selected districts were: Amritsar, Taran Taran, Kapurthala, Moga, Barnala and SBS Nagar. De-addictions centers, Rehabilitation centers and OOAT clinics were selected in consultation with officials from department of health, Govt. Punjab.

In OOAT clinics, exit interview approach was adopted. At the time of exit from the clinic, patients were verified for eligibility to participate in the study and interviewed after obtaining necessary consent from the respondent or an adult person accompanying the patient. In total 354 structured interviews were conducted with patients seeking drug de-addiction treatment.

## **Key Findings**

The study generated data on the impact, usage and availability of psychoactive substance abuse among children and young adults in Punjab. Some of the key findings of the study are stated below:

### **Socio-demographic characteristics:**

- The mean age of respondents surveyed was 23 years out of which only a mere one percent was below the age of 18 years.
- Data revealed that majority of the respondents (69%) reported being unmarried. Out of the 111 married respondents 70% reported having children
- Half of the respondents lived in nuclear families (53%) whereas 35% reported to live in extended families and 12% in joint families.
- majority of the respondents were reported to be literates (93%) of which 47% had studied up to secondary and above.

### **Economic condition of family and Income:**

- Two-thirds of the respondents (64%) had about 2-3 earning members in their family and about three fourths (74%) of the nuclear families had an income of less than INR 10,000.
- Out of the 78% working respondents, more than half of the respondents reported having an average monthly income of INR 5,000-10,000.

### **Extent of Substance Abuse:**

- The mean age at which the respondents started taking the Psychoactive substance was 18 years.
- The majority being above 18years (63%) and below 18years (37%). Half of the respondents got into Psychoactive Substance addiction by Heroin.
- Also out of the different types of Psychoactive Substances consumed pre-treatment Heroin was reported to be the most consumed Psychoactive Substance (78%) followed by Bhukki (47%), Opium (33%), Charas (23%), and Sleeping pills/pain killers (21%)

### **Push factors for getting in Psychoactive Substance Abuse:**

- The factors responsible for getting into Psychoactive Substance abuse were reported to be- fun and enjoyment (63%), curiosity and experimentation (52%) and stress (26%) also Influence of friends was reported to be a major push factor for getting into Psychoactive Substances (68%)

### **Access and Availability of Psychoactive Substances:**

- Access and availability of drugs remains a major concern. About half of the respondents (46%) reported that access to and availability of Psychoactive Substances is very easy for children in their locality.

**Impact of psychoactive substance abuse on family, social life and household economy:**

- Psychoactive Substance addiction led to various types of family problems, (65%) reported that they had problems with spouse and family, whereas (54%) neglected families and (55%) had arguments with family and friends.

**Exposure to Information on prevention of Psychoactive substance abuse:**

- Out of the 354 respondents, 196 (55%) never heard or saw any communication on Psychoactive Substance addiction and its prevention. Half of the respondents (47%) came to know about the treatment through their friends

**Factors responsible for seeking treatment:**

- Out of the 354 respondents seeking treatment, 70% were first-timers and the remaining 30% had sought treatment earlier.
- Of the respondents who had sought treatment earlier, 66% of them had left it without completing the treatment as four percent reported that they were demotivated, 17% had withdrawal problems, also 22% of the respondents stated that they ran away and treatment was ineffective.

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# INTRODUCTION

## 1.1 Context

Psychoactive substance abuse is a global phenomenon which has been affecting most countries, varying however in the nature and extent of the abuse. Psychoactive substance abuse not only affects the health and lives of individuals but also challenges the political, social, and cultural foundations of nations and societies. Abuse of such substance can have serious repercussions leading but not limited to lost childhood, wasted youth, lack of productivity, the transmission of infectious diseases, poor health conditions (both physical and mental).

In India, this vicious circle of psychoactive substance abuse is affecting people of all ages and has assumed alarming dimensions in the younger generation.<sup>[1]</sup> Children and adolescents are more susceptible to the influence of their peers, seeking experimentation and inducement by those involved in the illegal trade of these psychoactive substances. Psychoactive substance addiction affects not just the addicted individual, but also families and communities. Further, it leads to legal problems, interference with daily functioning, ill mental and physical health, social and relationship problems. Additionally, it is an intractable challenge for law enforcement agencies.

The problem of psychoactive substance abuse among the youth in Punjab is now becoming an epidemic. The abuse and addiction of psychoactive substances have slowly and insidiously become one of Punjab's most challenging and complex social and health issues. There is fear and concern that the situation may have worsened in recent years.<sup>[2]</sup>

A trend analysis of the choice of substance used

for abuse shows that there has been a transition from 'Poppy Husk and Opium to the Lethal Heroin or Smack, and also Synthetic Psychoactive Substances'. Heroin (Chitta) is the most common and deadly narcotic – despite being banned everywhere, its abuse and addiction are wide-spread. The Golden Crescent of Iran, Afghanistan, and Pakistan and the Golden Triangle of Myanmar, Laos, and Thailand are principal producers and cross-border traders/suppliers of this Psychoactive Substance and making India fall at a crucial juncture between the two regions. Much of the smuggled Psychoactive substance is routed through India, for example, Heroin enters India through the Punjab border with Pakistan, originally from Afghanistan.<sup>[3]</sup>

A preliminary review of available literature (published papers/grey literature/media reports) suggests that psychoactive substance abuse in the state has long been associated with men but with changing times, women in Punjab too are now falling prey to it. According to a news reports published on Daily Mail states that women who visit the de-addiction centers are in the age group of 18 to 40 years, often traumatized by acts of incest, domestic violence, physical and sexual abuse, and low self-esteem, seek to find solace in the psychoactive drugs- the bittersweet sting.<sup>[4]</sup>

It is also well-known and corroborated by literature that addiction of Psychoactive Substances in Punjab has also soared high among youth and children, as Psychoactive Substance-peddlers are targeting pre-teens. Some are even born into dependency.

Many children were found inhaling 'Ink, Correction Fluid and Tyre Repair Solution'.

use of Injecting Psychoactive Substances Use which found that in Punjab, “the phenomena was observed to be of relatively recent onset”, with “more than half of the Injecting Drug Use (IDU) reported injecting 2-6 times a week while another one third reported injecting daily, once per day”.<sup>3</sup>

The Psychoactive Substance epidemic in Punjab has been rooted in several factors – economic, political, geographical and social – each contributing in their way – to destroy the fabric of the State. While Punjab is one of the wealthiest parts of India, its high unemployment rate, slowing economy and proximity to Pakistan and Afghanistan makes its young men highly vulnerable to addiction to illegal narcotics, particularly Opium and Heroin. However, despite heightened police activity in the state, Punjab is totally in the grips of Psychoactive Substances mafia.

A study conducted by Saluja et.al 2007 among adolescents at Postgraduate Institute of Medical Education and Research, Chandigarh showed that there was consistent rise in adolescents registered in De-addiction OPD.

Amongst the types of Psychoactive Substances being abused in Punjab, 'Bhuki' is similar to a type of wild grass that can be found throughout Punjab- is being used the most. It is possible to get a mildly intoxicating effect from Bhuki, and it is considered a 'gateway' Psychoactive Substance because it gives young people the entry way into abusing of psychoactive drugs. however, Heroin addiction is getting the most attention in the media. It is believed that this narcotic is flooding in from Afghanistan via Pakistan. Opium and morphine are other types of opiate that are commonly used.

The recent National Survey on Extent and Pattern of Substance Use in India conducted by the Ministry of Social Justice and Empowerment

through the National Drug Dependence Treatment Centre (NDDTC) of AIIMS, in its report “Magnitude of Substance Use in India”, revealed that States with the higher than the national prevalence of cannabis use are Uttar Pradesh, Punjab, Sikkim, Chhattisgarh, and Delhi with Punjab and Sikkim having a considerably high prevalence of cannabis disorder than the national average. At the national level, the most common opioid used is Heroin, (current use 1.14%) followed by Pharmaceutical opioids (current use 0.96%) and then Opium (current use 0.52%). The prevalence of current use of opioids overall is 2.06% and about 0.55% of Indians are estimated to need help for their opioid use problems (harmful use and dependence) and more people are dependent upon Heroin than Opium and Pharmaceutical Opioids. Also of the total estimated approximately 60 lakh people with opioid use disorders (harmful or dependent pattern) in the country, more than half is contributed by just a few states and Punjab is one of them. In terms of use of sedatives about approximately 1.18 crore people are current users of sedatives (non-medical, non-prescription use) and yet again Punjab is among the top five states housing the largest population of sedative users. What also came out from the survey was that inhalants are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%).[\[10\]](#)

## **Psychoactive Substances and Women**

According to Dr. Bhatia, (Psychiatrist) the two big reasons behind a women's Psychoactive Substance addiction in Punjab is low self-esteem and upward mobility. The aspiration to appear fashionable and portray themselves in the 'liberal; light, leads them to join the parties where hookahs, liquor, and psychoactive substances are served openly. Additionally, the economic upward mobility is seen as a way to

Children who begin with such 'gateway' substances gradually get hooked to 'hard-core' psychoactive substances. Like most other psychoactive substance addicts, these minors eventually can end up injecting themselves out of desperation, causing grievous injury to themselves. [\[5\]](#)

In 2015, the Society for Promotion of Youth and Masses (SPYM), in collaboration with the National Drug Dependence Treatment Centre (NDDTC) from the All India Institute of Medical Sciences (AIIMS), surveyed in Punjab. The report titled 'Punjab Opioid Dependence Survey' (PODS) revealed that in Punjab the number of native drug addicts in 2015 was 2.3 Lakh. The majority of them were men in the age group of 18 to 35 years. [\[6\]](#) The study did not cover pre-teens and women, thereby highlighting a major gap in our knowledge and data about the drug abuse challenge among children and women.

Correspondingly, in a study conducted in 2015-16 by the Post Graduate Institute for Medical Education and Research (PGIMER), Chandigarh, it emerged that 15% percent (29.7 lakh) of the total population in Punjab was under the influence of substances like alcohol, tobacco, opium, charas, and heroin. [\[7\]](#)

## 1.2 Review of Existing Literature on Psychoactive substance abuse

Psychoactive substance addiction not only destroys the individual but also his/her family, community, and society at large. The dangers of such abuse to the individual may include something as fatal as 'death on spot' due to a drug overdose. Once the individual becomes addicted they can lose interest in everything else. Addiction to heroin is expensive and in many instances, the individual will need to resort to crime to allow financial inflow of resources for

procuring substance for abuse. Heroin addiction damages almost every organ in the body. The longer the individual remains addicted to this Psychoactive Substance the more they will lose everything that they once cherished in their life.

However, studies have shown a distinct shift in the pattern of Psychoactive Substance use in the state where 'heroin' has emerged as the most common opioid abused by those who are opioid-dependent. Some earlier conducted studies reported pharmaceutical products as the Psychoactive Substance of choice among people who inject Psychoactive Substances. A study by the Society for Promotion of Youth and Masses indicates the existence of a large population of people who inject Psychoactive Substances (about 75,000 injecting Psychoactive Substance users) in Punjab [\[6\]](#)

### **Psychoactive substance abuse in Punjab**

Only a decade ago Punjab, one of the wealthiest states in India at the time, was heralded as one of the country's "crown jewels". In 2004, it was ranked as the "second richest" state in terms of GDP per capita, according to a report by CII with a per capita income of INR 25,652. Now, however, the success story of Punjab's economy has seemingly come to an end. What was once the fastest-growing state in the country is now one of India's slowest. The "inherent edge of skilled manpower and entrepreneurial skills" that Punjab had been praised for having ten years ago when there was much excitement over its "vast potential in the manufacturing and service sector", no longer exists. [\[8\]](#) The problem of psychoactive substance abuse among the youth in Punjab is fast becoming an epidemic. Psychoactive substance abuse has long been a problem in Punjab, but the fear is that things there have recently become much worse. [\[9\]](#) The current scenario is supported by the 2008 UNAIDS/SPYM report estimating the extent of

also socialise with rich and influential people.

Psychoactive Substance addiction pushes women into a bottomless abyss as they largely depend on men for the supply. The dependency is high due to financial constraints and the high cost of the heroin. Women feel compelled to give in to the peddlers or male friends, finding themselves at the receiving end due to their addiction. This as a result leads to sexual exploitation with further recourse of reporting it as sexual abuse.[\[12\]](#)

Additionally, women who are not psychoactive substance abusers may be impacted indirectly by men abusing psychoactive substances. The problems with addict male partners may affect women in the form of difficulties in interpersonal relationships, instability, violence, child abuse, economic insecurity, deprivation of schooling and risk of sexually transmitted diseases, including HIV infection. Even though reports suggest that psychoactive substance addiction amongst females is rising in Punjab yet not many females are seeking treatment for their substance dependency. The reason for this appears to be that women are reluctant to openly come out and seek treatment since there is a lot of taboo attached to women addicts. It is believed that women using Psychoactive Substance are stigmatized beyond what most male psychoactive substance abusers face. As a result, a vast majority of the de-addiction centers have facilities for male addicts.

### 1.3 Rationale and Objectives

The Kailash Satyarthi Children's Foundation (KSCF) works with the vision of building a child-friendly world where all children are safe, healthy, accruing quality education and living freely with dignity; a world free of violence against children in all its manifestations. How a nation protects its children through effective policies and efficiently-run programs is a major pillar of this vision.

KSCF with this mandate to improve the lives of children felt the need to pursue the issue of psychoactive substance abuse in Punjab amongst children and young adults using a research-based approach that would generate data and evidence to mobilize impactful action. This research was expected to support the design and delivery of better prevention and protection strategies in the state, including strengthening of existing prevention mechanisms and programs. This is because data-driven policy and decision-making always are better vis-à-vis policy formulation based on assumptions. KSCF works on the primary assumption that the eventual creation of a safe world for all children can be realized only if we work collaboratively on all fronts that potentially impact the safety and health of children.

#### Objectives

This research study was conducted to generate current data, and gain subsequent knowledge on the specific aspects of the Psychoactive Substance addiction in Punjab. Further, to design and develop improved prevention and protection strategies, and to strengthen existing strategies in effect in the State. The specific objectives of the study were as follows:

1. To assess the extent of psychoactive substance usage among children and young adults in Punjab
2. To assess the impact of psychoactive substance addiction on family and socio-economic life of the addicts
3. To understand the treatment-seeking behavior of children and young adults who are under the addiction of psychoactive substances
4. To recommend effective and viable strategies to curb the addiction of psychoactive substances among children and young adults in Punjab

## 1.4 Methodology

The fieldwork for the study was done during October 2018 – January 2019 for which the Research division at KSCF had collaborated with the Punjab University, Chandigarh through its Research and Promotion Cell, six research scholars were hired to conduct the research on field. The data collection was carried out in two phases. In the first phase, quantitative data was collected from addicts who were under treatment and in the second phase information was gathered from different stakeholders using qualitative tools.

### Sampling

The study followed a multi-stage sampling procedure to draw a representative sample of the state.

#### **Stage I: Selection of Districts**

In the first stage, districts were selected, six districts, two districts each from three administrative regions (Majha, Malwa, Doaba). Numbers of patients registered in each district for de-addiction during Jan-Jun 2018 were taken as the indicator for the selection of districts. The relevant chart was obtained from the department of health and family welfare, Govt. of Punjab. The selection of districts was carried out using Probability Proportionate Size (PPS) Sampling Procedure.

#### **Stage II: Selection of health centers**

In the second stage De-Addiction Centers, Rehabilitation Centers, and Out-Patient Opioid Assisted Treatment (OOAT) clinics were selected in consultation with officials from the department of health, Government of Punjab.

#### **Stage III: Selection of Respondents**

In the final stage, the respondents were selected for interview. The currently registered patient's line listing available with

health care facilities was used for the selection of respondents for interview. Since, the present study was aiming at understanding the situation of children and young adults (Below 25 years), a separate list of patients under the age 25 years was prepared which was used as the sampling frame. Respondents for interviews were initially proposed to be selected using systematic random sampling. However, due to the availability of very few eligible respondents at health care centers, all eligible respondents were interviewed. In OOAT clinics, the exit interview approach was adopted. At the time of exit from the clinic, patients were verified for eligibility to participate in the study and interviewed after obtaining the necessary consent from the respondent or an adult person accompanying the minor patient.

All these interviews were carried out with the help of a structured interview schedule. Besides these, Focus Group Discussions (FGD's) with PRI members, ANM, ASHA or and other influential persons at the village level were conducted. In-depth interviews with medical and paramedical staffs were also carried out in the study.

### Sample Size

As discussed earlier the data collection was conducted in two phases, in the first phase, quantitative data was collected whereas in the second phase focus group discussions and in-depth interviews with different stakeholders were done. In the quantitative phase, 354 Psychoactive Substance addicts who were under treatment were interviewed. After a preliminary analysis of the quantitative data, in-depth information was gathered in the second phase. In total five FGD's and four In-depth interviews (IDI) were done. The detailed sample size distribution plan is presented in the following Table.



Quantitative			
District	OOAT	In-Patient (De-addiction centre and Rehabilitation Centre)	Combined
Amritsar	83	3	89
Barnala	19	0	19
Kaputhala	49	15	64
Moga	38	9	47
SBS Nagar	33	2	35
Taran Taran	94	9	103
<b>Total</b>	<b>316</b>	<b>38</b>	<b>354</b>

## Study Tools

### Quantitative Data Collection Schedule

A bilingual (English & Hindi) questionnaire was used for quantitative data collection. The questionnaire was divided into three sections. Section one covered aspects related to the socio-demographic and economic profile of respondent and household. Section two captured aspects related to substance and psychoactive substance abuse, whereas section three was related to health and treatment-seeking. The questions were structured to assess the impact of the Psychoactive Substance addiction on the addict as well as family. The tool also tried to capture information on the change in the behavior of addicts once they had started taking treatment.

### FGD/IDI Guide

The qualitative interview guide was prepared to assess the extent and socio-economic impact of

psychoactive substance abuse on children, young adults, their families, impact on education, access and availability of Psychoactive Substances, the efficiency of the treatment and prevention methods taken to curb the problem. The interviews and discussion were carried out by researchers well versed with the regional language.

## 1.5 Limitations of the Study

Every research study has its limitations. The present study also had challenges and limitations, and these were:

- Numbers of addicts below the age of 18 were very few, as children below 18 years of age hardly seek treatment.
- Poor in-patient strength.



# RESPONDENTS PROFILE

This chapter presents the profile of the respondents covered in the study. The respondents' profile has been represented in terms of Socio-demographic characteristics and economic characteristics.

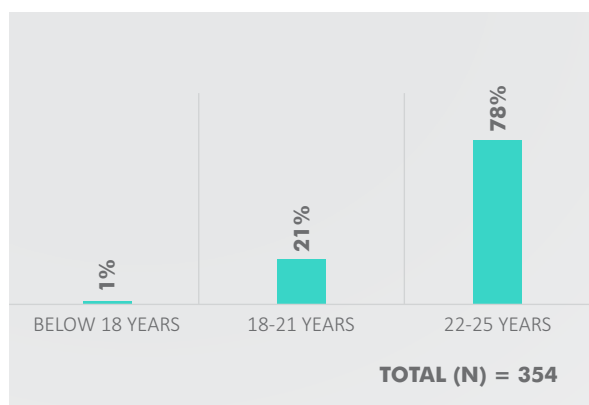
## 2.1 Socio-Demographic Characteristics

As mentioned in the previous section, in total 354 under treatment Psychoactive Substance addicts were interviewed in Punjab for the present study, of which the majority were male. The socio-demographic parameters of the respondents are divided into age, sex, marital status, educational status, occupation, and family composition.

### Age and Sex of the respondent

The age distribution suggests that the mean age of respondents was 23 years. More than three fourth of the respondents (78%) were in the age group of 22-25 years. Another 21% were in the 18-21 age category. Data suggests that the majority of males are inflicted with the problem of Psychoactive Substance addiction as compared to women as during the survey 353 males and two females were eligible for the study.

Figure 2.1 Age of the Respondent

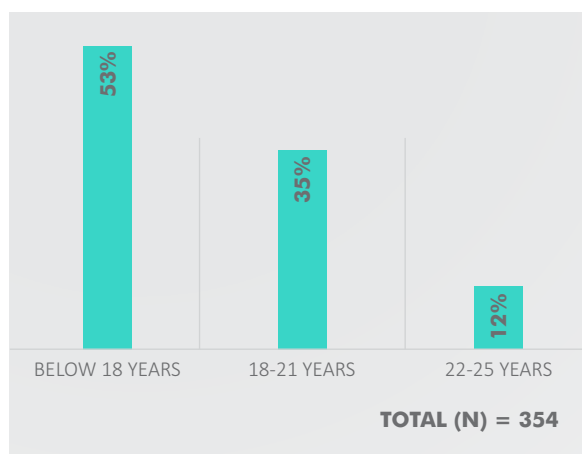


Children below 18 years undergoing treatment for addiction is merely one percent.

### Family Composition and Marital Status

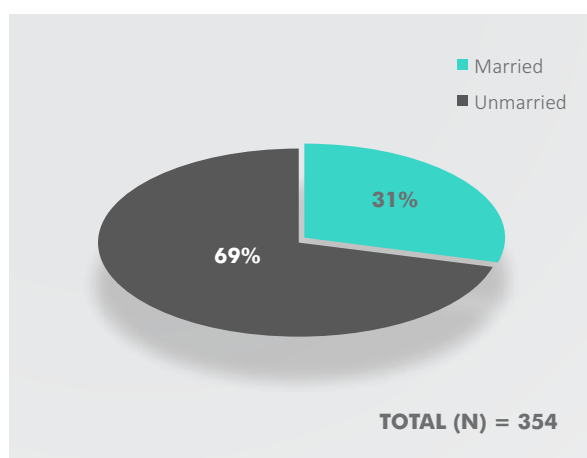
Data reveals that half of the respondents lived in nuclear families (53%) whereas 35% reported living in extended families and 12% in joint families. The highest percentage of respondents having nuclear families were found to be in Amritsar (58%) followed by Kapurthala (57%) and Taran Taran (44%).

Figure 2.2 Respondent's Family Composition



Concerning marital status, 69% of the respondents were unmarried at the time of the interview. Of the 111 married respondents, 70% had children. Considering the age of the respondent's majority of the couples have children below the age of six. Findings also suggest that spouses of three fourth of the respondents were housewives. Also, 56% of the spouses had up to secondary level and above, and 27% of them had studied up to middle school, whereas 16% reported that they never went to school.

**Figure 2.3 Respondent's Marital Status**



### **Education and Occupation**

Majority of the respondents were reported to be literates (93%) of which 47% have studied up to secondary and above [Secondary (24%), Senior Secondary (21%), Graduation (2%), Post Graduates (1%)]. About one fifth (18%) respondents reported to be illiterate or having an education level below the primary level.

**Table 2.1 Education and Occupation of the respondent**

EDUCATION (%)	
Literate	93%
Illiterate	7%
OCCUPATION	
A skilled worker in the non-agricultural sector	12%
Daily labor in the non-agricultural sector	28%
Mason/Painter/Carpenter	12%
Salaried in Govt/Pvt firms	14%
Farmer or agricultural laborer	12%
Unemployed	14%
Others	7%

Data suggests that 86% of respondents were working. Majority of them (73%) reported working in the non-agricultural sector as skilled

workers, daily wage laborers, and salaried persons working with Govt./Pvt firms. Another 12% were working as farmers or agricultural laborers at the time of the survey.

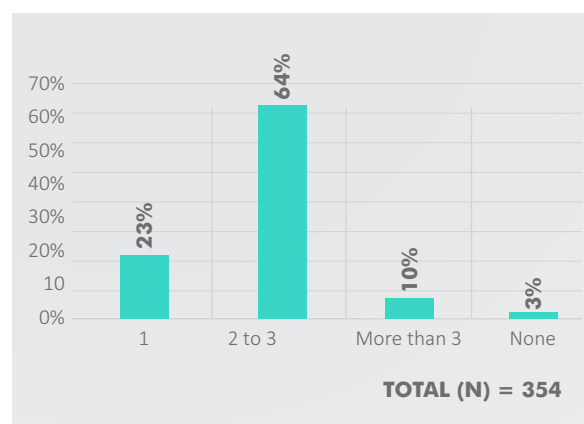
## **2.2 Household Economy**

The economic condition of the respondent's the household was assessed based on the total number of earning members in the household, average monthly income of the household and average monthly income of the respondent

### **Earning Members in the Family**

Data reveals that two-thirds of the respondents (64%) had about 2-3 earning members in their family and about three fourths (74%) of the nuclear families had an income of less than INR 10,000.

**Figure 2.4 No. of Earning Members in the Family**



### **Household Average Monthly Income**

It was reported that 31% of the respondent's families had an average monthly income of INR 10,000 – 20,000, more than one fourth (27%) respondents reported having an average monthly household income of INR 20,000 – 40,000 and near about one fifth (19%) reported having an average monthly the income of more than INR 40,000 of which majority constituted from Moga, Amritsar and Kapurthala.

Figure 2.5 Household Average Monthly Income

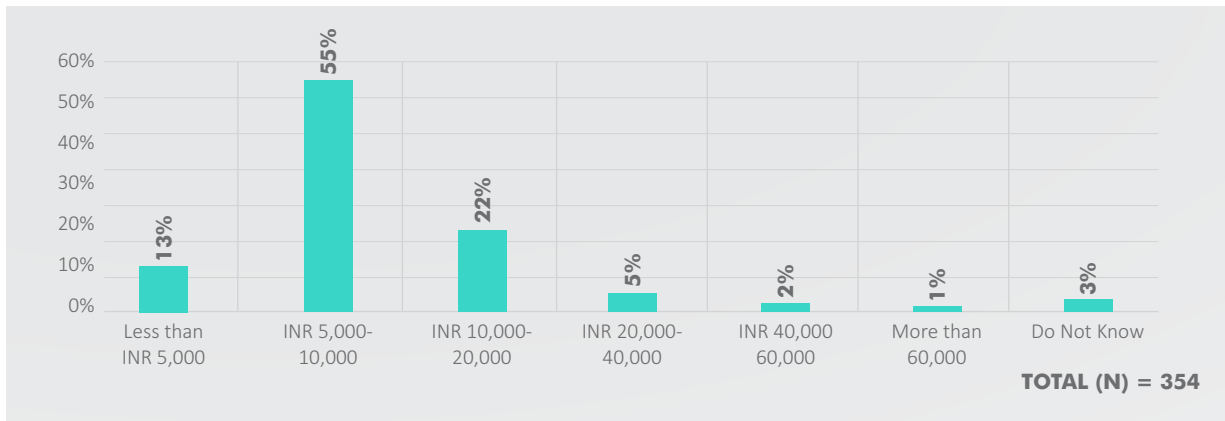


### Respondents Monthly Average Income

During the survey, the respondents who reported to be working were further probed to capture information on their average monthly income. More than half of the respondents reported having an average monthly income of INR 5,000-

10,000. About one-sixth (13%) reported having an average monthly income of less than INR 5,000. More than one fifth (22%) respondents reported having an average monthly income between INR 10,000- 20,000 and eight percent reported earning INR 20,000 in a month.

Figure 2.6 Respondents monthly average income





# VULNERABILITY TO PSYCHOACTIVE SUBSTANCE ABUSE

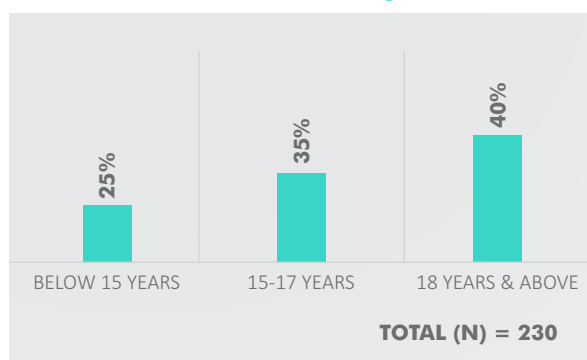
This chapter presents the findings related to the respondent's vulnerability to psychoactive substance abuse as well as its impact on the social relations of the respondents. It also presents the extent of exposure of the respondents to information on the prevention of psychoactive substance abuse.

## 3.1 Smoking and use of Alcohol

To understand the pattern of substance abuse among the respondents, they were probed on their smoking habit in addition to alcohol consumption and psychoactive substance abuse. Respondents when asked whether they ever smoked Cigarette/Bidi, three fifths (65%) answered in affirmative, among them 60% started smoking Cigarette/Bidi below the age of 18 years.

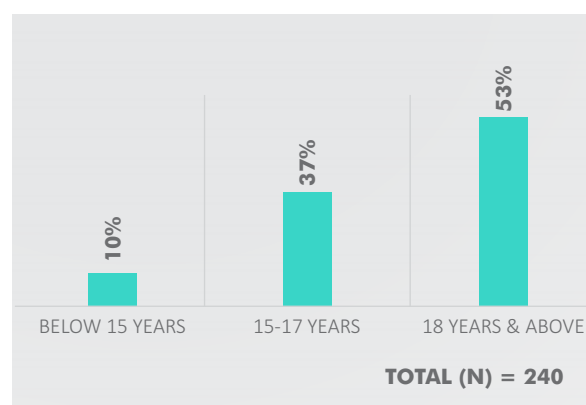
More than one fifth (22%) of the respondents reported to have smoked one to two cigarette/bidi per day, another one fourth (25%) smoked three to five cigarettes per day, (22%) reported to have smoked six to ten cigarettes per day whereas nearly one third (31%) reported that they smoked more than ten cigarettes per day. The average number of cigarettes/Bidi smoked by the respondent per day was found to be eight.

Figure 3.1 Age at which the respondents started smoking



The data revealed that when the respondents were asked about their habit of alcohol consumption more than two-third (68%) of the respondents reported having ever consumed alcohol. Further, among the 240 such respondents about half (47%) reported having started consuming alcohol below the age of 18 years and (53%) consumed alcohol at the age of 18 years or above. The mean age at which the respondents started consuming alcohol was found to be 18 years.

Figure 3.2 Age at which the respondent started consuming alcohol



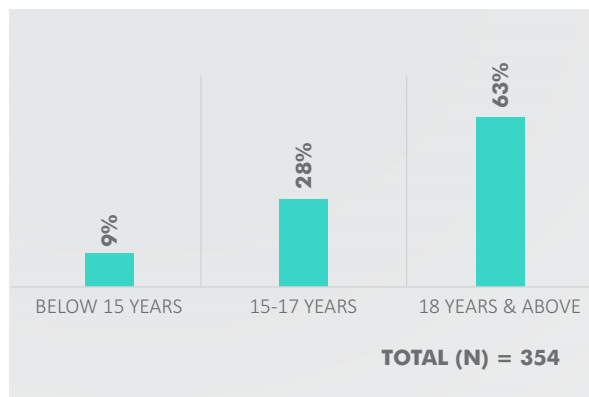
## 3.2 The extent of Psychoactive Substances Abuse

As discussed in earlier chapters, the present study primarily focussed on the harmful use and impact of psychoactive substances, including illicit Psychoactive Substances. The study was designed to cover Psychoactive Substance addicts

who were under treatment. In the study, an attempt was made to understand the nature and depth of the problem from an addict.

During the survey, all respondents were asked about the age at which they started taking psychoactive substances. Findings suggest that the average age at which the respondents started taking psychoactive substances was 18 years. Majority of the persons found eligible at health facilities for further detailed interview were 18 years and above (63%) and nearly two-fifth (37%) of the respondents were below 18 years when they started taking Psychoactive Substances. Across districts, percentage of respondents who started taking psychoactive substances below the age of 18 varies from being as low as of 32% in SBS Nagar to being as high as of 42% in Taran Taran.

**Figure 3.3 Age at which the Respondent Started taking psychoactive substances**

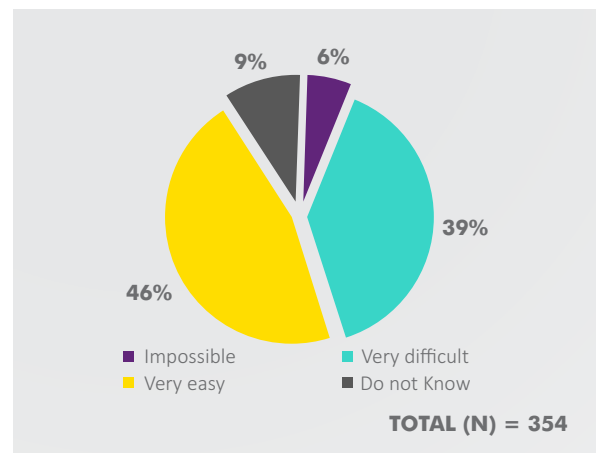


### **Availability of Psychoactive Substances to children**

Availability of Psychoactive Substances to children remains a constant concern in Punjab. Addiction to psychoactive substances is no more restricted to employed youth and old farmers instead it has spread and become rampant. Even though there have been constant efforts in curbing the Psychoactive Substance menace in Punjab, yet when the respondents were asked about the

availability of Psychoactive Substances for children in their locality about half (46%) of the respondents reported that it was very easily available. Only six percent reported that it is impossible for children to get Psychoactive Substances in their locality.

**Figure 3.3 Age at which the Respondent Started taking psychoactive substances**



During the focus group discussion with children, while discussing the availability of Psychoactive Substances in their locality, it was found that adhesives costing about INR 10 are widely used as inhalants by the addicts.

During one of the FGDs, a participant aged 12 years year said,

*“They are for only Rs 10. We buy it from the Kirana (Grocery) and stationery shops nearby”*

These adhesives are available across all stationary, grocery and chemist shops. While discussing the availability and the abuse of such inhalants, the medical officer from Taran Taran district said,

*“Children aged 12 – 14 years working in goods carrier trains mostly use this adhesive to inhale along with other hard Psychoactive Substances.”*



To understand the prevalence and extent of the use of different psychoactive substances, all respondents were asked about the Psychoactive substance they started with.

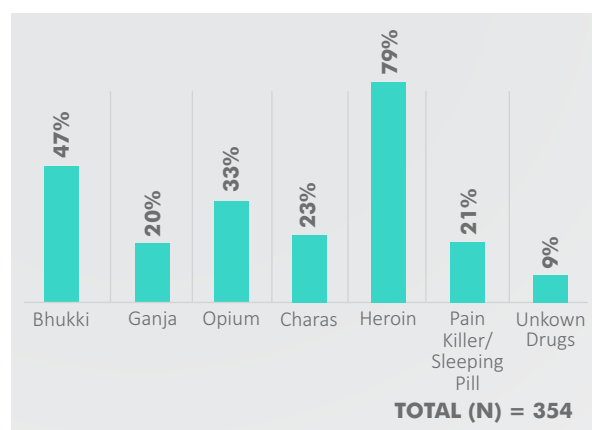
Findings show that half (51%) of the respondents had got into Psychoactive Substance addiction with Heroin, followed by Opium (17%), Bhukki (15%), Cannabis (12%). More than half of the respondents getting into psychoactive substance abuse by Heroin indicates an easy accessibility raising concern on its avenues of availability.

**Table 3.1 Psychoactive Substance the respondent started with**

Heroin	51%
Opium	17%
Bhukki	15%
Cannabis	12%
Tremadol	11%
Others	9%

Figure 3.5 presents the findings on the psychoactive substances that the respondents ever consumed. About four-fifths (79%) respondents reported 'Heroin' which is highest among all Psychoactive Substances. The second most consumed psychoactive substance is 'Bhukki' (47%) followed by 'Opium' (33%). One fifth each reported ever having 'Charas' (23%) and 'Ganja' (20%).

**Figure 3.5 Type of Psychoactive Substances consumed ever by Respondents**



While probing on the most frequently consumed psychoactive substance it was observed that Heroin (62%) was the most consumed one. The consumption of Heroin was found to be high in Kapurthala (75%), Amritsar (72%) and SBS Nagar (71%). This was followed by Tremadol being consumed by 21% of the respondents and Bhukki by 6% of the respondents.

Data also reveals that more than half (52%) of the respondents took psychoactive substances through the injecting route.

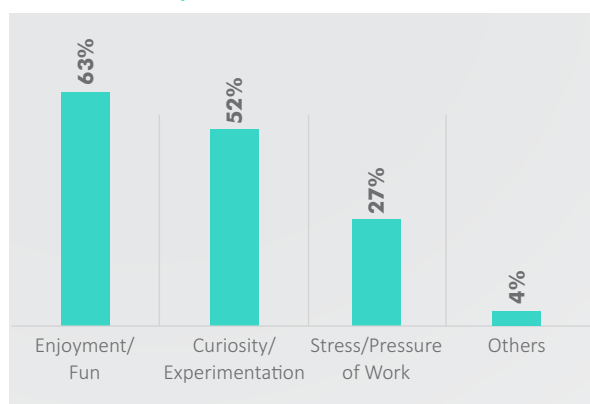
In an interview with medical officers in districts, the issue of injecting psychoactive substance users and threats related to it was also discussed. The medical officer narrated;

*“that many do not know the meaning and ill effects of needle sharing. In some cases, patients use betadine and boiled water to supposedly 'clean' a needle and then think that such a needle is not a shared one. Medical stores too are black marketing needles. Consequently, the ratio of HIV positive Psychoactive Substance addicts are shooting up. These patients in their turn behave irresponsibly and don't resist marrying, leading to a further spreading of HIV cases.*

### **Reasons for getting into Psychoactive Substances**

While enquiring about the reasons for getting into Psychoactive Substances, 'for the sake of enjoyment and fun' (63%) were found to be the main reason. More than half (52%) of the respondents also reported having started consuming Psychoactive Substances because of 'curiosity and experimentation'. More than one fifth (27%) reported 'stress' as the reason for their addiction which is a matter of concern if children and young people take help of psychoactive substances to deal with stress.

**Figure 3.6 Reasons for getting into Psychoactive Substances**



During the survey, the respondents were asked to recall the occasion when they consumed Psychoactive Substance for the first time and report the main push factor(s) that lead them to use psychoactive substance/s. More than two thirds (69%) reported peer influence as the main factor for initiating the use of psychoactive substances followed by the urge to experiment something new (21%).

**Table 3.2 Occasion at which the respondent first consumed Psychoactive Substances**

Indicators	%
Insisted by friends	69%
Wanted to feel excitement/experimenting	21%
Cannot say	1%
Others	9%
Total (N)	354

### 3.3 Impact of Psychoactive substance abuse on Family and Social Life

Substance abuse, especially psychoactive substance abuse leads to some drastic impacts/changes in the family and social life of addicts as well as people surrounding him/her. In this study, an attempt was made to understand

how addiction to psychoactive substances impacts the life of the respondents. When the respondents were asked about the reaction of their family members when they came to know about their Psychoactive Substance addiction, more than four-fifths (83%) reported that their parents got extremely angry and in some cases asked them to leave the house.

However, about three-fifth (71%) of the parents also motivated the respondents for treatment. Less than one-tenth (5%) of the respondents reported that their family is not aware of their addiction to psychoactive substances. More than two thirds (68%) of the respondents reported that their spouses or parents complained about their addiction.

**Table 3.3 Social impact of Psychoactive Substance addiction**

Indicators	Yes	No
Problem with spouse and family due to Psychoactive Substances addiction	65%	35%
Lost friends	56%	44%
Neglected family	55%	45%
Trouble with studies/Work	42%	58%
Engaged in fights due to Psychoactive Substances	37%	64%
Engaged in arguments with family or friends	56%	44%
TOTAL (N)	354	

When probed further about the impact of Psychoactive Substances on the social life of the respondent two thirds (65%) reported that addiction has led to problems with spouse and family. About three fifths (56%) of the respondents also revealed that they lost their friends due to addiction. Findings also suggest that more than half (55%) of the respondents neglected their families.

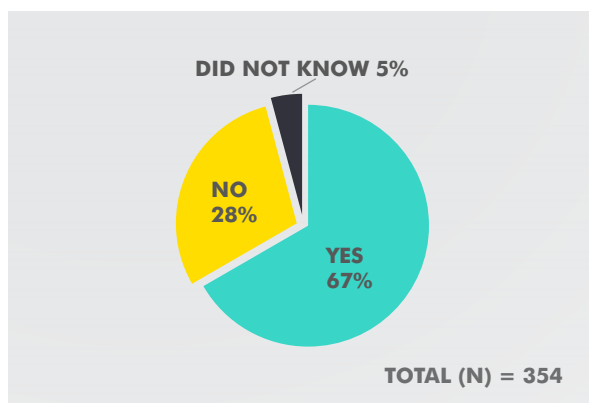


During the survey, the respondents were asked whether they ever argued with family members/friends under the influence of Psychoactive Substances 56% answered in affirmative. About two fifths (37%) reported to have engaged in fights under the influence of Psychoactive Substances. However, nearly three fifths (56%) of the respondents reported that they never had trouble with their studies or work due to addiction and never got into fights as well.

### 3.4 Impact of Psychoactive Substance addiction on household economy

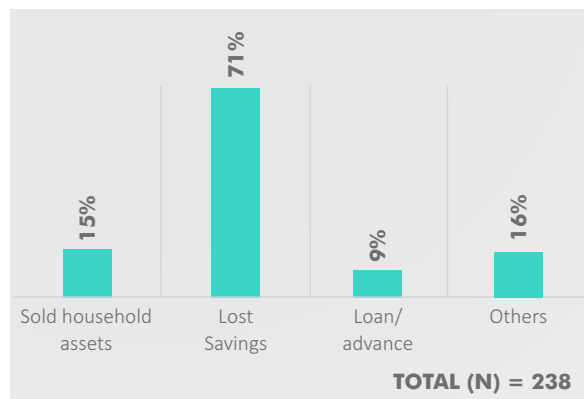
Since maintaining the habit of Psychoactive Substance addiction leads to a huge amount of expenditure almost daily, it was important to understand the impact it had on the household economy as well.

Figure 3.8 Impact of Psychoactive Substance addiction on household economy



When the respondents were asked about the impact of Psychoactive Substance addiction on their household economy 67% reported that their household economy was affected whereas 28% said that it was not affected and a mere 5% had no idea.

Figure 3.9 Measures adopted to mitigate financial constraints arising due to Psychoactive Substance addiction of the respondent



The 238 respondents who responded that their household economy was affected by their addiction were further probed about how was it affected. To which 71% shared that they lost their savings, another 15% had to sell their household assets to buy Psychoactive Substances whereas 9% took advance/loans.

Out of the 71% who shared that they lost savings findings reveals that 81% of them were agricultural laborers and 75% were unemployed. The ones who were earning had an average monthly income of 20,000-40,000.

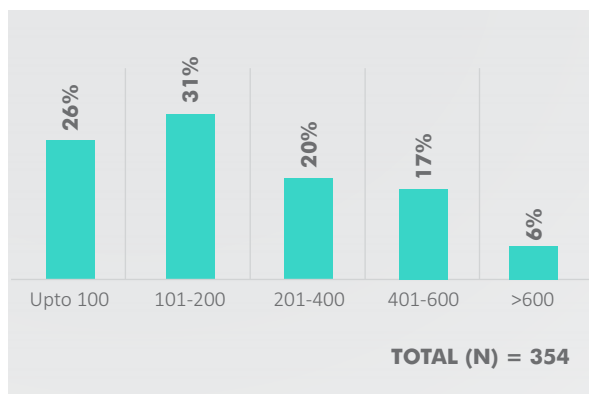
During a focus group discussion with the Panchayati raj institution members at the village level, a panchayat member from Taran Taran said, **“youth and young adults are the most affected. These youths sell their assets, steal transformers from the village and steal even from Gurudwara”**

### 3.5 Managing cost of Psychoactive Substances

To understand the burden of expenditure on children and young adults who are under the addiction of psychoactive substances the respondents were asked about the amount they spent on Psychoactive Substances per day to

which 31% reported that they spent INR 101- INR 200 per day on Psychoactive Substances, whereas 26% of respondents said that they spent up to INR 100 per day, also respondents who spent between INR 200- INR 600 per day was 37%. Also, six percent of the respondents spent more than INR 600 per day. The findings reveal that the average amount spent per addict per day on psychoactive substances was found to be INR 273.

**Figure 3.10 Amount they spent on Psychoactive Substances per day**



The respondents who spent less than INR 100 per day also include children who use cheap sedatives which are easily available at chemists and grocery, stationery stores across the state. This came to light when a participant aged 10 years who shared that he smoked regularly as well as took Psychoactive Substances and worked in the day as well.

**Table 3.4 Managed cost of Psychoactive Substances by**

Indicator	%
Worked	74%
Took from father	25%
Took from mother	22%
Borrowed from friends	19%
Total (N)	354

(Note: Total may not add up to 100% due to multiple choice response)

As discussed in chapter 2, during the survey the respondents who were working were further probed to capture information on their monthly average income.

More than half of the respondents reported having an average monthly income of INR 5,000-10,000. About one-sixth (13%) reported having an average monthly income of less than INR 5,000.

Keeping this in mind all respondents were asked about how they managed the cost of Psychoactive Substances to which almost three fourths (74%) responded that they managed through their earnings. One fourth (25%) reported that they used to make money from their father. Little more than one fifth (22%) reported that they used to make money from their mother.

Data also shows that about one fifth (19%) of the respondents borrowed money from their friends. Further, when the respondents were probed as to how they managed the money they had was finished, 51% responded that they took money from their mother followed by friends (19%), seven percent reported that they stole money in such situations. The remaining 17% either did a part-time job or borrowed from the sister/brother or did not take money at all.

A ward member from Bhagupura village shared that,

***“Parents don't scrutinize their child's behavior and habits until matters have reached desperate proportions and the addicts begin to steal from around the household. Often, parents refuse to accept when other villagers and ASHA workers suggest that their child may need supervision.”***

3.6 Children and Psychoactive substance abuse  
During the study, it was seen that not many children, that is, who were below the age of 18

years were coming in for treatment. On further interaction with the medical officers and panchayat members, it was understood that there is a gap between the age of initiation into Psychoactive Substances and the age at which they seek treatment.

When the reason for this was asked to the medical officers, a medical officer from Kapurthala responded saying;

***“the age at which children start using drugs is different from when they first turn up for treatment. Often the gap between these two scenarios differs widely. Thus it is hard to determine an age at which they start using drugs. The only marker available to the doctors is the date from which they started seeking treatment. This is also due to the ignorance of parents about their child's drug use. This ignorance has a great role to play in this gap between when usage commences and when they first show up for treatment”.***

But, during an interaction with children who were taking Psychoactive Substances it came to light there is immense lack of parental supervision, children shared that they roam around with friends, and are also into substance abuse. They are heavy users of cheap substances such as glue. The boys were found to be walking around with tubes of 'Magic Fix' adhesive in their pockets which are available at stationary and Kirana (grocery) shops.

During the interaction with a child aged 10-year-old, he said,

***“I work and earn money, at least I don't ask for money, I am spending my own money”***

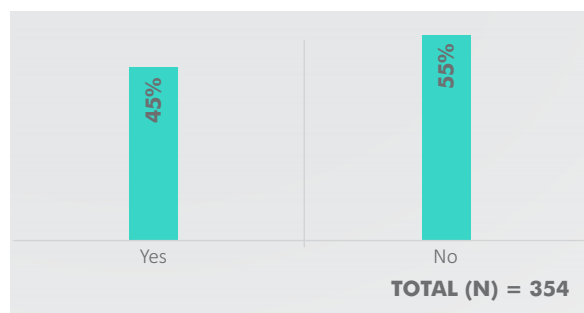
On observing the children, it was seen they had shaky hands, and bore numerous cuts and bruises on their hands, inflicted to pressurize

parents into giving them money with which they bought drugs. When probed further, A 12-year-old boy said from Taran Taran said, ***“I ask for money from my parents, when they refuse I cut my hand”***

### 3.7 Exposure Information on prevention of Psychoactive substance abuse

Communication plays an important role in spreading awareness and knowledge. During the survey, the respondents were probed to find out the level of exposure to information on the prevention and treatment of psychoactive substance abuse. Data reveals that more than half of the respondents (55%) reported not seeing or hearing anything on this issue.

**Figure 3.11 Percent respondents Ever seen/heard any communication material/activity related to Psychoactive Substances**



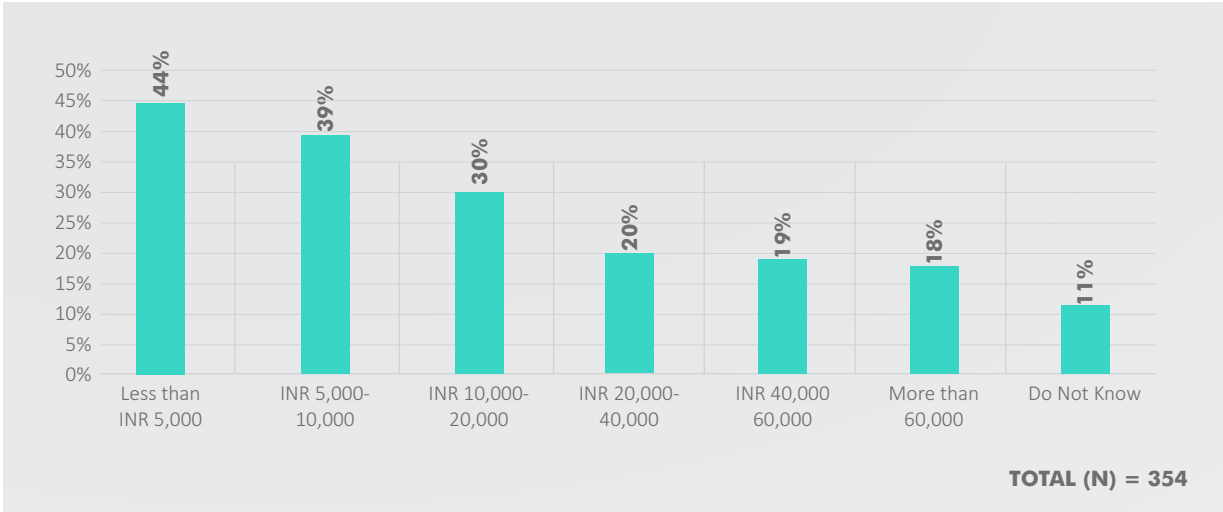
Out of the 158 respondents that had heard or seen any communication on psychoactive substance abuse 44% of them saw hoardings/wall paintings in health facilities, about two fifths (39%) heard advertisements on TV/Radio, another 30% found information on Psychoactive Substances on the internet. One fifth (20%) of the respondents reported to have seen hoardings/wall paintings in places other than health facilities, 18% shared to have read news reports.

Another one-fifth of the respondents reported

that they attended public meetings where they heard about problems related to Psychoactive Substances, also, 11% shared that the door to

door service provided by paramedical staff/volunteers gave them the awareness about the harmful effects of Psychoactive Substances.

Figure 3.12 Communication material/activity seen/heard on prevention of Psychoactive Substances abuse



(Note: Total may not add up to 100% due to multiple choice response)

# TREATMENT SEEKING BEHAVIOUR

The present chapter focuses on the treatment-seeking behavior of the respondents, factors related to the treatment-seeking behavior and the treatment outcome. It also presents findings related to the impact of treatment on the household economy of the respondent.

## 4.1 Treatment history of the respondents

It is imperative to understand the treatment-seeking history of the respondents covered in the study, as all of them were under treatment for de-addiction from the psychoactive substances.

**Table 4.1 Treatment history of the respondent**

Districts	Yes	No
Amritsar	35%	65%
Barnala	11%	90%
Kapurthala	33%	67%
Moga	40%	60%
SBS Nagar	48%	54%
Taran Taran	17%	84%
Total	30%	70%
Total (N)	354	

In the present study, the respondents were asked if they were seeking the treatment for the first time or had sought treatment earlier as well. Data reveals that 70% of the respondents were first-timers whereas the remaining 30% (105 respondents) had sought treatment earlier as well.

**Table 4.2 Time passed since the last episode of treatment**

1-2 months	3-6 months	More than 6 months
24%	30%	47%
TOTAL (N)	105	

Out of the 105 respondents who had sought treatment earlier were further probed about their last episode of treatment. About half (47%) of the respondents reported that they had sought their last treatment more than six months before the date of survey, whereas another one fourth (24%) took their previous treatment two months prior to the survey and another (30%) of the respondents sought treatment three to six months ago.

Data reveals that respondents who reported to have sought treatment 1-2 months before the date of survey majorly were from Taran taran, SBS Nagar and Amritsar. In the category of 3-5 months majorly respondents were from Moga (31%), SBS Nagar (25%) and Taran Taran (11%). Whereas out of the 59% respondents who reported to have sought treatment more than five months ago was from Kapurthala (71%), Amritsar (67%) and Moga (58%).

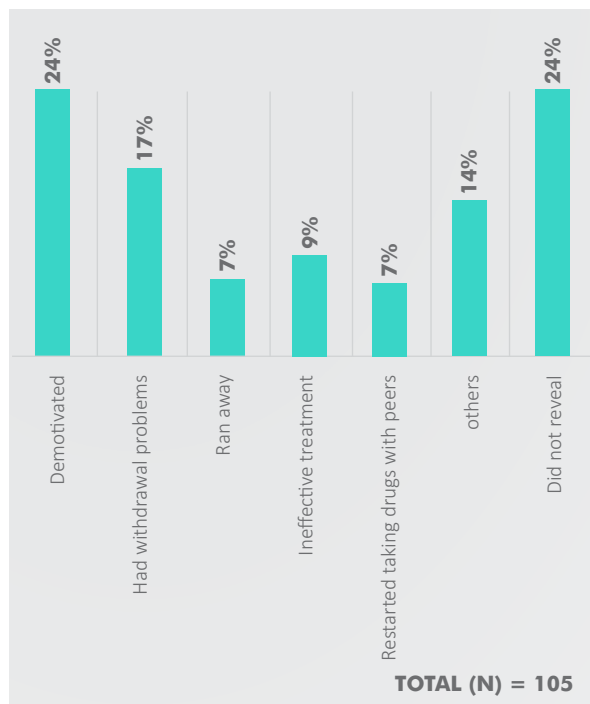
**Table 4.3 Status of previous treatment**

Completed treatment or left it in between	Completed	Left it in between
	34%	66%
Total (N)	105	

To explore the treatment completion status, the respondents who sought treatment for de-addiction were asked whether the last treatment was completed or left in between. Analysis of data reveals that a majority of them (66%) had left their previous treatment in between. Though 34% of the respondents reported having

completed their last episode of treatment yet they were once again under treatment during the study. This implies either the previous treatment availed by the respondent was incomplete or the h/she got into Psychoactive Substance addiction immediately after the course of treatment for de-addiction.

**Figure 4.1 The main reason for leaving treatment**



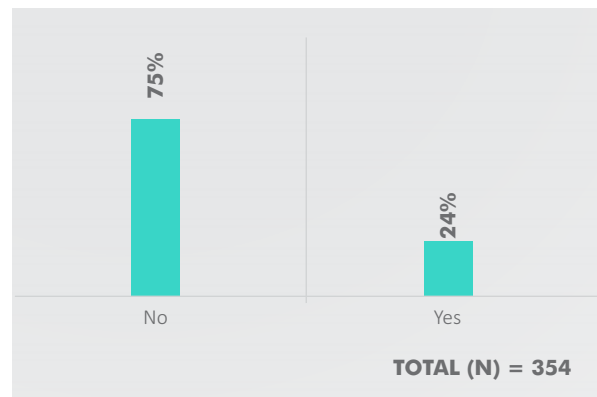
(Note: Total may not add up to 100% due to multiple choice response)

When the respondents were asked for the main reason behind not completing the course of de-addiction treatment and leaving it halfway, 24% reported that they were 'demotivated'. Also, 17% of the respondents stated that they had 'withdrawal problems'.

Another reason that was reported by 9% of the respondents was that the 'treatment was ineffective', and failed to control the urge to take Psychoactive Substances. Seven percent reported that they 'ran away' from the center without finishing the treatment. About one fourth (24%) of the respondents did not reveal their reason

while another 14% had other reasons like family reasons (5%), bad staff behavior (3%), expenditure (2%), etc.

**Figure 4.2 Urge to take Psychoactive Substances**



Although the respondents were under treatment for de-addiction an attempt was made to understand whether they still feel the urge of taking Psychoactive Substances. Analysis of data shows that three fourth (75%) of the respondents reported that they do not feel the urge to take Psychoactive Substances anymore as they have started with treatment. Remaining respondents expressed that they still feel the urge to take Psychoactive Substances. Those who reported getting the urge to take Psychoactive Substances 66% of them also reported that they took Psychoactive Substances during the current course of treatment.

During the qualitative interview phase a medical officer from Kapurthala district narrated,

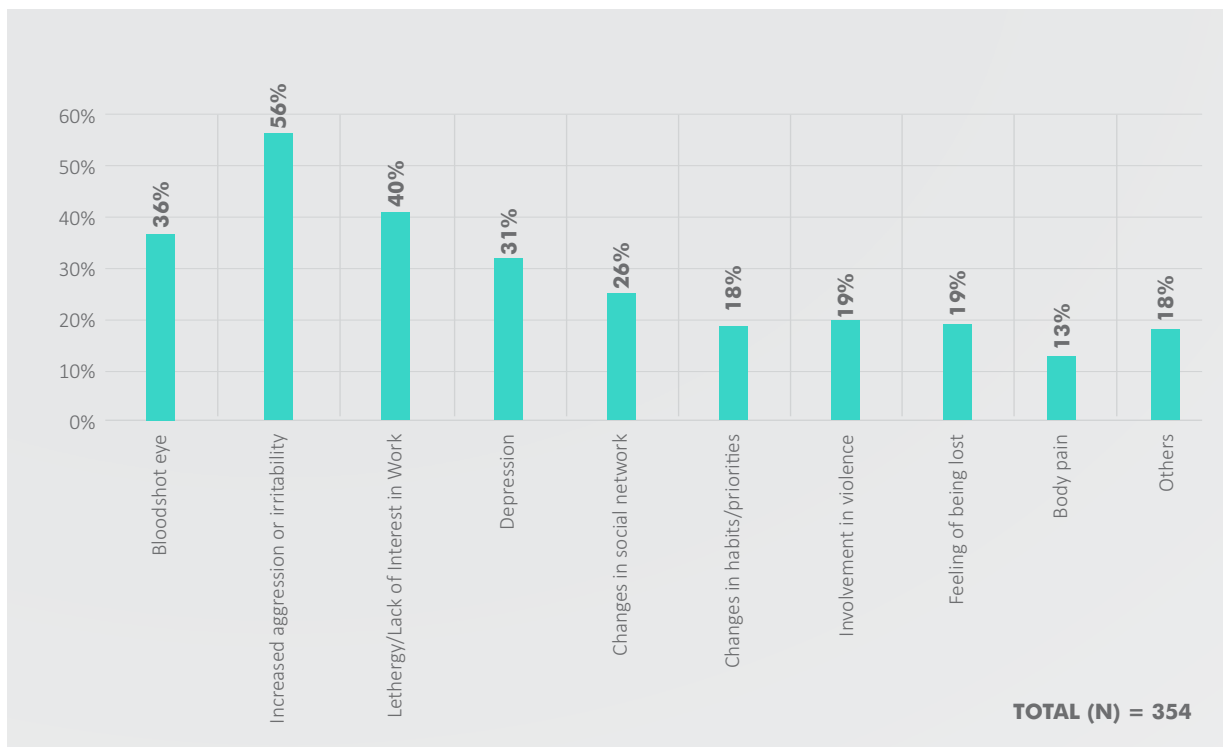
***“The probability of taking Psychoactive Substances during treatment is rather high and this may be attributed to the perpetual availability of Psychoactive Substances as well as the mentality of the patient who is directionless. In addition, their age (young age) is such that the risk-taking appetite is huge. Behaviors are risky and reckless”.***

## 4.2 Current episode of treatment

The respondents during the interview were asked whether they or any other person noticed any change in their personality or behavior due to addiction to the psychoactive substances. About two thirds (64%) of the respondents reported that they observed changes in their personality or behavior. More than one fourth (26%) respondents shared that their friends observed changes in them.

The data was further analyzed to find out the type of changes in personality or behavior observed. The responses to this question are presented in Figure 4.3. The top three type of changes in personality or behaviour reported were 'increased aggression or irritability' (56%), 'lethargy/lack of interest in any work' (40%) and 'bloodshot or glazed eyes' (36%). The findings also suggest that Psychoactive Substance addiction led to depression in about one third (31%) of the respondents.

Figure 4.3 Changes observed in the personality due to Psychoactive Substances



(Note: Total may not add up to 100% due to multiple choice response)

Data reveals that more than two-fifths of the respondents were seeking treatment since 2 – 3 months, whereas one-third of the respondents have been started taking the treatment for a month and 23% respondents have been taking the treatment for more than three months.

Figure 4.4 Seeking treatment since

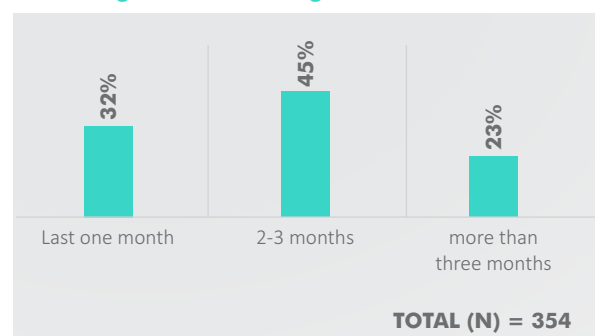
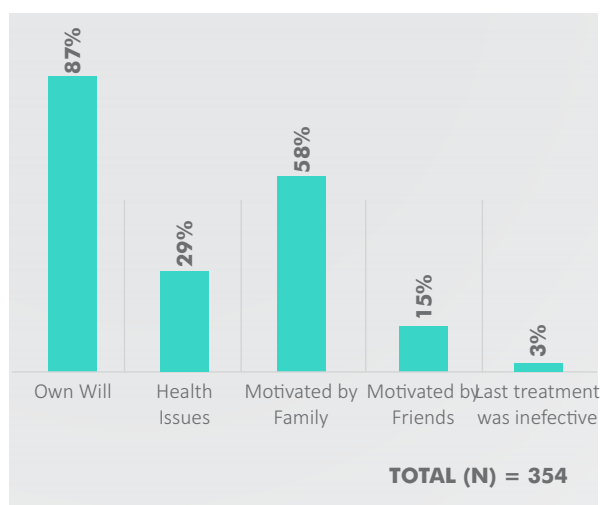


Figure 4.4 Seeking treatment since

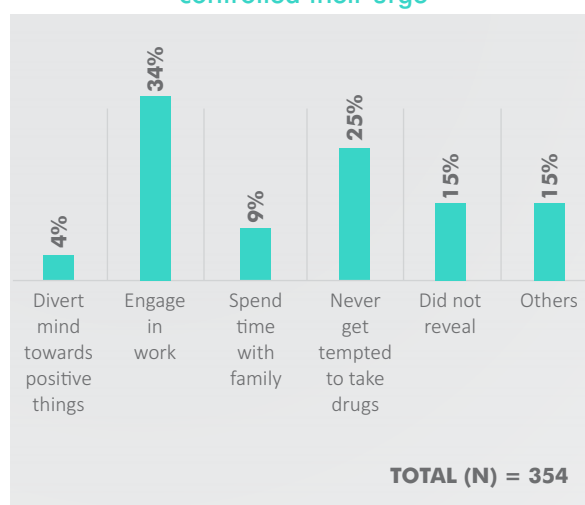


When the respondents were enquired about the reasons for seeking treatment more than four-fifths (87%) reported that they sought the treatment on their own will, about three fifths (58%) were motivated and encouraged by their family members. (29%) percent of respondents opted for de-addiction treatment because of their deteriorating health condition. Upon enquiring on the source of knowledge about the health facility from where the respondent was availing the services for de-addiction at the time of the survey, it was found that almost half (47%) of them were intimated by their friends. Another one-fifth of the respondents reported that their parents or other family member guided them. One-tenth (11%) also reported that their teachers/other well-wishers had told them about Psychoactive Substance de-addiction treatment.

### 4.3 Family support to outpatient addicts

4% 34% 9% 25% 15% 15% 0% 10% 20% 30% 40% Divert mind towards positive things Engage in work Spend time with family Never get tempted to take drugs Did not reveal Others TOTAL (N)=311 As discussed in Chapter 1 the maximum numbers of respondents (311 out of 354) covered in this

Figure 4.6 Ways through which the respondent controlled their urge



study were outpatients. The Govt. health facilities bear the entire treatment cost for its inpatients. More importantly, they stay under medical observation and security whereas the outpatients always remain exposed to the outer world and their peers. The chances of dropping the treatment in between and relapse into abusing Psychoactive Substances remains high among the outpatients. Keeping this in view some additional questions were asked to the patients who came to OOAT clinics. Since they were not admitted and had to come to the health facility to take their medicines regularly, an attempt was made to find out whether anyone accompanies them to the health facility for the treatment. More than two thirds (67%) of the respondents stated that no one accompanies them for the treatment, whereas more than one fourth (27%) came along with their friends and 13% were accompanied by their family members.

Also, since many times families remain unaware or in denial about their child's addiction, the respondents were probed if their parents knew that the respondents were undergoing de-addiction treatment to which 87% reported that their parents were aware.

In an interview with the Medical officers in the



Moga district it was reported that,

***“There is a lack of awareness among the older generation, who are now parents to teenagers and young adults about the existence of Psychoactive Substances like Heroin.”***

Another Medical officer from Kapurthala district stated that,

***“There is huge ignorance of parents about their child's Psychoactive Substance use. This ignorance has a great role to play in this gap between when usage commences and when they first show up for treatment”.***

Since the outpatient addicts came to take medicine regularly it was important to know how they control their urge for Psychoactive Substances. They were asked as to what they do for the same, to which one third (34%) responded that they engaged in work, nine percent spent time with family. About one fourth (24%) of the respondents reported that they never got tempted to take Psychoactive Substances, the data reveals that 15% of the respondent did not reveal as to how they controlled their urge.

#### 4.4 IMPACT OF THE CURRENT TREATMENT

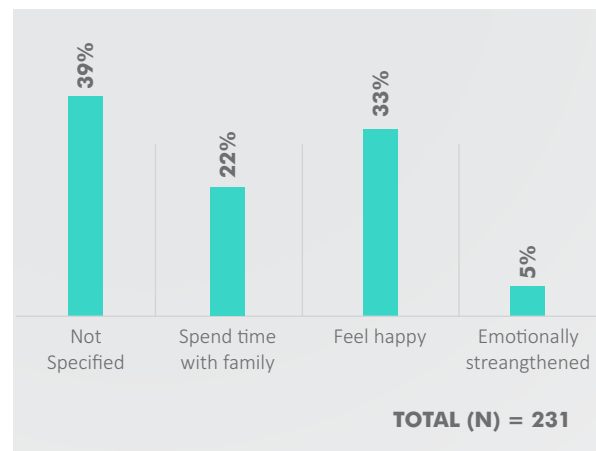
The current episode of treatment, has been divided into three categories and an attempt has been made to understand the changes that the respondents felt since their treatment. The three categories are as follows:

1. Emotional
2. Behavioral
3. Physical

##### Emotional change

When the respondents were asked about the change they were feeling since the

Figure 4.7 Emotional Change

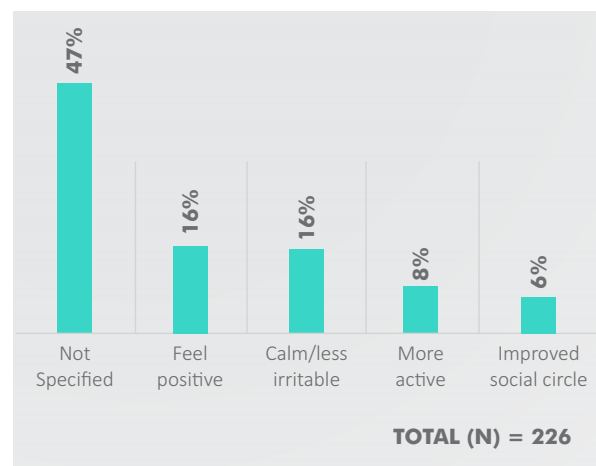


commencement of the treatment, 231 of them reported emotional changes in which about two-fifth could not specify the type of emotional change they were observing whereas one third (33%) shared that they started feeling happier and more than one fifth started spending more time with family.

##### Behavioral change

In terms of behavioral changes 226 respondents shared that they felt changes in their behaviour. Some reported that they started feeling positive (16%) since they sought treatment. Another 16% stated that they felt calmer and their irritability had also reduced. Data also revealed that eight percent of the respondents started feeling more active and 6% also changed their social circle.

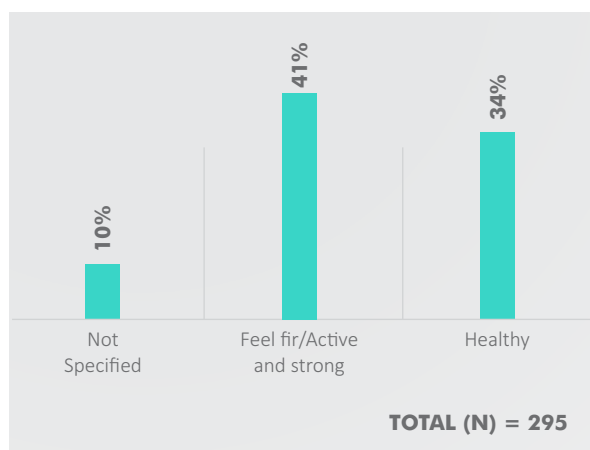
Figure 4.8 Behavioural changes



## Physical change

The majority of the respondents reported that they experienced physical changes in which 41% of the respondents shared that they started feeling strong, fit and active. More than one third (34%) of them started feeling healthy after seeking treatment.

Figure 4.9 Physical Changes



## 4.5 Mitigation of psychoactive Substance Abuse

While interacting with the panchayat members and medical officers on the issue of drug abuse in Punjab, it was observed that the people themselves came up with ways of mitigating drug abuse in the state, they shared their thoughts on how the abuse of psychoactive substances can be brought under control and also ways that the state can adopt mitigate the same. The members spoke on varied aspects like, education, employment, role of police personnels etc.

On the issue of providing employment;

During the focus group discussion, a panchayat member from Sabraon village opined that,

***“providing employment to the youth would amount to giving them some direction and that this would reduce Psychoactive Substance abuse”***

Also, some believe that the youth of the state are directionless with no interest in seeking proper education or vocational training. Therefore, emphasis should be laid upon educating the rural and urban youth, and more employment avenues must be created.

While another member was the Panchayat was of the view that,

***“Libraries should be built in the villages in order to inculcate an interest towards reading among the younger generation”.***

A medical officer from Moga was of the opinion that,

***“awareness about HIV and Psychoactive Substances be included in lessons at school level and that committees be formed at village level to identify smugglers, peddlers along with their hide outs and report these to the police”.***

On the issue of police intervention;

While some other stated that,

***“mitigation can be achieved more fruitfully if the central government intervened more decisively in the province, especially with regard to the border districts and police deployed in the region should be increased to facilitate more vigilance”.***

# CONCLUSION AND RECOMMENDATIONS

This chapter gives a summary of the study as well as the findings. In the end, the chapter also states the recommendations arrived on keeping in mind the findings of the study.

## 5.1 Summary and Findings

The research was conducted to generate data on the impact, usage, and availability of Psychoactive Substances in Punjab. The study primarily focused on children and young adults falling prey to Psychoactive Substances and the impact of the same on their lives.

### Socio-demographic characteristics

- The mean age of respondents surveyed was 23 years out of which only a mere one percent was below the age of 18 years
- The majority of the respondents (69%) reported being unmarried. Out of the 111 married respondents 70% reported having children
- Half of the respondents lived in nuclear families (53%) whereas 35% reported to live in extended families and 12% in joint families.
- Findings also suggest that spouses of three fourth of the respondents were housewives. Spouses of 56% of respondents had studied up to secondary level and above.
- Majority of the respondents were reported to be literates (93%) of which 47% had studied up to secondary and above. About one fifth (18%) respondents reported to be illiterate or having an education level below the primary level

### Economic condition of family and Income

- Two-thirds of the respondents (64%) had about 2-3 earning members in their family and about three fourths (74%) of the nuclear families had an income of less than INR

10,000

- It was reported that 31% of the respondent's had an average monthly household /'income of INR 10,000 – 20,000, more than one fourth (27%) respondents reported having an average monthly household income of INR 20,000 – 40,000 and one fifth (19%) reported having monthly income of more than INR 40,000
- Out of the 78% working respondents, more than half of the respondents reported having an average monthly income of INR 5,000-10,000
- About one-sixth (13%) reported having an average monthly income of less than INR 5,000 whereas more than one fifth reported having an income between INR 10,000-20,000 and three percent did not reveal their income

### Extent of Substance Abuse

- A majority of 65% of the respondents reported having smoked cigarettes at least once. The mean age at which they started smoking was 16 years. The respondents smoked eight cigarettes per day on an average
- Out of the 354 respondents, a majority of 69% started consuming alcohol by an average age of 17 years
- The mean age at which the respondents started taking Psychoactive The substance was 18 years. The majority being above 18years (63%) and below 18years (37%)
- Half of the respondents got into Psychoactive Substance addiction by Heroin. Also out of the different types of Psychoactive

Substances consumed pre-treatment Heroin was reported to be the most consumed Psychoactive Substance (78%) followed by Bhukki (47%), Opium (33%), Charas (23%), and

- Sleeping pills/pain killers (21%)

#### **Push factors for getting in Psychoactive Substance Abuse**

- The key drivers for getting into Psychoactive Substance abuse were reported to be- fun and enjoyment (63%), curiosity and experimentation (52%) and stress (26%)
- Influence of friends was reported to be a major push factor for getting into Psychoactive Substances (68%)

#### **Access and Availability of Psychoactive Substances**

- About half of the respondents (46%) reported that access to and availability of Psychoactive Substances is very easy for children in their locality
- Availability and access of Psychoactive Substances to children appears to be very easy in the state as 46% of respondents reported so

#### **Impact of psychoactive substance abuse on family, social life and household economy**

- Psychoactive Substance addiction led to various types of family problems (65%), neglected families (54%), and also had arguments with family and friends (55%)
- Two-thirds of the respondents (67%) reported that their families the financial position had been affected due to their addiction of which 71% lost savings, 15% sold household assets, nine percent took advance or loan
- (56%) respondents reported that they lost friends

#### **Exposure to Information on prevention of Psychoactive substance abuse**

- Out of the 354 respondents, 196 (55%) never

heard or saw any communication on Psychoactive Substance addiction and its prevention

- Half of the respondents (47%) came to know about the treatment through their friends

## **Factors responsible for seeking treatment**

- Out of the 354 respondents seeking treatment, 70% were first-timers and the remaining 30% had sought treatment earlier
- Of the respondents who had sought treatment earlier, 66% of them had left it without completing the treatment as four percent reported that they were demotivated, 17% had withdrawal problems, also 22% of the respondents stated that they ran away and treatment was ineffective
- Changes in personality/behavior that led to the respondents seeking treatment was: increased aggression or irritability (56%), lack of interest in work (40%), bloodshot eyes (36%), depression (31%), change in social network (26%), and involvement in violent acts (19%)
- In reasons for seeking treatment, respondents who sought treatment on their own constituted the majority of 87%

## **5.2 Conclusion**

The study findings highlight that the abuse of Psychoactive Substance epidemic in Punjab is not only restricted to one specific gender or social strata but has taken into its fold young persons and even children as small as 10 years of age. They are addicted to psychoactive substances and have easy access to hard as well as cheap Psychoactive Substances. However, it was also seen that children and young adults tend to start taking Psychoactive Substances at a younger age but by the time they encounter health problems and come for the treatment they reach

adulthood. Therefore, to bridge this gap between the initiation of Psychoactive Substance taking and actual time at which treatment is started there is a need to spread awareness about Psychoactive Substance addiction in the state.

Lack of parental supervision and awareness among parents as well as children aggravates the condition of addiction of these deadly psychoactive substances. This needs serious attention. Children lack the judgement to make decisions that may or may not be detrimental to them. Therefore, there is a need for proper supervision and guidance especially by their parents. Spreading awareness at the rural and urban level and not restricting it to the health facilities becomes an important imperative. It has been observed that lack of guidance and ignorance towards the life and activities of the children leave them to unchecked upon, often lacking direction and motivation in life. Thus, leading to ignorance of the addiction and the lag in seeking treatment often years later. Also, 45% of the respondents reported that they took money from their parents for their addiction thus making it more important for parents to keep a check on their child.

Also it was observed that the inflow of patients admitted in the de-addiction centers and rehabilitation centers is really low and patients prefer OOAT clinics. This can cause patients to fall back into drugs as they are still exposed to that environment.

Easy access and availability of psychoactive substances remains one of the major cause of concern. The findings from the study also revealed that children in villages have easy access to psychoactive substances. They had access to hard as well as other synthetic Psychoactive Substances. These children also started with alcohol and smoking which act as gateway Psychoactive Substances. Also, data from the study revealed that the cost of these

psychoactive substances ranges from INR 10 to more than 10,000. And they are available to children everywhere, from grocery stores in rural areas to chemist shops near health facilities. Also, individuals operating in the village. Even though the state is making efforts to curb the problem but people of the state are seriously addicted especially the younger generation who are now opting for injecting Psychoactive Substances ignoring the very risk of spreading serious illnesses like HIV.

The spread and entrenchment of drug abuse needs to be prevented, as the cost to the people, environment and economy will be colossal. The unseemly spectacle of unkempt drug abusers dotting lanes and by lanes, cinema halls and other public places should be enough to goad the authorities to act fast to remove the scourge of this social evil. Moreover, the spread of such reprehensible habits among the relatively young segment of society ought to be treated at all cost. There is a need for the government enforcement agencies, the non-governmental philanthropic agencies, and others to collaborate and supplement each other's efforts for a solution to the problem of drug addiction through education and legal actions.

### 5.3 Recommendations

1. There is a need for the state government to strengthen the de addiction centers in terms of increasing the number of beds, facilities and increased numbers of medical and paramedical staff. It should be made mandatory to admit patients who are under severe addiction of psychoactive substances to reduce the risk of them getting back into addiction.
2. On the availability of psychoactive substances, the state should tighten its policies and ensure that chemist shops, stationery shops, etc. are not selling any type of psychoactive substances. To send a strong

message to all such shopkeepers strict actions need to be taken starting from the heavy penalty to permanent cancellation of licenses.

3. Awareness in the state about psychoactive substance abuse should be made visible. There should be workshops for children in schools and at the village level. However, it is also important for parents to be educated and be made aware of the consequences of Psychoactive Substances.
4. Periodic tests of children in schools must be done to identify children taking Psychoactive Substances and ensure proper treatment to them.
5. A multi-stakeholder response required involving youth organizations, faith based organizations, pharmaceutical and medical associations, and local police etc. to work together to address the demand and supply of side of drugs, and work towards prevention and treatment by way of raising mass awareness, provide counseling to persons and family affected and infected by psychoactive substance abuse etc.
6. Capacity building of all organizations (NGO/GO/other civil society) /staffs working in treatment process / drug use to be enhanced.
7. Strengthen system of monitoring and mentoring to improve response relating to prevention, treatment and awareness of drug use among children and young adults in Punjab.
8. The Government sponsored health / education / youth and sports programmes and projects targeting youth and children in particular, should have a component on drug abuse. They should work towards prevention/treatment of drug abuse.
9. Counseling Centres like Integrated Counselling and Testing Centres (ICTC), Opioid Substitution Therapy (OST) centres run by Govt. or CSO, may provide counseling and follow up visits to families and persons infected and affected by drug abuse to improve their quality of life.

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# QUESTIONNAIRE FOR THE ADDICTS

## Use of Psychoactive Substances and its Vulnerability among Children and Young Adults in Punjab

Respondent No.   (To be filed by the Supervisor)

Date of Interview

Respondent Code.   (To be filed after the interview)

Identification Particulars
District : _____ ; Location of the health facility- Urban _____1, Rural _____2
Name of the Village/Town _____;
Name of the Hospital _____ Government _____1 Private _____2
Place of interview
De-addiction centre
OAAT Clinic
Rehabilitation Centre
Result Code
Interview Completed
Interview Partially Completed

## Informed Consent

**(Note: If the respondent is below 18 years of age then consent needs to be obtained from the Civil Surgeon/Parents/Guardian)**

Namaste. My name is \_\_\_\_\_ and I am working with **Kailash Satyarthi Children's Foundation**. We are conducting a study to understand the reasons that compel a person into drugs and also how this addiction is impacting the lives of children and young adults. In this regard, we are meeting many people in the state and collecting information on different parameters related to drug abuse.

I will not ask you any question related to your identity, such as your address, contact No. etc. Hence, be assured that whatever information you provide will be kept strictly confidential. The results of the study may be published but we assure you that the anonymity shall be preserved. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this study since your participation is important.

We would appreciate your participation in this study. I would like to ask you some questions. The survey would take about 15-20 minutes to complete.

At this time, do you have any question for me? (***Instruction:** Answer the questions and address respondents' concerns.*)

**In case you have any further questions related to the study please contact *Dr Purujit Praharaj, Sr. Research Fellow, Kailash Satyarthi Children's Foundation, A-23, Friends Colony (West), New Delhi - 110065. T: +91 11 4751 1111 (Ext 145); E: [purujit@satyarthi.org](mailto:purujit@satyarthi.org)***

May I begin the interview now?

Respondent Agrees to be interviewed.....1 → Begin Interview

Respondent does not agree to be interviewed.....2 → **END**

**INTERVIEW START TIME:**   :

**INTERVIEW END TIME:**   :

Name of the Interviewer \_\_\_\_\_

Name of the Supervisor \_\_\_\_\_

## Section I

### Background Characteristics

Q.No.	QUESTIONS	CODING CATEGORIES	Skip To
101	How old are you? आपकी उम्र कितनी है?	Age in completed years –	
102	Gender? लिंग?	Male ..... 1 Female..... 2 Transgender ..... 3	
102a	Are you a native resident of Punjab? क्या आप पंजाब के मूल निवासी हैं?	Yes ..... 1 No ..... 2	103
102b	Since how many years you are here? पिछले कितने वर्षों से आप यहां रह रहे हैं?	Yes ..... 1 No ..... 2	
103	What religion do you follow? आप किस धर्म के अनुयायी हैं?	Sikh.....1 Hindu.....2 Muslim .....3 Christian .....4 Other .....5 None.....6	
104	Do you belong to Scheduled Caste, Scheduled Tribe or Other Backward Class? क्या आप अनुसूचित जाति, अनुसूचित जनजाति या पिछड़े वर्ग से आते हैं? यदि हां, तो जाति का उल्लेख करें	Scheduled Caste.....1 Scheduled Tribe .....2 OBC .....3 No .....4 Caste Name जाति: _____	
105	Kindly let me know about your family composition that is whether you live in a nuclear, extended or joint family? आपके परिवार का आकार क्या है? संयुक्त, निजी या अकेले रहते हैं?	Nuclear Family .....1 Extended Family.....2 Joint Family .....3 Alone .....4	
106	(Code '1' if Coded '4' in Q105) How many family members are there in your household? ( Family size) आपके परिवार में कितने सदस्य हैं?	1-5 ..... 1 5-10 ..... 2 >10 ..... 3	

Q.No.	QUESTIONS	CODING CATEGORIES	Skip To
107	What is the maximum level of education that you have completed? <b>आपकी शैक्षणिक योग्यता क्या है?</b>	Below Primary (Less than Std 5) .....1 Primary (Std 5-6) .....2 Middle (Std 7-9) .....3 Secondary (Std 10-11) .....4 Senior Secondary(Std 12 completed but below graduation) .....5 Graduation completed.....6 Post-Graduation and above.....7 Never been to school.....8	
108	What is your main occupation? <b>आपकी जीविका का साधन क्या है?</b>	Cultivation .....1 Agriculture labour .....2 Daily labour in non-agricultural sector..3 Masson/Carpenter/Painter.....4 Business .....5 Service (Govt./Pvt.).....6 Student.....7 Unemployed.....8 Others (Specify) .....9	
109	What is your marital status? <b>आपकी वैवाहिक स्थिति क्या है?</b>	Married .....1 Divorced/Separated .....2 Widower/Widow .....3 Unmarried.....4	115
110	What is/was the maximum level of education that your spouse has completed? <b>आपके पति/पत्नी की शिक्षा का स्तर क्या है?</b>	Below Primary (Less than Std 5) .....1 Primary (Std 5-6) .....2 Middle (Std 7-9) .....3 Secondary (Std 10-11) .....4 Senior Secondary(Std 12 completed).....5 Graduation completed.....6 Post-Graduation and above .....7 Never been to school.....8	
111	What is/was your spouse's main occupation? <b>आपके पति/पत्नी का व्यवसाय क्या है?</b>	Cultivation .....1 Agriculture labour .....2 Daily labour in non-agricultural sector..3 Masson/Carpenter/Painter.....4 Business .....5 Service (Govt./Pvt.).....6 Student.....7 Unemployed.....8 Housewife .....9 Others (Specify) .....10	

Q.No.	QUESTIONS	CODING CATEGORIES	Skip To
112	Do you have children? क्या आपकी संतानें हैं?	Yes ..... 1 No ..... 2	115
113	How many children do you have? कितनी संतान हैं आपके?	Girls – Boys –	
114	What is the age of your child/children? आपके बच्चे/बच्चों की उम्र कितनी है?	Youngest- Eldest-	
115	How many earning members are there in your family? परिवार में कमाने वाले सदस्यों की संख्या कितनी है?	1 .....1 2-3 .....2 More than 3 .....3 None.....4	
116	What are the other sources of income of your family? आपके परिवार की आमदनी के अन्य स्रोत क्या हैं? MULTIPLE RESPONSE POSSIBLE	Earning from rent..... 1 Earnings from fixed deposits ..... 2 A family member who works in another district of Punjab sends money ..... 3 A family member who works in another state of India sends money..... 4 A family member who works in another country sends money ..... 5 Others (Specify) ..... 6	
117	What is your monthly average household income? (Combining income of all earning members) आपके पूरे परिवार की मासिक आमदनी कितनी है?	Less than INR 5,000 .....1 INR 5,000-10,000 .....2 INR10,001-20,000 .....3 INR 20,000-40,000 .....4 INR 40,000-60,000 .....5 More than 60,000 .....6 Don't know .....7	
118	(Not applicable if response is Code 8 in Q108) What is your monthly average income? आपकी मासिक आमदनी कितनी है?	Less than INR 5,000 .....1 INR 5,000-10,000 .....2 INR10,001-20,000 .....3 INR 20,000-40,000 .....4 INR 40,000-60,000 .....5 More than 60,000 .....6	

## Section II

### Smoking and Substance Abuse

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
201	Did you ever smoke Cigarette/Bidi? <b>क्या आपने कभी बीड़ी या सिगरेट पी है?</b>	Yes ..... 1 No ..... 2	204
202	At which age did you start smoking? <b>आपने किस उम्र में धूम्रपान करना शुरू किया?</b>	Age in completed years –	
203	On an average how many Cigarette/Bidi did you smoke per day in a month? <b>प्रत्येक दिन के हिसाब से आप कितनी सिगरेट या बीड़ी पी जाते हैं आप एक महीने में?</b>	In No.	
204	Did you ever have any alcoholic beverage to drink? <b>क्या आपने कभी शराब पी है?</b>	Yes ..... 1 No ..... 2	207
205	At which age did you start taking alcohol? <b>किस उम्र में आपने शराब पीना शुरू किया?</b>	Age in completed years –	
206	When was the last time you drank alcohol in last six months? <b>पिछले छह महीने में आपने अंतिम बार कब शराब पी थी?</b>	1 week ago ..... 1 1-3 weeks ago ..... 2 1-2 months ago ..... 3 More than 3 months ago ..... 4 Never ..... 5	
207	Think back and let me know at what age did you start taking drugs other than those required for medical reasons? <b>(Probe: since how many years you are taking drugs)</b> <b>आपने किस उम्र में नशा लेना शुरू किया?</b>	Age in completed years –	
208	What did you start with? <b>आपने क्या लेना शुरू किया?</b>	Bhukki (Poppy Husk) ..... 1 Ganja ..... 2 Afim (Opium) ..... 3 Charas ..... 6 Cough Syrups ..... 4 Inhaler ..... 5 Others (Specify) ..... 8	

Q. No.	QUESTIONS	CODING CATEGORIES		Skip To
209	What all have you tried till now? <b>अब तक आपने क्या-क्या आजमया है?</b>		(a) Drugs tried till now <b>MULTIPLE RESPONSE POSSIBLE</b>	(b) Most frequently taken Drug <b>(Single Response)</b>
		Bhukki (Poppy Husk)	1	1
		Ganja	1	1
		Opium (Afim)	1	1
		Charas	1	1
		Heroin (Smack)	1	1
		Lysergic acid diethylamide (LSD)	1	1
		Amphetamine Type-Stimulants (ATS)	1	1
		Morphine	1	1
		Others (Specify) _____	1	1
		Others (Specify) _____	1	1
210	What are the reasons for you getting into drugs? <b>क्या कारण से आपने नश्या करना शुरू किया?</b> MULTIPLE RESPONSE POSSIBLE	Curiosity /Experimentation ..... 1 Enjoyment/Fun..... 2 To prove masculinity ..... 3 Stress/ Pressure of work ..... 4 Enhance Sexual Performance ..... 5 Saw it on TV and tried imitating.....6 Culture ..... 7 Others (Specify)..... 8		

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
211	<p>Please recall the occasion when you consumed drug for the first time and let me know how did it happen?</p> <p>आपने पहली बार कब ॐ ग्स ललया और यह कैसे संभव हुआ?</p>	<p>Friends insisted ..... 1</p> <p>Elder brother/cousin insisted ..... 2</p> <p>Imitation of sibling ..... 3</p> <p>Was imitating any of the family members ..... 4</p> <p>Wanted to feel the excitement/ Experimenting ..... 5</p> <p>Can't say ..... 6</p> <p>Others (Specify) ..... 7</p>	
213	<p>Have you ever used a needle to inject a drug not prescribed by a doctor?</p> <p>बगैर ककसी डॉक्टर के परामर्श के ॐ ग्स लेने के ललए आपने सुई का इस्तेमाल कक या है?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
214	<p>Please recall and tell me before initiation of treatment (current) how much did you used to spend on drugs per day?</p> <p>आपका ॐ ग्स पर होने वाला खर्श ॐ किकन कक्ना था?</p>	In INR-	
215	<p>How did you manage the cost of drugs?</p> <p>ॐ ग्स पर होने वाले खर्श का कै जुगाड़ कक्ना था आपने?</p> <p>MULTIPLE RESPONSE POSSIBLE</p>	<p>Took from Father..... 1</p> <p>Took from mother ..... 2</p> <p>Borrowed from friends ..... 3</p> <p>Worked..... 4</p> <p>Stealing..... 5</p> <p>Other ..... 6</p>	
216	<p>When you ran out of money, how did you manage then?</p> <p>जब आपके पास ॐ ग्स के ललए पैसे खत हो गए थे, ुब आपने इसके ललए पैसों का जुगाड़ कैसे कक्ना था?</p> <p>MULTIPLE RESPONSE POSSIBLE</p>	<p>Took from parents..... 1</p> <p>Borrowed from friends ..... 2</p> <p>Worked (Overtime) ..... 3</p> <p>Part-time job ..... 4</p> <p>Stealing..... 5</p> <p>Other ..... 6</p>	



Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
218	<p>How difficult do you think it would be for a child from your home town/village to get drugs if he/she wanted?</p> <p>अगर ककसी बच्चे को दूग्स की जरूरत है, तो क्या वह गांव या शहर में ममलना मुश्कल है?</p>	<p>Impossible ..... 1</p> <p>Very difficult ..... 2</p> <p>Very easy ..... 3</p> <p>Don't know ..... 4</p>	
219	<p>How did your family members react when they got to know about your addiction?</p> <p>जब आपके पररवार को पता चला कि आप नरे के आकि हैं तो उनकी क्या प्रतिक्रिया थी?</p> <p>MULTIPLE RESPONSE POSSIBLE</p>	<p>Got angry ..... 1</p> <p>Ignored ..... 2</p> <p>Motivated for treatment ..... 3</p> <p>Family members are not aware ..... 4</p> <p>Don't know whether they are aware ..... 5</p> <p>Others (Specify) ..... 6</p>	222
220	<p>Does your spouse or parents ever complain about your involvement with drugs?</p> <p>आपके पति/पत्नी या माता-पिता आपके दूग्स के आकि होने की शिकायत करते हैं?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Family members are not aware ..... 3</p>	222
221	<p>Has drug abuse created problems between you and your spouse or your parents?</p> <p>नरे के कारण क्या आपके पति/पत्नी या माता-पिता के बीच कोई समस्या उत्पन्न हुई?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
222	<p>Have you lost friends because of your use of drugs?</p> <p>नरे का आिी होने के कारण क्या कभी आपने अपने ममनों को खोया है?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
223	<p>Have you ever neglected your family members because of your use of drugs?</p> <p>दूग्स लेने के कारण कभी आपने पररवार के सिसयों की उपेक्षा की है?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
224	Have you been in trouble in studies/ at work because of drug abuse? नरे का अिी होने के कारण क्या पढाई या काम में मुश्कल उत्पन्न हुई है?	Yes ..... 1 No ..... 2	
225	Have you gotten into fights when you are under the influence of drugs? नरे की मगरफ में आकर क्या आपने कभी लड़ाई-झगड़ा क्का है?	Yes ..... 1 No ..... 2	
225a	Have you ever had an argument with your family members/friends when you are under the influence of drugs? जब आप नरे की मगरफ में होे हैं ्ब क्या आपका अपने पाररवारकसिसयों या िोस्ो से बहसबाजी हुई है?	Yes ..... 1 No ..... 2	
226	Do you feel that the financial position of your family has been affected due to your drug addiction? क्या कभी आपने यह महसूस क्का है कक आपके नरे के अिी होने के कारण आपके पररवार की आमथक्कसथक ढाभमठ हुई है?	Yes ..... 1 No ..... 2 Don't know/Can't say ..... 3	301
227	How was the family financial position affected by your addiction? आपके नरे का शरकार होने के कारण आपके पररवार को ककस्ह का आमथक नुकसान उठाना पड़ा है? MULTIPLE RESPONSE POSSIBLE	Sold land.....1 Sold household assets ..... 2 Lost savings ..... 3 Others (Specify) ..... 4	

## Section III

### Health and Treatment Seeking

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
301	Have you ever seen/heard any communication material/activity related to drug abuse? <b>क्या आपने नशीली दवाओं के दुरुपयोग से संबंधित प्रचार सामग्री बच्चों के बीच कभी देखी है?</b>	Yes.....1 No.....2	304
Q. 302 What all materials/activities that you have seen in last six months? MULTIPLE RESPONSE POSSIBLE		Q. 303 Who was conducting/organising these activities? (Refer below for coding categories) MULTIPLE RESPONSE POSSIBLE	
Hoarding/Wall painting (at health facilities)..... 1		1	2
Hoarding/Wall painting (Other places)..... 2		1	2
Newspaper/Magazine.....3		1	2
TV/Radio .....4		1	2
Internet .....5		1	2
Poster/Pamphlet .....6		1	2
Street play/Nukad Natak..... 7		1	2
Public meetings.....8		1	2
Door to door visit by para medical staffs. 9		1	2
Door to door visit by other volunteers ....10		1	2
Others (Specify) .....11		1	2
<b>Codes for Q303</b> (1) Government; (2) NGO; (3) School/College; (4) Private body/Youth clubs (5) PRI members; (6) Others (Specify); (7) Don't Know			
304	Now please let me know about your current treatment. How did you come to know about this health facility for de-addiction? <b>अपने वर्तमान के उपचार के बारे में बताएं?            नशे से बाहर जाने के लिए आपको इस स्वास्थ्य सुविधा के बारे में कैसे पता चला?</b>	Parents ..... 1 Brother/Sister ..... 2 Other family members..... 3 Friends ..... 4 Teacher/Other well-wishers ..... 5 Medical/Para medical staffs..... 6 Internet ..... 7 TV/Radio..... 8 Newspaper/Magazine..... 9 Hoarding/wall painting ..... 10 Others (Specify) ..... 11	

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
305	Since when are you seeking treatment? आपका कब से इलाज चल रहा है?	Days- <input type="text"/> <input type="text"/> <input type="text"/>	
306	What are the reasons for seeking treatment? इलाज कराने के मुख्य कारण क्या हैं?	<b>a All Reasons</b> MULTIPLE RESPONSE POSSIBLE	<b>b. Main Reason</b> (Single Response)
		Own will .....1	1
		Health issues .....2	2
		Family convinced .....3	3
		Motivated by friends .....4	4
		Last treatment was ineffective .....5	5
		Had withdrawal symptoms even after completing course of treatment .....6	6
		Others (Specify) .....7	7
307	Did you or anybody else notice change in your personality/behaviour before seeking treatment? इलाज कराने से पहले क्या आपने या किसी अन्य ने आपके व्यक्तित्व या व्यवहार में किसी बदलाव को नोटिस किया है? MULTIPLE RESPONSE POSSIBLE	Family members noticed change in my behavior ..... 1 Friends noticed change in my behavior .. 2 Teachers/any other well-wisher noticed change in my behavior ..... 3 Doctor/Nurse/ASHA noticed..... 4 I have noticed..... 5 Others (Specify) ..... 6	

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
308	<p>What kind of changes in your personality/behaviour were noticed?</p> <p><b>आपके व्यक्तित्व/व्यवहार में किस प्रकार के बदलाव को नोटिस किया गया था?</b></p> <p>MULTIPLE RESPONSE POSSIBLE</p>	<p>Bloodshot or glazed eyes..... 1</p> <p>Problems sleeping or sleeping too much..... 2</p> <p>Increased aggression or irritability 3</p> <p>Lethargy/Lack of interest in any work ..... 4</p> <p>Depression ..... 5</p> <p>Sudden changes in a social network ..... 6</p> <p>Dramatic changes in habits and/or priorities..... 7</p> <p>Involvement in violence..... 8</p> <p>Involvement in criminal activities ..... 9</p> <p>Risky sexual behavior..... 10</p> <p>Feeling of being lost..... 11</p> <p>Others (Specify) ..... 12</p>	
309	<p>Have you taken treatment before or is this the first time?</p> <p><b>क्या आपने इससे पहले भी कभी अपना इलाज कराया है या यह पहली बार होगा?</b></p>	<p>Taken treatment before ..... 1</p> <p>First time ..... 2</p>	214
310	<p>How many months before you have taken treatment?</p> <p><b>कितने महीने पहले आपने इलाज कराया था?</b></p>	Months – <input type="text"/> <input type="text"/>	
311	<p>Did you complete it or left it in between?</p> <p><b>क्या आपने अपना इलाज पूरा करा, या इसको बीच में ही छोड़ दिया?</b></p>	<p>Completed..... 1</p> <p>Left in between..... 2</p>	

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
312	Why did you leave it? बीच में ही इलाज कराना क्यों छोड़ दिया?	Demotivated ..... 1 Had withdrawal problems ..... 2 Others (Specify).....3	
313	Did you take drugs in that time when you left the treatment? जब आपने अपना इलाज कराना बीच में ही छोड़ दिया, तब क्या फिर भी आप ड्रग्स लेते थे?	Yes ..... 1 No.....2	
314	Do you still feel the urge to take drugs? (during the current treatment) क्या आपको अभी भी ड्रग्स लेने की जरूरत महसूस होती है?	Yes ..... 1 No .....2	
315	Have you taken drugs during your treatment? (during the current treatment) क्या आपने अपने इलाज के दौरान भी ड्रग्स ली?	Yes.....1 No.....2 At times.....3	
<b>Instruction: Q316 to Q319 is applicable for respondents interviewed at OAAT Clinics only</b>			
316	Since you come to take medicines on a regular basis and are not staying in the addiction centre how do you control your urge? चूंकि आप नियमित तौर पर ड्रग्स लेते हैं और इसके लिए किसी मुक्ति केंद्र पर भी आप नहीं जाते, उस स्थिति में आप अपने को कैसे नियंत्रित करते हैं?	Talk to parents about my urge....1 Divert my mind towards productive things.....2 Engage in work.....3 Spend time with family .....4 Spend time with friends .....5 Play sports.....6 Never get tempted to take drugs.7 Others (Specify).....8	

Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
317	Does anyone accompany you for the treatment? <b>इलाज कराते वक्त क्या कोई आपके साथ आता है?</b> MULTIPLE RESPONSE POSSIBLE	Mother ..... 1 Father ..... 2 Sister..... 3 Brother ..... 4 No One ..... 5 Friends ..... 6 Cousins..... 7 Others (Specify).....8	
318	Do your parents know that you are taking de-addiction treatment? <b>क्या आपके माता-पिता को इस बात की जानकारी है कि आप ड्रग्स से छूटकारा के लिए अपना इलाज करा रहे हैं?</b>	Yes.....1 No.....2	
319	Where do you spend most of your time after taking treatment? <b>इलाज कराने के बाद आप अपने जीवन का अधिकांश वक्त कहाँ गुजारते हैं?</b>	Family ..... 1 Friends ..... 2 Alone ..... 3 Other(Specify).....4	
<b>Instructions: Ask all respondents</b>			
320	Have your family expenses been affected due to your treatment? <b>क्या आपके परिवार के खर्च आपके इलाज के कारण प्रभावित हुआ है?</b>	Yes.....1 No.....2	
321	During the course of treatment are you spending on anything? Check whether family expenses increased due to treatment. <b>इलाज के दौरान आपका कोई और भी खर्च हुआ है?</b>	Medicine ..... 1 Travel ..... 2 Others ..... 3 Not spending on anything.....4	323
322	On an average how much did you spend in the last one month? <b>औसतन आपने पिछले महीने कितने खर्च किए?</b>	Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



Q. No.	QUESTIONS	CODING CATEGORIES	Skip To
323	<p>Now do you feel any change in yourself?</p> <p><b>क्या आप अपने में किसी तरह का बदलाव महसूस करते हैं?</b></p> <p>(Ask only if treatment being taken is more than 7 days in Q 305)</p> <p>MULTIPLE RESPONSE POSSIBLE</p>	<p>Emotional(specify) ..... 1</p> <p>Behavioural(specify) ..... 2</p> <p>Physical(specify)..... 3</p> <p>Others (Specify) ..... 4</p> <p>No Change.....5</p>	
323a	<p>Do you ever feel bad or guilty about your drug use?</p> <p><b>नशे के आदी होने के कारण क्या कभी आपने बुरा या अपने को दोषी पाया है?</b></p>	<p>Yes ..... 1</p> <p>No.....2</p>	
324	<p><b>Do you have any suggestions to improve treatment facilities?</b></p> <p><b>इलाज में सुधार से संबंधित किसी भी तरह का सुझाव देना आप पसंद करेंगे?</b></p>		