PATTERN AND BACKGROUND CHARACTERISTICS OF DRUG-USE IN IMPHAL, THE CAPITAL OF MANIPUR: A CROSS-SECTIONAL STUDY

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ABSTRACT

Knowing the pattern and the background characteristics associated with drug-use is if not more equally important to estimation of the magnitude for developing local-specific policies against the social evil called drug-use. Data regarding this is hardly available for the state of Manipur, which shares a long international border with Myanmar and subsequently to the Golden Triangle, hence being a high-risk area of illegal drug-trafficking and use.

OBJECTIVES

To explore the pattern of drug-use and also to study the background characteristics associated with drug-use in Imphal, the capital of Manipur.

MATERIAL AND METHODS

A cross-sectional study was taken up in Feb-Mar 2015 among 788 adults aged 18-65 years who ever used drugs in the last one year for non-medical purpose in the two districts of Imphal, Manipur. Respondent-Driven Sampling method was used to obtain this sample. Data were collected by using a pre-tested, semi-structured questionnaire which consisted sections on socio-demographic profile, type of drugs used, risk-taking and treatment seeking behaviours. Ethical approval was obtained from IEC, JNIMS.

RESULTS

Majority of the study subjects (82%) started using drugs by the age range of 15-25 years. The three commonest drugs used were Spasmodoxyon (40%), Benzodiazepines (36%) and Heroin (24%). More than half of the study subjects (56%) used drugs at least two times in a day. The most common reason cited for starting use of drug in life was just out of curiosity (71%). One-third (37%) of the drug-users were IDUs, out of which 60% shared a common needle for injection.

DISCUSSION

Starting use of drug early in life, the shifting of the drug used from illegal drugs to legal drugs and sharing of syringes by IDUs are of grave concern.

CONCLUSION AND RECOMMENDATION

Drug use was a problem in Imphal, especially among the younger generations. Various stakeholders at governmental level, non-governmental level and family level need to take up urgent initiatives, so that the social menace of drug-use can be routed out from the society.

KEYWORDS

Background Characteristics, Drug-Use, Heroin, Pattern.

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INTRODUCTION

To know the magnitude of drug-use is important for planning policies against it. The Ministry of Social Justice and Empowerment has already done a survey in 2004 covering all the States and Union Territories of the country and has proven the high prevalence rate in the Punjab and Manipur.¹ Knowing the pattern and the background characteristics associated with drug-use is also equally important to understand the situation, so that appropriate actions can be taken against this social evil.

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The North-Eastern States of the country particularly the State of Manipur sharing a porous 358 km long international boundary with Myanmar, and thus nearer to the Golden Triangle might be the worst affected. For planning local-specific policies it was felt necessary for understanding the pattern of drug-use and its associated background characteristics in the State. The objectives of the study were to explore the pattern of drug-use and also to study the background characteristics associated with drug-use in Imphal, the capital of Manipur.

MATERIALS AND METHODS

A cross-sectional study was taken up in February-March 2015 in Imphal East and Imphal West districts of Manipur. "Drug-users" was defined as people who had ever used cannabis, opiates, sedatives/hypnotics, volatile substances, hallucinogens, stimulants or any illicit drugs for non-medical purposes in the last one year.

The study subjects were the adult drug-users. People who used tobacco products and/or alcohol only were excluded, as this could dilute the study findings. Refusals to participate were again excluded from the study.

It was targeted to get a sample size of 300-400 in each of the two districts by using Respondent-Driven Sampling (RDS) method. It is the size many experts like Heckathorn, Handcock MS, Wejnert C and Schonlau M opined that it will be representative of all the drug-users in an area.^{2,3,4,5} Recruitment started by selecting five seeds in each district. Extreme care was taken, so that the characteristics of the initial seeds were as diverse as possible in their profile in order to tap in maximum possible network. Each of the initial seeds was given three coupons for recruiting their peers. Giving of three coupons for recruiting their peers continued till the 4th wave, after which only two coupons were given.

A team of trained personnel simultaneously collected data by using a pre-tested, semi-structured questionnaire which had sections on socio-demography, type of drugs used, risk-taking behaviour and treatment seeking behaviour. Informed consent was obtained prior to the interview. Also, ethical approval was obtained from the Institutional Ethics Committee of Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal, Manipur.

Data collected were scrutinized for completeness and consistency at the spot by a trained supervisor. It was then entered in excel and later transferred to RDSAT. Descriptive data was generated by using it.

RESULTS

Data could be collected from 788 study subjects, the sex-wise composition being males-749, females-38 and transgenders-1. By residence 492 (62.44%) belonged to the rural area, whereas the remaining were from the urban area. The age-wise distribution was 18-25 years: 478 (ii) 26-35 years: 158 (iii) 36-45 years: 98 (iv) 46-55 years: 52 and (v) >55 years: 2, indicating that four-fifths of the study subjects were less than 35 years in age. By educational status the respondents were (i) No formal schooling: 39 (ii) Literate but less than Class X: 188 (iii) Class X-XII: 480 (iv) Class XII passes 81, showing that majority of them had studied up-to Class XII. By occupation, the study subjects were (i) Unemployed: 144 (ii) Students: 259 (iii) Self-employed: 178 (iv) Daily wage earner: 85 (v) Business: 95 and (vi) Others: 27 implying that one-third (32.87%) of them were students. By marital status, the study subjects were (i) Unmarried: 425 (ii) Married and living together with spouse: 201 (iii) Divorced: 61 and (iv) Widowed: 1 showing a high rate of divorce (7.74%) among the drug-users.

Age at first use of drug (s)	Frequency (%)
<15	98 (12.44)
15-18	325 (41.24)
19-25	323 (40.99)
26-40	33 (4.19)
Cannot remember	9 (1.14)
Table 1: Distribution of study subjects by age at first use of drugs (N=788)	

Two-fifths of the study subjects started using drugs during the young age of 15-18 years. Another comparable proportion started using drugs by 19-25 years; 12% of them started using younger still in life before the age of 15 years.

Drug(s) Used	Frequency of use* (%)
Spasmo-proxyvon	601 (40.04)
Benzodiazepines	536 (35.71)
Heroin	364 (24.25)
Table 2: Three drugs most commonly used (N=1501)*	

*Multiple options allowed

Many of the drug-users used more than one type of drug and the three most commonly used drugs by the study subjects were Spasmoproxyvon (40%), Benzodiazepines (36%) and Heroin (24%) in order of frequency of use. This showed that the use of illegal drugs was being superseded by use of legal drugs.

Frequency of Drug-Use	No. of Study Subjects (%)
≥ twice a day	443 (56.22)
Once a day	222 (28.17)
3-4 times a week	114 (14.47)
Once a week	9 (1.14)
Table 3: Study subjects by frequency of drug use (N=788)	

More than half of the study subjects (56%) used drugs at least twice a day. More than three-fourths of the study subjects (602, 76.4%) used to take more than one type of drugs in a day.

Reasons	Frequency (%)
Out of curiosity	561 (71.19)
A way of enjoyment	172 (21.83)
For stress relief	43 (5.46)
To be acceptable by others etc.	12 (1.52)
Table 4: Study subjects by reason of initiation of drug-use (N=788)	

Almost two-thirds (561, 71%) of the study subjects started using drugs because of curiosity. One-fifth started using it as a means of enjoyment (172, 22%).

Fig. 1: Study subjects by risk-taking behavior (N=788)

More than a third (289, 36.68%) of the drug-users was Injectable-Drug Users (IDUs) and nearly two-third (174, 60.21%) of these IDUs used to share needles for injecting the drugs. More than half of the IDUs (131, 52.61%) reported of having undertaken testing for HIV ever in their lives. Out of all those who reported of having undertaken the test only two-third (82, 62.5%) reported of having tested in the last one year.

Nearly one-third (249, 31.6%) of the total study subjects sought some form of treatment for drug-related problems in the last one year.

The main place/person for seeking the last treatment was the NGO-run Drop-In Centers (DICs) (98, 39.36%) followed by Peer Educators/Outreach Workers (33, 13.25%). Treatment seeking at government-run health facilities was negligible.

Barriers	Frequency* (%)
Stigma	272 (24.29)
Inconvenient timing	255 (22.77)
High treatment cost	243 (21.70)
Long distance	216 (19.29)
Judgmental attitude of providers	134 (11.96)

Table 5: Main barriers while seeking health services

* Multiple options allowed

The major reasons cited by the study subjects while seeking healthcare services were Stigma (24%), inconvenient timing of the health facilities (23%), high treatment cost (22%), long distance to be covered while accessing health facilities (19%) and judgmental attitude of healthcare providers (12%).

DISCUSSION

As the current study is of its first kind in the state of Manipur, comparison of the present study finding with other study findings could not be done. But the early age at initiation is of great concern. A sizeable proportion of youths have stated using drugs at a very early age. Such findings were also reported by previous studies.⁶ this highlights the need take up initiatives, so that the youths are protected before they are exposed to high-risk behaviour. There is also shifting in the drugs used from illegal drugs like heroin to legal drugs (Drugs whose possession is permitted by law). This is again a matter making things more complicated in preventing drug-use.

More than one-third of the drug-users being IDUs among whom two-thirds sharing common needles for injection poses a big threat for HIV epidemic.

Treatment seeking behaviour at the government-run health facilities was almost nil because of obvious reasons like stigma, working hours not convenient to, the high treatment cost, long distance to be covered while accessing them, judgmental attitude of healthcare providers, etc. These matters need to be looked into and improvised to suit the local needs. Also, the NGO-run DICs and PEs/ORWs need to be incapacitated as they are the preferred place/person for accessing healthcare services.

One limitation of the present study was that study subjects aged less than 18 years were excluded from the study because of the issue of obtaining valid consent from them. The background characteristics of this younger group of drug-users might have been different.

CONCLUSION AND RECOMMENDATION

Young people in Imphal are caught early in their life in the web of drug use making their future look bleak in terms of physical, mental and social health. Legal drugs like spasmo-proxyvon and benzodiazepines and illegal drugs like heroin were the drugs most commonly abused. More than half of the drug-users took the drug at least twice a day. Majority of the drug-users started using it just out of curiosity. More than one-third of the drug-users were IDUs among whom majority share the same needle for injection.

The various stake-holders, viz. the departments of social welfare, education, health, narcotics at the governmental level need to take up urgent preventive actions working together with locally available social infrastructure. Parental guidance and close monitoring of male children to detect development of high-risk behaviour is also warranted for taking timely corrective action.

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