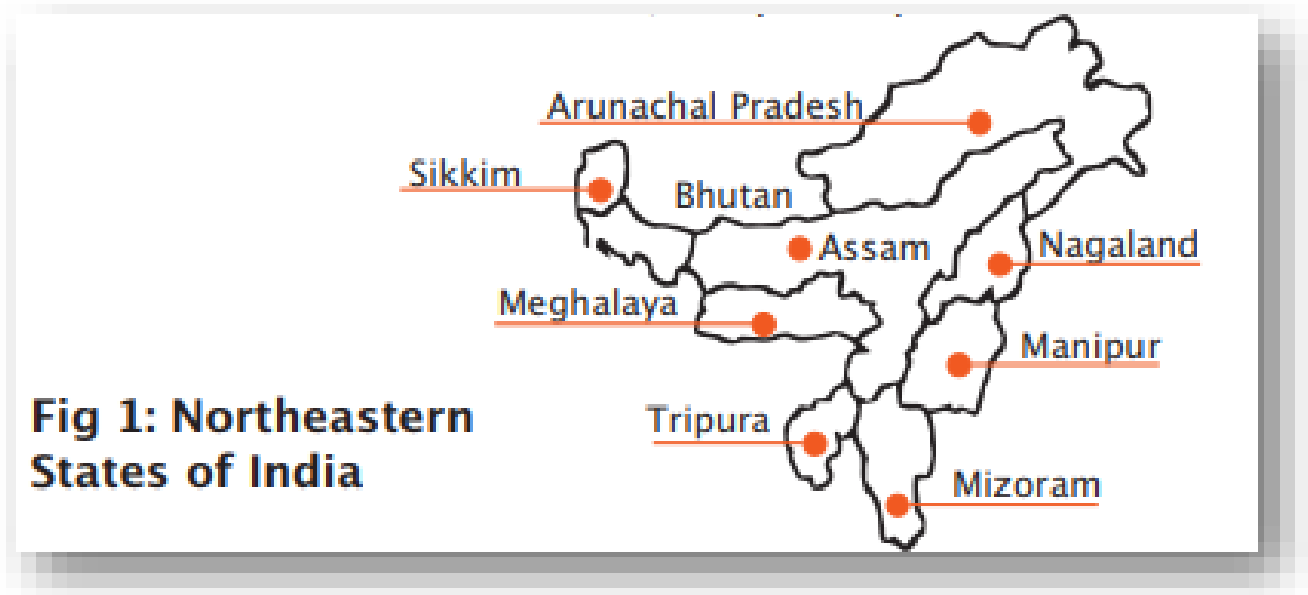


DRUG USE IN NORTHEAST INDIA



Northeast India has a long tradition of **opium** smoking. Until outlawed in the 1960s, opium dens were commonplace in **Manipur**. In the 1970s many of the opium users switched to **morphine**, produced in central India for medicinal use and legally sold over the counter in pharmacies. At the time the use of drugs was considered a status symbol.

With stricter control of morphine in the Northeast limiting its sale, a new trend developed. Production of **heroin in the Golden Triangle – roughly the area that spans northern Myanmar, Thailand and Laos –** started in the 1970s, and cheap high quality Myanmar “no. 4 heroin” was abundantly available in **Manipur and Nagaland**. As a result, many users switched to smoking heroin, usually in cigarettes.

When poppy cultivation in the Golden Triangle diminished in the early 1990s heroin became scarce and more expensive. Law enforcement by the Indian authorities further contributed to the price rise. As a result, many heroin users switched from smoking to injecting, to obtain a maximum effect from a relatively smaller dose. The high cost of needles and syringes, fear of being exposed as a user and ignorance of the danger of unsterile needles led many injecting drug users to share needles and to fashion makeshift needles and syringes made from ink droppers.

The scarcity of heroin and its soaring prices led to another shift in drug use in Northeast India. In 2000 the analgesic Spasmo Proxyvon (Dextropropoxyphene), locally referred to as **‘spasmo’ or ‘SP’**, first entered the market and became a cheap

alternative to heroin. However, for many users heroin remains their preferred drug. “SP causes a sparkle in your head, like a bomb,” says a drug user at the Care Foundation drop-in centre in Imphal. “But heroin is nicer and gentler, and peace prevails.”

Other popular drugs are prescription medicines such as Nitazepam, Nitrosun 10 and Valium, which are sleeping pills and/or tranquilizers, used to treat withdrawal symptoms. Non-opiate poly-drug users, who sniff glue and use diazepam, are relatively few. Cannabis use is widespread, especially among the male population, who do not consider it problematic. Cannabis cultivated in Manipur is well known for its high quality and is exported to other parts of India and internationally.

According to the National AIDS Control Organization (NACO) of India there are 50,000 IDUs in Northeast India, the majority of them in Manipur, Nagaland, and Mizoram. However, local NGO workers say these figures are inaccurate, underestimating the scope of the problem.

The Social Awareness and Service Organisation (SASO), a local NGO, estimates there are 34,500 IDUs in Manipur alone, almost half of them living in Imphal. Nagaland and Manipur prevalence of injecting drug use is estimated between 1.9 percent and 2.7 percent of the general population, and 85-90 percent of all users are men.

Many drug users provide a long list of economic and social reasons causing their drug problems.

- Unemployment
- Poverty
- School dropout or lack of education
- Additional driving factor often cited by users in the Manipur and Nagaland is peer pressure.

<https://www.tni.org/files/download/On%20the%20Frontline%20of%20Northeast%20India.pdf>



1. The illicit cultivation of opium and cannabis;
2. The smuggling of heroin and amphetamines from Myanmar in moderate quantities;
3. The trafficking of pharmaceuticals such as dextropropoxyphene and codeine-containing cough syrups from other parts of the country and
4. The trafficking of ephedrine and pseudo-ephedrine precursors for the manufacture of amphetamines from India to Myanmar.

https://www.asthabharati.org/Dia_July07/gop%20.htm

Yaba, another synthetic drug similar in colour and size that has surfaced in the North East is 'Word is Yours,' the usage of which is increasing in a section of the youth from the upper income groups in the region.

The two most prolific routes are from Chandel in Manipur and Champhai in Mizoram that pass through Assam's Barak Valley to multiple points along the Indo-Bangladesh border.

Demographic characteristics of women who use drugs in eight states of Northeast India

TABLE 4

Demographics	High HIV burden states				Emerging States			
	Manipur n = 150	Meghalaya n = 150	Mizoram n = 200	Nagaland n = 150	Arunachal Pradesh n = 100	Assam n = 100	Sikkim n = 150	Tripura n = 150
Mean ± SD or n / Proportion (%)*								
Sample Size	150	150	200	150	100	100	150	150
Age, in years	29.2±6.1	27.6±5.6	23.7±6.5	32.1±7.3	24.7±2.8	26.8±4.7	24.6±5.3	31.1±8.6
Level of education, middle school & higher secondary	89 (60.5%)	97 (65.1%)	162 (81.4%)	81 (55.1%)	70 (72.9%)	62 (62.6%)	103 (69.1%)	136 (90.7%)
Employed	1 (0.7%)	42 (28.6%)	35 (17.6%)	9 (6%)	3 (3.2%)	7 (7.2%)	25 (17.5%)	6 (4%)
Main source of income, selling drugs/ sex for money	109 (58.7%)	42 (28%)	29 (15%)	54 (36%)	55 (55%)	20 (20%)	47 (32.2%)	3 (2%)
Living alone	11 (7.5%)	9 (6.1%)	32 (16.2%)	8 (5.4%)	14 (14%)	3 (3.2%)	27 (18.4%)	0 (0%)
Legally married	15 (10%)	25 (16.7%)	18 (9%)	35 (23.3%)	6 (6%)	20 (20.2%)	23 (15.3%)	74 (49.3%)
Living with spouse/ partner	18 (12.4%)	42 (28.2%)	33 (17%)	57 (38%)	27 (27.6%)	23 (23.2%)	33 (22%)	81 (54%)

* Calculated on valid responses

https://www.unodc.org/documents/southasia/publications/research-studies/FINAL_REPORT.pdf

Box 5: Reported drug of abuse among the treatment-seekers in descending order of frequency from DAMS

(the first three frequent occurrences have been cited)

Assam	Alcohol (60%)	Cannabis (24%)	Heroin (4%)
Manipur	Heroin (32%)	Alcohol (19%)	Inhalants (7%)
Mizoram	Propoxyphene (25%)	Alcohol (25%)	Cough syrup (20%)
Meghalaya	Alcohol (77%)	Cannabis (3%)	Heroin (2%)
Nagaland	Propoxyphene (47%)	Alcohol (14%)	Heroin (8%)
Tripura	Alcohol (74%)	Cannabis (15%)	Tranquillisers (9%)
India	Alcohol (44%)	Cannabis(12%)	Heroin (11%)

Box 10: Number of MSJE supported NGO addiction treatment and counselling centres in Northeast India under the scheme for prevention of alcoholism and substance abuse

<i>Assam</i>	<i>7 deaddiction centres of which 4 are in the capital city of Guwahati.</i>
<i>Manipur</i>	<i>19 deaddiction centres of which 15 are in the capital city of Imphal.</i>
<i>Meghalaya</i>	<i>2 deaddiction centres in the capital city of Shillong.</i>
<i>Mizoram</i>	<i>7 deaddiction centres- all in the capital city of Aizawl.</i>
<i>Nagaland</i>	<i>7 deaddiction centres of which 3 are in the capital city of Kohima.</i>
<i>Sikkim</i>	<i>1 deaddiction centre in the capital city of Ganktok.</i>
<i>Tripura</i>	<i>2 deaddiction centres and one counselling centre – all in Agartala the capital city of Tripura.</i>

Mizoram

Young Mizo Association (Central YMA)

- There are 10 identified drug peddlers in Mizoram and 8 smugglers from Myanmar who smuggle drugs to Mizoram.
- Central YMA vice president Vanlaruata further informed that at least 1,456 people, including 156 females, have died due to drug abuse (in 34 years) since 1984 till July 2017 and presently there are 2080 people affected by drugs who have been put up at several rehab centres in Mizoram.
- The Mizoram Excise & Narcotics Department have seized 20 kgs of heroin, 24 kgs of opium, 1777.88 kgs of cannabis and 146730 tablets of Methemphatamine from 2010 to July 2017.
- It may be mentioned here that Mizoram became the first state in the country to conduct a Baseline Survey on Extent and Pattern of Drug Use and the reports of this survey have been rather shocking! The survey was carried out in each of the 8 districts of Mizoram by a team of 32 researchers in which 2633 drug users were interviewed. The average age of the drug users was 28.

- As per the survey reports, of the 2,633 drug users interviewed, 80 per cent were males, 10 per cent females and 1 per cent transgender. Most of the drug abusers started using drugs from a tender age of 12 years.

Of the 2633 drug users interviewed, 81.6 per cent were jobless while 32 percent male drug users had permanent jobs. Among the female drug users, 12.9 per cent sold drugs and 33 per cent were commercial sex workers.

Indian drug laws

The Narcotic Drugs and Psychotropic Substances Act was adopted in 1985. This Act prohibits the cultivation of opium poppy, cannabis and coca plants without a license. Offences can be punished with up to ten years imprisonment and a maximum fine of 100,000 rupees (2,200 USD). Production, trade and possession of drugs are punished according to quantity and substance.

The Act discerns three levels of quantity: small, more than small and commercial.

1. In the case of cannabis, 1 kg is considered a small quantity and 20 kg is considered commercial.
 2. For morphine and heroin 5 grams is considered small and 250 grams is commercial.
 3. For amphetamine and methamphetamine 2 grams is considered small and 50 grams is commercial.
- Possession of small quantities can be punished with imprisonment up to 6 months or a fine up to 10,000 rupees (220 USD) or both.
 - Conviction for more than small but less than commercial may be punished by up to 10 years and a fine of 100,000 rupees.
 - Possession of commercial quantities can be punished with 10-20 years imprisonment and a fine of 100,000 to 200,000 rupees.

Consumption of cocaine, morphine and heroin can result in up to one year's imprisonment and a maximum fine of 20,000 rupees (440 USD) or both. For other drugs, the maximum imprisonment is 6 months and/or a fine up to 10,000 rupees (220 USD). Users who volunteer to go into treatment are not be prosecuted.

Under section 31 of the Act, recidivists convicted of repeating the same crime can be sentenced to prison terms and fines 50 percent greater than the maximums stipulated above. Mandatory capital punishment for some cases upon second conviction under section 31 A was added in 1989.

<https://www.tni.org/files/download/On%20the%20Frontline%20of%20Northeast%20India.pdf>

http://www.antidrugs.gov.il/download/files/indian_drug-laws.pdf

Associations

Arunachal Pradesh

- Anti Drugs Association-NACO, UNODC, Azad Foundation,
- Arunachal Pradesh - Nongtaw Shyam Youth Association (NKYA) and Nongtow Shyam Mahila Manda

Assam

List Of Drugs Abused in assam -<https://socialwelfare.assam.gov.in/...services/list-of-ngos-for-drug-abuse-rehabilitation>

In Assam, The Assam Ganja and Bhang Prohibition Act, 1958, prohibits sale, purchase, possession and consumption of ganja and bhang

Nagaland –

The Naga Mothers Association (NMA), The Nagaland Baptist Church Council (NBCC) morungexpress.com/nagaland-govt-releases-drug-abuse-prevention-treatment-policy/

Govt. Initiative-

Press Information Bureau Government of India Ministry of Social Justice & Empowerment - A 24 x 7 National Toll Free Drug De-addiction Helpline Number 1XXX-XX-0031 set up to help the victims of drug abuse

pib.nic.in/newsite/PrintRelease.aspx?relid=177380

CENTRAL DRUGS STANDARD CONTROL ORGANIZATION HEAD QUATER FDA BHAWAN NEW DELHI

EAST ZONE KOLKATA

Andaman and Nicobar Island, Arunachal Pradesh, Assam, Bihar, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Sikkim, Tripura & West Bengal.

Mr. S. Mukhopadhyay, Deputy Drug Controller (India) - Admn. Incharge:

Dr. A. Ramakishan Deputy Drug Controller (India)

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<http://cdsco.nic.in/forms/contentpage1.aspx?lid=1441>