

Report of the Consultation

Background

Ministry of Social Justice and Empowerment (MoSJE), Government of India, has commissioned a “National Survey on Extent and Pattern of Substance Use in India” to be conducted by National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi.

A two-day meeting (‘National Consultation’) on 13-14 October, 2016 was organized at the conference hall of JLN auditorium, AIIMS, New Delhi to bring all the stakeholders together and discuss various scientific and operational aspects of the survey. The meeting had representation from various ministries, departments and agencies of Government of India; Departments of Social Welfare from various States / UTs; United Nations agencies; Civil Society partners; Medical institutes; Regional Resource and Training Centres; and faculty members from AIIMS, New Delhi (participant list attached).



Proceedings: *Inaugural session*

Prof. SK Khandelwal (Chief, NDDTC, AIIMS, New Delhi) delivered the welcome address to all the participating members for the consultation. He thanked Ministry of Social Justice and Empowerment (MoSJE) for entrusting AIIMS with the responsibility of carrying out the survey and assured total dedication and commitment from the NDDTC for the successful completion of the survey. Subsequently, in his address the Dean (research), AIIMS assured the MoSJE and other members of the audience that Research Section of AIIMS would be pleased

to extend all the possible management support for this project. Professor MC Mishra (Director AIIMS, New Delhi) expressed gratitude to the collaborating agencies and representatives from various ministries and UN agencies; and wished luck for the meeting as well as the entire project.

The Chief Guest, Mrs. Anita Agnihotri (IAS, Secretary, MoSJE) appreciated the efforts put in by AIIMS, New Delhi for planning and approval of the survey and noted that AIIMS has been able to secure collaboration with other competent agencies to conduct the survey. Finally, while delivering the vote of thanks, Dr. Atul Ambekar (Additional professor, NDDTC, AIIMS and Principal Investigator) expressed his gratitude to the Honorable Union Minister for Social Justice and Empowerment, other senior officials of the MoSJE, all the stakeholders present, the collaborating agencies including the medical institutes and the civil society partners and the organizers of the event.

Proceedings: Day I - Presentations and Discussion on survey methodology

The session began by presentations by the team of investigators. Dr. Atul Ambekar set the tone by explaining the need of estimating the burden of substance use disorders in the country and the likely challenges and difficulties in doing the same. He further explained the scientific basis of choosing the specific methodological approaches for this survey. This was followed by a presentation by Dr. Alok Agarwal who discussed at length about the study methodology and the timelines for completing the survey. Finally, Dr. Ashwani Kumar Mishra explained the statistical aspects of the survey including sample size estimation and the data analysis. After the presentations, a detailed interactive session involving questions, comments, suggestions and clarifications from the audience took place. The issues discussed during the session have been summarized below.

Household Survey

- Concerns were raised over use of handheld devices for data collection. It was clarified that using such technological approaches are not just more accurate and efficient but in-fact turn out to be cost-effective. It will be ensured that the surveyors will be well trained in the use of these equipment. Adequate numbers of these devices will be in place.
- One concern of carrying out the survey using internet linked electronic equipment is that in some remote zones internet might not be available. The investigators responded that dongles will be used to ensure net connectivity; additionally as a fall back option, provision of paper-based data collection will also be in place, followed by computerized entry of data.

- Since the questionnaires will be translated into local / regional languages, it is important that the terminologies are translated accurately. Professional translators will be engaged to translate the questionnaire following which the experts from the regional technical institutes would vet the translation.
- In previous surveys, especially the rural areas it has been seen that getting a written / signed consent is a problem. A strategy needs to be worked out so that this issue can be resolved. In the household survey, the consent will be taken from the head of the family and then from each interviewer. A separate consent and assent form has been prepared for the 10-18 age group
- The respondents will be interviewed at safe places to ensure confidentiality and anonymity. No paper trail will be left behind during data collection which could be used to identify a respondent.
- The age-group decided for household survey has been 10-75 years. Although, some studies have indicated that onset of drug use may occur earlier than 10 years of age, considering the feasibility of the interview, the minimum age has been decided as 10 years. With this age group, it will be possible to generate data on requirements of different agencies (UNODC needs data on 15-64 year olds, while WHO defines children and adolescents as 10-19 year olds).
- Considering that composition and terrain of a residential area may have undergone a change in the last few years the Census Enumeration Blocks (CEB) include 10% defunct blocks, so the final selected PSUs will take into account this margin. In addition, a separate exercise – Mapping and listing – has been planned which will be conducted prior to data collection.
- While the NSSO divides a state on the basis of ‘agro-climatic’ factors, for the purpose of this survey larger states will be stratified on the basis of geo-political-cultural factors, in consultation with the state governments and local stakeholders (since such factors may be more relevant for substance use compared to the agro-climatic factors).

Respondent Driven Sampling (RDS)

- Investigators of this project have a rich experience of using Respondent Driven Sampling (RDS) as a methodology (e.g. ongoing survey involving street children in Delhi; recently concluded Punjab Opioid Dependence Survey; and earlier in Maldives and Punjab). The experiences have been encouraging and show that participants in RDS will not have problems in divulging details about their substance use and recommending people they know for further participation. Moreover, the personnel carrying out the RDS will be trained and experienced in the methodology. A total of three RDS interviewers have been planned for each district.
- Even if some seeds remain dormant (i.e. fail to refer other respondents), other seeds will continue the recruitment chain till the required sample is achieved.
- For the purpose of RDS, only items with low resale value, and yet perceived as useful shall be given away as incentives. These will be decided in consultation with local stakeholders. There will be no provision of cash incentives.

- Regarding multiplier centre (a drug dependence treatment centre) it is expected that the 100 districts chosen for the RDS survey throughout the country will have at least one of the centres in the vicinity (among the centres of Ministry of Health or IRCAs of MoSJE). In case, despite all possible attempts, such a centre is not available in a given district, possibility of using “Red Balloon Method” will be explored.
- It was agreed upon that the existing IRCA resources (both staff and space) can be utilized in the survey related work

Service provider survey

- Experience from the online survey for service providers in Punjab has been tries encouraging. Contact details of the service providers will be sought from the professional organizations and they will be encouraged to participate.

Ethical clearance

- The Institute Ethics Committee at AIIMS is currently reviewing the protocol¹.

Each of the participating RTAs need to apply for ethical clearance at their respective institutes.

Clearance from the National Statistics Commission (NSC)

- The MoSJE has been communicating with the Ministry of Statistics and Programme Implementation (MoSPI) and the National Sample Survey Organization (NSSO) for a very line time. Official communications exist between both the ministries indicating that the MoSPI has granted approval to the MoSJE to proceed with the National Survey. Still, if needed, this issue may be reexamined.

Other issues

- The pharmaceutical abuse such as that of sedatives and analgesics should also be recorded, the local chemist shops can be included in the survey for this purpose.
- The private deaddiction services in various regions should be mapped and a qualitative analysis of the services provided at these centers should be carried out too.
- Objective evidence of drug use (in the form of urine testing kits for drugs) may not be feasible for logistical and ethical reasons.
- Prohibition / Ban on some substances is unlikely to affect execution of the survey significantly, since illicit drugs are banned across the country. In any case, all the data collected during the survey would remain confidential and will not be shared with the authorities. Local administration and the police will be sensitized and their cooperation will be secured before data collection.

¹ Ethics clearance has subsequently been granted for the project by the IEC of AIIMS.

All the participants of the consultation appreciated the design and planning for the survey. Many agencies, including UNODC, WHO, IDUF, NSSO and NCB offered the assistance and cooperation of their organizations for the survey.

Proceedings: Day 1 - Discussion on State-specific operational issues

In the afternoon session of day 1, - chaired by Joint Secretary MoSJE - the core implementation agencies and the representatives of various state Governments discussed the operational issues for each state / UT. Maps of each state / UT were projected on screen, number of households required to be surveyed, number of districts, stratification of state, season or months unsuitable for data collection and the next state assembly elections – were the issues discussed. In case of those states, where the state Government representatives were not present, opinion of the concerned RRTC representative was sought.

It was decided that more specific information regarding operational issues of the state will be collected subsequently, prior to the data collection, directly from the state Governments.

Proceedings: Day 2 - Discussion on Operational aspects of the survey

Participants in the session included the agencies involved in execution of the survey i.e. MoSJE, NISD, NDDTC - AIIMS, RTAs and RRTCs. This session was chaired by the joint secretary, MoSJE and Dr. Atul Ambekar. In a very interactive manner, interspersed with comments, clarifications and discussions Dr. Alok Agrawal and Dr. Ravindra Rao presented the technical aspects, implementation plan and the draft MOUs for the survey.

Data collection and Results

One issue raised was related to whether the Data collection which is planned in different phases, can affect the results of the survey. It was clarified that, total duration of data collection is unlikely to affect the findings. In any case, the most important parameter to be reported will be “Use in past one year”. It was further clarified that this being a cross sectional survey, will not provide data on INCIDENCE of substance use, but will provide the figures for PREVALENCE. From the data on age of initiation substance use, it should be possible to develop some insights on the trends of substance use in India, but the primary focus of the study is to describe the prevalence (existing situation) and not the incidence (rates of new cases of substance use).

Engagement of RRTCs and RTAs

All the RRTC will need to appoint exclusive staff for day-to-day monitoring of the survey, for which there is provision in the budgets. However, over and above this

salaried staff, RRTCs need to nominate a key staff member from among the senior functionaries for the purpose of overall supervision and monitoring. All RRTCs are expected to optimize their resources for the purpose of the survey.

The exact work distribution for the RRTCs will vary as per the geographical location and assigned states. Through intense discussion, consensus regarding the zonal / regional distribution of work among RTAs and RRTCs was arrived at. For the purpose of this allocation, prior experience of RRTCs, their presence in the respective states as well as feasibility of the operations were considered.

For state level consultations and to engage state governments in the survey, the RRTCs (along with RTAs) will have to take initiative and use their advocacy skills.

Support from MoSJE

To facilitate the cooperation and involvement of the state governments, a letter from the MoSJE will be sent to the state Governments (Chief Secretary / Principal Secretary – Social welfare / health / DGP police of). Once the district selection is final, a similar communication will be sent to the district collector / district magistrate of the chosen districts from the MoSJE.

Focused thematic studies (FTS)

It was agreed upon that among the 8 FTS, 3 will be led by NDDTC, AIIMS, while the one each of the remaining five, will be led by each of the RTA. The theme of FTS and division of responsibility regarding the regions to be surveyed will democratically decided among the RTAs. Each such FTS will have a separate detailed protocol, and the funds for the same shall be spent through the mechanism established in the project (i.e. from MoSJE to AIIMS and from AIIMS to RTAs and RRTCs). Depending upon the specific topics of FTS, help from certain NGOs (active in that particular area) can be sought. However, such agencies cannot be formally engaged.

Contracts of the staff and funds distribution

Regarding the staff employed during the survey it was decided that they would be given 6 monthly contracts that can be extended. For training of the staff, the virtual platforms should also be utilized wherever possible.

All funds for payment of staff will be released from NDDTC. The duration of payment (in months) will be decided by the duration for which the staff will be needed in each state/region. All the RTAs agreed that the overhead components of the budget will be 5% (as mentioned in the approved project document).

The survey process

The survey will be preceded by a distribution of pamphlets, which will pose the survey as a lifestyle related questionnaire.

Also following the survey, some information will be left with the respondents regarding drug use. The surveyor should also be aware of the nearby referral agency/ treatment agency from where they can seek treatment. For this the nearby treatment centers in the district should be mapped. During RDS, the

incentives should be such that they can compensate for the travel expenses of the participants.

MoUs

It will be preferable if a separate current account can be opened for the purpose of this survey. However it was understood that this aspect may vary across Government institutions.

Intellectual rights on the Data

The issue of whether the data should be put up for secondary analysis after the survey is over, was also raised. It was decided that a separate discussion may be held with the Ministry on this, once the survey report is released.

Signing the MoU

It has to be determined who will sign the MoU at the RTAs. Representatives of RTAs shall communicate the same to AIIMS team.

It was decided that all the presentations of the meeting will be shared with the core survey team. All the RTAs and RRTCs will go through the draft MOUs and provide their feedback (if any). Additionally, the RTAs will also indicate their preference for the topic for FTS. Final allocation of the states / UTs and the FTS topics will be done by the AIIMS team and communicated to all.

All the agencies involved expressed their full commitment to participate in the execution of the survey to the best of their abilities.

During the valedictory session, Prof. RK Chadda from Dept. of Psychiatry, AIIMS thanked the MoSJE once again for entrusting NDDTC, AIIMS with this task. Shri Arun Kumar, Special Secretary, MoSJE assured full support of the ministry during the survey and expressed hopes that survey will yield the desired outputs in a timely manner.

A Vote of thanks by Dr Swati Kedia was delivered at the end.

Annexure 1: Agenda of the consultation

Day 1 (October 13, 2016) – Forenoon (All Participants)		
Time	Session	Speaker / Moderator
09.30 – 10.00 AM	Registration of Participants	Team from NDDTC, AIIMS
10.00 – 10.30 AM	Inaugural Session <ul style="list-style-type: none"> Welcome Address by Prof. S. K. Khandelwal, <i>Chief, NDDTC, AIIMS</i> Address by Prof. S. K. Acharya, <i>Dean (Research), AIIMS</i> Address by Prof. M. C. Misra, <i>Director, AIIMS</i> Address by Chief Guest – Ms. Anita Agnihotri, <i>IAS, Secretary, MoSJE</i> Vote of Thanks by Dr. Atul Ambekar, <i>Addl. Prof., NDDTC, AIIMS</i> 	
10.30 – 11.15 AM	High Tea	
11.00 – 01.00 PM	Session 1: National Survey: Overview of Methodology (Presentations followed by Discussion) Chairs: Ms. Anita Agnihotri, <i>Secretary, MoSJE</i> & Prof. S. K. Khandelwal, <i>Chief, NDDTC, AIIMS</i> Presentations: <ol style="list-style-type: none"> National Survey: Background and key methodological challenges National Survey: Methodology - Technical aspects National Survey: Methodology - statistical aspects National Survey: Expected Outputs 	Team of Investigators from NDDTC, AIIMS
01.00 – 02.00 PM	Lunch	
DAY 1 (October 13, 2016): Afternoon		
Time	Session	Speaker / Moderator
02.00 – 02.30 PM	SESSION 2: NATIONAL SURVEY – OVERVIEW OF OPERATIONAL PLAN Chairs: Special / Joint Secretary, MoSJE & Chief, NDDTC Presentation (20 minutes) Q & A (10 minutes)	Dr Alok Agrawal
02.30 – 03.30 PM	SESSION 3: NATIONAL SURVEY – DISCUSSION ON STATE-SPECIFIC ISSUES Chairs: Special / Joint Secretary, MoSJE & Chief, NDDTC	Dr Atul Ambekar
03.30 – 04.00 PM	Tea	
04.00 –	SESSION 3: NATIONAL SURVEY – DISCUSSION ON	

05.30 PM **STATE-SPECIFIC ISSUES ...(continued)**
Chairs:
 Special / Joint Secretary, MoSJE & Chief, NDDTC Dr Atul Ambekar

DAY 2 (October 14, 2016)		
Time	Session	Speaker / Moderator
09.30 – 10.15 AM	SESSION 4: DISCUSSION ON TECHNICAL ASPECTS OF THE SURVEY Chair: Special / Joint Secretary, MoSJE	Dr Atul Ambekar
10.15 – 11.00 AM	SESSION 5: OPERATIONALIZING THE SURVEY – IMPLEMENTATION PLAN Chair: Special / Joint Secretary, MoSJE (Presentation and discussion)	Dr Alok Agrawal
11.00 – 11.30 AM	Tea	
11.30 – 12.00 AM	SESSION 5: OPERATIONALIZING THE SURVEY – IMPLEMENTATION PLAN...(continued) Chair: Special / Joint Secretary, MoSJE (Presentation and discussion)	Dr Alok Agrawal
11.30 – 01.00 PM	SESSION 6: OPERATIONALIZING THE SURVEY – NEXT STEPS Discussion on: <ul style="list-style-type: none"> • Distribution of work between partners • Memorandum of Understanding • Operational and Financial management issues Chair: Special / Joint Secretary, MoSJE	Dr Ravindra Rao
01.00 – 01.30 PM	VALEDICTORY SESSION <ul style="list-style-type: none"> • Address by Dr Atul Ambekar, Additional Professor, NDDTC (PI) • Address by Prof R K Chadda, Department of Psychiatry, AIIMS • Address by Special Secretary, MoSJE • Vote of Thanks by Dr Swati Kedia, NDDTC 	
01.30 – 02.30 PM	Lunch	

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Annexure 3: Project Brief

PROJECT BRIEF

Background

Though, India has a sizable burden of substance use disorders, the exact dimensions of this problem remain unknown. Report of the last national survey on drug abuse (2004), conducted by the Ministry of Social Justice and Empowerment (MoSJE), Government of India and United Nations Office on Drugs and Crime (UNODC), revealed that the prevalence of use of various substances among the male population in the country was 21% for Alcohol, 3% for Cannabis and 0.7% for Opioids. Since then, there has been no study which could provide estimates of the burden of drug use epidemic in the country.

This lack of data poses a multitude of challenges. At the international level, since India is a signatory to many international conventions and treaties, the country is obliged to provide the reliable and credible statistics to the United Nations. For past many years, the entries for 'India' in the World Drug Report remain blank, due to unavailability of recent data from the country. Additionally, in the absence of estimates of numbers of people affected by drug use, it is difficult to formulate evidence-based policies or to design and implement, evidence-based prevention and treatment programmes. Finally, the efforts to control supply of drugs (which are sometimes linked with national security) may also get hampered because of lack of estimates on number of people using drugs.

Thus, the MoSJE (which is the nodal ministry in Government of India for drug demand reduction) has commissioned a *“National Survey on Extent and Pattern of Substance Use in India.”* The survey would be led and coordinated nationally by the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi.

Methodology

Use of psychoactive substances (or 'drugs' in common parlance) is a complex phenomenon. While certain substances are 'legal' and also have more social acceptance (such as tobacco, alcohol, and to some extent, cannabis), use of others (such as opioids, stimulants, etc.) remains a relatively hidden phenomenon. Thus, a single methodology is unlikely to provide answers to all the complex questions posed by unknown nature of the drug use epidemic in a large and diverse country like India. Consequently, this survey would use a combination of different methodological approaches to describe the drug use situation in the country.

In addition, the federal nature of governance in the country demands that besides the national level statistics, we need data at the state-level as well, in order to initiate and implement state-specific programmes and policies for drug demand reduction. Thus, this survey aims at providing national as well as state-level estimates on prevalence of drug use and drug use disorders.

The methodological approaches that shall be employed in this survey are:

Methodological approach	Drugs / Substances ²	Data Output	Geographic al Scope	Remarks
1. General population household survey	Alcohol, Tobacco and Cannabis	<u>Proportion</u> of people who <u>use</u> substances / are suffering from substance use disorders; both genders, 10-75 years.	All the states and UTs of the country AND at National level	Data used to determine absolute numbers of users and harmful / dependent users
2. Multiplier technique (including Respondent Driven Sampling [RDS] survey)	Other drugs: Opioids, Sedatives, Cocaine / Stimulants, Inhalants, Hallucinogens	<u>Absolute number</u> of drug <u>dependent</u> population; both genders; > 18 years	All the states and UTs of the country	Data used to determine proportion of people who use drugs

3. Focused thematic studies: Besides the above mentioned major components of the survey, focused studies shall be conducted in on specific themes and population sub-groups. These focused studies shall be smaller in geographical scope but will seek to explore the issues in detail and provide a description of population / pattern of use. Data from these studies will provide supplementary information which is not available through general population surveys.

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| 1) Prison populations | 5) Transport workers |
| 2) Homeless populations | 6) Newer psychoactive substances |
| 3) Hijra / transgender communities | 7) Indigenous forms of drugs |
| 4) Female sex workers | 8) Substance use treatment experience survey |

Operational issues

Funding support for conducting the survey is being made available by the Ministry of Social Justice and Empowerment, Government of India. At the national level, this survey will be managed and coordinated by NDDTC, AIIMS which is the lead technical agency responsible for all the scientific and operational aspects of the survey. NDDTC will co-opt other reputed

² It must be noted that even in the household survey, people reporting all the drugs / substances will be picked up. The methodology, however, is geared-up to most reliably pick up the estimates of alcohol, tobacco and cannabis.

medical institutes for looking after the technical aspects at the regional level (as '*Regional Technical Agencies*'). The field-work will be conducted by Non-Government Organizations (NGOs), which are working with the MoSJE, Government of India as Regional Resource and Training Centres (as '*Regional Coordination and Implementation Agencies*'). In addition, to coordinate the implementation of the tasks in various parts of the country and to manage the logistics, a '*National Coordination Agency*' shall be engaged by AIIMS, New Delhi.

All the data collection would be conducted with the highest possible scientific and ethical standards. Clearance from Ethics Committees of AIIMS and other Medical Institutes shall be obtained before data collection. Tools and devices based upon information technology (IT) will be extensively used to facilitate data collection and reporting. Personnel involved in data collection will undergo intense training and capacity building. Quality assurance checks will be conducted at multiple levels to ensure accuracy and validity of the data.

Report of the survey is expected to be available that by the end of year 2018.

National Consultation

The two day meeting on 13-14 October, 2016 has been organized at AIIMS, New Delhi to bring all the stakeholders together and discuss various scientific and operational aspects of the survey. The meeting has representation from various ministries, departments and agencies of Government of India; Departments of Social Welfare from various States / UTs; United Nations agencies; Civil Society partners; Medical institutes and Regional Resource and Training Centres. It is expected that at the end of this meeting all the partners and stakeholders would be primed about the next course of actions for conducting this survey. Cooperation of all the stakeholders is being sought for successful implementation of this historical exercise of national importance.

Implementation highlights

Team of National Investigators:

Name	Designation at NDDTC, AIIMS	Role in the survey team
Dr. Atul Ambekar	Additional Professor	Principal Investigator
Dr. S K Khandelwal	Professor and Chief	Co-Principal Investigator
Dr. Ravindra V Rao	Assistant Professor	Co-Investigator
Dr. Ashwani K Mishra	Assistant Professor (Biostatistics)	Co-Investigator
Dr. Alok Agrawal	Assistant Professor	Co-Investigator

Partnering Medical Institutes:

Central Institute of Psychiatry, Ranchi
King George Medical University, Lucknow
National Institute of Mental Health and Neurosciences, Bengaluru
Regional Institute of Medical Sciences, Imphal
Seth GS Medical College and KEM Hospital, Mumbai

Regional Resource and Training Centres:

Association for Voluntary Action, Bhubneswar
Calcutta Samaritans, Kolkata
Changanachery Social Service Society, Kottayam
Galaxy Club, Imphal
Gunjan Organization for Community Development, Dharmshala
Kripa Foundation, Kohima
Mizoram Social Defence and Rehabilitation Board, Aizawl
Muktangan Mitra, Pune
Opium De-addiction Treatment Training and Research Trust, Jodhpur
Shri Shakti Association, Devangere
Society for Promotion of Youth and Masses, New Delhi
TT Ranganathan Clinical Research Foundation, Chennai

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