Situational Analysis of Drugs in the Maldives 2021

The National Drug Agency
Republic of Maldives

World Health Organization
Maldives

Disclaimer

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the National Drug Agency of Maldives nor the World Health Organization.

Publisher:
Ministry of Health/National Drug Agency

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Acknowledgements:
The following organizations and individuals contributed to the Planning, Design, Data collection and Funding of the Situational Analysis of drugs in the Maldives 2021:

World Health Organization	National Drug Agency Board
National Drug Agency	Maldives Customs Services
Maldives Police Service	Drug Court
Juvenile Justice Unit	Indhira Gandhi Memorial Hospital
Maldives Correctional Services	Maldives Food and Drug Authority
Health Protection Agency	Journey/ Hands together

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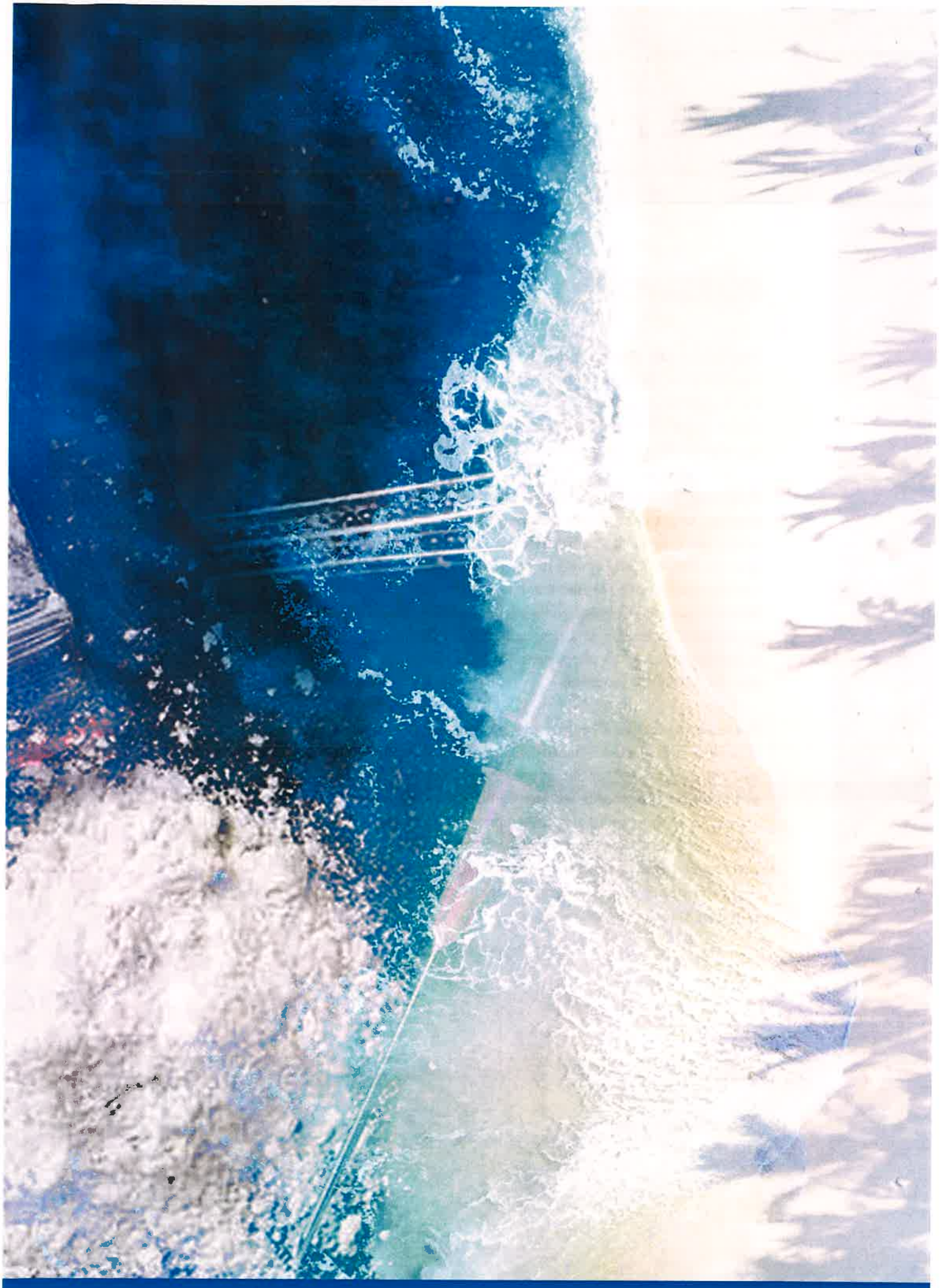
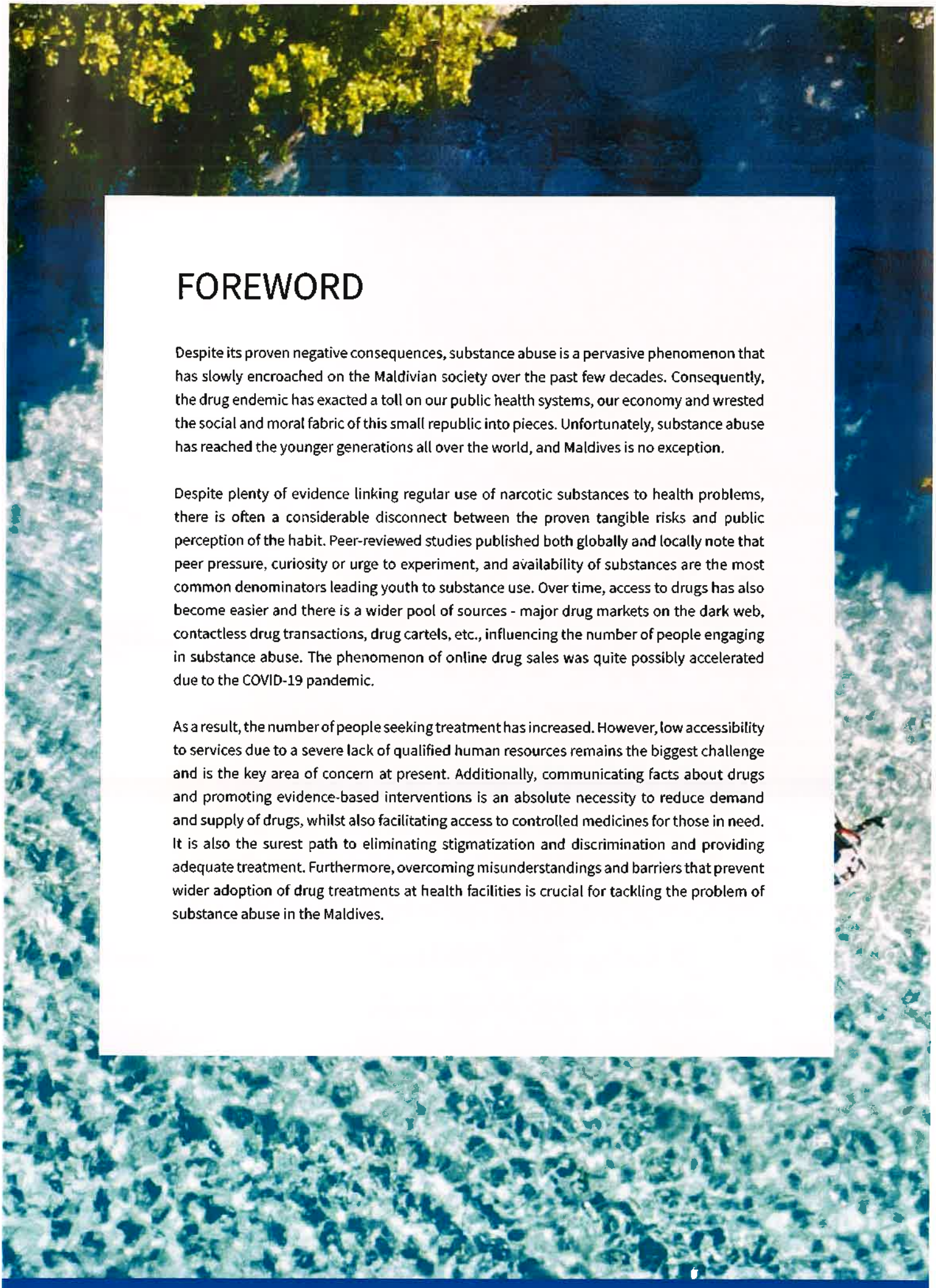




FOREWORD

Despite its proven negative consequences, substance abuse is a pervasive phenomenon that has slowly encroached on the Maldivian society over the past few decades. Consequently, the drug endemic has exacted a toll on our public health systems, our economy and wrested the social and moral fabric of this small republic into pieces. Unfortunately, substance abuse has reached the younger generations all over the world, and Maldives is no exception.

Despite plenty of evidence linking regular use of narcotic substances to health problems, there is often a considerable disconnect between the proven tangible risks and public perception of the habit. Peer-reviewed studies published both globally and locally note that peer pressure, curiosity or urge to experiment, and availability of substances are the most common denominators leading youth to substance use. Over time, access to drugs has also become easier and there is a wider pool of sources - major drug markets on the dark web, contactless drug transactions, drug cartels, etc., influencing the number of people engaging in substance abuse. The phenomenon of online drug sales was quite possibly accelerated due to the COVID-19 pandemic.

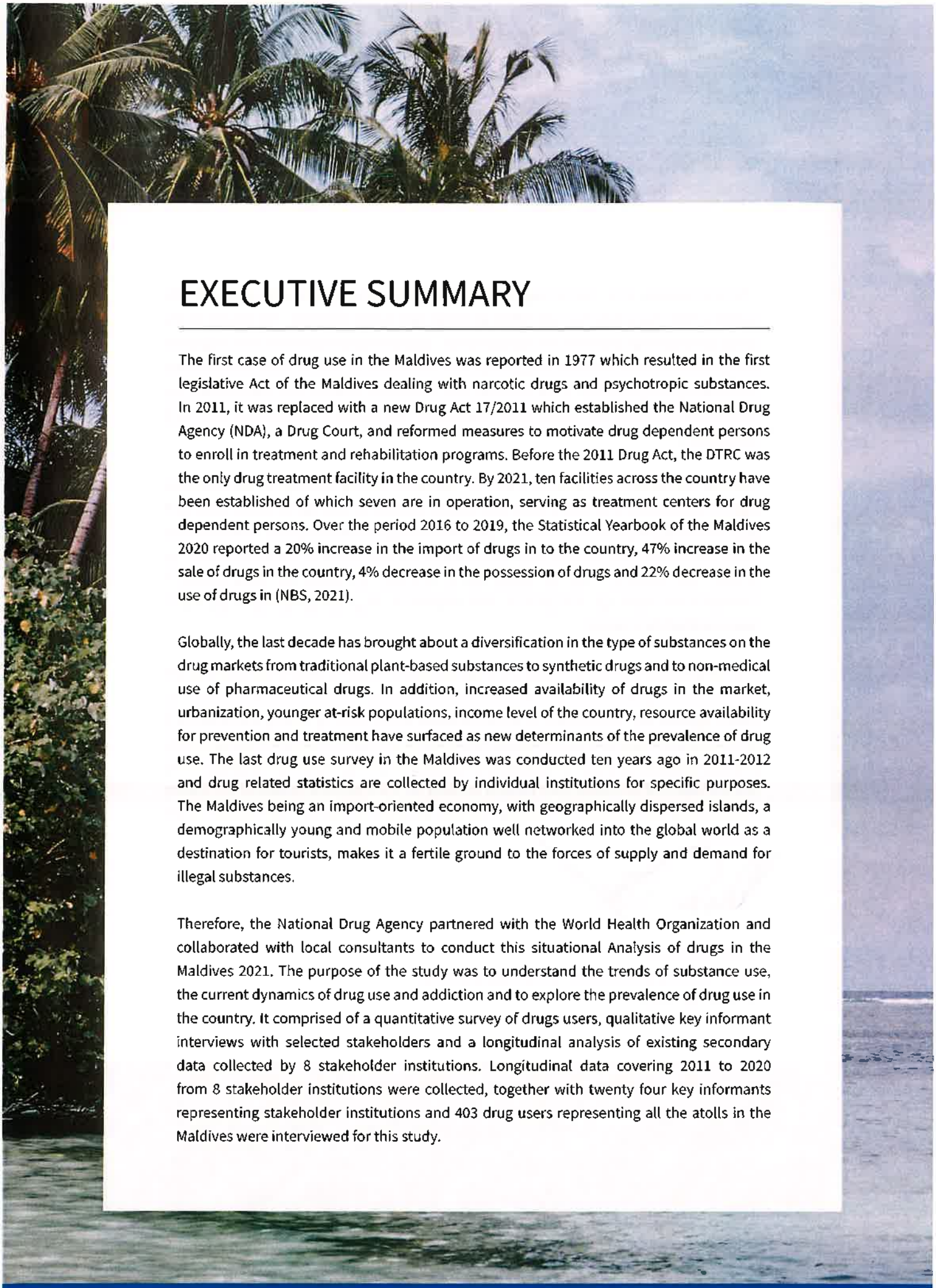
As a result, the number of people seeking treatment has increased. However, low accessibility to services due to a severe lack of qualified human resources remains the biggest challenge and is the key area of concern at present. Additionally, communicating facts about drugs and promoting evidence-based interventions is an absolute necessity to reduce demand and supply of drugs, whilst also facilitating access to controlled medicines for those in need. It is also the surest path to eliminating stigmatization and discrimination and providing adequate treatment. Furthermore, overcoming misunderstandings and barriers that prevent wider adoption of drug treatments at health facilities is crucial for tackling the problem of substance abuse in the Maldives.

The first National Drug Use Survey in the Maldives was conducted in 2011-2012 with the support from the United Nations Office on Drugs and Crime (UNODC). The results of the study showed a high prevalence of substance use – accounting for more than 7000 drug users in the Maldives. After a decade long period with no surveys or studies done to understand the evolving drug situation in the Maldives, this Situational Analysis was finally conducted in 2021 in partnership with World Health Organization (WHO) and in collaboration with local consultants.

The five year (2016-2020) secondary data on laboratory testing for drugs at National Drug Agency shows more than 50,000 tests were carried out with an average of 10,000 tests each year. The results indicate the number of patients testing positive for opiates have increased more than 2 fold from 2016 to 2020. Additionally, the preference of substance users has shifted from naturally occurring substances to synthetic. Moreover, the study shows an increase in the mean age of substance users arrested by the police compared to 2015 (27.7 years) to 2020 (31.3 years).

It is my pleasure to present to you the Drug Situational Analysis Report that explores the current trends, dynamics and prevalence of substance use and addiction in the country. This report signifies our commitment to evidence-based policy-making, raising awareness and combating the drug situation in Maldives. As the aim of this report is to inform policymakers, practitioners, and the public of facts about the substance abuse problem in Maldives, it is my sincere hope that this publication paves a pathway for multi-sectoral collaboration, sharing evidence and information, and making informed decisions to improve the situation in the Maldives.

Ahmed Naseem
Order of the Dignified Rule of Muleege Dynasty
Minister of Health



EXECUTIVE SUMMARY

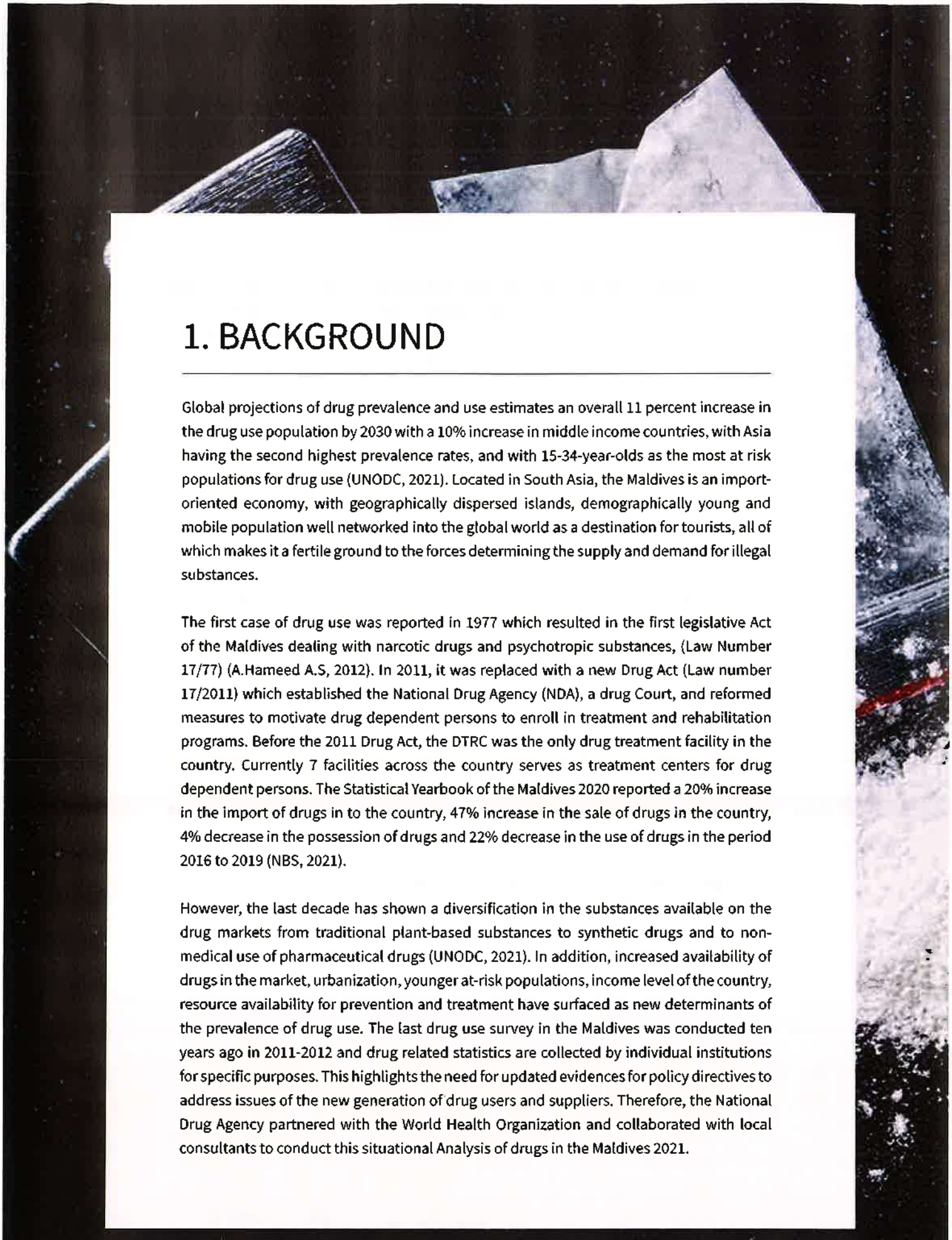
The first case of drug use in the Maldives was reported in 1977 which resulted in the first legislative Act of the Maldives dealing with narcotic drugs and psychotropic substances. In 2011, it was replaced with a new Drug Act 17/2011 which established the National Drug Agency (NDA), a Drug Court, and reformed measures to motivate drug dependent persons to enroll in treatment and rehabilitation programs. Before the 2011 Drug Act, the DTRC was the only drug treatment facility in the country. By 2021, ten facilities across the country have been established of which seven are in operation, serving as treatment centers for drug dependent persons. Over the period 2016 to 2019, the Statistical Yearbook of the Maldives 2020 reported a 20% increase in the import of drugs in to the country, 47% increase in the sale of drugs in the country, 4% decrease in the possession of drugs and 22% decrease in the use of drugs in (NBS, 2021).

Globally, the last decade has brought about a diversification in the type of substances on the drug markets from traditional plant-based substances to synthetic drugs and to non-medical use of pharmaceutical drugs. In addition, increased availability of drugs in the market, urbanization, younger at-risk populations, income level of the country, resource availability for prevention and treatment have surfaced as new determinants of the prevalence of drug use. The last drug use survey in the Maldives was conducted ten years ago in 2011-2012 and drug related statistics are collected by individual institutions for specific purposes. The Maldives being an import-oriented economy, with geographically dispersed islands, a demographically young and mobile population well networked into the global world as a destination for tourists, makes it a fertile ground to the forces of supply and demand for illegal substances.

Therefore, the National Drug Agency partnered with the World Health Organization and collaborated with local consultants to conduct this situational Analysis of drugs in the Maldives 2021. The purpose of the study was to understand the trends of substance use, the current dynamics of drug use and addiction and to explore the prevalence of drug use in the country. It comprised of a quantitative survey of drugs users, qualitative key informant interviews with selected stakeholders and a longitudinal analysis of existing secondary data collected by 8 stakeholder institutions. Longitudinal data covering 2011 to 2020 from 8 stakeholder institutions were collected, together with twenty four key informants representing stakeholder institutions and 403 drug users representing all the atolls in the Maldives were interviewed for this study.

The main findings from the study demonstrates that the industry is still a very male dominated one. Demographically, it is the working age population that is benefiting and suffering from this trade. Over the past ten years, younger users and suppliers were observed and the share of the elderly is growing. New trends in the substance industry of the Maldives includes the introduction of new psychotropic drugs usage, the move from South Asian source countries to European countries as sources of drugs, a change from air and sea to mail as the transport mechanism , an increase in the accessibility of substance users to the medical care system, long waiting time to access treatment programs at NDA, the expansion of local production of substances, human trafficking among drug users and forcing them to commit other illegal activities, involvement of migrants in the drug trade, lack of community support, use of multiple sex partners, needle sharing and multiple use of one syringe where unavailability to new syringes were highlighted.

Systemic reforms are required to address the issue of substance use and minimize its impact on future generations. Although drug use has a long history in the Maldives, stakeholders in the industry are still working solo. A comprehensive integrated data management system with real time data from all the relevant institutions is needed to view the big picture of drugs in the country. New technological advancements are needed at NDA to test for new substances entering the market. Special attention needs to be given for students in middle school (grades 6 – 9) and the period of transition from O Level completion and beyond, with close monitoring of school dropouts and students not attending school. Stakeholder collaborations between government and non-governmental organizations can assist minimize the waiting time between drug court orders and assessment completions, OR assessment completion to treatment or to the implementation of the sentence. Families and the communities are still in need for attitudinal transformation towards substance use and targeted interventions are needed for the vulnerable populations (juveniles, elderly, migrants) at risk of falling into the hands of the drug industry.



1. BACKGROUND

Global projections of drug prevalence and use estimates an overall 11 percent increase in the drug use population by 2030 with a 10% increase in middle income countries, with Asia having the second highest prevalence rates, and with 15-34-year-olds as the most at risk populations for drug use (UNODC, 2021). Located in South Asia, the Maldives is an import-oriented economy, with geographically dispersed islands, demographically young and mobile population well networked into the global world as a destination for tourists, all of which makes it a fertile ground to the forces determining the supply and demand for illegal substances.

The first case of drug use was reported in 1977 which resulted in the first legislative Act of the Maldives dealing with narcotic drugs and psychotropic substances, (Law Number 17/77) (A.Hameed A.S, 2012). In 2011, it was replaced with a new Drug Act (Law number 17/2011) which established the National Drug Agency (NDA), a drug Court, and reformed measures to motivate drug dependent persons to enroll in treatment and rehabilitation programs. Before the 2011 Drug Act, the DTRC was the only drug treatment facility in the country. Currently 7 facilities across the country serves as treatment centers for drug dependent persons. The Statistical Yearbook of the Maldives 2020 reported a 20% increase in the import of drugs in to the country, 47% increase in the sale of drugs in the country, 4% decrease in the possession of drugs and 22% decrease in the use of drugs in the period 2016 to 2019 (NBS, 2021).

However, the last decade has shown a diversification in the substances available on the drug markets from traditional plant-based substances to synthetic drugs and to non-medical use of pharmaceutical drugs (UNODC, 2021). In addition, increased availability of drugs in the market, urbanization, younger at-risk populations, income level of the country, resource availability for prevention and treatment have surfaced as new determinants of the prevalence of drug use. The last drug use survey in the Maldives was conducted ten years ago in 2011-2012 and drug related statistics are collected by individual institutions for specific purposes. This highlights the need for updated evidences for policy directives to address issues of the new generation of drug users and suppliers. Therefore, the National Drug Agency partnered with the World Health Organization and collaborated with local consultants to conduct this situational Analysis of drugs in the Maldives 2021.

a. Objectives

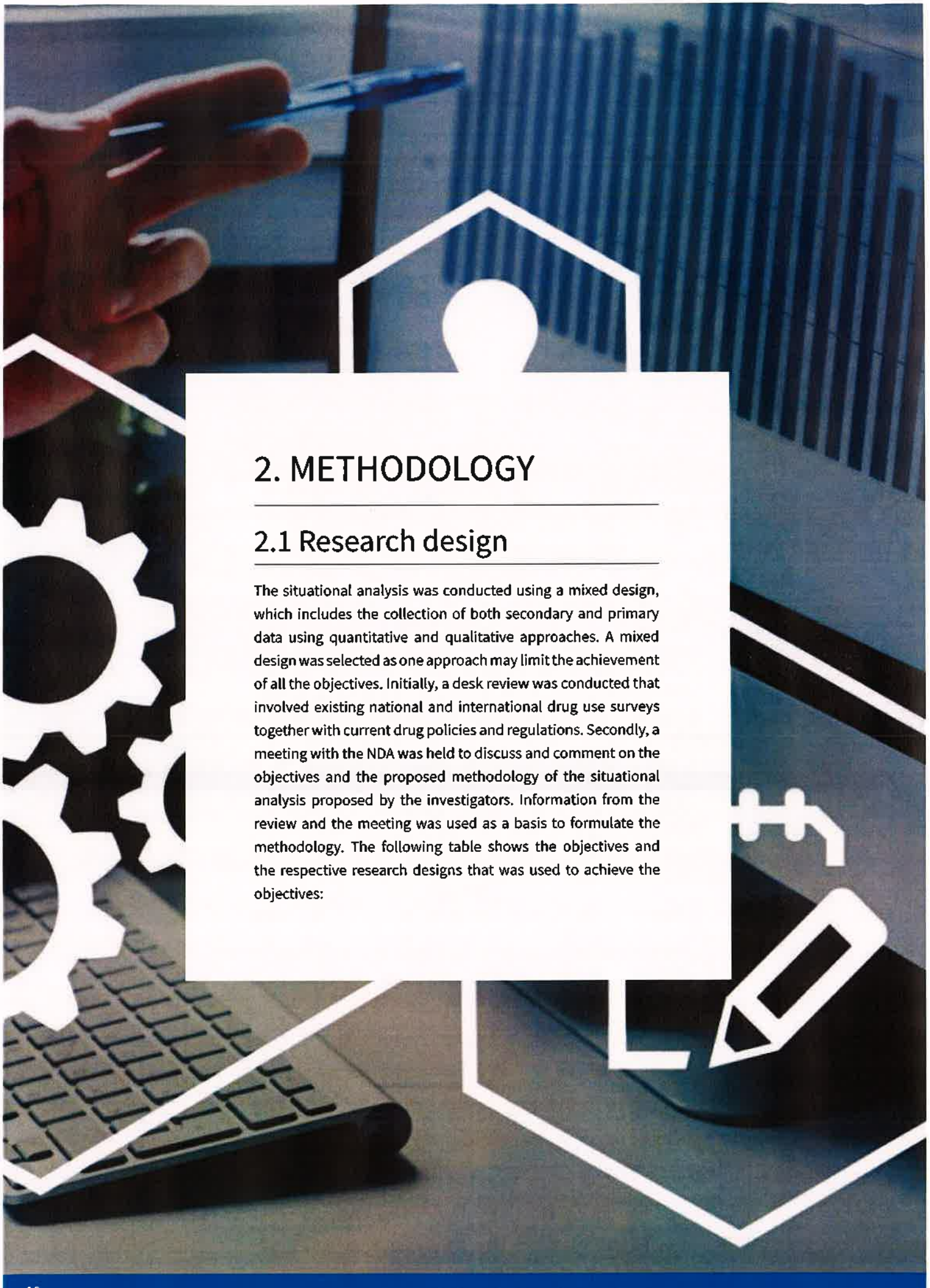
The purpose of the situational analysis is to take a snapshot picture of the drug use and addiction in the Maldives ten years after the last Drug use survey was conducted in 2011-2012 and the first Rapid Assessment of drug abuse in the Maldives in 2003. Hence, the Specific objectives of this study were:

To identify the current dynamics of drug use and addiction in the country

To identify the major changes in the trends and onset of substance use.

To estimate the prevalence and Incidence of substance use and changes to the prevalence rate

To map the gaps in drug use data in the country



2. METHODOLOGY

2.1 Research design

The situational analysis was conducted using a mixed design, which includes the collection of both secondary and primary data using quantitative and qualitative approaches. A mixed design was selected as one approach may limit the achievement of all the objectives. Initially, a desk review was conducted that involved existing national and international drug use surveys together with current drug policies and regulations. Secondly, a meeting with the NDA was held to discuss and comment on the objectives and the proposed methodology of the situational analysis proposed by the investigators. Information from the review and the meeting was used as a basis to formulate the methodology. The following table shows the objectives and the respective research designs that was used to achieve the objectives:

TABLE 1: LIST OF OBJECTIVES AND RESPECTIVE RESEARCH DESIGNS

Objectives	Proposed Research Design
1. Identify the current dynamics of drug use and drug addiction	Primary data – Quantitative survey of users
2. Identify the major changes in the trends and onset of substance use.	Secondary Data Analysis
3. Estimate the prevalence / incidence of substance use and changes to the prevalence rate	Secondary Data Analysis
4. Explore the gaps in drug use data in the country	Secondary Data Analysis

2.1.1 Secondary Data Analysis - Trends

A list of current stakeholders was made. An official letter was sent to each institution to acquire the data they collect on drug use, addiction, awareness, treatment, rehabilitation, prevention and behaviors covering the period 2010 to 2020. The list of stakeholders identified and discussed at the meeting with NDA are in table 2. Data was collected on the formats and templates used by the institution instead of sharing a common template for all. This will help understand the characteristics of the variables, acquire data in their raw form and map the existing data generated in the country on drug use. Eleven datasets from ten institutions were analyzed for this report.

TABLE 2: LIST OF STAKEHOLDERS FROM WHOM SECONDARY DATA WILL BE COLLECTED.

National Drug Agency	✓	Maldives Police Service	
Drug Court	✓	Ministry of Education	
Maldives Correctional Service	✓	Mental Health Department/IGMH	
Juvenile Justice Unit	✓	Maldives Customs Service	
Journey	✓	Ministry of Youth	
Hands Together	×	MFDA-Pharmacies / MOH(random selection of 3 pharmacies)	
Atoll / Island Councils/LGA	×	Hospitals / MOH (IGMH)	
Women Development Council	×	Health Centers / MOH	
Health Protection Agency	×	Health Centers / MOH	

2.1.2 Primary Data Analysis

In order to understand the situation of substance use and addiction the perspective of both the user and the service providers is important. Perspective of the user was obtained through a quantitative survey of drug users across the country, while the perspective of the providers was sought through a number of qualitative methods

2.1.2.1 Quantitative Survey of Drug Users

A cross section of drug users across the country was surveyed. In order to make the survey representative of all drug users in the country, a sample from each atoll and Male' area was taken. Secondly, Snow balling technique was used to reach out to the drug users who are not in the system. This was expected to be 15-20% of the incident cases (MPS, 2020). Any duplication of users was minimized by asking if they have filled the questionnaire before.

2.1.2.2 Qualitative survey of service providers/educators/stakeholders

Indepth interviews were held with key informants from selected 5 atolls. The representative and their roles are identified in Appendix A. In addition, a Focus Group Discussion was held with selected service providers who are representative of Atolls and Male' region, private and public sectors and NGOs. The list and selection of providers and educators was made by the National Drug Agency. The interview guide in Appendix B was used. The Potential Outputs from this component of the study are the provider view of the drug situation, existing Treatments/services and quality of services, a sense of the demand for services/ care, alternative models of interventions/testing applicable to specific locations or sub populations, gaps in supply and the effect of policies and regulations on the industry.

2.2 Sample, population or subjects

2.2.1 Quantitative survey of drug users

According to statistics from the National Bureau of Statistics (2019), there were on average 1271 reported cases of drug abuse per year in the country over the last ten years. Statistics from the Maldives Police Service (2020) showed that 2894 drug related incidents were reported in 2020. NDA data contains only the cases that seek treatment while data from MPS represents cases sought proactively from the community and is representative of all the atolls of the country. Hence, MPS data was used in the calculation of the sample size of this study. The drug user registry at NDA and its treatment centers was used as the sampling frame for the study. From the frame, a random sample of drug users was selected from each atoll. In order to stratify the sample by atolls, the following stratified sampling formulae was used.

$$n = \frac{n_0}{1 + \frac{n_0}{N}}$$

where,

$$n_0 = \frac{(Z^2)p(1-p)}{e^2}$$

and

$$n_h = n\,\frac{N_h}{N}$$

where N_h *is the size of the stratum*, h = 1,2,3,4,.....n

The estimations are as follows:

$$n_0 = \left(\frac{(1.96^2 x\ 0.62\ x\ 0.38)}{0.05^2}\right) = 362.0323$$

$$n = \frac{362.03}{1 + \frac{362.03}{557{,}426}} = 362.0006$$

Using 95% confidence level and a margin error of 5%, a sample size of 362 drug users are required. $n_h = n\,\frac{N_h}{N}$, was used to estimate the minimum sample size required from each atoll, and table 3 lists the strata wise sample size requirements for this survey. The prevalence level of 0.62% used in the formulae was an estimation done using the 2020 data of MPS with an addition of 20% to represent those who are out and beyond the system. Hence Prevalence = ((2894)+(0.2*2894)/557,426) = 0.00623 (0.62%). Estimates for the total population was derived from projected Population table 3.13 of the Statistical Yearbook 2020. The island from each atoll from where data will be collected will be identified using MPS data of highest incident cases. Table 3 demonstrates sample sizes by sub populations.

TABLE 3: SAMPLE SIZE BY ATOLL

Strata	# Incidence of Drug users/ Dealers (MPS, 2020)	Required Sample size for strata	Sample from NDA registry	Sample through Snow balling
Male'	1507	189	151	38
HA	64	8	6	2
Hdh	54	7	5	1
Sh	77	10	8	2
N	55	7	6	1
R	57	7	6	1
B	20	3	2	1
Lh	49	6	5	1
K	135	17	14	3
Aa	14	2	1	0
Adh	25	3	3	1
V	11	1	1	0
M	20	3	2	1
F	23	3	2	1
Dh	24	3	2	1
Th	84	11	8	2
L	64	8	6	2
Ga	111	14	11	3
Gdh	84	11	8	2
Gn	184	23	18	5
S	232	29	23	6
	2894	362	290	72

For the purpose of this study drug users are defined as anyone living in Maldives either Maldivian or foreigner who has been abusing or using any psychotropic substance without a proper prescription for the intentions of getting intoxicated or support an addiction.

INCLUSION CRITERIA OF USERS

1. Participants have to be residing in Maldives
2. Participants should have abused/used any form of psychotropic substance without a prescription including the use of prohibited narcotics drug by Maldivian law

EXCLUSION CRITERIA OF USERS

1. Those who are currently out from Maldives during the time of data collection of the study, including temporary travelling
2. Those who are using psychotropic substance with a proper medical prescription

2.2.2 Qualitative Survey of Providers

24 key informants from 3 Atolls were interviewed and one focus group discussion representing service providers was held with relevant stakholders from Male' and the central region including community members.

2.3 Instruments and materials

The Drug Survey of (UNODC, 2013) and the Rapid Assessment of the drug situation in the Maldives (NCB, 2003) was used as a basis to formulate a structured questionnaire (Appendix C) to be administered on drug users. Questions are presented in both English and Dhivehi. The 63 item questionnaire is divided into 7 blocks consisting of demographics of users, Patterns of use/addiction, High risk behaviors, Onset/Initiation, Source & type of onset, Use & Demand for services, Quality of services, determinants, Coping mechanism, Harm reduction, Family impact, community integration. The question guide that was used in the FGD is available in Appendix D.

2.4 Validity/Reliability

The questionnaire of the Drug user survey and question guide of the indepth interviews were checked for face validity through expert opinion and pilot testing. Expert review was sought through a stakeholder meeting held to discuss the methodology of the study, questionnaire, sampling technique, sample size, etc. The questionnaire was also peer reviewed by seven public health professionals and their feedback was incorporated. Questionnaire was designed based on the previous drug use surveys in the country and customized to the current context of drug use in the country. Indicative Assessment currently used by NDA was used to formulate questions. Standardized instruments such as DAST-20 and SAMHSHA was used as references in the design of the instrument. The instrument was pre-tested on 4-5 users to assess the practicality of usage. Trained enumerators were used to administer the questionnaire while the FGDs were moderated by the principal and co investigators who are trained in the technique. Normality tests were conducted to understand the skewness of the distributions. Figure 1 shows the histogram and qqplot of the Age variable which looks very normal. However, Shapiro wilk test for normality produced a p value = 0.00035 indicating non-normality of the variable. Hence the variable was analyzed after grouping the variable into five-year age groups. Any disaggregation of the variable or any inferential statistics using non-normal variables was done using non-parametric analysis. The drug user survey was found to be a very representative sample with people from all the atolls of the country (Table 4). Resident atoll was the place where the client or the user normally resides. The required number of the sample size for each strata or more was acquired. 69.5% were drawn from the NDA client registry and 30.5% were drawn using snowballing technique. While collecting secondary data, each institution was requested to send the data in the existing formats or templates used by the organization. This was to minimize errors in data sharing and data transfer.

FIGURE 1: HISTOGRAM AND QQ PLOT OF THE VARIABLE 'AGE OF THE SUBSTANCE USER'

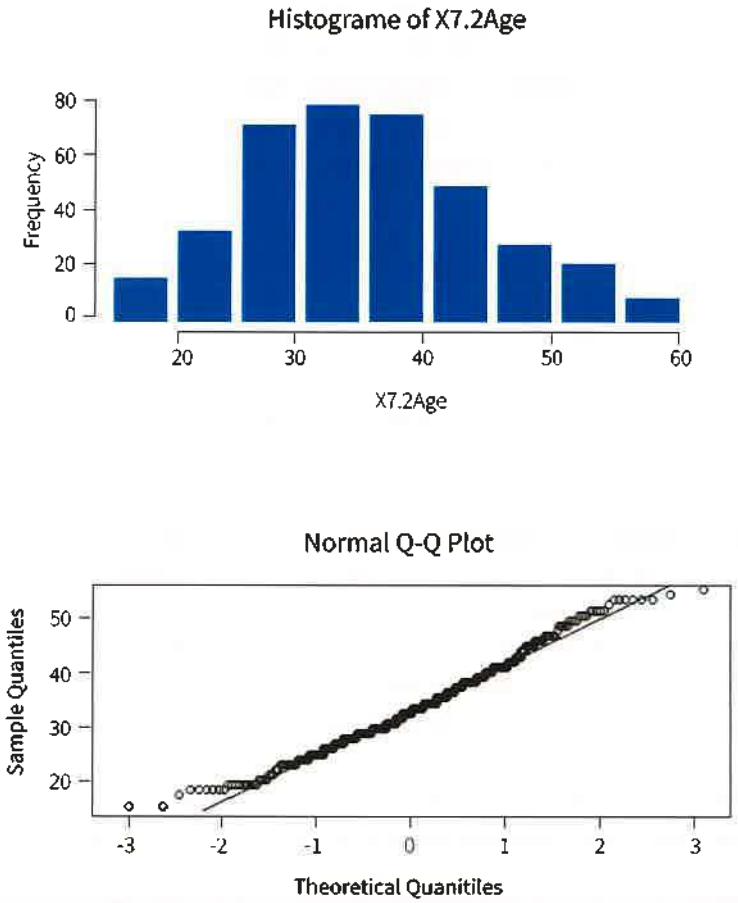


TABLE 4: REQUIRED SAMPLE SIZE VERSUS THE COLLECTED SAMPLE SIZE

BY RESIDENT ATOLL	REQUIRED SAMPLE SIZE FOR STRATA	COLLECTED SAMPLE SIZE
BLANKS		4
ALIFALIF	2	2
ALIFDHAALU	3	3
BAA	3	6
DHAALU	3	4
FAAFU	3	3
FUVAHMULAH	23	28
GAAFU DHAALU	11	12
GAAFUALIF	14	15
HAAALIF	8	10
HAADHAALU	7	6
HULHUMALE		3
K.VILLIGILI		1
KAAFU	17	19
LAAMU	8	10
LHAVIYANI	6	6
MALE'	189	189
MEEMU	3	5
NOONU	7	7
RAA	7	7
SEENU	29	37
SHAVIYANI	10	11
THAA	11	13
VAAVU	1	2
TOTAL	365	403

2.5 Data Management and Data Analysis

Secondary Data: Except for NDA, other institutions-maintained data electronically and shared the data in the same way. At NDA, a client register and laboratory data were maintained electronically. However, data on the assessments, and screening were manually kept in files. A random sample of 1% of these files from each year was collected. Table 5 shows the number of files entered electronically for each year. A total of 38 files were entered and analysed. To estimate the prevalence, Mid year projected population was obtained from NBS 2021 for each age group. For instance, for calculating the prevalence of juvenile substance use/trafficking, the population 0-19 years was used as the denominator. To assess the changes in prevalence, 2015 and 2019 was selected as 2020 showed that data was affected by the patterns and lifestyle changes due to the pandemic. Also 2011 population was not available to make a 10 year prevalence estimate.

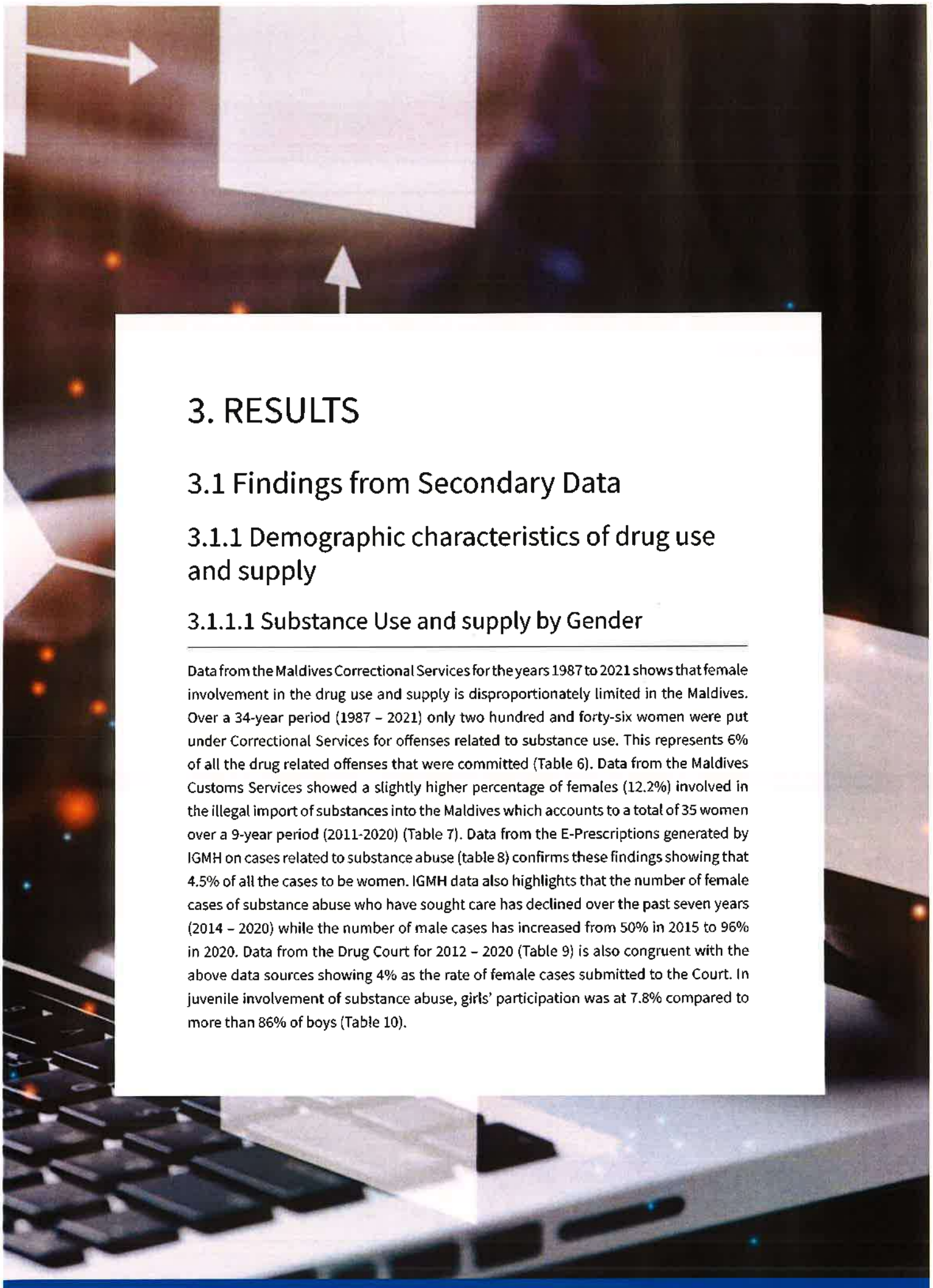
TABLE 5: RANDOM SAMPLE OF 1% OF CLIENT FILES AT NDA

YEAR	TYPE	TOTAL CLIENTS	1%	CLIENT NUMBERS			
2015	RELEASED	197	2	4485	4513		
2015	TERMINATED	138	1	4469			
2016	RELEASED	334	3	4872	3913	4682	
2016	TERMINATED	164	2	5671	3116		
2017	RELEASED	354	4	1178	6064	6378	5958
2017	TERMINATED	166	2	4996	3778		
2018	RELEASED	347	3	6334	6283	6085	
2018	TERMINATED	168	2	6602	5836		
2019	RELEASED	372	4	6986	7396	6335	7034
2019	TERMINATED	269	3	7450	6693	4871	
2020	RELEASED	202	2	8366	8299		
2020	TERMINATED	96	1	8595			
			29				

Quantitative survey of users: Data was collected on google forms by the researcher. The automatically entered dataset was cleaned and analyzed in SPSS. Descriptive and inferential statistics were generated to achieve the objectives where graphs and tables were formulated using Excel spreadsheets. Qualitative interviews with service providers/educators/stakeholders: Each KII lasted one hour and the FGD lasted 2.5 hours. Estimated 4-5 hours of transcribing were needed for each interview. Thematic analysis was done to draw the major themes from the data.

2.6 Ethical considerations

Though drug use/abuse or possession of drugs or trafficking of drugs is a crime in the Maldives and withholding information of a person who has used drugs is also a crime in Maldives, any issues that may raise was addressed with the assistances of a collaborative between National Drug Agency and Maldives Police Services. Measures needed to assure anonymity for the users of the survey include, telephone surveys instead of face to face surveys where requested, use of drop in centers or care facilities to administer the interviews. The methodology of this study was submitted and approved by the National Drug Agency and the World Health Organization.



3. RESULTS

3.1 Findings from Secondary Data

3.1.1 Demographic characteristics of drug use and supply

3.1.1.1 Substance Use and supply by Gender

Data from the Maldives Correctional Services for the years 1987 to 2021 shows that female involvement in the drug use and supply is disproportionately limited in the Maldives. Over a 34-year period (1987 – 2021) only two hundred and forty-six women were put under Correctional Services for offenses related to substance use. This represents 6% of all the drug related offenses that were committed (Table 6). Data from the Maldives Customs Services showed a slightly higher percentage of females (12.2%) involved in the illegal import of substances into the Maldives which accounts to a total of 35 women over a 9-year period (2011-2020) (Table 7). Data from the E-Prescriptions generated by IGMH on cases related to substance abuse (table 8) confirms these findings showing that 4.5% of all the cases to be women. IGMH data also highlights that the number of female cases of substance abuse who have sought care has declined over the past seven years (2014 – 2020) while the number of male cases has increased from 50% in 2015 to 96% in 2020. Data from the Drug Court for 2012 – 2020 (Table 9) is also congruent with the above data sources showing 4% as the rate of female cases submitted to the Court. In juvenile involvement of substance abuse, girls' participation was at 7.8% compared to more than 86% of boys (Table 10).

TABLE 6: OFFENDERS BY GENDER

GENDER	ALL TYPES OF CRIMES (INCLUDES REPEATED OFFENDERS)		ONLY SUBSTANCE RELATED (INCLUDES REPEATED OFFENDERS)		ROW PERCENT
	N	%	N	%	
FEMALE	440	4%	246	6%	56%
MALE	9591	96%	4124	94%	43%
TOTAL	**10031**	**100%**	**4370**	**100%**	**44%**

SOURCE: MALDIVES CORRECTIONAL SERVICES 1988 - 2021

TABLE 7: ILLEGAL IMPORTERS BY GENDER

BY GENDER	N	%
NOT STATED	29	10.1
FEMALE	35	12.2
MALE	222	77.6
TOTAL	**286**	**100**

SOURCE:CUSTOMS 2011-2020

TABLE 8: HEALTH SEEKING BEHAVIOURS BY GENDER

	N	%
FEMALE	48	4.5
MALE	1011	95.5
TOTAL	1059	100
TOTAL	**286**	**100**

SOURCE:IGMH EPRESCRIPTIONS 2014-2020

TABLE 9: SUBSTANCE USE CASES SUBMITTED TO THE DRUG COURT BY GENDER

	N	%
FEMALE	331	4%
MALE	8278	96%
	8609	**100%**

SOURCE: DRUG COURT 2012-2020

TABLE 10: JUVENILE CASES OF SUBSTANCE ABUSE BY GENDER

	N	%
	55	6
F	71	7.8
M	**787**	**86.2**

SOURCE: DRUG COURT 2012-2020

3.1.1.2 Substance Use and supply by Age

According to data from the Maldives Customs services (Table 11), 56.9% of the drug importers were in the age group 19 – 64 years. 3.5% were under age and only 0.7% were in the elderly age group (>65years). The median age of substances users who seek health care has increased from 24 years in 2014 to 34 years in 2020 (Table 12). The youngest age seeking care for substance use has fallen from 22years to 17 years in 2020. The maximum age has risen from 37 years to 68 years in 2020 showing a trend of the adults and the elderly falling into the hands of the industry. Data from Police Services (Table 13) show that more than 95% of the offenders of substance use fall in the age group 19 – 64years. This percentage has risen from 86% in 2015. The percentage of underage offenders have decreased by half from 10% in 2015 to 4.5% in 2020 indicating it as a protective factor. However, involvement in the drug offense by the elderly has risen from 0% in 2015 to 0.1% in 2020. Across the Atolls of Maldives, percentage of underage offenders (<18 years of age) ranged from 3% to 13% of the total number of cases. The highest number of underage cases (<18 years) of drug offenders were found in Gnaviyani Atoll and Shaviyani Atoll (13.1%), Dhaalu Atoll (12.4%), Raa Atoll and Meemu Atoll (12%) during the period 2015-2020 (Table 14). Over the past 10 years (2010 – 2020), the Juvenile Justice Unit has received a total of 814 cases related to substance use. From 2010 to 2020 there has been a steady increase in the number of cases. However, 2020 showed a sharp decline in the number of reported cases of juvenile substance use (69 cases in 2020 versus 119 in 2019). By age, it was noticeable that the greatest number of cases were in the ages 15, 16, and 17years (17%,25% and 43% respectively) (Table 15).

TABLE 11: ILLEGAL IMPORTERS OF SUBSTANCES BY AGE

	N	%
0 - 14	0	0
15 - 19	10	3.5
20 - 24	49	17.1
25 - 29	40	14
30 - 34	32	11.2
35 - 39	18	6.3
40 - 44	10	3.5
45 - 49	6	2.1
50 - 54	5	1.7
55 - 59	2	0.7
60 - 64	1	0.3
65+	2	0.7
NA'S	111	38.8
TOTAL	**286**	**100**

SOURCE:CUSTOMS 2011-2020

TABLE 12: HEALTH SEEKING BEHAVIOURS OF SUBSTANCE USERS BY AGE

YEAR	N	MEAN AGE	MEDIAN AGE	SD	MIN AGE	MAX AGE
2014	3	27.667	24	8.145	22	37
2015	2	21.5	21.5	0.707	21	22
2016	162	34.543	32	10.374	18	58
2017	148	33.628	32.5	8.35	16	58
2018	158	31.392	31	8.13	18	59
2019	229	35.341	34	9.784	15	67
2020	356	35.301	34	10.211	17	68

SOURCE:IGMH EPRES 2014-2020

TABLE 13: DRUG OFFENDERS BY AGE AND YEAR

	2015	2016	2017	2018	2019	2020
0 - 14	0.2	0.0	0.1	0.0	0.0	0.0
15 - 19	9.8	9.1	8.4	8.6	6.4	4.5
20 - 24	29.1	25.9	25.0	22.5	19.1	16.5
25 - 29	23.5	23.3	23.1	22.4	22.1	23.4
30 - 34	17.1	19.0	19.1	19.3	22.2	21.1
35 - 39	10.7	10.8	12.2	14.2	15.3	17.7
40 - 44	5.3	5.9	6.3	6.1	8.1	9.4
45 - 49	3.0	4.1	4.0	4.3	3.9	3.9
50 - 54	1.0	1.2	1.2	1.8	2.0	2.1
55 - 59	0.3	0.4	0.3	0.5	0.6	1.0
60 - 64	0.0	0.2	0.1	0.2	0.2	0.2
65+	0.0	0.0	0.1	0.1	0.1	0.1
	100	100	100	100	100	100

SOURCE: MPS 2015-2020

TABLE 14: SUBSTANCE USE BY AGE AND ATOLLS

	AA	ADH	B	DH	F	GA	GDH	GN	HA	HDH	K	L	LH	M	MALE	N	R	S	SH	TH	V
0-14	0.8	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.3	0.2	0.0	0.0	0.0
15-19	6.3	8.4	4.5	11.7	2.7	6.9	8.3	13.1	5.2	9.2	7.4	10.5	11.6	12.0	7.0	11.4	12.0	11.3	13.0	5.0	3.0
20-24	22.0	24.1	18.9	23.4	29.1	17.7	19.5	28.6	22.2	23.6	23.3	26.7	31.8	24.8	23.1	29.9	28.4	23.5	26.1	16.5	24.2
25-29	26.0	30.0	31.1	22.1	16.4	27.9	16.8	22.7	26.3	24.7	26.8	29.5	28.8	23.3	22.4	18.8	20.5	22.7	19.6	28.5	21.2
30-34	20.5	19.2	21.2	21.4	20.0	25.0	20.1	16.2	19.1	14.8	18.5	17.6	14.8	13.5	19.9	17.8	16.1	18.5	21.7	25.6	12.1
35-39	17.3	12.3	12.1	13.1	16.4	10.6	15.0	9.4	20.6	16.6	13.4	9.0	6.8	17.3	13.7	11.1	12.0	11.3	13.5	14.1	30.3
40-44	2.4	3.4	4.5	2.1	12.7	8.3	12.1	5.5	3.6	4.8	5.2	4.3	4.5	4.5	7.1	6.0	6.5	6.1	3.5	6.2	9.1
45-49	3.9	1.5	6.1	2.8	0.9	2.1	6.0	3.2	1.5	2.6	2.6	0.9	1.5	1.5	4.4	2.7	2.1	3.6	0.9	2.1	0.0
50-54	0.0	0.5	0.8	0.7	1.8	1.3	1.6	0.6	0.5	2.2	0.9	1.3	0.0	3.0	1.6	1.3	1.7	2.0	0.9	1.8	0.0
55-59	0.8	0.5	0.8	2.1	0.0	0.2	0.7	0.4	0.5	0.4	0.9	0.0	0.0	0.0	0.5	1.0	0.0	0.6	0.4	0.3	0.0
60-64	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	1.1	0.1	0.2	0.3	0.0	0.1	0.0	0.0	0.2	0.4	0.0	0.0
65+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0
	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

SOURCE: MPS 2015-2020

TABLE 15: JUVENILE CASES OF SUBSTANCE USE BY AGE AND YEAR

AGE BY YEAR	GRAND TOTAL	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
12	6					1	1	2	2			
13	12			1	1	4	3	1	1	1		
14	55		1		3	3	10	9	10	8	9	2
15	140	1	3	2	8	11	10	29	31	12	22	11
16	206	2	2	1	12	18	25	32	30	32	27	25
17	351	5	16		13	25	34	59	66	44	58	31
18	16	2			3		2	2	3	2	2	
(BLANK)	28			20			3			4	1	
GRAND TOTAL	**814**	**10**	**22**	**24**	**40**	**62**	**88**	**134**	**143**	**103**	**119**	**69**

SOURCE: MPS 2015-2020

3.1.1.3 Substance Use and Supply by Residency/Location

Table 13 of MPS data, Table 16 of Drug Court data and Table 17 of JJU data all confirms that no atoll in the country is free of substance use and it is existent in all the atolls of the country. Offenders of substance was most common in the central Kaafu Atoll which includes the capital city Male'(27% of the total population). Second highest prevalence was seen in the Southern most three atolls GaafuDhaalu Atoll, Gnaviyani Atoll and Seenu Atoll (Table 16). A similar pattern is found in the underage category too, where most of the juvenile cases of substance use was reported from Kaafu Atoll, Male' city, Gaafu Dhaalu Atoll, Gnaviyani and Seenu Atoll (Table 17).

TABLE 16: SUBSTANCE USE CASES BY ATOLLUSE BY AGE AND YEAR

ATOLL OF THE PERSON	N	%
HA	252	3%
HDH	407	5%
SH	195	2%
N	428	5%
R	300	3%
B	111	1%
LH	327	4%
K	2298	27%
INDIA	1	0%
AA	94	1%
ADH	131	2%
V	37	0%
M	153	2%
F	52	1%
DH	78	1%
TH	405	5%
L	391	5%
GA	384	4%
GDH	712	8%
GN	537	6%
S	1316	15%
	8609	**100%**

DRUG COURT 2012-2020

TABLE 17: JUVENILE CASES BY ATOLL

RESIDENT ATOLL	N	%
HA	20	2.2%
HDh	35	3.8%
Shaviyani	24	2.6%
Noonu	33	3.6%
Raa	30	3.3%
Baa	7	0.8%
Lh	32	3.5%
Kaafu	185	20.3%
Male'	68	7.4%
Hulhumale'	12	1.3%
AA	12	1.3%
Adh	8	0.9%
Vaavu	1	0.1%
Meemu	13	1.4%
Faafu	3	0.3%
Dhaalu	16	1.8%
Thaa	28	3.1%
Laamu	57	6.2%
Ga	28	3.1%
Gdh	68	7.4%
Gn	58	6.4%
Seenu	114	12.5%
Blanks	61	6.7%
Total	**913**	**100.0%**

Source: JJU 2010-2020

3.1.1.4 Substance Use and Supply by Education

Among the secondary datasets, only very few institutions collect data on educational level (JJU and NDA). Out of all the cases reported to the JJU during 2010 – 2020, it was found that more than half were out of school (51.6%). Drug usage while going to school stood at 17.7% and usage among children who have completed school was at 16.3% (Table 18).

TABLE 18: JUVENILE CASES OF SUBSTANCE USE BY EDUCATION LEVEL

BY EDUCATION	N	%
NO RESPONSE	99	10.8
COMPLETED SCHOOL	149	16.3
IN SCHOOL	162	17.7
NOT SINCE GRADE 6	5	0.5
NOT SINCE GRADE 7	4	0.4
NOT SINCE GRADE 8	17	1.9
NOT SINCE GRADE 9	6	0.7
OUT OF SCHOOL	471	51.6
TOTAL	**913**	**100**

SOURCE: JJU 2010-2020

3.1.2.1 Dynamics and trends in the Supply of Substances: Nationality of the person

Maldives Customs Service data confirms that the illegal trade of substances into the Maldives is mainly through Maldivian locals (59.8%). The remaining 40%, is distributed among nationals from across five continents. South Asian travelers were found to be the majority of traders who imported illegal substances into the Maldives; Bangaldeshis contributed 10.8% of the trade, Pakistanis (5.2%) and Indians (3.1%).

TABLE 19: NATIONALITY OF THE ILLEGAL IMPORTER OF SUBSTANCES

BY NATIONALITY	N	%
NA	30	10.40
AUSTRALIAN	1	0.30
BANGALDESHI	31	10.80
BOLIVIAN	2	0.70
BRAZILIAN	4	1.40
CAMEROONIAN	1	0.30
COSTA RICAN	1	0.30
ECUADORIAN	1	0.30
FILIPINO	4	1.40
INDIAN	9	3.10
IRANIAN	3	1.00
KENYAN	1	0.30
LATVIAN	1	0.30
MALDIVIAN	171	59.80
PAKISTANI	15	5.20
RUSSIAN	1	0.30
SOUTH AFIRICAN	1	0.30
SRILANKAN	7	2.40
TANZANIAN	1	0.30
THAI	1	0.30
TOTAL	286	99.20

SOURCE:CUSTOMS 2011-2020

3.1.2.2 Dynamics and trends in the Supply of Substances: Type of Substances

In the past 10 years, the majority of drugs that were seized include psychotropic drugs – MDMA (27.6%), Heroine (21.7%) and Hashish Oil (10.8%) (Table 20). The type of drugs illegally being imported into the Maldives has seen drastic changes over the past ten years. In 2011, 61.5% of the seized drugs consisted of Cannabis in herbal form and 23% Heroine. By 2020, Cocaine contributed 24% of the seized drugs, 20% was heroine, 20% was cannabis-herbal and 20% psychotropic MDMA. New trends in the type of drugs that were observed are the import of cannabis seeds, Methcathinone, Ketamine and emphatamine (Table 21).

TABLE 20: TYPES OF DRUG SMUGGLED INTO THE MALDIVES

BY TYPE OF DRUG SIEZED	N	%
CANNABIS	2	0.7
CANNABIS - HASHISH OIL	31	10.8
CANNABIS - HERBAL	40	14
CANNABIS - PLANTS	2	0.7
CANNABIS - SEEDS	3	1
COCAINE	23	8
HEROIN	62	21.7
METHCATHINONE	1	0.3
NEW PSYCHOACTIVE SUBSTANCES - SYNTHETIC CATHINONES	6	2.1
OPIUM	3	1
PSYCHOTROPHIC DRUGS - MDMA (ECSTASY)	79	27.6
PSYCHOTROPIC DRUGS - AMPHETAMINE	13	4.5
PSYCHOTROPIC DRUGS - KETAMINE	2	0.7
PSYCHOTROPIC DRUGS - LSD	3	1
PSYCHOTROPIC DRUGS - METHAMPHETAMINE	16	5.6
TOTAL	286	100

SOURCE: JJU 2010-2020

TABLE 21:TYPES OF DRUG SMUGGLED BY YEAR

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
CANNABIS	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	1.8	0.0
CANNABIS - HASHISH OIL	7.7	8.3	0.0	0.0	25.0	28.0	11.5	1.2	14.5	0.0
CANNABIS - HERBAL	61.5	8.3	0.0	33.3	0.0	28.0	15.4	8.4	7.3	20.0
CANNABIS - PLANTS	0.0	0.0	0.0	0.0	12.5	0.0	0.0	1.2	0.0	0.0
CANNABIS - SEEDS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	0.0	4.0
COCAINE	0.0	0.0	9.1	44.4	12.5	8.0	0.0	1.2	14.5	24.0
HEROIN	23.1	66.7	81.8	22.2	50.0	32.0	34.6	9.6	9.1	20.0
METHCATHINONE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0
NEW PSYCHOACTIVE SUBSTANCES - SYNTHETIC CATHINONES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8	0.0	0.0
OPIUM	7.7	16.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PSYCHOTROPHIC DRUGS - MDMA (ECSTASY)	0.0	0.0	0.0	0.0	0.0	0.0	11.5	51.8	43.6	20.0
PSYCHOTROPIC DRUGS - AMPHETAMINE	0.0	0.0	0.0	0.0	0.0	0.0	15.4	4.8	7.3	4.0
PSYCHOTROPIC DRUGS - KETAMINE	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	0.0	4.0
PSYCHOTROPIC DRUGS - LSD	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	1.8	0.0
PSYCHOTROPIC DRUGS - METHAMPHETAMINE	0.0	0.0	9.1	0.0	0.0	4.0	3.8	13.3	0.0	0.0
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

3.1.2.3 Dynamics and trends in the Supply of Substances: Weight of Drugs

Average weight of the drugs that were imported into the country ranged from 285g to 1831g over the period 2011 to 2020. Minimum weight ranged from 0.001g to 100g. Maximum weight carried ranged from 878g in 2012 to 10261g in 2016. Over the past 10 years, the maximum weight has increased from 1869g in 2011 to 4448g in 2020 (Table 22).

TABLE 22: WEIGHT OF DRUGS SMUGGLED INTO THE MALDIVES

YEAR	Mean weight	Median weight	Min	Max
2011	483.9139	662.52	0.101	1869
2012	284.99	298.45	1.736	877.4
2013	1229.427	1218.09	65.025	3368
2014	1830.8674	1602.28	258	4829
2015	989.5344	894.8	6.66	2526
2016	1903.54	2323.37	100.3	10261
2017	644.62	1408.72	0.001	7239
2018	311.14	850.57	0.94	5460
2019	681.6575	1095.49	2	4670
2020	426.64	978.38	1	4448
ALL YEARS	810			

SOURCE:CUSTOMS 2011-2020

3.1.2.4 Dynamics and trends in the Supply of Substances: Type of Packing of drugs

Over the past 10 years, the way substances are packed has significantly changed (p-value = 0.003979). In the last 5years substances have started to enter as tablets, capsules, seeds and bullets while in 2011 to 2016 these packaging was not common (Table 23).

TABLE 23: TYPE OF PACKING USED TO SMUGGLE DRUGS

BY QUANTITY-RECODED	ALL YEARS (N)	ALL YEARS %	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
OTHERS	240.0	83.9	100.0	100.0	100.0	100.0	100.0	96.0	76.9	83.1	80.0	60.0
NUMBERS	1.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0
STICKERS	3.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	1.8	0.0
BULLETS	6.0	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.0
SEEDS	3.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4	0.0	4.0
CAPSULES	2.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	1.8	0.0
TABLETS	31.0	10.8	0.0	0.0	0.0	0.0	0.0	4.0	23.1	10.8	16.4	12.0
TOTAL	286.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

SOURCE:CUSTOMS 2011-2020

3.1.2.5 Dynamics and trends in the Supply of Substances: Way of Concealment

In 2011 substances were concealed mostly in the baggage (61.5%) and carried on the body of the person (30.8%). In 2020, the trend has changed with 56% of the substances being concealed in mail, 24% on the person and only 16% in the baggage (p-value < 2.2e-16) (table 24).

TABLE 24: WAYS OF CONCEALMENT

CONCEALMENT	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	ALL YEARS	ALL YEARS(%)
IN BAGGAGE	61.5	0.0	27.3	66.7	50.0	72.0	53.8	12.0	34.5	16.0	89.0	31.1
IN FRIEGHT	0.0	0.0	18.2	11.1	0.0	4.0	0.0	2.4	3.6	4.0	12.0	4.2
IN MAIL	0.0	0.0	0.0	0.0	0.0	0.0	19.2	83.1	54.5	56.0	127.0	44.4
IN PREMISES	7.7	0.0	0.0	0.0	0.0	0.0	3.8	0.0	0.0	0.0	2.0	0.7
IN TRANSPORT	0.0	33.3	18.2	0.0	25.0	4.0	7.7	1.2	0.0	0.0	16.0	5.6
NOT CONCEALED	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1.0	0.3
ON THE PERSON	30.8	66.7	36.4	22.2	25.0	20.0	15.4	0.0	7.3	24.0	39.0	13.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	286.0	100.0

SOURCE:CUSTOMS 2011-2020

3.1.2.6 Dynamics and trends in the Supply of Substances: Transport mechanism of drugs

Majority of the substances were transported by air (84.6%) in 2011, in comparison to 44% in 2020. Transport through mail has become the most favored transport mechanism in 2020 with 56% of the substances being transported this mechanism (p-value < 2.2e-16) (table 25).

TABLE 25: TRANSPORT MECHANISM USED TO SMUGGLE DRUGS INTO THE MALDIVES

CONVEYANCE	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	ALL YEARS (N)	ALL YEARS (%)
-	15.38	0	0	0	0	0	0	0	0	0	2	0.7
AIR	84.61	58.33	63.63	88.88	75	92	73.07	16.86	43.63	44	134	46.9
MAIL	0	0	0	0	0	0	19.23	81.92	54.54	56	126	44.1
SEA	0	41.66	36.36	11.11	25	8	7.69	1.2	1.81	0	24	8.4
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	286	100

SOURCE:CUSTOMS 2011-2020

3.1.2.7 Dynamics and trends in the Supply of Substances: Last port of departure of drugsof drugs

The last port of departure of the carrier of substances provides tactical information for surveillance (table 25). In 2011, the majority of the carriers departed from the South Asian countries; India (30.8%), Bangladesh (23.1%), and Sri Lanka (15.4%). By 2020, the trend has moved to European countries; UK (24%),Netherlands (20%). New countries include Brazil (4%), Czech Republic (4%), Ethiopia (4%). Carriers from Bangladesh has decreased from 23.1% in 2011 to 8% in 2020, from India it decreased from 30.8% in 2011 to 8% in 2020, from SriLanka it has decreased from 15.4% in 2011 to 0% in 2020. Carriers from Pakistan has increased from 7.7% in 2011 to 16% in 2020.

TABLE 26: LAST PORT OF DEPARTURE OF SMUGGLED DRUGS

HOST COUNTRY	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	ALL YEARS (N)	ALL YEARS (%
-	15.4	0.0	0.0	0.0	0.0	0.0	0.0	1.2	1.8	4.0	5	1.7
AZERBAIJAN	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1	0.3
BANGLADESH	23.1	0.0	0.0	0.0	0.0	32.0	23.1	7.2	7.3	8.0	29	10.1
BELGIUM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.4	1.8	0.0	9	3.1
BENIN	0.0	0.0	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0.3
BRAZIL	0.0	0.0	9.1	33.3	12.5	8.0	0.0	0.0	10.9	4.0	14	4.9
CHINA	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	0.0	0.0	1	0.3
CZECH REPUBLIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	1	0.3
ETHIOPIA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	1	0.3
FRANCE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	1	0.3
GERMANY	0.0	0.0	0.0	0.0	0.0	0.0	7.7	26.5	3.6	0.0	27	9.4
GHANA	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0.3
GREECE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1	0.3
INDIA	30.8	50.0	54.5	44.4	62.5	28.0	19.2	4.8	21.8	8.0	63	22
IRAN	0.0	16.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0.7
KAZAKHSTAN	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	7	2.4
KENYA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	1	0.3
MALAYSIA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1	0.3
MALDIVES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	1	0.3
NETHERLANDS	0.0	0.0	0.0	0.0	0.0	0.0	11.5	16.9	14.5	20.0	35	12.2
PAKISTAN	7.7	16.7	0.0	0.0	12.5	8.0	11.5	1.2	5.5	16.0	19	6.6
SPAIN	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1	0.3
SRI LANKA	15.4	16.7	27.3	11.1	0.0	8.0	11.5	2.4	3.6	0.0	17	5.9
TANZANIA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1	0.3
THAILAND	0.0	0.0	0.0	0.0	12.5	4.0	0.0	1.2	0.0	0.0	3	1
UNITED ARAB EMIRATES	0.0	0.0	0.0	11.1	0.0	12.0	11.5	0.0	0.0	4.0	8	2.8
UNITED KINGDOM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.9	25.5	24.0	34	11.9
UNITED STATES OF AMERICA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	1	0.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	286	100

3.1.2.8 Dynamics and trends in the Supply of Substances: Illegal Carriers of drugs by ageof drugsof drugs

Table 27 shows data of carriers of substances illegally into the country by their age. Illegal import of substances has been committed by adolescents (14-19years); 12.5% of the illegal import in 2013, 15.4% in 2018 and 3.2% of 2019. In 2011, the carriers were in the age group 19 till 54years in comparison to 2020 where the carriers were slightly younger 19- 44years. 2020 data also highlights a protective factor where the vulnerable age groups (Children, adolescents and the elderly) have not been found to illegally carry substances into the country which may be due to the pandemic. In 2019, increased number of elderly have illegally carried substances into the country compared with 2011 (3.2% in 2019 versus 0% in 2011 among 64-69year olds and 54-59 year olds).

TABLE 27: ILLEGAL CARRIERS OF SUBSTANCES BY AGE

AGE OF ILLEGAL IMPORT	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	ALL YEARS (N)	ALL YEARS (%)
0 - 14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5	1.7
15 - 19	0.0	0.0	12.5	0.0	0.0	0.0	8.0	15.4	3.2	0.0	1	0.3
20 - 24	25.0	27.3	12.5	44.4	42.9	37.5	20.0	28.2	25.8	22.2	29	10.1
25 - 29	16.7	9.1	12.5	33.3	0.0	20.8	28.0	17.9	32.3	44.4	9	3.1
30 - 34	16.7	18.2	12.5	11.1	14.3	20.8	28.0	17.9	12.9	22.2	1	0.3
35 - 39	0.0	18.2	12.5	11.1	14.3	12.5	4.0	15.4	9.7	0.0	14	4.9
40 - 44	25.0	18.2	12.5	0.0	0.0	0.0	4.0	2.6	3.2	11.1	1	0.3
45 - 49	8.3	0.0	25.0	0.0	0.0	4.2	0.0	0.0	6.5	0.0	1	0.3
50 - 54	8.3	0.0	0.0	0.0	14.3	0.0	8.0	2.6	0.0	0.0	1	0.3
55 - 59	0.0	9.1	0.0	0.0	0.0	0.0	0.0	0.0	3.2	0.0	1	0.3
60 - 64	0.0	0.0	0.0	0.0	0.0	4.2	0.0	0.0	0.0	0.0	27	9.4
65+	0.0	0.0	0.0	0.0	14.3	0.0	0.0	0.0	3.2	0.0	1	0.3

3.1.2.9 Dynamics and trends in the healthcare seeking behaviours of Substance users 2014 -2020 by age of drugsof drugs

E-Prescriptions data from IGMH over the period 2014 – 2020 shows that the majority of cases were diagnosed with 'F11-Opiod related Disorder' (69%) and 'F19-Other psychoactive substance related disorders' (17.8%) and 'F12-Cannabis related disorders' (5.8%). Outpatient and Inpatient data from IGMH showed that majority sought healthcare for F11-Opiod related disorders (26.7%), F19- disorders due to multiple drug use and use of other psychoactive substances (26%), X69- Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances (9.2%) and X60- Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics (8.9%).

Over a period of five years, 50,085 tests were conducted on substance related clients at the National Drug Agency. This is an average of ten thousand tests per year. During the period 2016- 2020, 7.6% tested positive for Opiates, 3.7% tested positive for THC, 1.4% for Benzodiazepines and 0.1% for cocaine, alcohol, amphetamines equally. Number of clients testing positive for opiates have increased from 5.9% in 2016 to 14.3% in 2020. Positivity rates for other substances remained stable over the years. Usage of mixed substances were observed from NDA Laboratory data 2016-2020. Among combinations of two substances, it was found that a majority of clients were positive for Opiate and Benzodiazepines (659/1410 clients OR 67%), 29% were positive for a combination of THC and Opiates and 8% for THC and Benzodiazepines. Positivity for a combination of three or more substances was not found.

Data of health care seeking behavior of substance users from IGMH data shows that the trend in the type of substances have changed over time. In 2011, it was alcohol (33%), unspecified drugs (33%) and history of other diseases (33%) which accounted for users. However, in 2020, opioid, cannabis, sedatives, and psychoactive substance related disorders were more common inthe e- prescriptions that were studied.

Healthcare seeking at Hospitals by substance users have changed during the past ten years. While 41.5% of the Opiod users sought care at IGMH in 2010, there were no cases in 2020. Similary there were no cases of cannabis users seeking care at the hospital in 2020. In 2020, users of sedatives, hallucinogens, tobacco, gases/vapours, exposure to other drugs acting on the autonomic nervous system have increased in comparison with 2011. This may have been due to the restrictions in supply in 2020 due to border closing. F18 has increased from 1.3 % in 2011 to 21.4% in 2020. X63 has also increased in 2020 which may reflect suicidal or mental issues.

TABLE 28: TYPE OF DISORDERS FOR WHICH HEALTH CARE WAS SOUGHT

ICD CODE	Description of Code	N	%
F10	Alcohol related disorders	9	0.8
F11	Opioid related disorders	731	69
F12	Cannabis related disorders	61	5.8
F13	Sedative, hypnotic, or anxiolytic related disorders	27	2.5
F14	Cocaine related disorders	2	0.2
F15	Other stimulant related disorders	10	0.9
F16	Hallucinogen related disorders	3	0.3
F17	Nicotine dependence	6	0.6
F19	Other psychoactive substance related disorders	188	17.8
X60	Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	1	0.1
X64.5	Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	1	0.1
X66	Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	1	0.1
Z71.5	Persons encountering health services for other counselling and medical advice, not elsewhere classified	3	0.3
Z86.0	Personal history of certain other diseases	16	1.5
TOTAL		**1059**	**100**

SOURCE: IGMH EPRESCRIPTIONS 2014-2020

TABLE 29: TYPE OF DISORDERS FOR WHICH HEALTHCARE WAS SOUGHT AT OUTPATIENT AND INPATIENT SERVICES OF IGMHCARE WAS SOUGHT

ICD CODE	DESCRIPTION	N	%
NA	Not Available	10	0.9
F10	Alcohol related disorders	31	2.8
F11	Opioid related disorders	295	26.7
F12	Cannabis related disorders	7	0.6
F13	Sedative, hypnotic, or anxiolytic related disorders	23	2.1
F14	Cocaine related disorders	3	0.3
F15	Other stimulant related disorders	1	0.1
F16	Hallucinogen related disorders	3	0.3
F17	Nicotine dependence	3	0.3
F18	Mental and behavioural disorders due to use of volatile solvents	8	0.7
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	287	26
X67	Intentional self-poisoning by and exposure to carbon monoxide and other gases and vapours	1	0.1
X60	Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	98	8.9
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism	43	3.9
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics	45	4.1
X63	Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	3	0.3
X64	Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	62	5.6
X65	Intentional self-poisoning by and exposure to alcohol	5	0.5
X68	Intentional self-poisoning by and exposure to pesticides	8	0.7
X69	Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	102	9.2
X83	Intentional self-harm by other specified means	24	2.2
X84	Intentional self-harm by unspecified means	39	3.5
Z86	Personal history of certain other diseases	2	0.2
TOTAL		**1103**	**100**

SOURCE: IGMH IPOP, 2010-2020

TABLE 30: POSITIVITY FOR SUBSTANCE

	THC		AMPHETAMINES		OPIATES		BENZODIAZEPINES		METHADONE		COCAINE		ALCOHOL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
BLANKS	15	0	4427	8.8	1	0	9	0	8324	16.6	110	0.2	15907	31.8
ERROR	15	0	29	0.1	15	0	15	0	15	0	15	0	15	0
INCONCLUSIVE	1	0	1	0	1	0	1	0	1	0	1	0	1	0
NEGATIVE	48199	96.2	45576	91	46252	92.3	49353	98.5	41742	83.3	49926	99.7	34110	68.1
POSITIVE	1855	3.7	52	0.1	3816	7.6	707	1.4	3	0	33	0.1	52	0.1
TOTAL	**50085**	**100**	**50085**	**100**	**50085**	**100**	**50085**	**100**	**50085**	**100**	**50085**	**100**	**50085**	**100**

SOURCE: NDA LABORATORY DATA 2016- 2020

TABLE 31: POSITIVITY FOR COMBINATION OF SUBSTANCES

COMBINATIONS 2016 - 2020	2016-2020
THC/METHADONE	0
THC/COCAINE	17
THC/ALCOHOL	20
THC/OPIATE	411
AMPH/OPIATES	21
AMPH/ BENZO	4
AMPH/METHA	0
AMPH/COCAINE	0
AMPH/ALCOHOL	1
OPIATE/BENZO	659
OPIATES/METH	1
OPIATES/COCAINE	3
OPIATES/ALCOHOL	6
BENZO/METH	0
BENZO/COCAINE	2
BENZO/ALCOHOL	0
METH/COCAINE	0
METH/ALCOHOL	0
COCAINE/ALCOHOL	0
THC/AMPH/OPIATE	9
THC/AMPH/ BENZODIAZEPINES	3
THC/AMPH/METH	0
THC/AMPH/COCAINE	0
THC/AMPH/ALCOHOL	1
THC/OPIATES/BENZO	104
THC/OPIATES/METH	0
THC/OPIATES/COCAINE	1
THC/OPIATES/ALCOHOL	2
THC/BENZO/METH	0
THC/BENZO/COCAINE	2
THC/BENZO/ALCOHOL	0
THC/METH/COCAINE	0
THC/METH/ALCOHOL	0
THC/COCAINE/ALCOHOL	0
AMPH/OPAITE/BENZO	4
AMPH/OPIATE/METH	0
AMPH/OPIATE/COCAINE	0
AMPH/OPIATE/ALCOHOL	0
AMPH/BENZO/METH	0
AMPH/BENZO/COCAINE	0
AMPH/BENZO/ALCOHOL	0
AMPH/METH/COCAINE	0
AMPH/METH/ALCOHOL	0
AMPH/COCAINE/ALCOHOL	0
OPIATE/BENZO/METH	0
OPIATE/BENZO/COCAINE	1
OPIATE/BENZO/ALCOHOL	0
OPIATE/METH/COCAINE	0
OPIATE/METH/ALCOHOL	0
OPIATE/COCAINE/ALCOHOL	0
BENZO/METH/COCAINE	0
BENZO/METH/ALCOHOL	0
BENZO/COCAINE/ALCOHOL	0
METH/COCAINE/ALCOHOL	0
BENZO/COCAINE/ALCOHOL	0
METH/COCAINE/ALCOHOL	0

SOURCE: NDA LABORATORY DATA 2016- 2020

TABLE 32: TYPE OF DISORDERS FOR WHICH HEALTH CARE WAS SOUGHT BY YEAR

DESCRIPTION OF CODE	ICD CODE	2014	2015	2016	2017	2018	2019	2020
ALCOHOL RELATED DISORDERS	F10	33.3	0.0	1.9	0.0	0.6	0.0	1.1
OPIOID RELATED DISORDERS	F11	0.0	0.0	82.1	85.1	48.7	60.7	71.7
CANNABIS RELATED DISORDERS	F12	0.0	0.0	6.8	2.7	9.5	8.3	3.4
SEDATIVE, HYPNOTIC, OR ANXIOLYTIC RELATED DISORDERS	F13	0.0	0.0	3.1	1.4	1.3	2.2	3.6
COCAINE RELATED DISORDERS	F14	0.0	0.0	0.6	0.0	0.6	0.0	0.0
OTHER STIMULANT RELATED DISORDERS	F15	0.0	0.0	0.0	0.0	0.0	1.3	2.0
HALLUCINOGEN RELATED DISORDERS	F16	0.0	0.0	0.0	0.0	0.0	0.0	0.8
NICOTINE DEPENDENCE	F17	0.0	0.0	0.0	0.0	0.0	0.0	1.7
OTHER PSYCHOACTIVE SUBSTANCE RELATED DISORDERS	F19	0.0	0.0	2.5	6.8	37.3	26.2	15.4
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO NONOPIOID ANALGESICS, ANTIPYRETICS AND ANTIRHEUMATICS	X60	0.0	0.0	0.0	0.0	0.0	0.0	0.3
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES	X64.5	33.3	0.0	0.0	0.0	0.0	0.0	0.0
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO ORGANIC SOLVENTS AND HALOGENATED HYDROCARBONS AND THEIR VAPOURS	X66	0.0	50.0	0.0	0.0	0.0	0.0	0.0
PERSONS ENCOUNTERING HEALTH SERVICES FOR OTHER COUNSELLING AND MEDICAL ADVICE, NOT ELSEWHERE CLASSIFIED	Z71	0.0	50.0	0.0	0.0	0.0	0.9	0.0
PERSONAL HISTORY OF CERTAIN OTHER DISEASES	Z86	33.3	0.0	3.1	4.1	1.9	0.4	0.0
	Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

SOURCE:IGMH EPRESCRIPTIONS 2014-2020

TABLE 33: TYPE OF DISORDERS FOR WHICH HEALTHCARE WAS SOUGHT AT OUTPATIENT AND INPATIENT SERVICES OF IGMH (BY YEAR)

DESCRIPTION OF CODE	ICD CODE	2014	2015	2016	2017	2018	2019	2020
NOT AVAILABLE		6.5	1.1	0.0	0.0	0.0	0.0	1.9
MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF ALCOHOL	F10	7.8	5.6	5.9	0.0	3.4	0.0	1.9
OPIOID USE DISORDER, MILD	F11	41.6	41.1	43.1	39.2	49.2	15.4	3.8
CANNABIS RELATED DISORDERS	F12	2.6	1.1	0.0	0.0	0.0	0.0	0.0
SEDATIVE, HYPNOTIC, OR ANXIOLYTIC RELATED DISORDERS.	F13	0.0	1.1	0.0	2.0	1.7	3.8	0.0
COCAINE RELATED DISORDERS	F14	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF OTHER STIMULANTS INCLUDING CAFFEINE	F15	0.0	0.0	0.0	0.0	0.0	0.0	0.0
HALLUCINOGEN RELATED DISORDERS	F16	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF TOBACCO	F17	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF VOLATILE SOLVENTS	F18	1.3	0.0	0.0	2.0	1.7	0.0	0.0
MENTAL AND BEHAVIOURAL DISORDERS DUE TO MULTIPLE DRUG USE AND USE OF OTHER PSYCHOACTIVE SUBSTANCES	F19	13.0	15.6	35.3	35.3	32.2	15.4	23.1
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO CARBON MONOXIDE AND OTHER GASES AND VAPOURS	F67	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO NONOPIOID ANALGESICS, ANTIPYRETICS AND ANTIRHEUMATICS	X60	6.5	12.2	3.9	5.9	6.8	7.7	15.4
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO ANTIEPILEPTIC, SEDATIVE-HYPNOTIC, ANTIPARKINSONISM	X61	2.6	3.3	2.0	5.9	1.7	15.4	17.3
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO NARCOTICS AND PSYCHODYSLEPTICS	X62	1.3	2.2	2.0	0.0	0.0	0.0	0.0
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO OTHER DRUGS ACTING ON THE AUTONOMIC NERVOUS SYSTEM	X63	0.0	0.0	0.0	0.0	0.0	3.8	1.9
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES	X64	3.9	3.3	3.9	0.0	3.4	15.4	17.3
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO ALCOHOL	X65	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO PESTICIDES	X68	0.0	0.0	0.0	2.0	0.0	3.8	1.9
INTENTIONAL SELF-POISONING BY AND EXPOSURE TO OTHER AND UNSPECIFIED CHEMICALS AND NOXIOUS SUBSTANCES	X69	6.5	8.9	3.9	5.9	0.0	7.7	9.6
INTENTIONAL SELF-HARM BY OTHER SPECIFIED MEANS	X83	3.9	2.2	0.0	0.0	0.0	3.8	1.9
INTENTIONAL SELF-HARM BY UNSPECIFIED MEANS	X84	2.6	2.2	0.0	2.0	0.0	7.7	1.9
PERSONAL HISTORY OF CERTAIN OTHER DISEASES	Z86	0.0	0.0	0.0	0.0	0.0	0.0	1.9
			100	**100**	**100**	**100**	**100**	**100**

SOURCE:IGMH EPRESCRIPTIONS 2014-2020

3.1.2.10 Dynamics and trends in the sale of controlled drugs 2015 -2020 by ageof drugsof drugs

Data on the sale of controlled drugs at 3 pharmacies in the country shows that the most commonly sold controlled drugs are Alprazolam, Chlordiazepoxide, Clobazam, Clonazepam, Diazepam, Lorazepam, Midazolam, Pentazocine, Phenobarbitone, Olanzapine and Naltrexone. While the sale of Alprazolam, Chlordiazepoxide, Lorazepam, Midazolam, Phenobarbitone, Olanzapine has decreased at IGMH over the past five years, all the above have shown increased sales in Hulhumale pharmacy and Ungofaaru Pharmacy (Table 34).

TABLE 34: SALE OF CONTROLLED DRUGS AT 3 PHARMACIES IN THE COUNTRY

IGMH PHARMACY

	2015	2016	2017	2018	2019	2020
ALPRAZOLAM	41,658	45,768	37,855	33,444	36,070	13,597
CHLORDIAZEPOXIDE	1,954	2,761	3,684	-	511	1,161
CLOBAZAM	24,448	22,293	12,295	25,033	28,802	26,092
CLONAZEPAM	169,109	158,379	163,036	165,619	162,591	100,422
DIAZEPAM	23,425	15,724	16,635	31,327	39,282	30,454
LORAZEPAM	15,519	14,885	28,032	11,384	25,690	8,705
MIDAZOLAM	24	49	35	65	33	15
PENTAZOCINE	3	-	-	-	-	-
PHENOBARBITONE	42,690	38,468	23,223	29,848	30,711	22,724
OLANZAPINE	260,314	218,722	196,933	40,799	53,152	229,024
EPHEDRINE	-	-	-	-	-	-
NALTREXONE	-	-	-	270	2,002	2,072
NANDROLONE	-	-	-	-	-	-

HULHUMALE' PHARMACY

	2015	2016	2017	2018	2019	2020
ALPRAZOLAM	1,858	1,001	1,213	2,975	4,568	3,245
CHLORDIAZEPOXIDE	-	-	-	-	90	194
CLOBAZAM	333	1,438	500	1,785	4,205	4,709
CLONAZEPAM	9,008	7,985	12,794	13,124	18,082	22,535
DIAZEPAM	763	475	537	1,607	2,774	1,876
LORAZEPAM	653	629	298	1,031	2,249	753
MIDAZOLAM	-	-	-	-	-	-
PENTAZOCINE	-	-	-	-	-	-
PHENOBARBITONE	1,449	1,248	964	1,861	2,860	5,890
OLANZAPINE	5,272	4,056	4,245	8,659	12,001	32,093
EPHEDRINE	-	-	-	-	-	-
NALTREXONE	-	-	-	-	-	-
NANDROLONE	-	-	-	-	-	-

UNGOOFAARU PHARMACY

	2015	2016	2017	2018	2019	2020
ALPRAZOLAM	800	406	623	663	559	771
CHLORDIAZEPOXIDE	-	-	-	-	-	-
CLOBAZAM	-	398	302	2,263	3,723	2,144
CLONAZEPAM	2,000	7,546	7,953	5,556	3,924	4,560
DIAZEPAM	796	421	58	123	68	99
LORAZEPAM	60	-	160	-	7	-
MIDAZOLAM	-	1	18	190	179	119
PENTAZOCINE	5	-	-	-	-	-
PHENOBARBITONE	605	2,023	702	832	668	2,202
OLANZAPINE	1,890	4,240	4,770	4,854	7,835	10,851
EPHEDRINE	-	-	-	-	-	-
NALTREXONE	-	-	-	-	-	-
NANDROLONE	-	-	-	-	-	-

3.1.2.11 Dynamics and trends in Substance use in the Maldives 2011 -2020

Data from the Drug Court 2012 to 2020 indicates that the number of cases of substance abuse submitted to the Court has decreased by 33% during the period. The decreases were from Lhaviyani Atoll (-44%), Kaafu Atoll (-72%), Alif Alif Atoll (-83%), Alif Dhaalu Atoll (-85%), Meemu Atoll (-18%), Thaa Atoll (-11%), Gaafu Dhaalu Atoll (-11%) and Seenu Atoll (-45%). Number of Cases increased 300% in Faafu Atoll, 200% in Raa Atoll, 70% in Gaafu Alif Atoll, 70% in Gnaviyani Atoll, 67% in Shaviyani Atoll, 53% in Noonu Atoll and 27% in Laamu Atoll. The decreases may be due to factors such as increased police presence that reduce trafficking or due to internal migration to areas where access is easier.

Over the past ten years, the age group of majority offenders at the correctional services reflected the population demographics of the country; most being in the age groups 24 to 49 years. Compared to 2011 - 2017, recent years have seen adolescents (15-19years) being admitted to Correctional services. 95% of the offenders were in the age group 20 to 55 years of age (Table 36).

Cases of younger age groups (0-14years and 15-19years) have decreased over the past 5 years, according to the Maldives Police service data. By 2020, age groups 20 – 24years, 25-29years, have seen reductions or stability in the number of cases reported compared to 2011. Cases in the age groups 30 and above have increased in 2020.

The mean age of the substance users caught by the Police have increased from 27.7 years in 2015 to 31.3 years in 2020. The minimum age of offenders has risen from 12.7 years in 2011 to 14.6 years in 2020 which is a good sign.

Number of reported cases by Atoll show that in 2015, 65% of the cases were concentrated in Male' which has reduced to 52.7% in 2020 indicating that more cases are being reported from the Atolls. A deeper focus on each atoll in Table 38 indicates that Cases captured by the Police have increased in HaaAlif, Kaafu Atoll, Shaviyani Atoll, Raa Atoll, Baa Atoll, Dhaalu Atoll, Faafu Atoll, Thaa Atoll and Vaavu Atoll. The atolls that have shown a decrease from 2015 to 2020 includes, Aalif ALIF Atoll, Alifdaalu Atoll, GaafuAlif Atoll, Gaafudhaalu Atoll, Gnaviyani Atoll,Haadhaalu Atoll, Laamu Atoll, Lhaviyani Atoll, Male'.Noonu Atoll and Seenu atoll. It can be noticed that infrastructural enhancements have lead to increased drug usage such as a 64% increase in drug use cases were observed in HaaAlif with the opening of the airport in 2020, and a 40% increase in Shaviyani Atoll with the establishment of the airport in January 2020.

Drug court data shows that the number of cases among the children (<14 years) have reduced in the past three years. In the adolescent age group also, there has been noticeable decreases. For example, in the 20-24 age group, it has fallen from 187 in 2012 to 74 cases in 2020, 160 cases in 25-29 age group has fallen to 89 cases in 2020.

TABLE 35: SUBSTANCE USE BY THE RESIDENT ATOLL OF THE PERSON AND YEAR

ATOLL OF THE PERSON	2012	2013	2014	2015	2016	2017	2018	2019	2020	% CHANGE IN 9 YEARS
HA	11	19	30	25	41	53	35	22	16	45%
HDH	29	33	51	39	70	81	36	37	31	7%
SH	12	16	13	17	26	41	35	15	20	67%
N	15	39	33	44	80	84	70	40	23	53%
R	6	22	17	30	59	57	53	38	18	200%
B	8	9	3	10	24	24	16	8	9	13%
LH	25	47	20	36	35	63	46	41	14	-44%
K	250	362	230	273	381	317	258	156	71	-72%
INDIA									1	
AA	12	12	12	14	14	9	8	11	2	-83%
ADH	13	24	12	16	19	20	14	11	2	-85%
V	3	1	4	5	2	8	6	5	3	0%
M	11	18	18	9	22	32	16	18	9	-18%
F	1	3	2	3	13	12	11	3	4	300%
DH	4	8	8	13	14	12	8	6	5	25%
TH	18	45	29	39	71	79	70	38	16	-11%
L	15	31	43	36	64	84	58	41	19	27%
GA	10	25	37	46	66	78	64	41	17	70%
GDH	38	79	65	66	118	146	99	67	34	-11%
GN	20	43	48	65	116	110	58	43	34	70%
S	98	152	111	126	291	252	113	119	54	-45%
	599	988	786	912	1526	1562	1074	760	402	-33%

SOURCE: DRUG COURT 2012-2020

TABLE 36: SUBSTANCE USE AND TRAFFICKING BY AGE

BY AGE	SUBSTANCE USE/DEAL	%
N	%	0.1%
15 - 19	6	0.1%
20 - 24	137	3.1%
25 - 29	485	11.1%
30 - 34	881	20.2%
35 - 39	1162	26.6%
40 - 44	828	18.9%
45 - 49	430	9.8%
50 - 54	254	5.8%
55 - 59	123	2.8%
60 - 64	43	1.0%
65+	15	0.3%
BLANKS	6	0.1%
TOTAL	4370	100%

SOURCE:MALDIVES CORRECTIONAL SERVICES 1988 - 2021

TABLE 37: SUBSTANCE USE AND TRAFFICKERS CAPTURED BY THE POLICE BY AGE AND YEAR

	2015	2016	2017	2018	2019	2020	2018	2019	2020
0 - 14	0.2	0.0	0.1	0.0	0.0	0.0	35	22	16
15 - 19	9.8	9.1	8.4	8.6	6.4	4.5	36	37	31
20 - 24	29.1	25.9	25.0	22.5	19.1	16.5	35	15	20
25 - 29	23.5	23.3	23.1	22.4	22.1	23.4	70	40	23
30 - 34	17.1	19.0	19.1	19.3	22.2	21.1	53	38	18
35 - 39	10.7	10.8	12.2	14.2	15.3	17.7	16	8	9
40 - 44	5.3	5.9	6.3	6.1	8.1	9.4	46	41	14
45 - 49	3.0	4.1	4.0	4.3	3.9	3.9	258	156	71
50 - 54	1.0	1.2	1.2	1.8	2.0	2.1			1
55 - 59	0.3	0.4	0.3	0.5	0.6	1.0	8	11	2
60 - 64	0.0	0.2	0.1	0.2	0.2	0.2	14	11	2
65+	0.0	0.0	0.1	0.1	0.1	0.1	6	5	3
	100	100	100	100	100	100	16	18	9

SOURCE: MPS 2015-2020

TABLE 38: AVERAGE AGE OF SUBSTANCE USE AND TRAFFICKERS CAPTURED BY THE POLICE BY YEAR AGE BY YEAR

YEAR	N	Mean age	Median age	Sd	Min Age	Max Age	2018	2019	2020
2015	4286	27.7	26.1	7.8	12.7	69.2	35	22	16
2016	4260	28.5	27.2	8.2	0	62.9	36	37	31
2017	3481	28.8	27.5	8.1	13	68.2	35	15	20
2018	3300	29.5	28.3	8.6	14.1	66.4	70	40	23
2019	3614	30.4	29.5	8.5	14.2	66.2	53	38	18
2020	2853	31.27	30.4	8.4	14.6	66.2	16	8	9

SOURCE: MPS 2015-2020

TABLE 39:SUBSTANCE USE AND TRAFFICKERS CAPTURED BY THE POLICE BY ATOLL

	2015	2016	2017	2018	2019	2020
AA	0.95	0.30	0.51	0.63	0.53	0.48
ADH	1.57	0.32	0.48	1.08	1.46	0.86
B	0.21	0.42	0.60	1.31	0.55	0.69
DH	0.39	0.49	0.96	0.76	0.67	0.83
F	0.07	0.58	0.60	0.42	0.60	0.79
GA	3.16	1.60	1.67	1.73	1.34	3.84
GDH	2.19	1.81	1.50	1.81	2.17	2.90
GN	5.47	4.17	7.06	2.88	3.82	6.36
HA	0.58	0.70	0.40	0.97	0.93	2.21
HDH	1.34	0.93	1.08	0.94	1.34	1.87
K	2.63	3.50	4.57	2.33	3.94	4.66
L	2.82	1.90	2.35	1.36	1.72	2.21
LH	1.18	1.69	2.27	1.65	1.03	1.69
M	0.46	0.67	0.60	0.58	0.55	0.69
MALE'	65.26	67.08	63.81	71.75	65.81	52.07
N	1.25	1.30	1.25	0.92	1.67	1.90
R	1.22	1.11	0.91	1.49	1.48	1.97
S	6.90	10.15	7.66	5.32	6.45	8.02
SH	0.97	0.56	0.37	0.71	1.31	2.66
TH	1.34	0.67	1.22	1.26	2.36	2.90
V	0.05	0.05	0.14	0.08	0.29	0.38
	100.00	#####	100.00	#####	100.00	100.00

SOURCE: MPS 2015-2020

TABLE 40: SUBSTANCE USE AND TRAFFICKERS CAPTURED BY THE POLICE BY ATOLL AND YEAR

	2015	2016	2017	2018	2019	2020	
AA	31.06	9.848	13.64	18.18	16.67	10.61	100
ADH	30.09	6.195	7.522	18.14	26.99	11.06	100
B	6.383	12.77	14.89	35.46	16.31	14.18	100
DH	11.11	13.73	22.22	18.95	18.3	15.69	100
F	2.655	22.12	18.58	14.16	22.12	20.35	100
GA	27.51	13.86	11.85	13.25	11.24	22.29	100
GDH	20.21	16.6	11.28	14.68	19.36	17.87	100
GN	21.16	16.07	22.23	9.821	14.29	16.43	100
HA	11.96	14.35	6.699	17.7	18.66	30.62	100
HDH	20.57	14.18	13.48	12.77	19.86	19.15	100
K	13.99	18.53	19.75	10.92	20.25	16.56	100
L	25.68	17.26	17.47	10.95	15.16	13.47	100
LH	14.21	20.33	22.28	17.55	11.98	13.65	100
M	14.81	21.48	15.56	16.3	17.04	14.81	100
MALE'	18.88	19.33	15.03	18.28	18.41	10.07	100
N	17.2	17.83	14.01	11.15	22.29	17.52	100
R	17.15	15.53	10.36	18.45	20.06	18.45	100
S	17.46	25.58	15.77	11.86	15.77	13.55	100
SH	17.65	10.08	5.462	11.34	23.11	32.35	100
TH	16.07	8.033	11.91	13.3	27.42	23.27	100
V	5.714	5.714	14.29	8.571	34.29	31.43	100

SOURCE: MPS 2015-2020

TABLE 41: CASES SUBMITED TO DRUG COURT BY AGE AND YEAR

	N	%	2012	2013	2014	2015	2016	2017	2018	2019	2020
0 - 14	10	0%	2	2	1	1	3	1	0	0	0
15 - 19	980	11%	56	123	94	76	184	192	117	100	38
20 - 24	2407	28%	187	292	251	248	456	454	297	148	74
25 - 29	1971	23%	160	240	180	208	350	334	239	171	89
30 - 34	1479	17%	108	163	119	166	263	273	168	137	82
35 - 39	886	10%	38	95	67	113	128	152	124	109	60
40 - 44	475	6%	28	47	40	52	80	71	71	54	32
45 - 49	263	3%	10	19	25	32	43	58	32	28	16
50 - 54	90	1%	6	5	3	10	12	20	19	9	6
55 - 59	35	0%	3	2	4	5	5	5	4	3	4
60 - 64	11	0%	1	0	2	1	2	1	2	1	1
65+	2	0%	0	0	0	0	0	1	1	0	0
TOTAL	**8609**	**100%**	**599**	**988**	**786**	**912**	**1526**	**1562**	**1074**	**760**	**402**

3.1.2.12 Dynamics and trends in Substance use among juveniles 2014 -2020

Majority of the underage offenders were put under custody for abusing substance (24.8%), possession of drugs (38.2%), substance and possession of drugs (15.1%) (Table 42).

In Juvenile substance use cases, the trends have moved and expanded over the Atolls. In 2010, the most common atolls where juvenile cases of substance use were found in Kaafu Atoll (60%), Lhaviyani Atoll (10%), Gaafudhaalu Atoll (10%), Raa Atoll (10%) and Seenu Atoll (10%). In 2020, reports from additional atolls which were not there in 2010 began; Baa Atoll (0% in 2010 versus 1.33cases in 2020), Gaafu Alif Atoll (0% in 2020 to 2.6% in 2020), Gnaviyani Atoll (0% in 2010 to 9.33% in 2020), Haa Alif Atoll (0 to 5.33% in 2020), Haadhaalu Atoll (0% in 2012 to 1.33in 2020), Laamu and Meemu Atoll (0% in 2010 to 8% in 2020), Male' city (0% to 8% in 2020), Noonu Atoll (0% in 2011 to 6.7%), Shaviyani Atoll (0% in 2010 to 4%in 2019) and Thaa Atoll (0% in 2010 to 5.33% in 2020). There are few atolls with no record of juvenile cases of substance usein the past 10 years; Alif Alif Atoll, Alif dhal Atoll, Dhaalu Atoll, Faafu Atoll and Vaavu Atoll (Table 43).

Ten years ago, juveniles were mostly involved alcohol consumption (20%), Possession of drugs (20%), Substance Abuse(40%), Substance Abuse and Possession of drugs and robbery (10%) and Substance Abuse and Possession of drugs (10%). In 2020, it is found that juveniles were involved in drug abuse (18.7%), Drug trafficking (10.7%), Possession of drugs (20%), Possession of liquor (1.3%), Production of alcohol (5.3%) and substance abuse and possession of drugs (44%). (Table 44)

Table 44 shows the behaviors in relation to substance use among Juveniles from different atolls. Customized interventions can be designed for the juveniles of respective atolls using the following information. For instance, in Haa Alif Atoll, Juveniles were involved in dealing drugs, drug abuse, drug supplying and trafficking, possession of drugs and substance abuse. In Vaavu Atoll Juveniles are involved solely in drug trafficking. Hulhumale and Male city Juveniles were more into abuse of substances, supply and trafficking of drugs

TABLE 42: JUVENILE OFFENSES IN SUBSTANCE USE

	N	%
ALCHOHOL CONSUMPTION / SEXUAL ASSAULT	1	0.1
ALCOHOL CONSUMPTION	5	0.6
DEALING DRUGS	1	0.1
DRUG ABUSE	54	6.3
DRUG ABUSE AND SUPPLYING DRUGS	5	0.6
DRUG TRAFFICKING	40	4.7
INTOXICATING LIQUOR	34	4
LIQOUR TRAFFICKING	1	0.1
POSSESION OF DRUGS	328	38.2
POSSESSION OF LIQUOR	18	2.1
PRODUCTION OF ALCOHOL	8	0.9
RUNAWAY / SUBSTANCE ABUSE	1	0.1
SUBSTANCE ABUSE	213	24.8
SUBSTANCE ABUSE & POSSESION OF DRUGS / ROBBERY	1	0.1
SUBSTANCE ABUSE (SUSPECT) AND SEXUALLY ABUSED	1	0.1
SUBSTANCE ABUSE AND DRUG TRAFFICKING	1	0.1
SUBSTANCE ABUSE AND POSESSION OF DRUGS	130	15.1
SUBSTANCE ABUSE AND SUPPLYING DRUGS	1	0.1
SUBSTANCE ABUSE AND SUPPLYING DRUGS	6	0.7
SUPPLYING DRUGS	9	1
THEFT / SUBSTANCE ABUSE	1	0.1
TOTAL	859	100

TABLE 43: JUVENILE CASES OF SUBSTANCE USE BY ATOLL

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	0.00	0.00	5.56	0.00	1.54	0.00	0.00	0.70	1.79	0.79	0.00
AA	0.00	0.00	0.00	0.00	4.62	2.22	0.00	2.10	0.00	3.17	0.00
ADH	0.00	0.00	0.00	4.76	0.00	1.11	0.00	0.70	1.79	1.59	0.00
B	0.00	0.00	0.00	0.00	1.54	1.11	0.72	0.70	1.79	0.00	1.33
D	0.00	0.00	0.00	2.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DH	0.00	4.55	0.00	2.38	1.54	0.00	1.45	4.20	2.68	0.79	0.00
F	0.00	0.00	2.78	0.00	0.00	0.00	1.45	0.00	0.00	0.00	0.00
GA	0.00	0.00	5.56	2.38	9.23	2.22	4.35	1.40	1.79	3.97	2.67
GDH	10.00	13.64	8.33	7.14	12.31	6.67	10.87	6.29	5.36	6.35	8.00
GN	0.00	0.00	8.33	4.76	3.08	7.78	4.35	9.09	8.93	6.35	9.33
HA	0.00	9.09	2.78	0.00	1.54	2.22	2.17	2.80	0.89	1.59	5.33
HDH	0.00	4.55	0.00	2.38	7.69	6.67	2.90	4.90	0.89	7.14	1.33
HULHUMALE'	0.00	0.00	2.78	0.00	1.54	3.33	2.90	0.70	0.89	0.00	1.33
K	60.00	45.45	36.11	38.10	36.92	27.78	22.46	13.99	21.43	7.14	9.33
L	0.00	4.55	2.78	11.90	1.54	3.33	4.35	9.79	9.82	7.14	8.00
LH	10.00	0.00	0.00	0.00	1.54	5.56	6.52	5.59	4.46	0.79	2.67
M	0.00	4.55	0.00	0.00	0.00	0.00	0.00	1.40	2.68	0.79	8.00
MALE'	0.00	0.00	0.00	0.00	0.00	2.22	0.72	6.99	13.39	22.22	16.00
N	0.00	0.00	8.33	2.38	3.08	2.22	4.35	0.70	3.57	7.14	6.67
R	10.00	0.00	0.00	7.14	0.00	5.56	5.07	0.70	2.68	5.56	4.00
S	10.00	9.09	8.33	11.90	7.69	17.78	15.22	20.98	9.82	11.90	6.67
SH	0.00	0.00	2.78	0.00	0.00	1.11	7.25	3.50	3.57	0.00	4.00
TH	0.00	4.55	5.56	2.38	4.62	1.11	2.90	2.80	1.79	4.76	5.33
V	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.79	0.00
	100	100	100	100	100	100	100	100	100	100	100

SOURCE: DJU 2010-2020

TABLE 44: TYPE OF JUVENILE OFFENSES BY YEAR

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
ALCOHOL CONSUMPTION	20.0	4.5	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DEALING DRUGS	0.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DRUG ABUSE	0.0	0.0	0.0	0.0	3.1	0.0	0.0	0.0	11.6	19.8	18.7
DRUG ABUSE AND SUPPLYING DRUGS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	0.0	0.0
DRUG TRAFFICKING	0.0	0.0	0.0	0.0	0.0	0.0	2.9	7.0	0.9	13.5	10.7
INTOXICATING LIQUOR	0.0	0.0	0.0	7.1	4.6	11.1	1.4	1.4	5.4	6.3	0.0
LIQOUR TRAFFICKING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0
POSSESION OF DRUGS	20.0	31.8	61.1	92.9	92.3	28.9	13.0	61.5	26.8	16.7	20.0
POSSESSION OF LIQUOR	0.0	0.0	0.0	0.0	0.0	0.0	3.6	7.7	0.0	0.8	1.3
PRODUCTION OF ALCOHOL	0.0	0.0	0.0	0.0	0.0	3.3	0.7	0.0	0.0	0.0	5.3
RUNAWAY / SUBSTANCE ABUSE	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0
SUBSTANCE ABUSE	40.0	50.0	30.6	0.0	0.0	55.6	76.8	21.7	0.0	0.0	0.0
SUBSTANCE ABUSE & POSSESION OF DRUGS / ROBBERY	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SUBSTANCE ABUSE (SUSPECT) AND SEXUALLY ABUSED	0.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SUBSTANCE ABUSE AND DRUG TRAFFICKING	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0
SUBSTANCE ABUSE AND POSESSION OF DRUGS	10.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	42.9	37.3	44.0
SUBSTANCE ABUSE AND SUPPLYING DRUGS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.3	0.0	0.0
SUPPLYING DRUGS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	5.6	0.0
THEFT / SUBSTANCE ABUSE	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

SOURCE: DJU 2010-2020

TABLE 45: TYPE OF JUVENILE OFFENSES IN SUBSTANCE USE BY ATOLL

	UK	HA	HDH	SH	N	R	B	LH	K	AA	ADH	V	M	F	DH	TH	L	GA	GDH	GN	S	H'MALE	MALE'
ALCHOHOL CONSUMPTION / SEXUAL ASSAULT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ALCOHOL CONSUMPTION	0.0	0.0	0.0	0.0	0.0	3.4	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DEALING DRUGS	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DRUG ABUSE	14.3	10.0	2.9	13.0	3.0	6.9	0.0	0.0	2.7	8.3	0.0	0.0	7.7	0.0	0.0	7.1	5.5	3.6	8.8	3.4	10.9	0.0	16.2
DRUG ABUSE AND SUPPLYING DRUGS	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.5	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	1.7	0.9	0.0	0.0
DRUG TRAFFICKING	0.0	5.0	8.6	0.0	12.1	13.8	14.3	9.4	0.5	0.0	0.0	100.0	15.4	0.0	0.0	3.6	5.5	7.1	4.4	1.7	3.6	0.0	8.8
INTOXICATING LIQUOR	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	4.9	8.3	0.0	0.0	0.0	0.0	0.0	7.1	0.0	7.1	4.4	3.4	10.0	0.0	4.4
LIQOUR TRAFFICKING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
POSSESION OF DRUGS	71.4	30.0	31.4	26.1	39.4	20.7	71.4	40.6	37.8	41.7	50.0	0.0	38.5	100.0	160.0	50.0	52.7	57.1	41.2	36.2	56.8	41.7	27.9
POSSESSION OF LIQUOR	0.0	0.0	5.7	4.3	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	5.9	5.2	2.7	0.0	1.5
PRODUCTION OF ALCOHOL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.4	1.7	1.8	0.0	0.0
RUNAWAY / SUBSTANCE ABUSE	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SUBSTANCE ABUSE	0.0	35.0	25.7	143.5	15.2	134.5	14.3	34.4	34.6	25.0	0.0	0.0	0.0	100.0	26.7	10.7	114.5	14.3	20.6	24.1	50.5	41.7	8.8
SUBSTANCE ABUSE & POSSESION OF DRUGS / ROBBERY	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0
SUBSTANCE ABUSE (SUSPECT) AND SEXUALLY ABUSED	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SUBSTANCE ABUSE AND DRUG TRAFFICKING	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	0.0
SUBSTANCE ABUSE AND POSESSION OF DRUGS	14.3	10.0	20.0	13.0	27.3	17.2	0.0	6.3	12.4	16.7	25.0	0.0	38.5	0.0	13.3	17.9	16.4	10.7	7.4	20.7	34.1	16.7	29.4
SUBSTANCE ABUSE AND SUPPLYING DRUGS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0
SUBSTANCE ABUSE AND SUPPLYING DRUGS	0.0	0.0	0.0	0.0	0.0	3.4	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0
SUPPLYING DRUGS	0.0	0.0	0.0	0.0	3.0	0.0	0.0	9.4	0.0	0.0	12.5	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	1.7	0.0	0.0	2.9
THEFT / SUBSTANCE ABUSE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	100	100	100	200	100	200	100	100	100	100	100	100	100	200	200	100	200	100	100	100	200	100	100

SOURCE: DJU 2010-2020

3.1.3 Prevalence and Incidence of substance use and changes to the prevalence rate

Out of the 10,031 cases submitted to the Maldives Correctional Services during the period 2011 to 2020, 4370 cases were related to substance use and supply (44%). Comparing the prevalence of substance use and trafficking offenses in 2011 with 2019, there is a decrease in the prevalence from 50% in 2011 to 28% in 2019 (Table 46). Prevalence of Juvenile substance use rate as a percentage of the population in the respective age group shows a very minimal reduction in the prevalence of cases (0.07% in 2011 to 0.05% in 2019). Out of all the substance related cases treated at IGMH, 55.3% had to be hospitalized. (Table 47)
TABLE

TABLE 46: PREVALENCE OF SUBSTANCE USE OFFENSES 2011 VERSUS 2019

	2011	2019
ALL TYPES OF OFFENSES (N)	292	295
ONLY SUBSTANCE RELATED OFFENSES (N)	145	84
%	50%	28%

SOURCE:MALDIVES CORRECTIONAL SERVICES 1988 - 2021

TABLE 47: NUMBER OF INPATIENT AND OUTPATIENT DRUG USE CASES AT IGMH

	N	%
IP	610	55.3
OP	493	44.7
TOTAL	**1103**	**100**

SOURCE: IGMH IPOP, 2010-2020

TABLE 48: NUMBER OF JUVENILE CASES OF DRUG USE BY YEAR

YEAR	N	MID YEAR PROJECTED POPULATION <19YEARS	% OF THE POPULATION
2015	90	129854	0.07%
2016	138	131407	0.11%
2017	143	133044	0.11%
2018	112	135239	0.08%
2019	126	137850	0.09%
2020	75	140325	0.05%

SOURCE: DJJ 2010-2020

3.1.3.1 Prevalence by Age

92.4% of the offenders related to substance use/trafficking were in the working age population (20 – 55years) (Table 49). Number of offenders as a proportion of the population in the respective age groups showed that in 2015, the highest prevalence was in the age groups 30-34 years and 45-49years (0.04%). In comparison, in 2019 the highest prevalence was in the age groups 25-29 years(0.07%), and 30-34years(0.06%). Changes in the prevalence of offenders in substance use/trafficking over the past 4 years showed the largest in the age group 20-24 years(3.8% increase).

Cases submitted to the Drug Court on substance use as a percentage of the population in that age group shows that 19 to 24-year-old were the most prone to substances in the Maldives; but the prevalence has reduced over time. In 2014 the prevalence was 0.5% among 19-24 year olds, compared to 0.3% in 2019 (table 50). This data excludes traffickers and suppliers.

Reported cases of substance use seeking health care at IGMH shows that 22.3% were in 25-29 year age group, 20.8% were in the age group 19-24 years, and 16.5% of the cases were in the age group 30-34years. 13% of the substance use cases seeking health care were adolescents. Contradictory to data from all other sources, Outpatient and Inpatient data of substance use cases from IGMH shows that 3.9% of all substance use cases were below 14years old (Table 51). Over the past 5 years, the percentage of below 14 years children as a proportion of 0-14 years population seeking health care for substance use have increased by 0.8% from 2015 to 2019. The percentage of 15-19 year olds seeking health care for substance use has increased by 1%, (Table 51). Over the past ten years, the percentage of elderly seeking health care for substance use has increased from 0% in 2011 to1.4% in 2020 and underage users seeking healthcare has increased from 1.3% in 2011 to 5.7% in 2020 for 0 – 14 year olds, 16% in 2011 to 20% in 2020 for 15 – 19 year olds.

TABLE 49: PREVALENCE OF SUBSTANCE RELATED OFFENSES BY AGE GROUP

BY AGE	ALL YEARS SUBSTANCE USE/TRAFFICK	%	SUBSTANCE USE/ TRAFFICK	PROJECTED MID YEAR POPULATION (CENSUS '14)	% OF POPULATION	SUBSTANCE USE/TRAFFICK 2019	PROJECTED MID YEAR POPULATION (CENSUS '14)	% OF POPULATION	% CHANGE IN PREVALENCE 2015 VS 2019
	N	%	N	N	%	N	N	%	
0 - 14	1		0	97,393.00	0.00%	0	107,588.00	0.00%	0.00
15 - 19	6	0.1%	0	32,460.99	0.00%	2	30,262.24	0.01%	0.00
20 - 24	137	3.1%	6	54,502.97	0.01%	33	62,433.81	0.05%	3.80
25 - 29	485	11.1%	22	69,521.15	0.03%	56	83,190.30	0.07%	1.13
30 - 34	881	20.2%	21	55,276.83	0.04%	44	70,757.00	0.06%	0.64
35 - 39	1162	26.6%	10	38,206.56	0.03%	28	51,484.60	0.05%	1.08
40 - 44	828	18.9%	6	28,900.51	0.02%	11	35,540.92	0.03%	0.49
45 - 49	430	9.8%	10	22,651.33	0.04%	8	26,892.23	0.03%	-0.33
50 - 54	254	5.8%	3	17,990.76	0.02%	9	20,613.68	0.04%	1.62
55 - 59	123	2.8%	1	13,577.60	0.01%	1	15,752.10	0.01%	-0.14
60 - 64	43	1.0%	2	7,069.00	0.03%	0	11,508.87	0.00%	-1.00
65+	15	0.3%	0	16,883.00	0.00%	0	17,918.00	0.00%	0.00
BLANKS	6	0.1%	0						
TOTAL	4370	100%	81			192			

SOURCE:MALDIVES CORRECTIONAL SERVICES 1988 - 2021

TABLE 50: PREVALENCE OF SUBSTANCE USERS (<5G POSSESSION)

AGE GROUPS	2014 N	POPULATION '14 (CENSUS 2014)z	% OF POPULATION	2019 N	POPULATION'19 (CENSUS 2014)	% OF POPULATION	CHANGE IN PREVALENCE	% OF POPULATION	% CHANGE IN PREVALENCE 2015 VS 2019
	N	%	N	N	%	N	N	%	
0 - 14	43	3.9%	1	97,393.00	0.00%	2.0	107,588.00	0.00%	0.8
15 - 19	145	13.1%	6	32,460.99	0.02%	11.0	30,262.24	0.04%	1.0
20 - 24	229	20.8%	10	54,502.97	0.02%	12.0	62,433.81	0.02%	0.0
25 - 29	246	22.3%	16	69,521.15	0.02%	12.0	83,190.30	0.01%	-0.4
30 - 34	182	16.5%	11	55,276.83	0.02%	11.0	70,757.00	0.02%	-0.2
35 - 39	107	9.7%	5	38,206.56	0.01%	8.0	51,484.60	0.02%	0.2
40 - 44	59	5.3%	5	28,900.51	0.02%	1.0	35,540.92	0.00%	-0.8
45 - 49	48	4.4%	5	22,651.33	0.02%	7.0	26,892.23	0.03%	0.2
50 - 54	13	1.2%	0	17,990.76	0.00%	1.0	20,613.68	0.00%	0.0
55 - 59	4	0.4%	0	13,577.60	0.00%	1.0	15,752.10	0.01%	0.0
60 - 64	5	0.5%	0	7,069.00	0.00%	1.0	11,508.87	0.01%	0.0
65+	4	0.4%	0	16,883.00	0.00%	1.0	17,918.00		
NA's	18	1.6%							
Total	1103	100.0%	59			68.0			

SOURCE: DRUG COURT 2012-2020

TABLE 51: PREVALENCE OF SUBSTANCE USE SEEKING HEALTH CAREBY AGE GROUP 2015 VS 2019

By age	All years substance related IP & OP	%	Substance related IP & OP	2015 Projected Mid Year Population (Census '14)	% of population	Substance related IP & OP 2019	2019 Projected Mid Year Population	% of population	Change in Prevalence 2015 vs 2019
	N	%	N	N	%	N	N	%	
0 - 14	43	3.9%	1	97,393.00	0.00%	2.0	107,588.00	0.00%	0.8
15 - 19	145	13.1%	6	32,460.99	0.02%	11.0	30,262.24	0.04%	1.0
20 - 24	229	20.8%	10	54,502.97	0.02%	12.0	62,433.81	0.02%	0.0
25 - 29	246	22.3%	16	69,521.15	0.02%	12.0	83,190.30	0.01%	-0.4
30 - 34	182	16.5%	11	55,276.83	0.02%	11.0	70,757.00	0.02%	-0.2
35 - 39	107	9.7%	5	38,206.56	0.01%	8.0	51,484.60	0.02%	0.2
40 - 44	59	5.3%	5	28,900.51	0.02%	1.0	35,540.92	0.00%	-0.8
45 - 49	48	4.4%	5	22,651.33	0.02%	7.0	26,892.23	0.03%	0.2
50 - 54	13	1.2%	0	17,990.76	0.00%	1.0	20,613.68	0.00%	0.0
55 - 59	4	0.4%	0	13,577.60	0.00%	1.0	15,752.10	0.01%	0.0
60 - 64	5	0.5%	0	7,069.00	0.00%	1.0	11,508.87	0.01%	0.0
65+	4	0.4%	0	16,883.00	0.00%	1.0	17,918.00		
NA's	18	1.6%							
Total	**1103**	**100.0%**	**59**			**68.0**			

Source: IGMH IPOP, 2010-2020

TABLE 52: PREVALENCE OF SUBSTANCE USERS SEEKING HEALTHCARE BY AGE GROUPS

	2010	2011	2013	2014	2015	2016	2017	2018	2019	2020
0 - 14	1.3	2.2	6.0	8.0	1.7	7.7	5.8	3.3	2.9	5.7
15 - 19	16.0	18.0	4.0	4.0	10.2	11.5	23.1	18.0	16.2	20.0
20 - 24	24.0	20.2	20.0	14.0	16.9	26.9	21.2	19.7	17.6	20.0
25 - 29	21.3	27.0	24.0	38.0	27.1	26.9	15.4	14.8	17.6	15.7
30 - 34	14.7	10.1	20.0	20.0	18.6	15.4	19.2	24.6	16.2	11.4
35 - 39	10.7	10.1	16.0	10.0	8.5	3.8	7.7	6.6	11.8	11.4
40 - 44	6.7	4.5	8.0	2.0	8.5	0.0	1.9	6.6	1.5	4.3
45 - 49	4.0	6.7	0.0	4.0	8.5	0.0	1.9	1.6	10.3	4.3
50 - 54	1.3	0.0	0.0	0.0	0.0	0.0	1.9	3.3	1.5	5.7
55 - 59	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0
60 - 64	0.0	0.0	0.0	0.0	0.0	3.8	1.9	1.6	1.5	0.0
65+	0.0	1.1	0.0	0.0	0.0	3.8	0.0	0.0	1.5	1.4
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

SOURCE: IGMH IPOP, 2010-2020

3.1.3.2 Prevalence by Gender

According to data from Maldives Correctional Services 1988-2021, prevalence of substance related cases among female was very low at 2% while female prevalence of all other types of crimes was at 4% (Tables 53). This is reflected in the data from the Maldives Police Service where the Incidence of substance related cases reported by the Police shows that 4.9% of the cases were females (Table 54). Over the past 5 years, prevalence of substance use/trafficking by gender has reduced from 0.01% in 2015 to 0.001% in 2019 which is 0.9% reductions for females and 0.7% reduction in males.

TABLE 53: PREVALENCE OF SUBSTANCE USE/TRAFFICKING BY GENDER

	All years substance use/Traffick 1988 - 2021	%	Substance use/Traffick	2015 Projected Mid Year Population (Census '14)	% of population	Substance use/ Traffick 2019	2019 Projected Mid Year Population (Census '14)	% of population	% change 2015 vs 2019
Female	246	2%	15	179827	0.01%	1	196774	0.001%	-0.9
Male	4124	41%	266	274607	0.10%	82	337167	0.024%	-0.7
Total	**4370**	**44%**	**281**			**83**			

Source: Maldives Correctional Services 1988 - 2021

TABLE 54: PREVALENCE OF SUBSTANCE USE/TRAFFICKING BY GENDER - MALDIVES POLICE SERVICE BY GENDER

	N	%
FEMALE	1119	4.9
MALE	21948	95.1
TOTAL	**23067**	**100**

SOURCE: MPS 2015-2020

3.1.3.3 Prevalence by Resident Atoll

Over the past five years (2015-2020), 64.9% of the substance related incidents reported by the Police occurred in the capital city. Incidents out of capital city were most common in Seenu Atoll (7.4%), Gnaviyani Atoll (4.9%) and Kaafu Atoll (3.5%) (Table 55).

TABLE 55: PREVALENCE OF SUBSTANCE USE/ TRAFFICKING BY RESIDENT ATOLL

	N	%
AA	132	0.6
ADH	226	1
B	141	0.6
DH	153	0.7
F	113	0.5
GA	498	2.2
GDH	470	2
GN	1120	4.9
HA	209	0.9
HDH	282	1.2
K	815	3.5
L	475	2.1
LH	359	1.6
M	135	0.6
MALE'	14970	64.9
N	314	1.4
R	309	1.3
S	1712	7.4
SH	238	1
TH	361	1.6
V	35	0.2
TOTAL	23067	100

SOURCE: MPS 2015-2020

3.1.4 Systemic findings related to substance use

It was seen that the percentage of female users of substances, seeking care at IGMH has increased over time (0% in 2011 to 3.6% in 2020) (table 57) which shows that the healthcare system is welcoming and trusted by substance users.

Data from Correctional services show that the duration between sentencing and implementation of the conviction ranges from < 90 days in 43% cases, 90-180 days in 3% and in 26% of the cases it has taken 3years. For more than 48% of the cases who gets to remain in the community without being sentenced giving them the opportunity to relapse or be exposed to further crime. For those who do reform themselves, this delay becomes a demotivation.

Client files (38 cases) from the NDA (Table 58) shows the gap between court order date and Program start date. It shows that the mean number of days in each year has widened with almost a year being spent in 2020 (394 days), 184 days in 2019 and 275 days in 2018. Only 52.6% completes the program they start at NDA. 31% of clients do not create the communication channel with their families during their treatment at NDA. 36.8% terminated the program. Others were not identified. The number of clients seeking care at the NDA has increased over the past 5 years. Female clients contributed 2.6% of all clients, only 2.9% approached willingly to NDA care. The mean age of clients seeking care at NDA has fallen from 31.4 in 2015 to 29.6 in 2020.

Data from the Drug Court among the offenders who were given the order for assessment, it is noted that the average number of days spent between the received date and assessment order date has been reduced every year from 2012 to 2020. This shows efficiency of addressing cases at the drug court' has been improved. Among the offenders who were given the order to be placed in rehabilitation, the average number of days spent between the assessment order date and rehab transfer date ranged from 12 days to 226 days over the past 9 years.

TABLE 56: MEAN NUMBER OF DAYS BETWEEN SENTENCING AND IMPLEMENTATION OF THE SENTENCE

MEAN NUMBER OF DAYS BETWEEN HUKUM KURUMAA HUKUM THANFEEZ KURANFESHUMAA	N	%
<90 DAYS (3MONTHS)	835	43%
90 - 180 DAYS (3 -6 MONTHS)	60	3%
181 - 365 DAYS (6MTHS - 1 YEAR)	117	6%
366 - 730 DAYS (1 - 2YEARS)	263	14%
731 - 1095 DAYS (2 - 3YEARS)	163	8%
>1096 DAYS (MORE THAN 3 YEARS)	507	26%
TOTAL	**1945**	**100%**

SOURCE:MALDIVES CORRECTIONAL SERVICES 1988 - 2021

TABLE 57: PROPORTION OF SUBSTANCE USERS SEEKING CARE AT IGMH BY GENDER

	2014	2015	2016	2017	2018	2019	2020
FEMALE	0	50	5.6	4.1	5.7	4.4	3.6
MALE	100	50	94.4	95.9	94.3	95.6	96.4
TOTAL	**100**	**100**	**100**	**100**	**100**	**100**	**100**

SOURCE:IGMH EPRES 2014-2020

TABLE 58: GAP BETWEEN COURT ORDER DATE AND PROGRAM START DATE

LEVELS	N.	Mean	Median	SD	MINIMUM	MAXIMUM
2015	5	20.2	7	19.677	7	51
2016	5	39.8	19	124.385	-127	210
2017	6	187.167	175.5	162.225	8	372
2018	4	275.25	305	140.585	85	406
2019	7	184.143	171	171.471	-49	489
2020	4	394.25	292	332.415	126	867

SOURCE: 1% OF RANDOM SAMPLES FROM NDA CLIENT FILES 2015- 2020

TABLE 59: GAP BETWEEN THE ORDER RECIEVED DATE AND ASSESSMENT ORDER DATE FOR THOSE WHO WERE GIVEN THE ASSESSMENT ORDER.

DIFFERENCE IN RECEIVED DATE AND ASSESSMENT ORDER DATE (GAP)- AMONG THOSE WHO WERE GIVEN THE ASSESSMENT ORDER	2012	2013	2014	2015	2016	2017	2018	2019	2020
AVERAGE NUMBER OF DAYS	176	221	162	119	108	51	45	28	43
MIN	-76	-77	-191	7	-13	6	0	2	2
MAX	1287	998	804	666	555	472	431	169	322
# OF CASES	599	988	786	912	1526	1562	1074	760	402

SOURCE: DRUG COURT 2012-2020

DIFFERENCE IN ASSESSMENT ORDER DATE AND REHAB DATE - AMONG THOSE WHO WERE GIVE REHAB ORDER	2012	2013	2014	2015	2016	2017	2018	2019	2020
AVERAGE NUMBER OF DAYS	210	226	214	177	121	202	164	164	213
# OF CASES (WHO WERE GIVEN ASSESSMENT AND REHAB ORDERS)	207	436	670			1370	764	596	109
NUMBER OF DAYS PER CASE									
# OF CASES									

SOURCE: DRUG COURT 2012-2020

TABLE 60: PROGRAM COMPLETION AND COMMUNICATION WITH FAMILY-NDA

	2015	2016	2017	2018	2019	2020	TOTAL	
COMMUNICATED WITH FAMILY DURING TREATMENT								Fisher's exact test
	0 (0)	1 (14.3)	0 (0)	0 (0)	0 (0)	0 (0)	1 (2.6)	
1	0 (0)	2 (28.6)	0 (0)	1 (20)	1 (14.3)	0 (0)	4 (10.5)	
12	0 (0)	0 (0)	1 (12.5)	0 (0)	1 (14.3)	0 (0)	2 (5.3)	
2	1 (16.7)	2 (28.6)	0 (0)	1 (20)	1 (14.3)	0 (0)	5 (13.2)	
3	0 (0)	0 (0)	1 (12.5)	1 (20)	1 (14.3)	0 (0)	3 (7.9)	
4	1 (16.7)	0 (0)	1 (12.5)	1 (20)	0 (0)	1 (20)	4 (10.5)	
5	0 (0)	0 (0)	0 (0)	0 (0)	1 (14.3)	1 (20)	2 (5.3)	
6	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (20)	1 (2.6)	
7	0 (0)	0 (0)	1 (12.5)	0 (0)	0 (0)	0 (0)	1 (2.6)	
8	0 (0)	0 (0)	1 (12.5)	0 (0)	0 (0)	0 (0)	1 (2.6)	
9	1 (16.7)	0 (0)	0 (0)	0 (0)	0 (0)	1 (20)	2 (5.3)	
X	3 (50)	2 (28.6)	3 (37.5)	1 (20)	2 (28.6)	1 (20)	12 (31.6)	
PROGCOMPLETED								Fisher's exact test
	0 (0)	0 (0)	1 (12.5)	0 (0)	0 (0)	0 (0)	1 (2.6)	
TERMINATED	3 (50)	2 (28.6)	3 (37.5)	2 (40)	3 (42.9)	1 (20)	14 (36.8)	
X	1 (16.7)	2 (28.6)	0 (0)	0 (0)	0 (0)	0 (0)	3 (7.9)	
YES	2 (33.3)	3 (42.9)	4 (50)	3 (60)	4 (57.1)	4 (80)	20 (52.6)	

SOURCE: 1% OF RANDOM SAMPLES FROM NDA CLIENT FILES 2015- 2020

TABLE 61: NDA CLIENT FILES BY YEAR

	2015	2016	2017	2018	2019	2020	TOTAL	TEST STAT.	P VALUE
TOTAL	430	769	841	861	1029	418	4348		
GENDER								Chisq. (10 df) = 19.24	0.037
	0 (0)	0 (0)	1 (0.1)	0 (0)	0 (0)	0 (0)	1 (0)		
FEMALE	7 (1.6)	10 (1.3)	21 (2.5)	21 (2.4)	40 (3.9)	15 (3.6)	114 (2.6)		
MALE	423 (98.4)	759 (98.7)	819 (97.4)	840 (97.6)	989 (96.1)	403 (96.4)	4233 (97.4)		

SOURCE.OF.CLEINT							Chisq. (10 df) = 19.24
	6 (1.4)	46 (6)	7 (0.8)	3 (0.3)	0 (0)	1 (0.2)	63 (1.4)
2011/R-1	2 (0.5)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.2)	3 (0.1)
CLEMENCY	4 (0.9)	0 (0)	1 (0.1)	0 (0)	0 (0)	0 (0)	5 (0.1)
DRUG COURT	410 (95.3)	712 (92.6)	821 (97.6)	844 (98)	988 (96)	374 (89.5)	4149 (95.4)
UVENILE COURT	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.1)	1 (0.2)	2 (0)
METHODONE	0 (0)	0 (0)	0 (0)	1 (0.1)	0 (0)	0 (0)	1 (0)
PAROL	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)
VOLUNTEER	7 (1.6)	11 (1.4)	12 (1.4)	13 (1.5)	40 (3.9)	41 (9.8)	124 (2.9)
LEVELS	table.obs.	table.mean..	table.median.	table.s.d...	table.min...	table.max...	
2015	105	31.438	31	7.354	19	52	
2016	592	29.117	28	7.32	17	57	
2017	760	28.65	27	8.012	17	63	
2018	830	29.014	27	7.701	16	57	
2019	995	28.467	26	8	16	61	
2020	409	29.577	28	8.037	16	57	

SOURCE: NDA CLIENT REGISTER 2015- 2020

3.2 Findings from Drug Use Survey

3.2.1 Demographic Characteristics of Participants

The median age of drug users was 35years, with the youngest being 16years and the oldest being 58 years. When age was grouped, it was observed that the sample was representative of all ages from underage users to the elderly users in the country. Ninety five percent of the users were in the working age population and 94% were males (figure 2). All the age groups were represented in the selected sample. However, female population was very limited. Majority of the users had an educational level till middle school (Grade 6 – 9) (49%), 31% of the users had completed high school and 7.2% has completed college. It is important to focus interventions to middle school students as this is the point where most dropouts have happened (figure 3).

FIGURE 2: SAMPLE OF SUBSTANCE USERS BY AGE AND GENDER

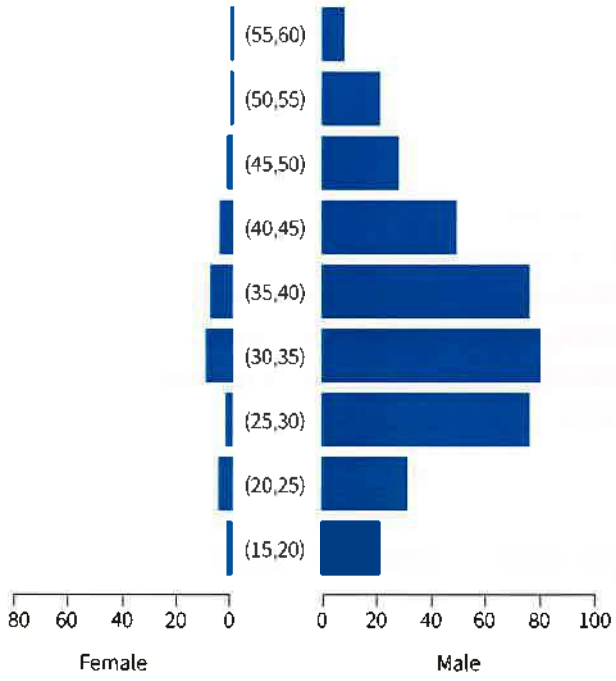
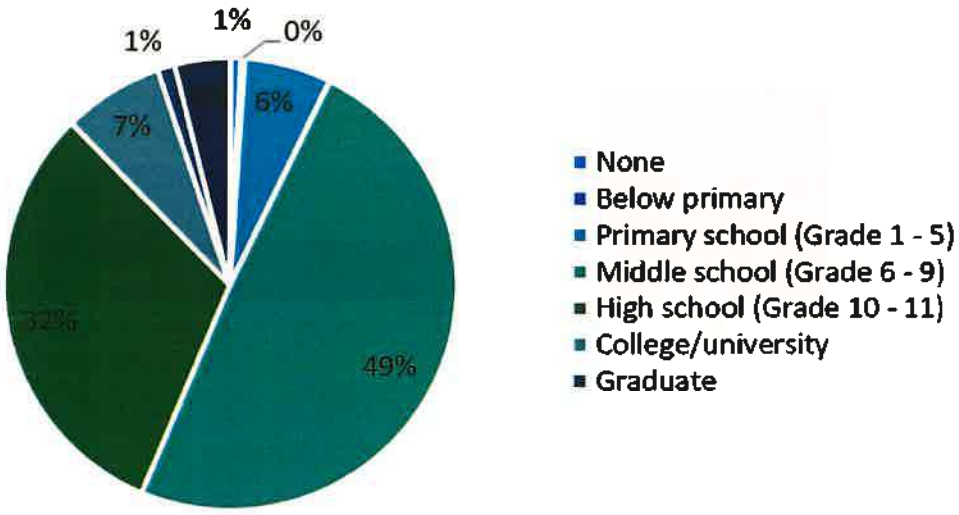


FIGURE 3: SAMPLE OF SUBSTANCE USERS BY EDUCATION LEVEL



A quarter of participants, (24.1%) did not have any dependents. 58.6% of the users had people depending on them for their daily needs, which indicates the importance of including family sessions and to work with their families by NDA (figure 4). 3.4% of the sample constituted of foriegners (Figure 5) which highlight the need for service provision in multiple languages. Majority (67.7%) were employed. Fishing (12%), Technical (12.6%), Manual work (11.8%), Business (11.1%), Tourism (8.2%), Agriculture (2.4%), drug related work (6.1%) and others(3.4%). Many were found to have been doing one to 3 jobs (Figure 6). Majority of the users have encountered drug users at their workplaces (41.4%) (Figure 7). Many were single (40.9%), however, the balance leaves behind dependents hanging to feed for themselves (figure 8).

FIGURE 4: SAMPLE OF SUBSTANCE USERS BY THE NUMBER OF DEPENDENTS

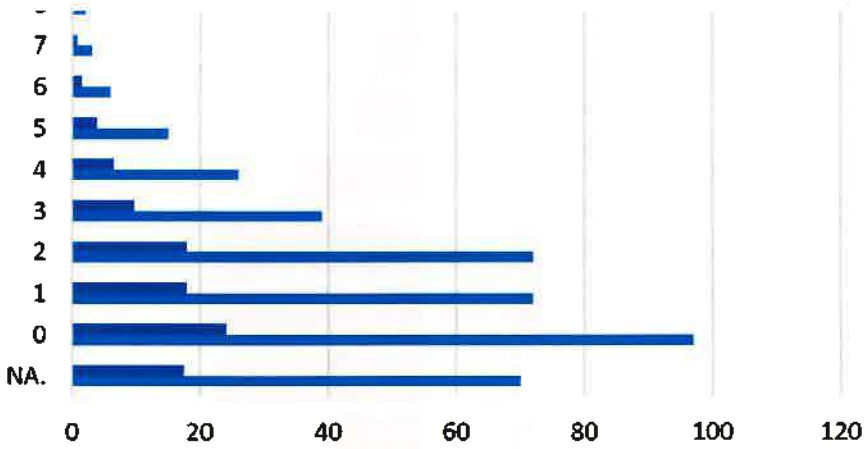


FIGURE 5: SAMPLE OF SUBSTANCE USERS BY NATIONALITY

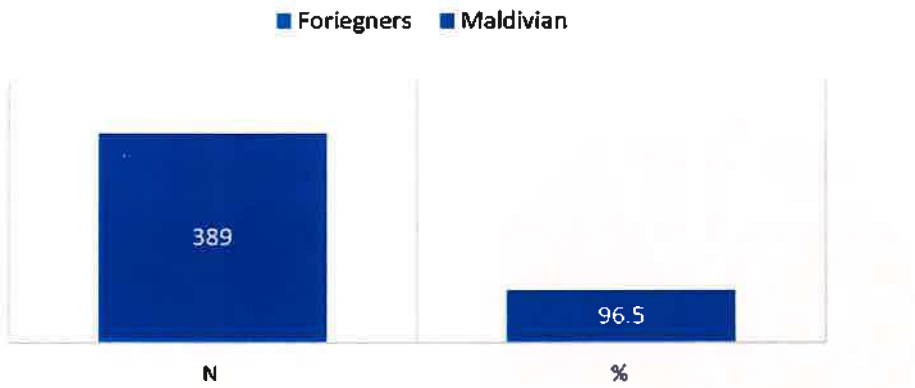


FIGURE 6: SAMPLE OF SUBSTANCE USERS BY OCCUPATION

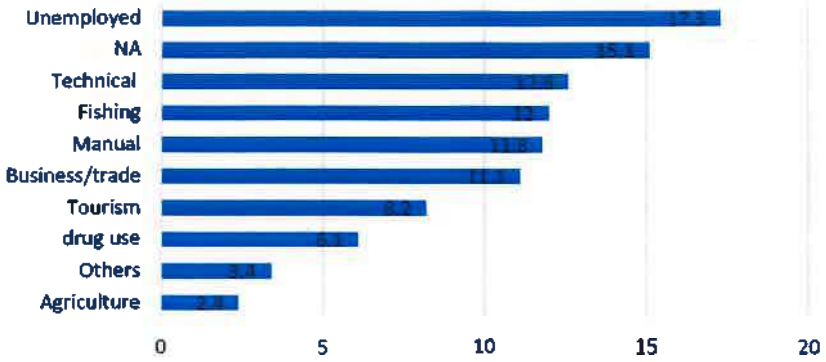


FIGURE 7: PRESENCE OF DRUG USERS AT WORKPLACE

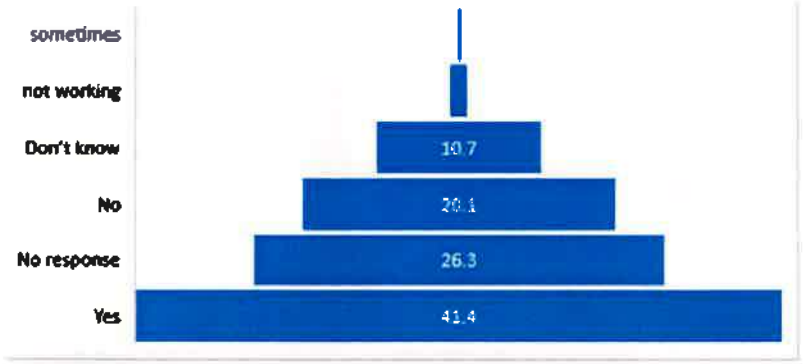
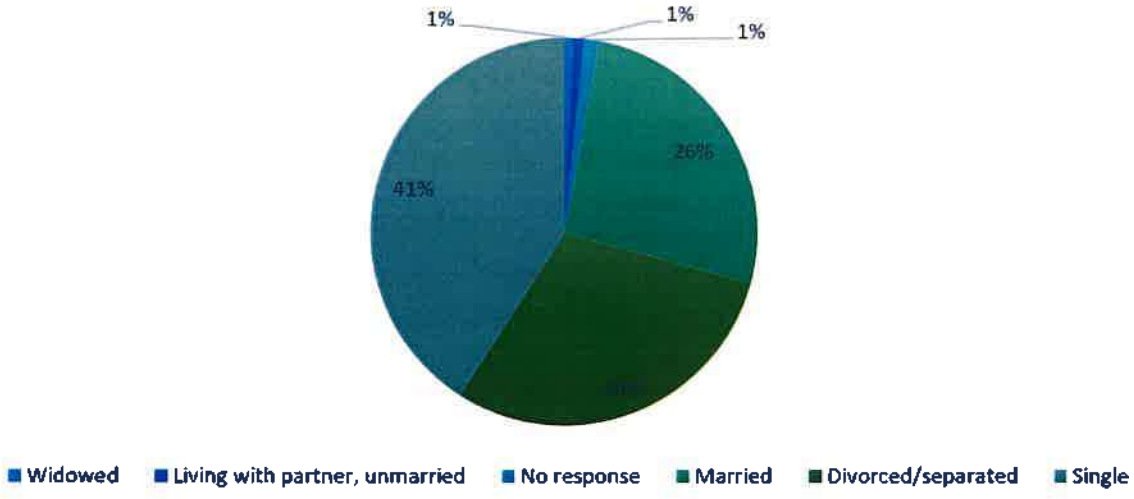


FIGURE 8: MARITAL STATUS OF THE SAMPLE OF SUBSTANCE USERS



3.2.2 Drug Use and Pattern

Eighty percent of the sample were using drugs at the time of data collection, although more than 69.5% of the participants were under treatment at NDA (selected from the NDA client register) (figure 9). Brown sugar was the most commonly used substance (34.2%), alcohol (17.4%), Opioids (15.1%) and Hashish (13.4%). 50% have the knowedge that drugs are mixed and used (Figure 11). The onset of drug use has begun as early as 9years in this sample of drug users. It is important to note that onset of drug use does not happen above the age of 35. Majority of the users started using drugs before the age of 20. Less than 18 years comprises 57.8% (Table 62).

It was observed that instead of one sole reason, there were a combination of reasons that has led to the initiation of drugs among the sample. Peer influence together with other reasons was the major reason (72.2%), curiosity in combination with other factors (13.2%), Family issues with combination of other factors (4.2%) and Recreational (5.5%) (Figure 12). Peer influence was observed to be the main reason for the continuation of drug use by a majority of participants (30%), Addiction (26%), 23% said that drug use was continued for recreational use. Peer influence is seen as a protective factor and also as a risk factor (Figure 13).

FIGURE 9: CURRENTLY USE DRUGS OR NOT

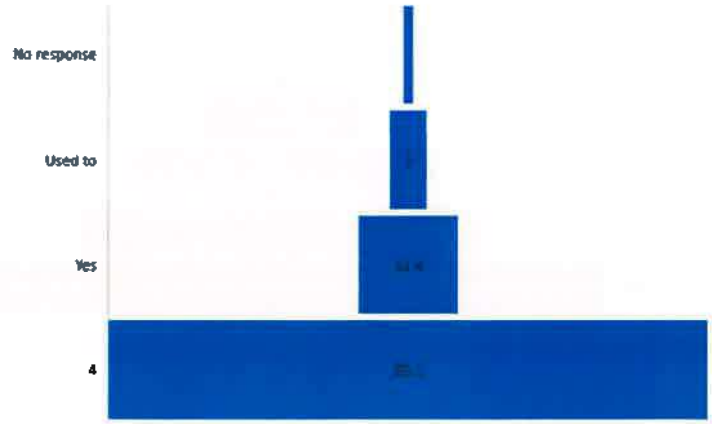


FIGURE 10: PRIMARY CHOICE OF SUBSTANCES

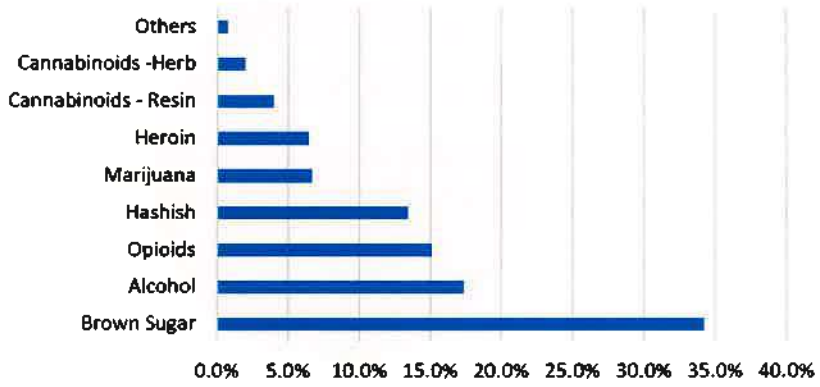


TABLE 62: AGE OF ONSET

	N	%
9	1	0.2
11	3	0.7
12	17	4.2
13	29	7.2
14	41	10.2
15	39	9.7
16	47	11.7
17	27	6.7
18	29	7.2
19	34	8.4
20	31	7.7
21	19	4.7
22	7	1.7
23	9	2.2
24	11	2.7
25	15	3.7
26	4	1
27	4	1
28	4	1
29	1	0.2
30	3	0.7
32	2	0.5
33	2	0.5
35	2	0.5
NA.	22	5.5
TOTAL	403	100

FIGURE 11: KNOWLEDGE OF MIXED DRUGS

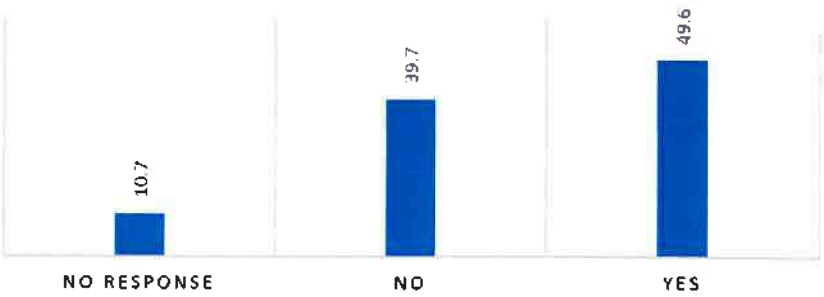


FIGURE 12: REASONS FOR INITIATING SUBSTANCE USE

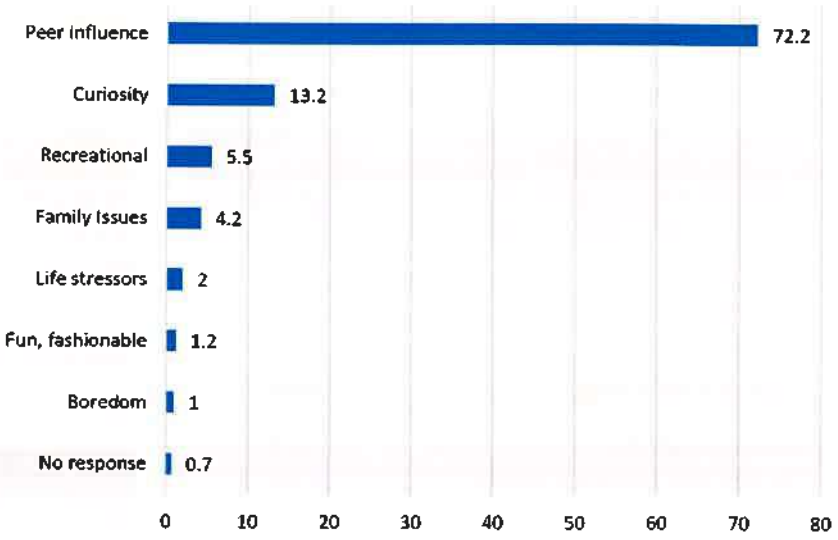
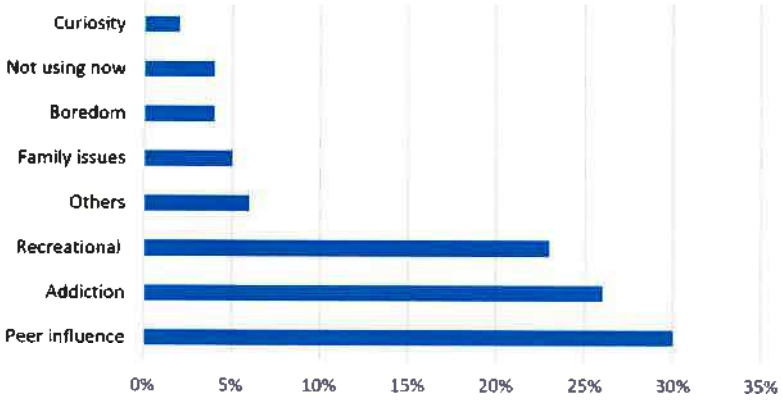


FIGURE 13: REASONS FOR THE CONTINUATION OF SUBSTANCE USE



Local production is in existence (table 63). Fifty percent of the users were aware of the local production of drugs. 34% of the participants have tried locally produced drugs. Majority have not used locally produced drugs maybe for quality purposes (table 64). Most have used alcohol which comes in different terminologies such as Thona, Choh, Bogaru (31%) (table 65). Majority of the clients who joined NDA treatment (92%) believes that they have a drug problem. This belief is a good starting point for the recovery. It is believed that people join NDA to avoid jail term, but this data shows otherwise. It is also interesting to observe that half of the users who did not join NDA do not believe they have a problem. (Table 66). Majority attending NDA have attempted to stop using drugs (83.9%), while the majority among those who do not seek treatment (78%) have not attempted to stop ever (table 67).

TABLE 63: KNOWLEDGE OF LOCALLY PRODUCED DRUGS

	N	%
NO RESPONSE	14	3.5
NO	184	45.7
YES	205	50.9
TOTAL	**403**	**100**

TABLE 64: EVER USED LOCALLY PRODUCED DRUGS

	N	%
NO RESPONSE	117	29
NO	149	37
YES	137	34
TOTAL	**403**	**100**

TABLE 65: TYPE OF LOCALLY PRODUCED DRUG USED

	N=138	%
ALCOHOL (BOGARU, CHOH, THONA,)	125	90.6%
VAANUVAA	2	1.4%
HEROINE MIXED WITH ALCOHOL	2	1.4%
METH AND VAANUVAA	2	1.4%
VAANUVAA AND ALCOHOL	1	0.7%
WEED AND ALCOHOL	1	0.7%
PANADOL AND ALCOHOL (THONA)	2	1.4%
OTHERS (MOONSHINE, SABADDI, THAI ECHCHEH)	3	2.2%
TOTAL	**138**	**100%**

TABLE 66: DO YOU BELIEVE YOU HAVE A DRUG PROBLEM?

	NDA REGISTRY	SNOWBALLING
NO RESPONSE	2.50	0.00
MAY BE	2.14	24.39
NO	3.21	51.22
YES	92.14	24.39
	100.00	**100.00**

TABLE 67: EVER STOPPED USING DRUGS

	NDA REGISTRY	SNOWBALLING
NO RESPONSE	5.36	0.81
NO	10.71	78.05
YES	83.93	21.14
	100.00	**100.00**

The 3 main reasons for stopping drug use include Legal consequences (28%), Family reasons (19.3) and peer influence (7.3%) (figure 14). Treatment was found to be the most commonly used strategy to stay sober, while religion, family, and work were other ways that substance users used. 66.3% of the participants have been arrested at least once for drugs (table 66). Majority of the participants have been arrested more than once (figure 16). For the majority (71.7%) the monthly expense on drugs was below 20,000 Mrf. A variety of sources were identified. Mostly it is not one source that people depend on to buy drugs, but a combination of sources. Borrow, beg, peddle was the most common way of getting money (49%) and the second most common source was own income either through salary or rental income (37%).

FIGURE 14: REASONS FOR STOPPING DRUG USE

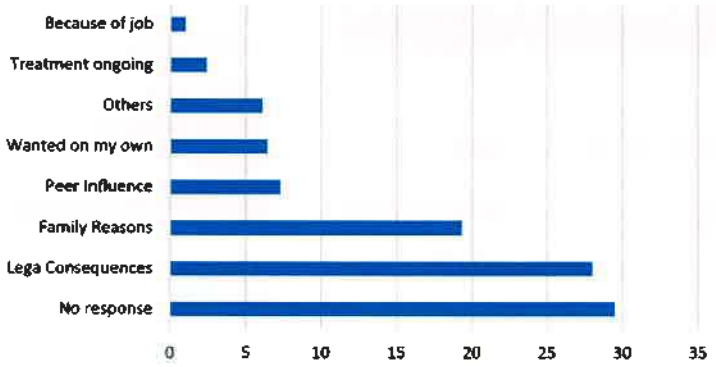


FIGURE 15: STRATEGIES USED TO STAY SOBER

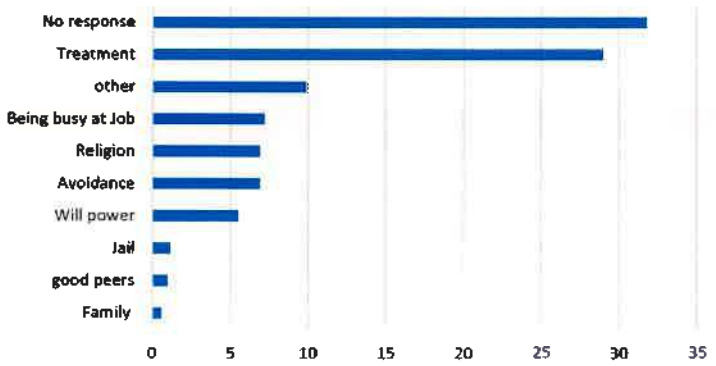


FIGURE 16: NUMBER OF TIMES ARRESTED

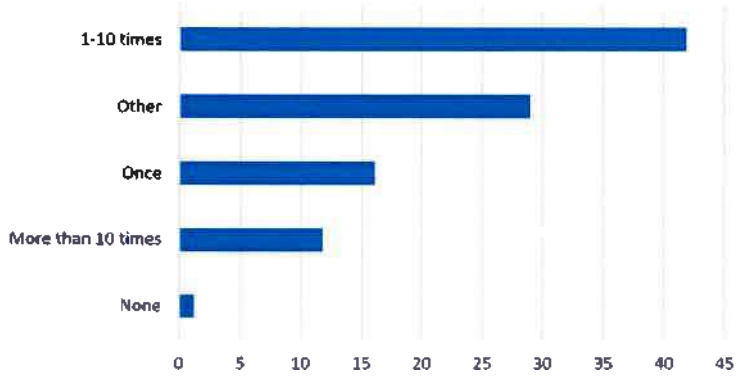


TABLE 68: EVER ARRESTED FOR DRUGS

	N	%
NO RESPONSE	12	3
NO	124	30.8
YES	267	66.3
TOTAL	**403**	**100**

TABLE 69: MONTHLY EXPENDITURE ON DRUGS

	%
0	2.00
0 - 5000	19.60
5001 - 10,000	24.80
11,000 - 15,000	27.30
16,000 - 20,000	6.20
21,000 - 25,000	5.20
26000 - 30000	3.50
31000 - 35000	0.20
36000 - 40000	0.50
41000 - 45000	0.20
46000 - 50,000	0.20
>50,000	2.50
NO RESPONSE	7.70
	100.00

TABLE 70: SOURCE OF MONEY FOR DRUGS

	%
NO RESPONSE	2.20
BORROW, BEG, PEDDLE, ETC	49.10
THEFT, LOOT ETC	2.50
SALARY	37.20
SELLING DRUGS, SEX, ETC	8.70
	100.00

3.2.3 Associated High Risk Behaviors

More than 92% of the users consume tobacco which indicates the gateway to drugs (Figure 17). A small percentage of users have used flesh trade to seek drugs (3.7%) and it was significantly different by sex (p< 2.2e-16). Half the female participants have traded sex for drugs (45.8%) while it was only 1.06% among males. (Table 71 and 72). Among those who traded sex, the reason for the flesh trade was to purchase drugs (54%). A concerning reason for the flesh trade was human trafficking (18.2%) which makes the users vulnerable to many other crimes too (Figure 18).

FIGURE 17: TOBACCO CONSUMPTION

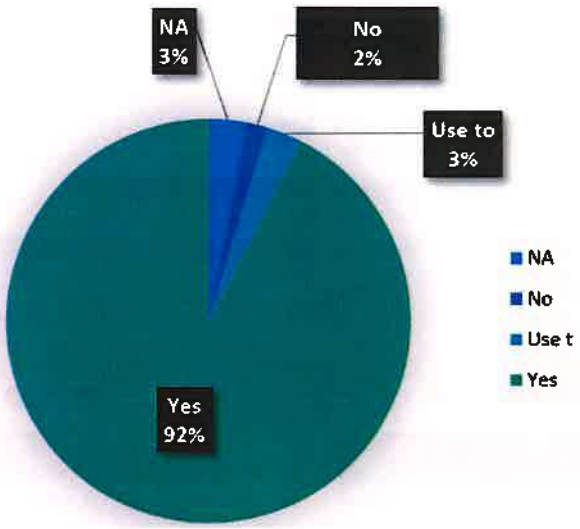


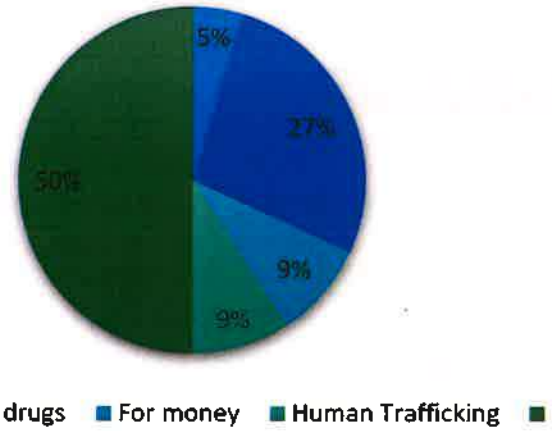
TABLE 71: SEX TRADE AMONG SUBSTANCE USERS

	N	%
NO	331	82.1
YES	15	3.7
NA	57	14.1
TOTAL	403	100

TABLE 72: SEX TRADE BY GENDER

	FEMALE	MALE
NO RESPONSE	12.50	14.25
NO	41.67	84.70
YES	45.83	1.06
	100.00	100.00

FIGURE 18: REASONS FOR SEX TRADE



Other illegal activities that the human traffickers have forced drug users to commit include theft, loot (45%) and peddling (27%) (table 73). Majority of the users have put themselves at the risk of sexually transmitted diseases by having multiple partners for sex (68%) (Table 74). On top of it, 66% do not use any form of contraception (table 75). Injecting drug use was prevalent at 21.6% (table 76). Among the IDUs (and others who responded to the question), 43.6% shares their needles with peers (Table 77). Majority knows 1 to 10 IDUs (23%) (Table 78).

TABLE 73: OTHER ILLEGAL ACTIVITIES FORCED TO COMMIT

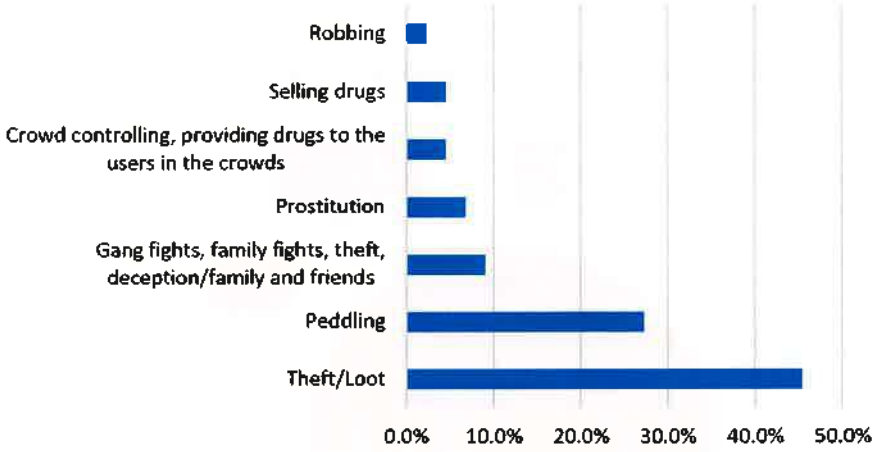


TABLE 74: NUMBER OF SEXUAL PARTNERS

	N	%
NO RESPONSE	58	14.4%
ONE PARTNER	57	14.1%
MULTIPLE PARTNERS	276	68.5%
NO PARTNER	12	3.0%
	403	**100.0%**

TABLE 75: METHOD OF CONTRACEPTION

	N	%
NONE	266	66.0%
CONDOMS	70	17.4%
NO RESPONSE	64	15.9%
STANDARD DELAYS METHOD	2	0.5%
TOTAL	**403**	**100.0%**

TABLE 76: INJECTING DRUG USE

	N	%
NO	266	66.0%
YES	87	21.6%
NA	50	12.4%
TOTAL	**403**	**100.0%**

TABLE 77: NEEDLE SHARING AMONG IDUS

	N	%
NO	53	56.4%
YES	41	43.6%
TOTAL	**94**	**100.0%**

TABLE 78: NUMBER OF IDUS THEY KNOW

	N	%
0	18	4.5%
1- 10 IDUS	94	23.3%
11 - 20 IDUS	33	8.2%
21 - 30 IDUS	7	1.7%
MORE THAN 30	10	2.5%
NA	241	59.8%
	403	**100.0%**

New needle or syringe was used by 37% of the injecting drug users. 62% of the users use previously used needles (table 79). Among the IDUs, needles were used multiple times by majority of users (77.6%). Majority (83%) of the IDUs have begun injecting before they turned 30years. Among IDUs, majority of the IDUs have not used an IDU Hangout for injection (Table 82). Majority (73.1%) carrys their own needles but many of the IDUs found new needles not accessible even to buy (59%).

TABLE 79: METHOD OF INJECTING

	N	%
NEW NEEDLE/SYRINGE	33	37.5%
PREVIOUSLY USED NEEDLES, SHARED CLEANING WATER/OTHER MATERIALS WITH OTHER IDU'S	55	62.5%
	88	100.0%

TABLE 80: FREQUENCY OF USING ONE NEEDLE BEFORE DISCARDING IT

	N	%
ALWAYS USE NEW	1	1.3%
USE ONE DAY	16	21.1%
MULTIPLE USE	59	77.6%
	76	100.0%

TABLE 81: ONSET AGE FOR INJECTING DRUGS

	N	%
0 - 14	5	5.7%
15 - 19	26	29.9%
20 - 24	24	27.6%
25 - 29	18	20.7%
30 - 34	7	8.0%
35 - 39	3	3.4%
40 - 44	4	4.6%
45 - 49	0	0.0%
50 - 54	0	0.0%
55 - 59	0	0.0%
60 - 64	0	0.0%
65+	0	0.0%
	87	100.0%

TABLE 82: INJECTING AT AN IDU HANGOUT

	N	%
NO	62	60.2%
SOMETIMES	5	4.9%
YES	36	35.0%
TOTAL	103	100.0%

TABLE 83: CARRYING OWN NEEDLES

	N	%
NO	25	26.9%
YES	68	73.1%
TOTAL	93	100.0%

TABLE 84: REASONS FOR NOT CARRYING OWN NEEDLES

	N	%
VAILABILITY/NOT EASY TO GET	26	59.1%
DON'T WANT OTHERS TO SEE IT	1	2.3%
ITS RISKY TO CARRY AS POLICE MAY ARREST, NOT SAFE	5	11.4%
NOT A REGULAR IDU	7	15.9%
I DON'T NEED	5	11.4%
	44	100.0%

3.2.4 Access to care and Quality of treatment

More than a third of the sampled drug user population has not sought treatment or healthcare (34.2%). Very few (8.9%) voluntarily sought care which was very brave of them. Majority of the cases sent for treatment were through the drug court (56.1%) (Table 85). Many do not think they need treatment (33%) and others believe they can manage on their own. The median (average) number of days taken to do an indicative assessment was 90 days (Table 86). Among those who responded to this question, 45% had to wait less than 3months, while the other 45% had to wait more than 3 months for the completion of their indicative assessments. Median number of days a client waited for his/her treatment to begin after the indicative assessment was 300 days. It ranged from 1 day to 2920days. 24.6% waited less than 3 months while 31.4% had to wait 1 – 2years to join a treatment program or receive treatment (table 87). During the waiting time, more than one third of the participants have relapsed and started using drugs (40%) Table 91. 41.4% have managed to successfully complete the program that they joined. 14.9% did not complete it (Table 89). Majority have completed the Detox, DTRC and Community Program (41%) Table 90. Relapse is a part of the recovery, and 42.7% have relapsed after completing the program. Median number of days client stayed sober after completing the program was 240 days. It ranged from 0 days to 4380 days. 18.8% stayed sober for 3months (Table 92)

TABLE 85: EVER SOUGHT TREATMENT

	N	%
YES (THROUGH DRUG COURT)	226	56.1%
YES (AS A VOLUNTEER)	36	8.9%
NO	138	34.2%
NA	3	0.7%
TOTAL	**403**	**100.0%**

TABLE 86:WAITING TIME UNTIL COMPLETION OF THE INDICATIVE ASSESSMENT

DAYS	N	%
<90 DAYS (3MONTHS)	98	45.8%
90 - 180 DAYS (3 -6 MONTHS)	59	27.6%
181 - 365 DAYS (6MTHS - 1 YEAR)	39	18.2%
366 - 730 DAYS (1 - 2YEARS)	10	4.7%
731 - 1095 DAYS (2 - 3YEARS)	4	1.9%
>1096 DAYS (MORE THAN 3 YEARS)	4	1.9%
TOTAL	**214**	**100.0%**

TABLE 87: WAITING TIME TO JOIN A TREATMENT PROGRAM AFTER A DRUG COURT ORDER FOR TREATMENT

DAYS	N	%
<90 DAYS (3MONTHS)	47	24.6%
90 - 180 DAYS (3 -6 MONTHS)	41	21.5%
181 - 365 DAYS (6MTHS - 1 YEAR)	24	12.6%
366 - 730 DAYS (1 - 2YEARS)	60	31.4%
731 - 1095 DAYS (2 - 3YEARS)	12	6.3%
>1096 DAYS (MORE THAN 3 YEARS)	7	3.7%
	191	100.0%

TABLE 88: ACTIVITIES DURING THE WAITING TIME

	N	%
COMMUNITY PROGRAM	1	0.2%
PEDDLING	3	0.7%
DID NOT USE	5	1.2%
SELF EMPLOYED	7	1.7%
IN JAIL	6	1.5%
JOB	13	3.2%
STARTED USING DRUGS AGAIN	161	40.0%
NA	207	51.4%
TOTAL	**403**	**100.0%**

TABLE 89: SUCCESSFULLY COMPLETED THE TREATMENT PROGRAM

	N	%
NA	124	30.8
NO	60	14.9
ONGOING	52	12.9
YES	167	41.4
TOTAL	**403**	**100**

TABLE 90: WHICH TREATMENT DID YOU COMPLETE?

	N	%
NA	189	46.80%
NARCOTIC ANONYMOUS PROGRAM	3	0.70%
1ST TIME	1	0.20%
INDIVIDUAL 3 MONTH PROGRAM	3	0.70%
COMMUNITY REHABILITATION PROGRAM	12	2.90%
ADHI NUVEY EHHVES VAREH	1	0.20%
AFTERCARE PROGRAM	1	0.20%
ONLY DETOXIFICATION PROGRAM	12	2.90%
DETOX, DTRC AND COMMUNITY PROGRAM	167	41.40%
DTRC, COMMUNITY, DETOX, MMT	5	1.20%
DTRC, DETOX, INDIA REHAB	1	0.20%
GULHEEFALHU,MMT,DTRC	1	0.20%
ONLY MMT PROGRAM	5	1.20%
NONE	1	0.20%
ON GOING	1	0.20%
TOTAL	**403**	**100.00%**

TABLE 91: LAPSE / RELAPSE AFTER THE COMPLETION OF THE TREATMENT PROGRAM

	N	%
NA	195	48.4
NO	36	8.9
YES	172	42.7
TOTAL	**403**	**100**

TABLE 92: DURATION WHICH YOU STAYED SOBER AFTER COMPLETIONOF THE TREATMENT PROGRAM

DAYS	N	%
<90 DAYS (3MONTHS)	73	18.1%
90 - 180 DAYS (3 -6 MONTHS)	33	8.2%
181 - 365 DAYS (6MTHS - 1 YEAR)	33	8.2%
366 - 730 DAYS (1 - 2YEARS)	30	7.4%
731 - 1095 DAYS (2 - 3YEARS)	14	3.5%
>1096 DAYS (MORE THAN 3 YEARS)	30	7.4%
NA	190	47.1%
	403	100.0%

Peer influence was the top reason for relapse (43%) (Table 93). Only 16% of the users believes that they received any after care service (table 94). A majority of the users were willing to access care if it was offered in a hospital or in a drop in center (64%) Table 95 and 96.

TABLE 93: TOP 3 REASONS FOR RELAPSE AFTER COMPLETING THE TREATMENT PROGRAM

	N	%
BOREDOM	30	14%
LACK OF FAMILY SUPPORT, TOO MUCH FREE TIME ETC	43	20%
PEER INFLUENCE	91	43%
OTHERS	46	22%
	210	100%

TABLE 94: AFTER COMPLETION OF RESIDENTIAL TREATMENT, DID YOU RECIEVE AFTER CARE SERVICE?

	N	%
NA	199	49.4
NO	139	34.5
YES	65	16.1
TOTAL	403	100

TABLE 95: IF HOSPITALS OFFER TREATMENT, WILL YOU VOUNTARILY SEEK TREATMENT

	N	%
NA	67	16.6
I DON'T KNOW	11	2.7
MAY BE	21	5.2
NO	42	10.4
YES	262	65
TOTAL	403	100

TABLE 96: IF A DROP IN CENTER OFFERS TREATMENT, WILL YOU VOLUNTARILY ACCESS TREATMENT?

	N	%
NA	67	16.6
I DON'T KNOW	11	2.7
MAY BE	21	5.2
NO	42	10.4
YES	262	65
TOTAL	403	100

3.2.5 Determinants of Drug Use

Eighty nine percent of the users have access and easy transportation between the resident islands and nearby islands (table 97) and 50% of them travels to nearby islands (table 98). Majority is positive about finding employment opportunities on the resident island and nearby islands (table 99). More than a third do not know if educational vocational or skill development opportunities are available on their resident islands or nearby islands (table 100). 54% thinks that the required medical care is available on the resident island (Table 101).

TABLE 97: HAVE ACCESS AND EASY TRANSPORT BETWEEN THE RESIDENT ISLAND AND NEARBY ISLANDS

	N	%
NA	8	2
NO	11	2.7
SOMETIMES	22	5.5
YES	362	89.8
TOTAL	**403**	**100**

TABLE 99: AVAILABILITY OF EMPLOYMENT OPPORTUNITIES FROM THE RESIDENT ISLANDS AND NEARBY ISLANDS

	N	%
NA	7	1.7
I DON'T KNOW	26	6.5
NO	119	29.5
SOMETIMES	84	20.8
YES	167	41.4
TOTAL	**403**	**100**

TABLE 98: DO YOU TRAVEL BETWEEN ISLANDS?

	N	%
NA	6	1.5
NO	97	24.1
SOMETIMES	98	24.3
YES	202	50.1
TOTAL	**403**	**100**

TABLE 100: AVAILABILITY OF EDUCATIONAL VOCATIONAL SKILL DEVELOPMENT OPPORTUNITIES ON THE RESIDENT ISLAND AND NEARBY ISLANDS

	N	%
NA	7	1.7
I DON'T KNOW	72	17.9
NO	118	29.3
SOMETIMES	56	13.9
YES	150	37.2
TOTAL	**403**	**100**

TABLE 101: AVAILABILITY OF REQUIRED MEDICAL CARE ON THE RESIDENT ISLAND

	N	%
NA	7	1.7
I DON'T KNOW	72	17.9
NO	118	29.3
SOMETIMES	56	13.9
YES	150	37.2
TOTAL	**403**	**100**

3.2.6 Family Support

Majority of the users did not have any family member using drugs (57.6%) (table 102). Only 10.4% of the users received help for their families from the government in coping and managing (table 103). Majority of the users receive help from their families once they complete treatment (table 104).

TABLE 102: DRUG USERS IN THE FAMILY

	N	%
NA	4	1
NO	232	57.6
YES	167	41.4
TOTAL	**403**	**100**

TABLE 103: WHAT SUPPORT DID YOUR FAMILY RECIEVE WHILE YOU WERE IN THE TREATMENT PROGRAM?

	N	%
NONE	220	54.6%
ACCESS TO FAMILY SUPPORT GROUPS, EDUCATIONAL, AWARENESS, FAMILY SESSIONS	42	10.4%
NA	141	35.0%
	403	100.0%

TABLE 104: DID YOU GET FAMILY SUPPORT AFTER THE COMPLETION OF TREATMENT?

	N	%
NA	151	37.5
ALWAYS	167	41.4
NEVER	11	2.7
RARELY	21	5.2
SOMETIMES	53	13.2
TOTAL	**403**	**100**

3.2.7 Community Integration

A large proportion of the users admitted that they did not get any support from the community (40%) (Tablel 105). Job Opportunities (23%), Love, support (13%), Acceptance (8.7%) and removal of stigmatization (6%) were the types of support that users have requested to hope they receive from the Community (Table 106).

TABLE 105: SUPPORT RECIEVED FROM THE COMMUNITY

	N	%
ADVISE	5	1.2%
FRIENDS' HELP	5	1.2%
JOB OPPORTUNTIES	5	1.2%
OTHER (COMMUNITY DOES NOT KNOW, DID NOT GO OUT ETC)	10	2.5%
ACCEPTANCE	14	3.5%
COMMUNITY SUPPORT	14	3.5%
DID NOT GET	162	40.2%
NA	188	46.7%
	403	100.0%

TABLE 106: SUPPORT NEEDED FROM THE COMMUNITY

	N	%
APP FOR AFTERCARE	1	0.2%
GOOD FRIENDS	1	0.2%
KEEP THE ROADS SAFE FROM SALE AND DEALING DRUGS	2	0.5%
AWARENESS	9	2.2%
REMOVE STIGMA, JUDEMENT	25	6.2%
DON'T KNOW	34	8.4%
ACCEPTANCE	35	8.7%
LOVE AND SUPPORT	55	13.6%
JOB OPPORTUNITIES	93	23.1%
NA	148	36.7%
	403	100.0%

3.3 Findings from Key Informant Interviews

Based on the key informant interviews and focus group discussions a total of 173 themes were identified, these themes have been catogarised to main 5 themes which are, challenges, coordination, enforcement, Policies and approaches and attitudes.

Theme 1:

The theme reflects the challenges faced by stakeholders in providing a service for recovering addicts, this includes, government and non-government agencies. The identified challenges are the lack of human resources, due to this lack of human resources; staffs are over worked specially the counsellors, counselors are involved in multiple positions/tasks, the counsellors experience burn out and that there is a need to train more counselors and other staff. As mentioned by some of the informants in the given excerpt below,

> *R(1)*
>
> *"As mentioned previously, we counselors are doing lot of work, the work counselors are doing is impossible for them to do alone..."*

> *R(2)*
>
> *"In the month of Ramadan lot of work was done to start MMT program, but I think it has also come to a stop because there are no enough staff..."*

> *R(5)*
>
> *"In the month of Ramadan lot of work was done to start MMT program, but I think it has also come to a stop because there are no enough staff..."*

> *R(2)*
>
> *"The truth is that a counsellors role is very broad, what to say, I think we don't even have ethical standards or a policy regarding handling a case..."*

> *R(2)*
>
> *Truth is, human resources has not been built, it's very difficult to maintain trained staff, most trained staff leave, it is crucial to identify why the trained people are leaving the organization when there is a lack of human resources.*

A sub theme that came up was increased drug users in the community, this increase of drug users in the community creates makes the recovering addicts difficult to maintain there abstinence, the increased waiting period is a factor that ontributes to increase in the users in the community

R(15)

" the current treatment system has failed, due to this drug users are freely raoming around and they influence and put pressure on the client who just returns from a treatment center"

R(20)

"I think drug use is a huge problem, we don't see the number of users decreasing, there still in the community and they are actively using"

Lack of proper infra structure, use of delapidated buildings for treatment centers and lack of treatment centers were another sub themes that was identified.

R(4)

"There is a female rehab inside DTRC, there is a detox center, but it's just name boards, capacity of this place is 75 clients, when we run the place in full capacity, how can we conduct a proper program for the female rehab clients, only 90 day classes they can attend, it is not a program, just days spent, ...even in villigili rehab, it is a place that no one should be taken, the buildings so ruined".

Theme 2:

The second main theme was coordination, it was identified that there is a lack of coordination among the agencies that are working in the field including government and non-government organizations, and in addition, there is a lack of coordination within NDA itself. It was identified that there is a need to update the NDA system to electronic coordination to avoid coordination issues within NDA another sub theme that came up was development of a data base and online application.

R(6)

"Since ages the relationship and coordination between the NDA head office and the centers under NDA has been difficult, individual client files are manually handled and transferred from one center to the other, in this transferring process there is high chance of files and documents being misplaced, but I don't think any work is being done to reduce or stop such incidents from happening...there is a need for a good data base system or an online application where real time files get updated and viewed..."

Theme 3:

Third theme was enforcement. Based on the sub themes, the enforcing agencies are unable to enforce the policies properly, this includes, police and NDA, it was identified that to some extent confidentiality was not maintained which in itself creates problems. In addition due to the lack of enforcement, especially in islands the availability of drugs are very high in the community. It was also identified that NDA is unable to provide enough appropriate treatment (that is the reduction of wait list) which results in people engaging in crimes and addiction.

> *R(916)*
>
> *"In a way I can say that the supply is increased based on the demand…in this island drug peddling and selling is very open.. law is not enforced properly…since 2013 there are main 2 to 3 drug selling points…its like walking in a little shop… if you have a job they will give you the drug they will lend it to you too"*

> *R(17)*
>
> *"Tourism industry is very important industry, so may be the tourist checking is leaniant on arrival to Maldives, …at times it is possible to get the drugs from tourists too.. and in resorts locals also can get the access to alcohol if they want to…"*

Theme 4:

Policies was another main theme identified, in this theme, it was identified that the existing law and poilicies are generally good, which allows treatment opportunities for drug users. It was identified that standard operating procedures are required, when it comes to coordinated care for clients who have cormobid conditions and are under treatment provided by multiple organisations. It was also identified that NDA mandate is too heavy to be carried out solely by NDA and NDA is not capable to provide different approaches of trearment under the NDA umbrella, this has led NDA not being able to follow the policies properly.

> *R(21)*
>
> *"The law and policies are very good...now the clients have the opportunity for treatment"*

> *R(1)*
>
> *"...even if they relapse they get the opportunity for treatment... they are not terminated from the program..."*

> *R(3)*
>
> *"NDA alone cannot do this work. SoP's are also there, its now more than 3 years since such SoP's have been developed, they need to work with the NGO's.. include NGO's too...this work is too heavy for NDA alone..."*

> *R(7)*
>
> *"We also work with drug clients... at times we don't know whether NDA will be treating the client for the drug addiction...clear SoP's are required, so that we will know who does what... since the client has other mental health conditions we will be working with that particular client"*

Theme 5:

The last theme identified was approaches and attitudes. It was identified that the drug situation in the country is bad at present. The country is in dire need of more treatment centers to be established across the country and multiple approaches to treat drug users. It was also identified that there is need for aftercare program along with focusing more on drug prevention programs. Furthermore, the sub themes of conducting awareness programs and involve families and community in treatment to facilitate community and family reintegration of clients. It was also identified that the community do believe that the clients from NDA are clean for a while but eventually they relapse. It was identified that NDA itself needs develop a positive attitude towards the treatment and clients to attract more clients to the program.

4. DISCUSSION

This study has analyzed two sets of quantitative data to achieve the objectives. One is secondary data at 7 stakeholder institutions collecting surveillance data on different aspects of drug use and supply over a period of ten years (2011 -2020). Secondly, drug user survey data of more than 400 users representing all the 21 Atolls of the country. The main findings from both the data sets demonstrates that the industry is still a very male dominated one. Age wise, it is the working age population that is benefiting and suffering from this trade. Over the past ten years, users and suppliers have become younger, and the share of the elderly is growing. New trends in the substance industry of the Maldives includes the introduction of new psychotropic drugs, the move from South Asian source countries to European countries as sources of drugs, change from air and sea to mail as the transport mechanism , an increase in the accessibility of substance users to the medical care system, long waiting time to access treatment programs by NDA, the expansion of local production of substances, human trafficking among drug users and forcing them to commit other illegal activities, lack of community support, use of multiple sex partners and multiple use of one syringe where unavailability to new syringes were highlighted.

While the Maldives has quite an equal sex ratio of 108 males per 100 females (NBS 2021), both secondary data and primary data collected for this study confirms that the female involvement in the drug use and supply is disproportionately limited in the Maldives. Findings show that the proportion of female involvement in illegal import of drugs to be slightly higher than their involvement in drug use. Juvenile female involvement of substance abuse at 7.8% was higher than the overall proportion of female prevalence at 6%. The low female participation is congruent with previous drug use assessments of 2003 and the national drug use survey of 2011 which showed 97% and 95% male representation in the drug industry of the Maldives. Female participation in drugs have shown to disrupts family life, affects kids, restricts access to health care and makes them prone to domestic violence and crimes (Olphen J.V etal, 2009). The ability to maintain low levels of female participation is an encouragement for the service providers to strengthen their efforts at prevention of vulnerable populations from the substance industry.

According to the latest Census of the Maldives 68% of the population comprises of the working age population 15 – 64 years of age (NBS 2021) and this is reflected in the ages of the substance users and suppliers. Findings from the survey and secondary data shows that the majority of users comprises of the productive working age population 19- 65 years. Involvement in the drug offense by the elderly has risen from 0% in 2015 to 0.1% in 2020 which may be existing users getting older. While the retirement age in the Maldives is 65years, increasing number of elderlies among the drug trade will impose additional burden on the country's health system.

Over the past ten years, most of the juvenile cases of substance use and trafficking were observed in the ages 14 – 17 years and more than half of them were out of school. Drug usage while going to school was slightly higher compared to those who have completed school. School drop out rates in the Maldives have been found to increase at the age of 16 and out-of-school youth are left without a safe, productive outlet to fill their time, and are more at-risk of joining gangs, getting involved in crime, and abusing drugs (UNICEF, 2021). Drug Use Survey 2021 has also shown that the majority of the users had an educational level till middle school (Grade 6 – 9) (49%). 31% of the users had completed high school and 7.2% has completed college. It is important to focus interventions to middle school students as this is the point where most dropouts have happened.

No atoll in the country is free of substance use with the highest prevalence seen in Kaafu Atoll including Male' city and the Southernmost three atolls – Gaafu dhaalu Atoll, Gnaviyani and Addu city. Improved infrastructural structures such as establishment of airports, ferry systems between islands, facilities for care and services increases mobility and access to substances as well. While mail has been found to be the major transport mechanism for drugs, the number of inward mails handled through international flights at Ibrahim Nasir International Airport have increased by 138% during the period 2015 – 2019 (NBS, 2016 and 2020). Mail handled through domestic flights from Seenu Gan Airport has also increased by 196% during the period 2015 to 2019 (NBS, 2016 and 2020).

Drug use survey 2021 has also identified a small proportion of foreigners which highlight the need for service provision in multiple languages which are culturally fit. Majority of the drug users were employed and were found to have been job peddling from one to 3 jobs. Ten years ago, the employment rate among drug users was 42% compared to 67% in 2021 which is an improvement in the structural changes made by the government such as the nullification of police records for those completing treatment programs and due to the positive attitudes of current employers.

On the supply side of drugs, this analysis has identified drastic changes from that of ten years ago. The age of illegal carriers has changed from the youth in 2011 to the adolescents (15 – 19 years) and elderly in 2021. Statistics from JJU has shown that the majority of the underage substance users were put under custody for possession of drugs. This implies that juveniles are at risk of being used for drug trafficking and peddling because of their chances for getting caught is low and the law provides leniencies for underage offenders.

The last port of departure for the drugs have changed from South Asian countries (such as such as India, Bangladesh, and Sri Lanka) to European countries (such as UK and Netherlands). Drug concealment in the baggage and on the body of the person has transformed

to mail and on the person. The type of drugs illegally being imported into the Maldives has also seen radical changes over the past ten years from Cannabis(herbal) and heroin in 2011 to Cocaine, heroin, cannabis (herbal) and psychotropic MDMA in 2020. This reflects the global trends in the manufacture and distribution channels of drugs worldwide.

According to the world drug report 2021, global cocaine manufacture has doubled over the 2014 – 2019 period, the seizure of synthetic drugs was 170 times larger compared to 2001, and cannabis herb was the most seized drug globally compared to cannabis resin and cannabis oil (UNODC, 2021). The move from south Asian countries to the European countries for the supply of drugs (from UK, Germany, Netherlands etc) can be explained by decriminalization and legalization of some substances in these countries.

On the demand side, the mixture of medicines, opioids, benzodiazepines and antihistamines, is predominant from the tests conducted at the NDA Laboratory 2016-2020. Currently, NDA has the capacity to test for 7 groups of substances which needs to be enhanced with more advanced testing technologies to prepare for the changing trends in mixed combinations of substances. For example, long term exposure to various xenobiotics can be detected for 17 analytes with as little as 5mg of hair using the solid phase micro extraction (SPME) together with gas chromatography mass spectrometry (GC/MS). This is a non-invasive biomarker which could be used on newborns too and also can be used to analyze prevalence more accurately. majority of clients were positive for Opiate and Benzodiazepines (67%), 29% were positive for a combination of THC and Opiates and 8% for THC and Benzodiazepines. Research has found a high prevalence (93%) of nonmedical benzodiazepine use among nonmedical opioid users among young adults (PedroMateu-Gelabert etal 2017). The concurrent use of substances referred to as the South Asian Cocktails has been found to show a higher rates of HIV infection and more co-infections compared to the other drug users among injecting drug users of Nepal (Saroj Prasad Ojha etal 2014).Data on health care seeking behavior of substance users from IGMH data shows that the trend in the type of substances used have changed over time. In 2011, it was alcohol (33%), unspecified drugs (33%) and history of other diseases (33%) but in 2020, opioid, cannabis, sedatives, and psychoactive substance were the most. Majority of cases were diagnosed with 'F11-Opiod related Disorder', 'F19-Other psychoactive substance related disorders' (17.8%) and 'F12-Cannabis related disorders' over the 10-year period of analysis. Changes in the demand looks like demand has been created to cater to the whims of the suppliers of drugs who follow the global access pathways. Harm reduction measures and proactive awareness and preventions measures needs to be conveyed to potential susceptible groups.

Period prevalence of substance use (2011 – 2020) is at 44% of all offenses/crimes at the Maldives Correctional Services represent substance use and traffickers. Prevalence of Juvenile substance use rate as a percentage of the population in the respective age group 0.07% in 2011 to 0.05% in 2019. In 2015, the highest prevalence of drug use was in the age groups 30-34 years and 45-49years (0.04%) compared to the age groups 25-29 years (0.07%), and 30-34 years (0.06%) in 2019. Global projections of drug users for 2030 by age groups calculated using data from Africa shows that the highest concentrations of drug users in the range of 25 – 39 years which is also the trend in the Maldives. The Maldives population projections 2030 also forecasts a 9.2% increase in the population of age group 25 – 39years (NBS, 2021).

Brown sugar was the most commonly used substance, with alcohol, Opioids and Hashish following it. The onset of drug use has begun as early as 9years and lasts till 35 years in this sample of drug users. It is important to note that onset of drug use does not happen above the age of 35. Instead of one sole reason, there were a combination of reasons that has led to the initiation of drugs among the sample. Peer influence together with other reasons was the major reason, curiosity, Family issues and Recreational purposes. Peer influence was observed to be the main reason for the continuation of drug use by a majority of participants. Peer influence is seen as a protective factor and also as a risk factor. Local production is in existence and one third of the participants have tried locally produced drugs.

A number of risk behaviors among drug users were identified. Consumption of tobacco, similar to 2011 survey acted as the gateway to drugs for most drug

users. A small percentage of users were forced to use flesh trade to seek drugs where half the female participants have traded sex for drugs. Prevalence of human trafficking was observed among the users which makes them vulnerable to many other crimes too. Other illegal activities that the human traffickers have forced drug users to commit include theft, loot and peddling. Majority of the users have put themselves at the risk of sexually transmitted diseases by having multiple partners for sex where many do not use any form of contraception.

Injecting drug use was prevalent at 21.6%. Among the IDUs, almost half of them shares their needles with peers. Majority use previously used needles. Majority carries their own needles but many of the IDUs found new needles not accessible even to buy. Easy affordable access to care is vital to keep the users.

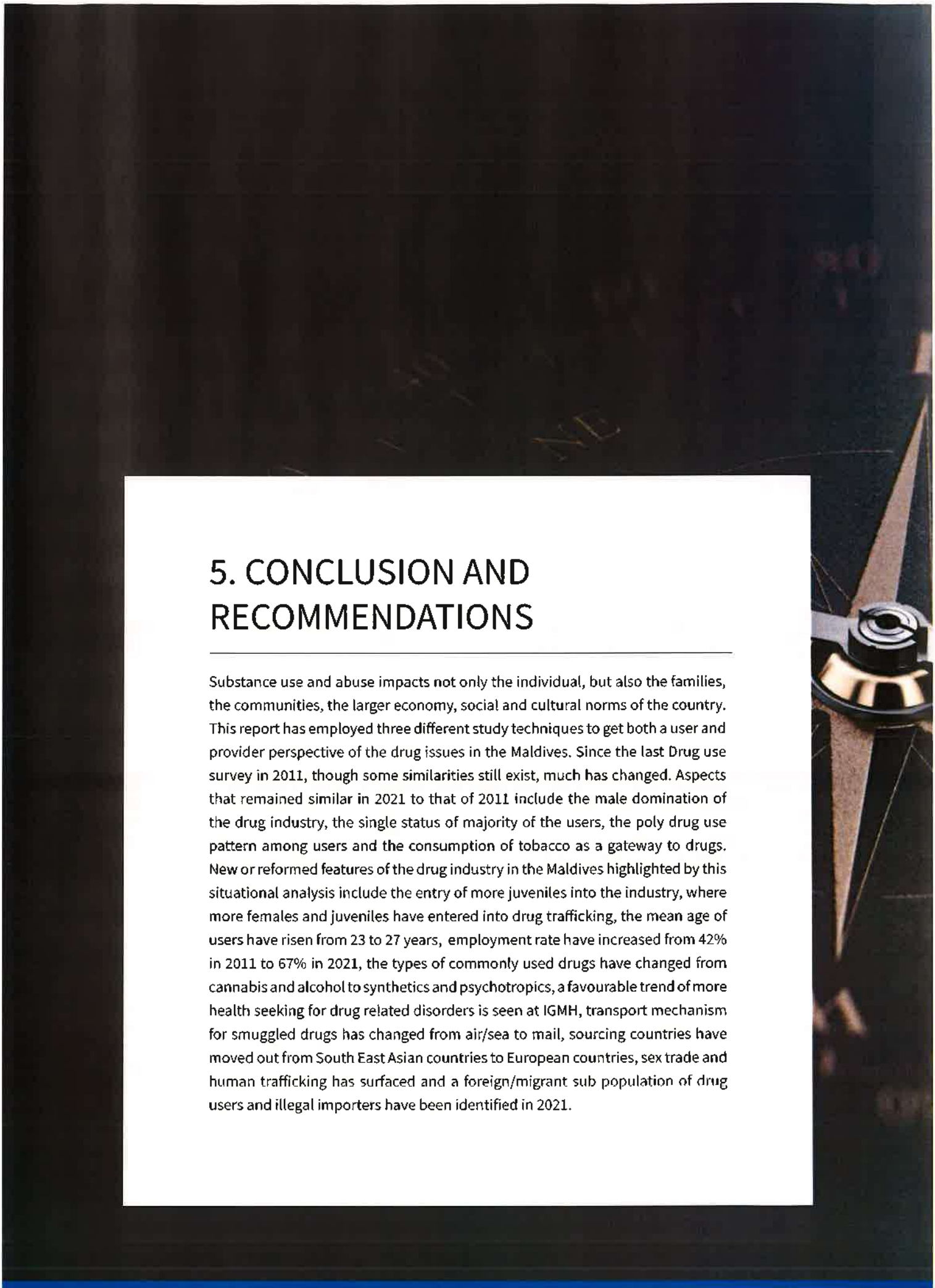
With regard to treatment for drug users, more than a third of the sampled drug user population has not sought treatment or healthcare and very few voluntarily sought care which is very brave of them. This also shows the need for the government to assist them to proactively seek health care. The median (average) number of days taken to do an indicative assessment was 90 days. Almost half of the participants had to wait more than 3 months for the completion of their indicative assessments. Median number of days a client waited for his/her treatment to begin after the indicative assessment was 300 days. Many has relapsed during the waiting time for assessments and treatment programs which highlights the need for more resource allocation towards faster service provision for drug users. Majority of the users were willing to access care if it was offered in a hospital or in a drop in center. It is encouraging to note that majority of the drug users attending NDA have attempted to stop using drugs, while the majority of those who do not seek treatment have not attempted to stop ever.

Majority of the users receive help from their families once they complete treatment. However, a large proportion of the users admitted that they did not get any support from the community. Job Opportunities, love, support, acceptance and removal of stigmatization were the types of support that users have requested to hope they receive from the Community. According to Buchan 2004, social exclusion is the most significant barrier to recovery, while illicit drug dependence has been identified as the most stigmatized health condition In the world by WHO (Best D, Blird K and Hunton L, 2015). While the family is the immediate recovery context that enables a recovery identity, family focused interventions and community focused interventions are required to create a positive community attitude.

The Drug use survey of 2011 analyzed secondary data from 3 institutions (MPS, DRC and DIC only). In 2021, twenty organizations were approached in the situational analysis of drugs in the Maldives. Out of which, 9 institutions responded with data. It is important that all data are integrated and analysed annually to provide the necessary evidence for policy making. Among the secondary datasets, only very few institutions collect data on educational level (JJU and NDA) or on occupation. Data from 2020 was very different from all the other years in all secondary data which indicates that usage of 2020 data for any purpose should be made with caution.

Limitations

This is not a prevalence study. To estimate prevalence a sample of both users and non-users is needed. Accessing such a sample would be beyond the timeline of this project in a legally and culturally stigamized setting such as the Maldives. Hence prevalence was calculated from existing secondary data. Secondary data acquired from institutions was collected in the templates currently used by the institution, which may be prone to human errors in data entry. For example, there were no repeat offenders in the dataset of correctional services in the years 2019, 2020 and 2021 which could reflect a policy change or may have been data entry errors. The responses for the drug user survey were self reported and will be prone to biases and lacks proof or evidence of the response. Since LGA was not involved, island level data are missing in this study.



5. CONCLUSION AND RECOMMENDATIONS

Substance use and abuse impacts not only the individual, but also the families, the communities, the larger economy, social and cultural norms of the country. This report has employed three different study techniques to get both a user and provider perspective of the drug issues in the Maldives. Since the last Drug use survey in 2011, though some similarities still exist, much has changed. Aspects that remained similar in 2021 to that of 2011 include the male domination of the drug industry, the single status of majority of the users, the poly drug use pattern among users and the consumption of tobacco as a gateway to drugs. New or reformed features of the drug industry in the Maldives highlighted by this situational analysis include the entry of more juveniles into the industry, where more females and juveniles have entered into drug trafficking, the mean age of users have risen from 23 to 27 years, employment rate have increased from 42% in 2011 to 67% in 2021, the types of commonly used drugs have changed from cannabis and alcohol to synthetics and psychotropics, a favourable trend of more health seeking for drug related disorders is seen at IGMH, transport mechanism for smuggled drugs has changed from air/sea to mail, sourcing countries have moved out from South East Asian countries to European countries, sex trade and human trafficking has surfaced and a foreign/migrant sub population of drug users and illegal importers have been identified in 2021.

Although drug use has a long history in the Maldives since 1977, stakeholders in the industry are still working solo. All datasets of all stakeholders together can help draw the big picture that needs to be understood in order to design targeted interventions. For instance, data of drug use or abuse in the schools of the country was not available for this study, but data from Juvenile Justice Unit informed the educational level of juvenile drug users. Increasing number of users seeking health care at IGMH may imply reducing trend of stigma in the society but families and the communities are still in need for transformation of attitudes towards substance use. Based on the qualitative data, it is crucial to buid human resources and improve the existing infra structures. Implementing existing policies and developing new approaches are vital components to improve existing services. Improving coordination and being up to date with the current digital systems such as implementation of data bases and online applications are methods that will help in easy access to client informations. Below are some of the recommendations that would assist in understanding and addressing the substance use and abuse in the Maldives:

Design targeted prevention measures for the youth, adolescents and the elderly.

Special attention needs to be given for grades 6 – 9 and the period of transition from O Level completion and beyond.

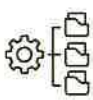
Awareness for parents regarding juvenile use for drug peddling, and use.

Close monitoring of school dropouts and students not attending school

Insitutions that already collect personal data of drug users must expand its variables to include education level, occupation, family details

Some institutions maintain data in the local language which makes it difficult to exported and analyzed in standard analytical tools.

New technological advancements to test for additional chemicals (recently introduced new ones such as MDMA meow, MDMA ecstacy, MDMA molli) for NDA.



A comprehensive integrated data management system where data from all the relevant institutions can be viewed at the same time is important.

Repair the dis-integration inside NDA; for example, NDA alone provided three different datasets (one from the laboratory, one on client register, one on indicative assessments. Client register is electronic but lacks important information about the client, Indicative assessment is managed manually but contains indepth information about the client, screenings, treatment, etc)

Some data is kept in pdf format and unavailable to be used in standard analytical tools.

Increase the role of NGOs at island level and atoll level institutions in the provision of care, prevention and data management.

Introduce services for migrants, expatriate workers especially the unskilled foreign workers.

Minimise the waiting time between drug court orders and assessment completions, OR assessment completion to treatment or to the implementation of the sentence.

Strengthen prevention services targeted for women and other vulnerable populations.

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7. APPENDIX

Appendix A: Interview guide for key informants

Appendix B: Questionnaire

Appendix C: Interview guide for Focus Group Discussion

Appendix A: Interview guide for key informants

1. މަސްތުވާތަކެތި ގެންގުޅުމާ ވިއްކުމާ ބޭނުން ކުރުން މަދުކުރުމަށްޓަކައި މިހާރު ތިޔަ ފަރާތުން ކޮށް ގެންދާ މަސައްކަތްތައް ކިހާ ކާމިޔާބު ކަމަށް ދެކެނީ ކީއްވެ އެކަން ދެކޭ ގޮތް ވަޒަންކޮށްދެއްވާ ބަޔާން ކޮށްދެއްވާނެތޯ؟

2. މަސްތުވާތަކެތި ގެންގުޅުމާ ވިއްކުމާ ބޭނުން ކުރުން މަދުކުރުމަށްޓަކައި މިހާރު ތިޔަ ފަރާތުން ކުރާ މަސައްކަތުގައި ދިމާވާ ގޮންޖެހުންތައް ބަޔާން ކޮށްދެއްވާނެތޯ؟

3. މަސްތުވާތަކެތި ގެންގުޅުމާ ވިއްކުމާ ބޭނުން ކުރުން މަދުކުރުމަށްޓަކައި މިހާރު ގެނެވޭ ބަދަލު ނުވަތަ އިތުރު ފިޔަވަޅުތައް ކަމުގައި އަޅާނެ ފިޔަވަޅުތައް ފާހަގަކޮށްދެއްވާނެތޯ؟

4. އަދި ސިޔާސަތުގެ އެއްބާރުލުންދޭ ގޮތަށް މިހެން ބަދަލު ގެނައުން ކޮށްދެވިދާނެ ކަންކަން

5. ކަސްޓަމަރުން ގެނައި ފޯރުކޮށްދޭ ޚިދުމަތްތައް ކޮށްދެވިދާނެ ކަންކަން

Appendix B: Questionnaire

Situational Analysis of Drug Use in the Maldives, 2021

Interviewer instructions

1. The interviewer should fill in the "Codes" and "Answers" column by circling or writing in the correct response code.

2. Ask the questions in order. Make sure to follow the skipping and screening instructions. If there is no particular skipping instruction associated with an answer, go to the next question.

3. If the instructions say PROMPTED, please read out the possible answers, excluding 'don't know' and 'no response'. If the instructions say SPONTANEOUS, do not read out the answers. Make sure you circle or tick the correct number of answers, i.e. 'ONE RESPONSE' vs 'MULTIPLE REPONSES'. Simple questions such as yes or no questions do not have instructions – for these the answers should not be read out, and only ONE RESPONSE circled.

4. Please try to fill in all questions. If the respondent refuses to provide an answer, present this as 'no response'.

5. For all subjects who agree to participate, please read the following introduction and consent form.

BLOCK 2: ASSOCIATED HIGH RISK BEHAVIOURS

Thank you for agreeing to take part in this study.

This project aims to identify the current dynamics of drug use and addiction in the country, identify the major changes in the trends and onset of substance use and estimate the prevalence and Incidence of substance use and changes to the prevalence rate. You will need about 30 minutes to answer these questions.

Your participation in this survey is voluntary, you have right to not answer any personal question or withdraw and stop your participation at any time during the survey. Please note that you do not need to mention issues that you do not want. This will not affect your rights or opportunities to your access to any service in the future.

We hope that you will participate in this survey and answers the questions openly and honestly because your opinions is very important as this survey.

If you agree to participate in the interview, all the information you share with us will be confidential. I will not write down your name or your license number. Do you have any question on the survey?

Would you like to participate in the interview now?

C1. Was consent obtained?

[1] Yes [0] No

Interviewer's signature verifying obtained consent:

#	Question	Answers	Codes	Skip to
1.1	Do you use drugs now ފާހަގަ ކުރާ ގޮތަށް ތިބާ ދެން ބޭނުންކުރަނީ؟	Yes No	1 2	
1.2	What is the primary choice of drug? ތިބާ ބޭނުންކުރާ ދަށ ބޭނުންކުރާ ގޮތަށް ފާހަގަ ކުރާ ގޮތަށް ތިބާ ބޭނުންކުރާ ދަށ ބޭނުންކުރާ ގޮތަށް ފާހަގަ ކުރާ ގޮތަށް ތިބާ ބޭނުންކުރާ ދަށ ބޭނުންކުރާ ގޮތަށް ފާހަގަ ކުރާ ގޮތަށް ތިބާ ބޭނުންކުރާ ދަށ ބޭނުންކުރާ ގޮތަށް ފާހަގަ ކުރާ ގޮތަށް ތިބާ ބޭނުންކުރާ ދަށ ބޭނުންކުރާ ގޮތަށް ؟ PROMPT/Single response	Alcohol (Beer, Whisky, Gin, Vodka, Rum, Spirit, Tequila, Brandy,'Bangu-raa', 'Booze', 'ra')	1	
		Cannabinoids -Herb –Marijuana (Marijuana, Ganja, Pot, Weed, Joint)	2	
		Cannabinoids - Resin –Hashish (Hashish oil, charas, 'theyo', 'joint', 'dope')	3	
		Opioids (Heroin, Brown Sugar, 'Hakuru', 'Ehcheh', 'Piece', 'Afihun')	4	
		Opioid Pharmaceuticals (Methadone, buprenorphine, d-propoxyphene, loperamide, opioid-based cough-syrups, Proxyvon.	5	
		Spasmoproxyvon, Cough syrups, Corex-d, Phencidyle)	6	
		Cocaine (Coke, Crack, Rock)	7	
		Amphetamine Type Stimulants (Speed crystal, Ecstasy)	8	
		Sedatives and tranquillizers (Valium, Serepax, Rohypnol, Downers, Sleeping pills, "Beys", Tabs, Alprex, Buscopan, Nitravet-ten, Avil, Phenergan)	9	
		Hallucinogens (LSD, Magic mushroom)	10	
		Other (specify) ("Oshani" (Datura), "Bongaru" (locally made Alcohol), "Vaanuvaa" (mixture of brown sugar, benzo and sometimes animal tranquillizers like Ketamine etc. in different ratios).....	11	

#	Question	Answers	Codes	Skip to
1.3	What are the other choices of drugs? PROMPT/Multiple Responses	Alcohol (Beer, Whisky, Gin, Vodka, Rum, Spirit, Tequila, Brandy,'Bangu-raa', 'Booze', 'ra'	1	
		Cannabinoids -Herb –Marijuana (Marijuana, Ganja, Pot, Weed, Joint)	2	
		Cannabinoids - Resin –Hashish (Hashish oil, charas, 'theyo', 'joint', 'dope')	3	
		Opioids (Heroin, Brown Sugar, 'Hakuru', 'Ehcheh', 'Piece', 'Afihun')	4	
		Opioid Pharmaceuticals (Methadone, buprenorphine, d-propoxyphene, loperamide, opioid-based cough-syrups, Proxyvon.	5	
		Spasmoproxyvon, Cough syrups, Corex-d, Phencidyle)	6	
		Cocaine (Coke, Crack, Rock)	7	
		Amphetamine Type Stimulants (Speed crystal, Ecstasy)	8	
		Sedatives and tranquillizers (Valium, Serepax, Rohypnol, Downers, Sleeping pills, "Beys", Tabs, Alprex, Buscopan, Nitravet-ten, Avil, Phenergan)	9	
		Hallucinogens (LSD, Magic mushroom)	10	
		Other (specify) ("Oshani" (Datura), "Bongaru" (locally made Alcohol), "Vaanuvaa" (mixture of brown sugar, benzo and sometimes animal tranquillizers like Ketamine etc. in different ratios).....	11	

#	Question	Answers	Codes	Skip to
1.4	At what age did you begin using drugs? ކިހިނެއްތޯ ތިބާ ޑްރަގް ބޭނުންކުރަން ފަށާފައިވަނީ؟	☐ ☐		
1.5	What is the primary reason for you to begin use drugs? ތިބާ ޑްރަގް ބޭނުންކުރަން ފަށާ ކަށަވަރު ސަބަބު ކޮބާ؟ PROMPT single response	Peer Influences Curiosity Family Issues Boredom Recreational reasons Life stressors Others (Specify).....	1 2 3 4 5 6 7	
1.6	What are the other reasons for you to begin use drugs? ތިބާ ޑްރަގް ބޭނުންކުރަން ފަށާ ތެރޭގައި ސަބަބުތަކެއް ކޮބާ؟ PROMPT single response	Peer Influences Curiosity Family Issues Boredom Recreational reasons Life Stressors Others (Specify).....	1 2 3 4 5 6 7	
1.7	What are the reasons for you to continue using drugs? ވިހާ ތިބާ ޑްރަގް ބޭނުންކުރަން ދެމުންދާ ސަބަބުތަކެއް ކޮބާ؟ PROMPT single response	Peer Influences Curiosity Family Issues Boredom Recreational reasons Life Stressors Others (Specify).....	1 2 3 4 5 6 7	
1.8	Did you ever stop using drugs? ތިބާ ކޮންމެ ވަގުތެއްވެސް ޑްރަގް ބޭނުންކުރުން ހުއްޓާފައިވޭތަ؟	Yes No IDK May be	1 2 3 4	

#	Question	Answers	Codes	Skip to
1.4	Did you ever stop using drugs? ތާވެސް ވަކިވެދާނެ ގަދަ ބޭކާރު ބޭނުންކުރުން ހުއްޓާލާފައި؟	Yes No		
1.10	What is the reason for stopping drug use? ކޮން ސަބަބުތަކުގެ ގަދަ ބޭކާރު ބޭނުންކުރުން ހުއްޓާލީ؟ SPONTANEOUS	Peer Influences Legal Consequences Family Reasons Treatment related Others (Specify	1 2 3 4 5	
1.11	Were you ever arrested for drug use? ގަދަ ބޭކާރު ބޭނުންކުރުމާ ގުޅިގެން ތާވެސް ހިރަސްކުރެވިފައި؟	Yes No	1 2	If 'No', Skip 1.12
1.12	How many times did you get arrested? ހިރަސްކުރެވުނީ ކިތަންމެ ފަހަރު؟	☐☐		
1.13	How much money do you spend on drugs per months? ގަދަ ބޭކާރު ބޭނުންކުރުމަށް ހަރަދުކުރާ ފައިސާ ކިތަންމެ ވަރެއް؟	☐☐☐☐☐☐		
1.14	How do you get this money? ފައިސާ ލިބެނީ ކިހިނެއް؟ SPONTANEOUS	Borrowing Theft Salary Selling Sex Selling Drugs Begging Others (Specify.....)	1 2 3 4 5 6 7 8	

BLOCK 2: ASSOCIATED HIGH RISK BEHAVIOURS

#	Question	Answers	Codes	Skip to
2.1	Do you use tobacco? ފުށުގަދަ ބޭނުންކުރާ ކަމަށްވާ؟	Yes No Use to	1 2 3	If 'No', go to 5.6
2.2	Did you trade yourself through sex ތަނެއްގެ ހަދިޔާ ލިބިގެން ލޭބާ ގުޅިފައިވާ؟	Yes No	1 2	
2.3	Why did you trade yourself through sex? ތަނެއްގެ ހަދިޔާ ލިބިގެން ލޭބާ ގުޅުނީ ކީއްވެގެންތޯ؟ SPONTANEOUS	For drugs For money Others (specify)	1 2 3	
2.4	How many sexual partners do you have? ލޭބަށް ފާހަގަ ވެގެން ހުރި ފަރާތްތަކުގެ ތެދު ޢަދަދު ކިތަންތޯ؟	☐☐		
2.5	Which methods of contraception do you use? ލޭބުން ދުރުވުމަށް ބޭނުންކުރާ ގޮތްތަކުގެ ތެދު ޢަދަދު ކިތަންތޯ؟ PROMPT /Multiple Response	None Sterilization Pill IUD Injectables Condoms Emergency contraception Standard delays method Implants Lactational Amenarrheo Method (LAM) Others (Specify.....)	1 2 3 4 5 6 7 8 9 10 11 12	
2.6	Do you inject drugs? ވަސްވާ ދަރުމަ ތަކެއް ތެރޭ ހިލާލާ ބޭނުންކުރާ ކަމަށްވާ؟	Yes No Sometimes	1 2 3	If 'No', skip 2.7
2.7	Do you share needles when you inject drugs? ވަސްވާ ދަރުމަ ތަކެއް ތެރޭ ހިލާލާ ކަހަ ގުޅިގެން ބޭނުންކުރާ ކަމަށްވާ؟	Yes No Sometimes	1 2 3	

BLOCK 3: ACCESS TO CARE & QUALITY OF TREATMENT

#	Question	Answers	Codes	Skip to
3.1	Did you ever seek treatment? ފަހަރެއްވެސް ދަށްދެނެގަތުމަށް ބަލާފައި ހުރިތަ؟ PROMPTED, ONE RESPONSE	Yes No	1 2	If 'Yes', skip 3.2
3.2	What are the reasons for not seeking treatment? ދަށްދެނެގަތުމަށް ބަލާފައި نہ ހުރި ސަބަބު ކޮބައިތަ؟ SPONTANEOUS	Write reason		
3.3	How many times have you been to a treatment program? ދަށްދެނެގަތުމުގެ ޕްރޮގްރާމަށް ކިތަންމެ ފަހަރަކު ގޮސްފައިތަ؟	☐☐		
3.4	Did you successfully complete a treatment program ދަށްދެނެގަތުމުގެ ޕްރޮގްރާމް ފުރިހަމަ ކުރެއްވިތަ؟	Yes No	1 2	
3.5	Did you use drugs (lapse/relapse) after completing a treatment program ދަށްދެނެގަތުމުގެ ޕްރޮގްރާމް ނިމުނުގެ ފަހުން ފަހަރުގައި ވެސް ދަށްދެނެގަތުމަށް ބަލާފައި ހުރިތަ؟	Yes No	1 2	
3.6	How long were you sober after completing a treatment program? ދަށްދެނެގަތުމުގެ ޕްރޮގްރާމް ނިމުނުގެ ފަހު ކިހާ ވަގުތަކަށްތަ ދަށްދެނެގަތުމަށް ބަލާފައި نہ ހުރި؟ SPONTANEOUS	Less than a month Less than 3 months Less than 6 months Less than a year Others (specify.....)	1 2 3 4 5	

#	Question	Answers	Codes	Skip to
3.7	What were the reasons for your relapse after completing a treatment program? ފުރިހަމަ ކުރުމަށްފަހު ތިބާ ދެކޮޅަށްދިއުމުގެ ސަބަބުތައް ކޮބައިތޯ؟ PROMPT/Multiple reasons	Counselling Life skills programs Educational Programs Religious activities General components of the program Others (specify.....)	1 2 3 4 5 6	
3.8	What did you find most helpful to you in the treatment program? ފުރިހަމަ ކުރުމުގައި ތިބާއަށް ގާތްގަނޑަށް ފައިދާ ކުރެވުނު ކަންތައް ކޮބައިތޯ؟ SPONTANEOUS	Peer Influences Legal Consequences Family Reasons Treatment related Others (Specify	1 2 3 4 5	
3.9	What needs to change in the treatment program? ފުރިހަމަ ކުރުމުގައި ބަދަލު ގެނެވޭނެ ކަންތައް ކޮބައިތޯ؟	(specify.....)		
3.10	What needs to be included in the treatment program for you to prevent relapse after completion of treatment? ފުރިހަމަ ކުރުމަށްފަހު ދެކޮޅަށްދިއުން ހުއްޓުމަށް ތިބާއަށް ފުރިހަމަ ކުރުމުގައި ހިމެނުން ބޭނުންވާ ކަންތައް ކޮބައިތޯ؟ SPONTANEOUS	(specify.....)		
3.11	After completion of residential treatment, did you receive aftercare program service? ދިރިއުޅުން ހިމެނޭ ފުރިހަމަ ކުރުމަށްފަހު ތިބާ ގެ ފުރިހަމަ ކުރުމުގެ ފަހު ބަލާ ބެލުމުގެ ސާވިސް ލިބިއްޖެ ހެއްޔެ؟	Yes No	1 2	
3.12	What helped you most in the aftercare program? ފުރިހަމަ ކުރުމުގެ ފަހު ބަލާ ބެލުމުގައި ގާތްގަނޑަށް ފައިދާ ކުރެވުނު ކަންތައް ކޮބައިތޯ؟ SPONTANEOUS	Counselling Life skills programs Educational Programs Religious activities General components of the program Others (specify.....)	1 2 3 4 5 6	

#	Question	Answers	Codes	Skip to
3.13	What would you like to include in this aftercare program? ތިބާ ފުރިހަމަކުރަން ބޭނުންވާ ކޮންކަމެއް ކިޔާބަލާ؟ SPONTANEOUS	(specify.....)		
3.14	What helped you most in the community program? ތަދުބީރާ ފުރަތަމަށް ގަދަ ތަންފީ ކުރިން ކޮބާ ކިޔާބަލާ؟ SPONTANEOUS	Counselling Life skills programs Educational Programs Religious activities General components of the program Others (specify.....)	1 2 3 4 5 6	
3.15	What would you like to include in the community program? ތަދުބީރާ ފުރަތަމަށް ގަދަ ތަންފީ ކުރަން ބޭނުންވާ ކޮންކަމެއް؟ SPONTANEOUS	(specify.....)		
3.16	If voluntary treatment is offered would you access and use the service? ތަރުތީބުކުރާ ތަދުބީރު ފުދިގެންދާ ކަމަށް ހަނދާންކުރާ ނަމަ ތިބާ ދެވުނު ތަދުބީރު ބޭނުންކުރާ ހެއްޔެ؟	Yes No IDK May be	1 2 3 4	
3.17	If hospitals or a drop in center offers treatment will you voluntarily access and seek treatment? ދާދި ސެންޓަރ ތަދުބީރު ދިނުމަށް ތައްޔާރުވާ ނަމަ ތިބާ ވިސްނާ ބަލާ ތަދުބީރު ބޭނުންކުރާ ހެއްޔެ؟	Yes No IDK May be	1 2 3 4	
3.18	If No, what is your reason? ދާދި ސެންޓަރ ތަދުބީރު ދިނުމަށް ތައްޔާރުވާ ނަމަ ތިބާ ތަދުބީރު ބޭނުންކުރާ ކަމަށް ހަނދާންކުރާ ސަބަބު ކޮބާ ކިޔާބަލާ؟	(specify.....)		

BLOCK 4: DETERMINANTS OF DRUG USE

#	Question	Answers	Codes	Skip to
4.1	Do you have access and easy transportation between the island you are stationed and the nearby islands? ތިޔަބޭފުޅު ތަޢައްޒަފުކުރަމުންދާ ރަށާއި ގާތް ރަށްރަށަށް ފަސޭހަ ދަތުރުކުރެވޭތޯ؟ SPONTANEOUS, ONE RESPONSE	Yes No Sometimes	1 2 3	If 'Yes', skip 3.2
4.2	Do you travel to the nearby islands? ތިޔަބޭފުޅު ތަޢައްޒަފުކުރަމުންދާ ރަށާ ގާތް ރަށްރަށަށް ދަތުރުކުރަންތޯ؟	Yes No Sometimes	1 2 3	
4.3	Is there employment opportunities from the island you are stationed and nearby islands? ވަޒީފާތައް ހޯދެވޭތޯ ތިޔަބޭފުޅު؟	Yes No Sometimes	1 2 3	
4.4	Is there educational/vocational/skills development opportunities available from the island you are stationed and nearby islands? ތިޔަބޭފުޅު ލަސްވެގެންދާ ތަނުގެ ކައިވެނި ތަޢުލީމާ ދަތުރުދާ ތަނުގެ ކުރިއެރުމަށް ތަޢުލީމީ ފުރުޞަތު ލިބެއެވެ؟	Yes No Sometimes	1 2 3	
4.5	How is the economic stability in the island? ތިޔަބޭފުޅު ތަޢައްޒަފުކުރާ ރަށުގެ ދަތުރުގައި ކަންކަން ކިހާ ހާލުގައި ހުންނަ؟	Stable Unstable IDK	1 2 3	
4.6	Do you receive or have access to the required medical services from your island? ތިޔަބޭފުޅު ތަޢައްޒަފުކުރާ ރަށުގެ ބޭނުންވާ ސިއްހީ ޚިދުމަތް ލިބެއެވެ؟	Yes No Sometimes Others (specify.....)	1 2 3 4	
4.7	What is the crime status in the island? ތިޔަބޭފުޅުގެ ދަތުރުގައި ފާހަގަ ކުރެވޭ ގޯސްކަން ކިހާ ހާލުގައި ހުންނަ؟ PROMPT	Low level Medium Level High level	1 2 3	
3.13	Do you think the current policies of the government or the current regulations affects / influences drug use in the country? ވަޒީފާ ދިނުމުގެ ކަންކަމުގައި ހުރިހާ ފަރާތްތަކަށް ހަމަ ލާޒިމްކަމާ ގުޅިގެން ހުރި ގަވާއިދުތަކާ ގުޅިގެން ދަތުރުގައި ބޭނުންކުރާ ޑްރަގްސް ގެ ބޭނުން ކަމަށް ވެގެންދާ ގޮތަށް ތިޔަ ބަލަނީ ކިހިނެއްތޯ؟	specify.....)		

BLOCK 5: FAMILY SUPPORT

#	Question	Answers	Codes	Skip to
5.1	What support did your family receive while you were in the treatment program? ފުރިހަމަ ތެރެޔަށް ތިބި ވަގުތު ކުटुންބުގެ ލިބުނު ތަކެއް؟ SPONTANEOUS	Counselling Access to family support groups Educational/awareness programs Religious support Others (specify.....)	1 2 3 4 5	If 'Yes', skip 3.2
5.2	Did you get family support after the completion of treatment? ފުރިހަމަ ކުރުމަށްފަހު ކުटुންބުގެ ލިބުނު ތަކެއް؟ PROMPT / Single response	Always Sometimes Rarely Never	1 2 3 4	
5.3	What do you need to do to get the family support? ކުटुންބުގެ ލިބުން ހޯދުމަށް ކުރަންޖެހޭ ކަންތައް؟ SPONTANEOUS	(specify.....)		

BLOCK 6: COMMUNITY INTEGRATION

#	Question	Answers	Codes	Skip to
6.1	What support did you get from the community after the completion of treatment? ފުރިހަމަ ކުރުމަށްފަހު ދިވެހި ސޮސައިޓީގެ ލިބުނު ތަކެއް؟ SPONTANEOUS	(specify.....)		
6.2	What support do you need from the community after you complete the treatment program? ފުރިހަމަ ކުރުމަށްފަހު ދިވެހި ސޮސައިޓީގެ ލިބުން ބޭނުންވާ ތަކެއް؟ SPONTANEOUS	(specify.....)		

BLOCK 7 : SOCIO-DEMOGRAPHIC / SOCIO-ECONOMIC PROFILE

#	Question	Answers	Codes	Skip to
7.1	Nationality ގައުމީ ރަނގަޅު SPONTANEOUS	(specify.....)		
7.2	Age ތެދުވަރު			
7.3	Sex ފޮރުމަ	Male Female	1 2	
7.4	Marital status ގޭގައި ފާހަގަ	Single Living with partner, unmarried Married Divorced/separated Widowed No response	1 2 3	
7.5	Which atoll/island do you reside normally? ތިބާ ދިރިއުޅެނީ ކޮން ރަށެއް (ރަށުގެ ނަމުގައި) SPONTANEOUS	(specify.....)		
7.6	What is the highest level of education you have completed? ތިބާ ފުރިހަމަ ކޮށްފައި ވާ ތަޢުލީމު ކިހާ ދަރަޖަކަށް؟ SPONTANE OUS, ONE RESPONSE	None Below primary Primary school (Grade 1 - 5) Middle school (Grade 6 - 9) High school (Grade 10 - 11) College/university Graduate No response	1 2 3 4 5 6 7 99	
7.7	Number of dependents ތިބާ ބަލަހައްޓަން ވާ ދަރިންގެ ޢަދަދު؟	☐ ☐		

#	Question	Answers	Codes	Skip to
7.8	What was your main occupation in the last 12 months? ފަހަރަށް ހަތްމަހުގައި ކުރި ވަޒީފާ ކޮބައިކަށް ހެއްޔެ؟ SPONTANEOUS, ONE RESPONSE	Manual labor/construction worker Agriculture/farming Seller/vendor Cleaner/domestic work Factory/plant worker Truck driver Taxi/moto driver Technicians (electrician, plumber etc) Clerical worker Business/trader Entertainment/Waiter/food services Professional (health, social, legal workers etc) Armed forces Unemployed/ Dependent Student None Others (specify_____) No response	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 18 19	
7.9	Number of working hours per day ދުވަހަކު ކޮންމެ ގަޑިން ގަޑި ކިތަންމެ؟			
7.10	What is your average monthly income? If you do not earn, what is the monthly household income? ފައިސާ ލިބޭ ގޮތުގައި ތިބެނީ ކިހާ؟	_____ Rf per month		

End of questionnaire/Thank the respondent for their time and information

ތާއީދު ކުރުމަށް ވަގުތު ދީފައިވާ ބަޔަށް ޝުކުރިއްޔާ

Appendix C: Interview guide for Focus Group Discussion

1. [illegible]
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6. [illegible]
7. [illegible]
8. [illegible]