CONCLUSION
Sikkim’s all available substance abuse treatment centres contributing data to this study represent a complete census of substance abuse including prescription opioids abuse related problems. Data of this study reflect information on people who have both life time and current prescription opioid abuse problem.

Both the rural and urban areas of Sikkim show increasing rates of substance abuse, especially prescription opioids. It is more prevalent among school dropouts. Dextropropoxyphene and codeine were reported the most commonly abused prescription opioids. They were mainly abused by oral route. Significant percentages of prescription opioid abusers had simultaneous and concurrent alcohol use problem both in current time as well as lifetimes. Respondents started using both the substances i.e. alcohol & prescription opioids around same time frame in their life and lastly peers influence on subjects drug and alcohol using behaviour was established in our study. Trends of IDU, unsafe injection, high risk behaviour, unprotected sex with non-primary partners also has been observed in both the areas. Report from UNODC states that there is an increased incidence of use of prescription opioids, syringe exchange, injection sharing as well as non-sterile practices in Nepal, with whom Sikkim shares its border in west. Therefore Sikkim’s border with Nepal at west and changing socio-cultural values, proximity with other north eastern states of India, increased migration of people and stringent law at border (Rangpo check post) controls for illicit drugs like cocaine, heroin makes Sikkim vulnerable for abuse of prescription opioids. Rapid increase in such drug abuse along with presence of hidden populations of sex workers engaged in drug use and high risk behaviour are risk factors for spread of hepatitis B (HBV), hepatitis C (HCV) and HIV. Therefore it is important to study the socio-demographic profile, risk behaviour profile of prescription opioid abusers of Sikkim.
Cannabis was the second most substance used after benzodiazepines among the respondents in their lifetime. It was also found that all the respondents used any form of nicotine/tobacco products both lifetimes as well as in last month. Incidence of crime, arrests due to dealing with prescription opioids, driving violations under the influence of prescription opioids were reported in my study. Comorbid psychiatric problem, medical consequences were also reported. There was clear reporting of diversion of prescription opioids from pharmaceutical shops. All the respondents underwent detoxification treatment at rehabilitation centre. Pain status of all the respondents was studied which revealed that none of the respondents started using prescription opioids due to their pain treatment and pain was relieved progressively by the detoxification treatment.

Findings of this study suggests that significant percentages of prescription opioid abusers experience moderate severity pain that is associated with decrements in physical, emotional and social well beings. Therefore it can be concluded that unrelieved average to worst pain is a major problem which is experienced to a greater extent by moderate to severe pain group subjects and more than one illicit substance use was evidenced by all the three pain severity groups who also reported incidences of depression and anxiety, thoughts of suicide in both current time and lifetime.