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Rapid Situation and Response Assessment of Drugs and HIV in Bangladesh, Bhutan, India, Nepal and Sri Lanka

A Regional Report

Rapid Situation and Response Assessment (RSRA) of HIV/AIDS related risk behaviours, adverse health consequences, knowledge and attitudes relating to HIV/AIDS amongst drug users and their regular sex partners in Bangladesh, Bhutan, India, Nepal and Sri Lanka

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Project RAS/H13-Prevention of transmission of HIV among drug users in SAARC Countries
United Nations Office on Drugs and Crime, Regional Office for South Asia

CONTENTS

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DIC	Drop-in-centre
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HIV+	HIV positive
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
NACO	National AIDS Control Organization
NGO	Non-Governmental Organisation
NSP	Needle Syringe Programme
RRTC	Regional Resource and Training Centres
RSRA	Rapid Situation and Response Assessment
SAARC	South Asian Association for Regional Cooperation
STI	Sexually Transmitted Infections
UNODC ROSA	United Nations Office on Drugs and Crime, Regional Office for South Asia
VCT	Voluntary Counselling and Testing

FOREWORD

The United Nations Office on Drugs and Crime (UNODC), is a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and is mandated to lead the response for HIV/AIDS prevention and care among injecting drug users and in prison settings.

A consistent body of evidence has established the following fact. Comprehensive HIV prevention programmes which include oral substitution programmes and needle syringe programmes when included as part of a comprehensive package of services reduce drug-related HIV risk behavior such as needle sharing, unsafe injecting, and frequency of injecting. There is also strong evidence that substitution treatment reduces criminal behavior as well as illicit opioid use. We know that it increases retention in treatment and improves the overall health status of drug users infected with HIV. These are outcomes which we all seek to promote.

UNODC's HIV programme in South Asia provides assistance to countries in the region to establish essential interventions that are comprehensive and evidence-informed. One such initiative that our Office supports is a regional project titled “Prevention of transmission of HIV among Drug Users in SAARC Countries” (TD/RAS/03/H13) which is being implemented in partnership with the governments and civil society organizations of the member countries of the SAARC region.

One guiding principle of this project is that successful interventions should be evidence based. In keeping with this, the project carried out a Rapid Situation and Response Assessment in 40 sites across 5 countries in 2005-06 to assess the situation prior to initiating interventions. Extensive training programmes trained peer outreach workers, both male and female, and several of whom were recovering users to carry out this study. The RSRA served as an entry point into communities. It allowed us to reach out to drug users and their sex partner as well as community stakeholders by providing services.

Our RSRA was not an academic exercise. The draft findings have already been used in various forums and helped in designing local level interventions and establishing priority areas for harm reduction interventions. Even though this data has been shared at different meetings, we felt that it would be useful to capture the process and methodology of this immense body of work. We are therefore pleased to present the RSRA outcomes and key recommendations for each of the countries as well as for the region as whole in this report. We also hope that this report will be useful in initiating similar kinds of research, which can contribute to improving the quality of interventions for drug users in South Asia.

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The UN Office on Drugs and Crime, Regional Office for South Asia (UNODC ROSA), in partnership with national counterparts from the drug and HIV sectors and with leading non-governmental organizations in the countries of the South Asian Association for Regional Cooperation (SAARC) region, is implementing project RAS/H13 “Prevention of transmission of HIV among drug users in SAARC countries”.

The report on the Rapid Situation and Response Assessment (RSRA) amongst drug users and their regular sex partners in Bangladesh, Bhutan, India, Nepal and Sri Lanka has been developed after intensive field-based research and with feedback from counterparts and technical experts. UNODC ROSA would firstly like to thank Dr. Samiran Panda, Dr. Tarun Roy and Ms. V. Thirumagal who conceptualised the RSRA and carried out the training programmes in the region. We would also like to thank Dr. Suresh Kumar for authoring this RSRA report.

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EXECUTIVE SUMMARY

Injecting drug use (opioids and pharmaceuticals) and HIV associated with injecting drug users (IDUs), has diffused rapidly in the South Asian region. Further, the sexual transmission of HIV from the IDUs to their non-injecting sexual partners has been established. Developing appropriate responses to this emerging problem requires a rapid situation and response assessment (RSRA) of drug users and their regular sexual partners. The United Nations Office on Drugs and Crime Regional Office for South Asia (UNODC ROSA) is implementing a regional project RAS/H13: Prevention of transmission of HIV among drug users in SAARC Countries. Through this project, a RSRA of HIV related risk behaviours, adverse health consequences, knowledge and attitudes relating to HIV/AIDS amongst drug users and their regular sex partners was carried out in five South Asian countries, namely, Bangladesh, Bhutan, India, Nepal and Sri Lanka.

Mentor agencies were identified in these countries and given the responsibility of coordinating with the partner Non Governmental Organizations (NGOs). Forty NGO partners were involved in the RSRA in these five countries (India: 24; Nepal: 6; Bangladesh: 5; Sri Lanka: 4; and, Bhutan: 1). In each assessment site, the RSRA team recruited drug users and their regular sex partners and administered the survey questionnaire that was developed specifically for this assessment. Overall, the RSRA reached 9,465 current drug users (India: 5,800; Nepal: 1,330; Bangladesh: 1,090; Sri Lanka: 1,045; and Bhutan: 200) and 4,612 of their female regular sex partners (India: 3,328; Sri Lanka: 708; Nepal: 417; Bangladesh: 136; and Bhutan: 23) for the assessment.

Bangladesh: Many survey participants were in the age group of 21-30 years (60%), married (57%), employed (83%) and illiterate (27%). Most of the drug users (97%) were current users of heroin by non-injecting method and 28% of the drug users were IDUs. Transitions from and to injecting drugs are common. The IDUs had a median frequency of injecting twice a day, and the lending (43%) and borrowing (39%) of needles and syringes was common. The drug users were sexually active with a median number of two sex partners and anal sex was also reported. Condom use during last sexual act with any partner type was low. Only 26%, 23% and 15% of the participants reported condom use with casual, non-commercial, non-regular partners, commercial sex partners and regular sex partners, respectively. Nineteen percent of the drug users reported genital ulcers in the past year. Despite having high levels of knowledge related to HIV transmission, only 49% of the drug users believed that they were at risk of getting infected with HIV. Even though a very small (5%) proportion of drug users had been tested for HIV, among those not yet tested, most (89%) desired to undergo HIV testing. Only nine percent of the drug users were of the opinion that they would be treated as well as the non-drug users in the government health care settings.

More than one third (35%) of the regular sex partners of drug users used drugs. Only one in ten (10%) regular sex partners had used condoms during the last sexual act. A very small proportion (3%) of sex partners had been tested for HIV.

Bhutan: Half of the drug users (50%) that participated in the survey were in the age group of 21-30 years, 16% were married, 24% were employed and 3% were illiterate. The majority of drug users were currently using alcohol (75%) and cannabis (67%). Nineteen percent of the RSRA participants had ever injected drugs. The proportion of participants reporting condom use with different sex partners during the last sexual act was: casual, non-commercial, non-regular partners (55%); commercial sex partners (55%); and, regular sex partners (37%). Only a third (34%) of the drug users believed that they were at risk of getting infected with HIV. Thirty-nine percent of the drug users had been tested for HIV.

India: One half of the drug users who participated in the survey were in the age group of 21-30 years, 48% were married, 15% were illiterate and 62% were employed. Many drug users were currently using alcohol (80%) followed by cannabis (76%), injectable buprenorphine (76%), heroin by injecting (76%), heroin by non-injecting method (smoking) (70%) and propoxyphene (64%). There was a time lag between the age of onset of licit drug use and age of onset of opioid use. Sixty-two percent of the participants were IDUs and of the IDUs, about three-fourths were current injectors with a median frequency of injecting thrice a day. More than three-fourths (78%) of the IDUs had switched to injecting from non-injecting methods of drug administration. The lending and borrowing of syringes and needles was reported by 51% and 46% of the participants respectively during the latest injection episode. Nearly a third (32%) of the drug users reported abscesses during the previous 6 months; more than a fifth of the drug users reported abscesses during the previous month. The drug users were sexually active, with a median number of two sex partners and anal sex was not uncommon. Condom use during last sexual act with any partner was low. Only 21%, 23% and 20% of the participants reported condom use with casual, non-commercial, non-regular partners, commercial sex partners and regular sex partners respectively. Thirteen percent of the drug users reported genital ulcers in the past year. Only about a third (32%) of the drug users believed that they were at risk of getting infected with HIV. More than a fifth (22%) of the drug users had been tested for HIV. One third (33%) of the drug users had been treated ever for drug dependence.

Nearly three-fourths of the sex partners (74%) had heard of HIV/AIDS but only a fourth (25%) of the regular sex partners believed that they were at risk for acquiring HIV. Eighteen percent of the regular sex partners had been tested for HIV.

Nepal: About two-thirds of the drug users (66%) who participated in the survey were in the age group of 31-40 years, a third (33%) were married, 5% were illiterate and 35% were employed. A majority of drug users (88%) were currently using cannabis followed by alcohol (87%), injectable buprenorphine (85%), heroin by smoking (76%), heroin by injecting (75%), propoxyphene (65%) and opium (65%). A majority of the users had been initiated into alcohol and cannabis use before the age of 16 years and there was a gap of more than 2 years before they were initiated into opiate use. Eighty percent of the participants were IDUs and 79% of the IDUs were current injectors and 76% of them injected a cocktail of drugs. The median frequency of injecting was twice a day. Most (92%) of the drug users had switched to injecting from non-injecting methods of drug administration. The lending and borrowing of syringes and needles was reported by 38%

and 24% of the participants respectively during the latest injection episode. Nearly a fourth (24%) of the drug users reported abscesses during the previous 6 months. The drug users were sexually active, with a median number of two sex partners and sex with other males was not uncommon. Condom use during last sexual act with regular sex partner was low. Fifty-six percent, 51% and 34% of the survey participants reported condom use with casual, non-commercial, non-regular partners, commercial sex partners and regular sex partners respectively. Twelve percent of the drug users reported genital ulcers in the past year. Despite high levels of knowledge related to HIV transmission, only just over a third (35%) of the drug users believed that they were at risk of getting infected with HIV. Nearly a third (32%) of the drug users had been tested for HIV. Forty percent of the drug users had been treated ever for drug dependence.

Twenty-nine percent of the regular sex partners used drugs. Only 37% regular sex partner had used condoms during the last sexual act. Most (88%) of the sex partners were aware of HIV/AIDS but only 23% of the regular sex partners believed that they were at risk for acquiring HIV. Fourteen percent of the sex partners had been tested for HIV.

Sri Lanka: About half of the drug users (49%) who participated in the survey were in the age group of 21-30 years, 52% were married, 86% were employed and 6% were illiterate. Most of drug users (93%) were currently using heroin by non-injecting method (smoking), followed by the use of alcohol (81%), cannabis (80%) and propoxyphene (36%). Only 4% of the participants had ever injected drugs. The drug users were sexually active, with a median number of two sex partners and sex with other males was not uncommon. Condom use during latest sexual act with any partner was low. Only 31%, 28% and 14% of the participants reported condom use with casual, non-commercial, non-regular partners commercial sex partners and, regular sex partners respectively. More than a third (36%) of the drug users believed that they were at risk of getting infected with HIV. Sixteen percent of the drug users had been tested for HIV. Less than a fourth of the drug users (23%) had been treated ever for drug dependence.

Only twelve percent of the regular sex partners had used a condom during the latest sexual act. Seventy percent of the regular sex partners had heard of HIV/AIDS but only 17% of the regular sex partners believed that they were at risk for acquiring HIV. Fourteen percent of the sex partners had undergone HIV test.

Recommendations for all countries: The RSRAs have demonstrated that it is possible to reach out to the hidden populations of drug users as well as their regular sexual partners. The assessments yielded valuable information that can guide future interventions targeting drug users and their regular sexual partners in this region. Future interventions should aim to:

- Prevent the transitions from licit drug use like tobacco and alcohol to opioid use.
- Prevent the switch to injecting by the non-injecting opioid users.
- Include targeted interventions for drug users that address both the injection and the sex related risk behaviours.

- Promote condom use among the drug users and their regular sexual partners. This is an important challenge. Multi level intervention at the individual, couple and community level interventions are needed to deal with this vital issue.
- Include comprehensive HIV prevention interventions for drug users that provide community outreach for drug users and their sexual partners, an increased access to sterile injection equipment (e.g., needle syringe programmes), promote condom use with all sexual partners, primary medical care for abscess management, treatment for sexually transmitted infections (STIs) and voluntary counselling and testing (VCT).
- Provide drug dependence treatment, in particular, evidence based treatment like opioid substitution treatment needs to be implemented and scaled up in the region.

1. Introduction

South Asia is strategically located between the opium producing regions of Southwest and Southeast Asia. During the past two decades, injecting of opioids has diffused in the South Asian Association for Regional Cooperation (SAARC) countries, particularly, India, Nepal, Pakistan and Bangladesh. The UN Reference group estimates that there are 3.3 million injecting drug users (IDUs) in South and Southeast Asia (Aceijas et al, 2004). Unlike in many other parts of the world where heroin is the preferred opioid for injecting among injecting opioid users, considerable proportions of injectors in India and its neighbouring countries are using pharmaceutical preparations such as buprenorphine, dextropropoxyphene and pentazocine, often cocktailed with diazepam and antihistaminics (chlorpheniramine maleate and promethazine). India is a large manufacturer of pharmaceuticals and though the existing law regulates their production and sale, there is no uniformity in the monitoring of compliance with the law thereby contributing to an increase in the abuse of pharmaceutical drugs (UNODC, 2005).

With every country in the region reporting HIV infection and most among drug users (India, Nepal, Bangladesh, Pakistan, Bhutan), HIV/AIDS among drug using populations is a regional problem. Serological surveillance indicated a rise in HIV prevalence among IDUs in Central Bangladesh with prevalence rising from 1.4% in 1999-2000 to 4% in 2002 and remaining at 4% during 2003-2004 (Azim et al, 2004). Although during 2003-2004 the HIV prevalence has remained at 4%, in one particular neighbourhood of Dhaka city, the prevalence was recorded at 8.9% (GoB, 2004; Azim et al, 2004a; Azim et al, 2005). An epidemic of HIV coupled with hepatitis C infection among IDUs has been reported from the Himalayan region of eastern India that borders Bhutan, Bangladesh and Nepal (Sarkar et al, 2006). Ever since the first report of HIV infection amongst IDUs in northeast India in 1989, there has been diffusion of HIV among IDUs in different parts of India. In the HIV/AIDS epidemiological surveillance for the year 2005, the national HIV prevalence among IDUs in India is reported to be 10.2%; of the fourteen states in which IDU sentinel surveillance is operational, HIV prevalence among IDUs is >5% in nine states (NACO, 2006). Between 1995 and 1997, HIV-1 seroprevalence among IDUs of Kathmandu, Nepal rose from 0% to 40-50% (Oelrichs et al, 2000). Nepal is experiencing a concentrated epidemic, particularly among IDUs and sex workers. Among IDUs in Nepal, HIV prevalence reached 50% in 2002 (UNAIDS, 2006). Sri Lanka is a low HIV-prevalence country and the national prevalence of HIV is estimated to be below 0.1% (UNAIDS, 2006a).

Thus, injecting drug use (opioids and pharmaceuticals) and HIV associated with IDUs has diffused rapidly in the South Asian region. Further, the sexual transmission of HIV from the injecting drug users to their non-injecting sexual partners has been established in Asian settings (Panda et al, 2005). It is important to develop appropriate responses to deal with this emerging problem.

Rapid assessments are used increasingly to assist in the development of public health interventions for drug related problems. Patterns of drug use, injecting and associated consequences vary between areas and social groups within the same country, and can change quickly over time. The responses to problems can also vary within the country and are influenced by social, cultural, economic, religious and political factors. Conventional research has

serious limitations in developing responses to the rapidly emerging problems. Rapid assessments in the country/region help to identify resources and opportunities for interventions; identify (or develop) socially, culturally, politically, and economically appropriate interventions; identify factors that impede or enhance the effectiveness of interventions; and develop action plans for interventions.

The United Nations Office on Drugs and Crime Regional Office for South Asia (UNODC ROSA) is implementing a regional project RAS/H13 titled "Prevention of transmission of HIV among drug users in SAARC countries". Through this project a rapid situation and response assessment (RSRA) of HIV related risk behaviours, adverse health consequences and knowledge, attitudes relating to HIV/AIDS amongst drug users and their regular sex partners was carried out in the countries of Bangladesh, Bhutan, India, Nepal and Sri Lanka. The primary purpose of this document is to provide an overview of major findings and recommendations based on the key findings of RSRA.

2. Aims

The key aims of the RSRA were:

1. Study the extent and nature of drug use (demographic characteristics, drug use patterns, risk behaviours, knowledge and attitudes in relation to HIV/AIDS) and its associated adverse health consequences in the countries of Bangladesh, Bhutan, India, Nepal and Sri Lanka.
2. Assess the extent and nature of injecting drug use.
3. Recommend an action plan to reduce the adverse consequences of drug abuse.

3. Methods

3.1 Location of the study

The study was conducted in various locations of the following countries by RSRA teams formed in each of the assessment sites.

Bangladesh

Mentor Agency: International Centre for Diarrhoeal Disease Research

Partner Agency

Light House, Bogra Dhaka Ahsania Mission, Dhaka

Community Health Rehabilitation Education Awareness (CREA), Dhaka

Ashokti Punorbashon Nibash (APON), Dhaka

Addiction Life Overcome (ALO)[1], Chittagong

Bhutan

Mentor Agency: Youth Development Fund

Partner Agency[2]:

Youth Development Fund (YDF), Thimpu

REWA, Thimpu

India

Mentor Agency: RRTC NORTH-Society for Promotion of Youth and Masses (SPYM)

Partner Agency:

J & K SPYM, Jammu

SAHARA, Delhi

NIRVAAN, Barabanki

Mentor Agency: RRTC EAST I-Vivekananda Education Society

Partner Agency:

Vivekananda Education Society, Kolkata

Vishwa Jeevan Seva Sangha, Bhubaneshwar

Human Development and Research Institute (HDRI), Kolkata

Mentor Agency: RRTC EAST II-Calcutta Samaritans

Partner Agency:

Alpasankhyak Avam Harijan Samaj Kalyan Kendra, Muzaffarpur

Kripa Foundation, Darjeeling

Young Mens Christian Association, Jamshedpur

Mentor Agency: RRTC WEST-Muktangan Mitra

Partner Agency:

Kripa Foundation, Mumbai

Muktangan De-Addiction Centre, Pune

Gandhi Bhavan Trust (Navjeevan De-Addiction Centre), Bhopal

Mentor Agency: RRTC SOUTH-TT Ranganathan Clinical Research Foundation

Partner Agency:

TT Ranganathan Clinical Research Foundation, Chennai

Trivandrum Social Service Society, Trivandrum

Women's Organization in Rural Development, Namakkal

Mentor Agency: RRTC NORTHEAST-I Galaxy Club

Partner Agency:

Integrated Children and Women Development Centre, Imphal

Kripa Foundation, Imphal

SHALOM, Churachandpur

Mentor Agency: RRTC NORTHEAST II Kripa Foundation, Nagaland

Partner Agency:

Kripa Foundation, Kohima

Bethesda Youth Welfare Centre, Dimapur

New Hope Centre, Shillong

[1] RSRA was carried out by ALO, but due to technical reasons is not included in this analysis

[2] YDF and REWA together carried out the RSRA in Thimpu

Mentor Agency: RRTC NORTHEAST-III Mizoram Social Defence & Rehabilitation Board

Partner Agency:

Care Project, World Vision, Kolasib

Agape Moral Reformation Organization, Aizawl

New Life Home Society, Aizawl

Nepal

Mentor Agency: Drug Control Programme, Ministry of Home Affairs

Partner Agency:

NAMUNA Integrated Development Council, Rupendahi

Nagarjun Development Community, Rupendahi

Drug Abuse Prevention Association Nepal, Kathmandu

Nepal Youth Rehabilitation, Kathmandu

Community Awareness Against HIV/AIDS & Drug Addiction (CAADA), Kathmandu

Prerana, Kathmandu

Sri Lanka

Mentor Agency: Sri Lanka Federation of Non Government Organizations Against Drug Abuse

Partner Agency:

Alcohol and Drug Information Centre, Colombo

Mithuru Mithuro Movement, Colombo

Sri Lanka Anti Narcotics Association, Colombo

Apekedella, Polonnaruwa

3.2 Organising the rapid situation and response assessment

Planning is critical for effective implementation of rapid situation and response assessments. The following steps were taken for implementing RSRA:

1. Identifying priorities for action.
2. Establishing a core rapid assessment team, which included a team leader, peer outreach coordinators and peer outreach workers, both male and female.
3. Conducting an initial community consultation.
4. Identifying the parameters of rapid assessment.
5. Building and training the RSRA team.
6. Establishing a community consultation process.
7. Undertaking field work.
8. Carrying out data analysis.
9. Translating the findings into action plans.

3.3 Recruitment strategy

3.3.1 Mentor agencies and NGO partners

The first step was identifying and reaching out to drug users and their female sex partners. Mentor agencies were identified in the five countries and they were given the responsibility of identifying and coordinating with the partner NGOs. Overall, there were eight mentor agencies for India (one each for the South, West, North region; two for the eastern region; three agencies for the north-eastern region) and one mentor agency each for the countries of Bangladesh, Bhutan, Nepal and Sri Lanka. The partner agencies have been working with the drug users in their respective localities and they were given the task of carrying out the RSRAs in their areas. Forty NGO partners were involved in the RSRA in these five countries (India: 24; Nepal: 6; Bangladesh: 5; Sri Lanka: 4; and Bhutan: 1).

3.3.2 RSRA team

In each assessment site, the RSRA team consisted of a team leader who was responsible for overall coordination; three peer outreach coordinators who had the responsibility of monitoring, supporting and supervising the team of outreach workers; five outreach workers to carry out the field level activities; and site-specific

peer volunteers who assisted in identifying and engaging the drug users and their sex partners. To ensure that female regular sex partners could be reached for assessment, the project ensured that at least one of the peer outreach coordinators was a woman with experience of having worked in the drug use/HIV field. Similarly, it was emphasized that at least two of the five outreach workers should be females with either a drug use background or should be a spouse of a drug user. The peer volunteers and the outreach team were engaged in the field work and they were responsible for recruiting the required number of drug users and their regular sex partners for the assessment.

3.3.3 Training for the rapid assessment team

A tool-kit on rapid situation and response assessment[3] as well as a facilitators training manual on RSRA were developed by UNODC ROSA. With the help of these, international/ national experts in the field provided rigorous training to all the assessment team members on research methodology, assessment procedures, report writing, and use of research findings for intervention development. Mentor agencies were asked to identify master trainers who would be responsible for ongoing support to the team members and they were guided and assisted by the experts during the training sessions. The master trainers remained in touch the implementing partner NGOs throughout the period of assessment and provided ongoing supervision during the data collection.

3.4 Data collection strategies

3.4.1 Sampling plan for the quantitative survey

The strategy consisted of the following steps:

1. Initial mapping of indicators of drug use/injection drug use.
2. Ethnographic mapping of certain neighbourhoods and geographical locations identified to have high prevalence of drug use and drug injecting.
3. Development of a recruitment plan for each site.

After recruitment, the respondents were interviewed using a structured interview schedule. The NGO partners were responsible for the recruitment of drug users and their sex partners for assessment and data collection. The recruitment was always confined to specified geographical locations identified by the NGO partners in consultation with the mentor agencies. The geographical areas included for assessment are areas with high prevalence of drug use and in each country there was a good geographical spread covering the areas with high prevalence of drug use. The project emphasized the recruitment of opioid users (both injecting and non-injecting) for the assessment.

The aim was to recruit around 250 male drug users / IDUs and about 150 female regular sex partners in each of the assessment sites. Using the snow-ball technique, drug using clusters were identified and drug users recruited for assessment by the peer volunteers and assisted by peer outreach workers who were familiar with the drug use scenario in their locality. The drug users recruited were requested to bring their female regular sex partner for the assessment. The identified female sex partners were interviewed by the women outreach workers. The outreach team and the peer volunteers continued to remain in touch with the drug users and their partners following assessment for the purpose of providing peer-led HIV interventions

[3] http://www.unodc.org/india/en/module1.html

and other services. The total number of drug users recruited from each of the countries is shown in Table 1.

Table 1 Distribution of drug users according to countries

Country	Frequency	%
Bangladesh	1090	11.5
Bhutan	200	2.1
India	5800	61.3
Nepal	1330	14.1
Sri Lanka	1045	11.0
Total	9465	100.0

3.4.2 Measures

The data for the study was collected by the peer outreach coordinators (the male coordinator collecting the data from drug users and the woman coordinator collecting data from regular sex partners) over a three-month period (June–August 2005) in four countries, namely, Bangladesh, India, Nepal and Sri Lanka. The RSRA in Bhutan was carried out in May 2006. Information from the drug users and their regular sex partners was collected through separate structured interview schedules that were specially developed for this project. Data from the drug users and female regular sex partners was collected on demographic characteristics; drug use; sexual practices and behaviours; self reported symptoms during the past year; risk perception and HIV/AIDS knowledge. Overall, the RSRA reached 9,465 current drug users and 4,612 of their female regular sex partners (4,612/9,465; 48.7%) for the assessment.

3.5 Data Analysis

The findings of the rapid assessment survey were summarized using descriptive statistics to illustrate the demographic characteristics, drug use status, sexual behaviours, health status, risk perception and HIV/AIDS knowledge of the female regular sexual partners of drug users by country. The data was analysed using software package Epi Info (version 6.4b, Centres for Disease Control, Atlanta, GA, in collaboration with World Health Organization, Geneva, Switzerland) for frequency distribution and univariate analyses.

3.6 Ethics

The data was collected after obtaining informed consent. All participants were assured that a refusal to be part of assessment will not lead to denial of any of the services offered by the implementing NGO partner. The interviews were held in the drop-in-centres (DICs) of the NGO partners or at times in the field at a convenient and secure place.

3.7 Problems and barriers during assessment

- Drug users from all socio-economic groups were not represented in the study; the sample may not be representative of the drug users as the recruitment was done through snow-balling technique.
- The field researchers in some sites were exposed to unsafe conditions.
- The existing facilities for drug users are inadequate in most places and it was difficult to refer the clients requesting help to appropriate services.

Despite these difficulties, the researchers managed to gather necessary and relevant information crucial for intervention development.

BANGLADESH

4. Major Findings

4.1 Bangladesh

4.1.1 Sample description

In Bangladesh, 1,090 drug users (12% of the total sample of 9,465 drug users from South Asian countries) participated in the RSRA. Table 2 describes the socio-demographic characteristics of the drug users from Bangladesh.

Majority of the drug users (60%) that participated in the survey were in the age group of 21-30 years, with a median age of 30 years (range 16–60). Only a small proportion of female drug users (9%) were recruited for the assessment. More than half (57%) of the drug users were married, more than a fourth (27%) were illiterate, 83% were employed and, 11% were homeless.

Table 2 Socio-demographic characteristics of drug users, Bangladesh (N = 1,073)

Demographic characteristics	Number or Median	%† or Range
Age (yrs)	30	16-60
11-20 yrs	34	3.1
21-30 yrs	644	59.6
31-40 yrs	335	31.0
> 40 yrs	68	6.3
Sex, Males	987	91.98
Married	613	57.1
Illiterate	291	27.1
Employed	892	83.1
Homeless	120	11.1
Muslim	1015	94.5

†Percentage out of valid responses

4.1.2 Drug use and risk behaviours

Table 3 describes the types of drugs used by the ever and current users. Cannabis heroin and alcohol were the common ever used drugs. Most of drug users (97%) were current users of heroin

Table 3 Type of drug used and prevalence of ever users and current users and age at first use among ever drug users, Bangladesh

Drug used	Ever users (N=1,073)		Age at first use among ever users		Current users	
	Number	%	Mean	Median	Number	%
Alcohol	986	91.9	17.3	17	608	61.7
Cannabis	1030	96.0	17.0	16	934	90.7
Opium	140	13.0	20.7	20	7	5.0
Heroin (smoked)	989	92.2	22.3	21	961	97.2
Heroin (injected)	46	4.3	21.9	21	6	13.0
Propoxyphene	3	0.3	12.3	16	1	33.3
Buprenorphine	295	27.5	25.7	25	154	52.2

by non-injecting method (smoking), followed by the use of cannabis (91%) and alcohol (62%). Users reported that they were initiated to alcohol and cannabis before the age of 20 years and the age of onset for opioids like heroin, opium and buprenorphine was after 20 years.

Of the 1,073 drug users that participated in the assessment in Bangladesh, 888 (83%) used drugs always or at times in groups. Fourteen percent of them used drugs with more than five friends. Changing drug using groups was uncommon and was reported by a small number of drug users (1%). The median daily frequency of drug use in the sample was two (range: 1-22).

Table 4 describes the drug use related characteristics of the injecting drug users (N = 300). Most (81%) of them injected cocktail of drugs and just more than a third (35%) of the IDUs were current injectors. The median frequency of injecting was two times in a day (range 1-4). More than two-thirds (69%) of drug users have switched to injecting from non-injecting methods of drug administration. Lending and borrowing of syringes and needles was common and was reported by 43% and 39% of the participants respectively during the last injection episode. Only 28% of the drug users reported cleaning their injection equipment before using with others during the last time they injected with others. Indirect sharing like sharing injection related paraphernalia (cooker, cotton, water and ampoules) was reported by more than a fourth (26%) of the drug users. A fifth (20%) of the drug users reported abscesses during the past 6 months. Sixty-three percent of the drug users had stopped injecting and reverted back to non-injecting methods of administration.

Table 5 describes the sexual behaviour of the drug users that participated in the assessment. Most (96%) of the participants had sexual experience and the median age at first sex was 18. During the past year, the participants had a median number of two sexual partners. Condom use during last sexual act with any partner was low. Only 26%, 23% and 15% of the participants reported condom use with casual, non-commercial, non-regular partners; commercial sex partners; and, regular sex partners respectively. Twenty-nine percent of the drug users reported anal sex and 60% of the drug

Table 4 Drug use characteristics of the injecting drug users, Bangladesh (N =300)

Drug use characteristics	Number or Median	% or Range
Current injectors	106	35.3
Injected cocktail of drugs	244	81.3
Frequency of injecting	2	1-4
Used drug through non-injecting before switching to injection	207	69.0
Lend your syringe and needle to others, last injection episode	128	42.7
Borrow syringe and needle from others, last injection episode	116	38.7
Clean the needle/syringe before injecting with others, last time	85	28.3
Shared cooker, cotton, ampoules, water, other injection paraphernalia, last injection episode	78	26.0
Abscesses, past 6 months	61	20.3
Abscesses, past 1 month	26	8.7
Ever stopped injecting and shifted to non-injecting	188	62.7

users reporting anal sex had a male partner. Drug use before the last sex with commercial sex partner was common (70%), followed by with casual, non-commercial, non-regular partners (19%) and regular sex partners (16%).

Table 5 Sexual history of drug users, Bangladesh (N = 1,073)

Sexual history variables	Number or Median	%
Ever had sex	1031	96.1
Age at first sex	18	–
Number of sexual partners, last 12 months	2	–
Condom use with a casual, non commercial, non regular partner, last sex	267	25.9
Condom use with a commercial sex partner, last sex	235	22.8
Condom use with a regular sex partner, last sex	150	14.5
Anal sex, ever	296	28.7
Of those reporting anal sex, with male partners	177	59.8
Drug use before last sex with casual, non commercial, non regular partner	191	18.5
Drug use before last sex with commercial sex partner	717	69.5
Drug use before last sex with regular sex partner	163	15.8

4.1.3 Adverse health consequences

It can be observed from Table 6 that the participants reported the following symptoms related to sexually transmitted infections during the past 12 months: discharge from the genitalia (16%); ulcer(s) on/around genitalia (19%); and, pain/burning sensation during urination (51%). Just more than a half (51%) of the drug users sought any treatment for any of the above symptoms during the past year.

A view of an injecting site in Bangladesh. Project H13 is in the process of initiating the comprehensive package of services at such locations across Bangladesh

Table 6 Illness history of drug users, Bangladesh (N = 1,073)

Illness history variables	Number	%
Discharge from genitalia, past 12 months	176	16.4
Ulcer on/around your genitalia, past 12 months	208	19.4
Pain/burning sensation during urination, past 12 months	551	51.4
Seek any treatment for any of the above symptoms, past 12 months	306	50.7

4.1.4 Knowledge and attitudes in relation to HIV/AIDS

Variables related to knowledge and attitudes to HIV/AIDS of the drug users who participated in the study are described in Table 7. Most (96%) of the drug users were aware of HIV/AIDS.

The knowledge regarding modes of HIV transmission among the participants were: through contaminated injection equipment (84%); by blood transfusion from an infected person (87%); from HIV infected mother to her unborn child (72%); and, through breast-feeding by a HIV infected mother (64%). Only a small proportion (7%) of drug users believed that they could recognise an HIV infected person by appearance. More than three-fourths (76%) of the drug users knew that condoms protect against HIV. Despite high levels of knowledge relating HIV transmission, only 49% of the drug users believed that they were at-risk of getting infected with HIV. Even though, a very small (5%) proportion of drug users had been tested for HIV, among those not tested as yet, most (89%) desired to undergo HIV testing. Majority of the drug users were of the opinion that they would share results of HIV test with their regular partner if tested positive (58%) or negative (56%). Less than a half of the drug users (46%) had been treated ever for drug dependence. Fifty-nine percent of the drug users had been approached by someone to provide HIV prevention information. Many drug users believed that they would be treated differently from the non-drug using persons in the health care settings. Only 9% and 35% of the drug

Table 7 Knowledge and attitude of drug users in relation to HIV/AIDS, Bangladesh (N = 1,073)

Knowledge and attitude in relation to HIV/AIDS	Number	%†
Ever heard of HIV/AIDS	1032	96.2
Knowledge: HIV/AIDS transmission by contaminated syringes/needles	897	83.6
Knowledge: HIV/AIDS transmission by blood transfusion from an infected person	938	87.4
Knowledge: HIV infected pregnant mother to her unborn child	770	71.8
Knowledge: Transmission through breast-feeding by an HIV infected mother	681	63.5
Recognise HIV person by appearance	75	7.0
Condom protects against HIV	817	76.1
Risk of getting infected with HIV	524	48.8
Tested for HIV	57	5.3
Among those not tested, desirous of HIV testing	895	89.0
Willing to share results of HIV test with regular sex partner, if tested positive	619	57.7
Willing to share results of HIV test with regular sex partner, if tested negative	602	56.1
Ever been approached by someone to give information on HIV /AIDS	636	59.3
Ever taken treatment for addiction	496	46.2
Treated the same way as other non-drug using patients in government health care settings	100	9.3
Treated the same way as other non-drug using patients in private health care settings	371	34.6

†Percentage out of valid responses

users were of the opinion that they would be treated as well as the non-drug users in government health care settings and private health care settings respectively.

Project H13 peer staff in a dialogue during a support group meeting at a demo site in Bangladesh

4.1.5 Regular sex partners of drug users

A total of 136 regular sex partners were recruited and completed a rapid situation and response assessment questionnaire. The median age of the regular sex partners was 26 years (range 14-50 years). Most of them (89%) were married and nearly a half (49%) of them illiterate. About three-fourths (72%) of the regular sex partners of drug users were employed and 23% were engaged in commercial sex. More than a third (35%) of the regular sex partners used drugs. Only one in ten (10%) regular sex partners had used condoms during their last sexual act. A third (33%) of the regular sex partners used drugs before their last sexual act. Just over a third (34%) of the sex partners reported anal sex. White vaginal discharge (61%) and pain/burning sensation while passing urine (48%) was common. Most (98%) of the sex partners were aware of HIV/AIDS but only 60% of the regular sex partners believed that they were at-risk for acquiring HIV. Two-thirds of sex partners believed that condoms protected against HIV infection. A very small proportion (3%) of sex partners had undergone HIV testing.

4.1.6 Recommendations

- More than half of the drug users are married and hence all drug user interventions should target the drug users well as their regular sex partners.
- As a fourth of the drug users are illiterate, appropriate HIV prevention information, education and communication (IEC) materials should be developed to reach out to the illiterate populations.
- As most of the IDUs used heroin by non-injecting method before transiting to injection, interventions to prevent transitions to injecting should target the non-injecting drug users.
- As IDUs often lend and borrow syringes and needles, reducing injection related risk behaviours of drug users should be considered critical to halt the escalation of HIV among IDUs.
- Many drug users are young persons between 21-30 years of age and are sexually active with a median number of two sexual partners. Anal sex with men is also frequently reported by the male drug users. Despite the knowledge that condoms protect against HIV, condom use with any partner, in particular, regular sex partners is low. Interventions targeting drug users should always target sexual behaviour and promote consistent condom use with all sexual partners.
- Drug use before sex with commercial sex partner was common and since drug use can compromise on the safe sex, this aspect should be considered in HIV prevention interventions.
- Symptoms of sexually transmitted infections were not uncommon; screening for STIs and

effective STI care should be integral components of HIV prevention efforts for drug users.

- As a fifth of the drug users had abscesses, comprehensive interventions for drug users should include primary medical care of managing abscesses.
- Most were aware of HIV and many were knowledgeable about needle related HIV transmission as well as unsafe blood transfusion; but, the knowledge relating to HIV transmission by mother-to-child transmission and breastfeeding was inadequate. These messages need to be an integral part of programmes for drug users and their sex partners.
- More than a half of the drug users did not believe that they were at risk of getting infected with HIV and hence the focus should be on enhancing their risk perception.
- There is a great need to provide HIV testing for the drug users given the fact that most drug users had not been tested for HIV but those not yet tested were desirous of getting tested for HIV.
- Drug users felt that they were not being treated well both in government and private health care settings and services should become more user-friendly for the drug users in order to attract and retain them in services.

BHUTAN

4.2 Bhutan

4.2.1 Sample description

In Bhutan, 200 drug users (2% of the total sample of 9,465 drug users from South Asian countries) participated in the rapid assessment. Table 8 describes the socio-demographic characteristics of the drug users from Bhutan.

Half of the drug users (50%) who participated in the survey were in the age group of 21-30 years with a median age of 22 years (range 12–47). Only a small proportion of female drug users (6%) were recruited for the assessment. Sixteen percent of the drug users were married, a small number of them (3%) illiterate and nearly a fourth (24%) of the users were employed.

Table 8 Socio-demographic characteristics of drug users, Bhutan (N = 200)

Demographic characteristics	Number or Median	% or Range
Age (yrs)	22	12-47
11-20 yrs	79	39.5
21-30 yrs	99	49.5
31-40 yrs	21	10.5
> 40 yrs	1	0.5
Sex, Males	188	94.0
Married	31	15.5
Illiterate	6	3.0
Employed	47	23.5
Homeless	1	0.5
Buddhist	178	89.0

4.2.2 Drug use and risk behaviours

Table 9 describes the types of drugs used by the ever and current users. In terms of ever use, alcohol and cannabis were the most commonly used drugs. Majority of drug users were currently using alcohol (75%), followed by cannabis (67%) and heroin (11%). Users were initiated to alcohol and cannabis before the age of 17 years and the age of onset for opioids like heroin, propoxyphene and buprenorphine was after 20 years.

Of the 200 drug users that participated in the assessment in Bhutan, 174 (87%) used drugs always or at times in groups. A third of the drug users (34%) used drugs with more than five friends. Changing drug using groups was common and was reported by 45% of the drug users. The median frequency of drug use in the sample was three (range: 1-24).

Table 10 describes the drug use related characteristics of the injecting drug users (N = 37). About a fifth (19%) of the drug users injected cocktail of drugs and there are no current drug injectors. Most (89%) of the drug users switched to injecting from non-injecting methods of drug administration. Lending of syringes and needles was common and reported by 43% of the participants during the last injection episode. Nearly three-fourths (73%) of the drug users reported cleaning their injection equipment before using with others during the last time they injected with others. Indirect sharing like sharing injection related

Table 9 Type of drug used and prevalence of ever users and current users and age at first use among ever drug users, Bhutan

Drug used	Ever users (n=200)		Age at first use among ever users		Current users	
	Number	%	Mean	Median	Number	%
Alcohol	189	94.5	16.9	17	141	74.6
Cannabis	172	86.0	16.7	16	115	66.9
Opium	0	0.0	NA	NA	NA	NA
Heroin (smoked)	37	18.5	22.9	23	4	10.8
Heroin (injected)	3	1.5	19.5	20	3	100.0
Propoxyphene	32	16.0	21.9	22	3	9.4
Buprenorphine	28	14.0	22.0	22	2	7.1

Project H13 peers prepare a RSRA workplan in Bhutan

paraphernalia (cooker, cotton, water and ampoules) was reported by 45% of the drug users. Nearly a fifth (19%) of the drug users reported abscesses during the past 6 months. Eighty-four percent of the drug users have stopped injecting and reverted back to non-injecting method of administration of drugs.

Table 10 Drug use characteristics of the injecting drug users, Bhutan (N =37)

Drug use characteristics	Number	%
Current injectors	0	0.0
Injected cocktail of drugs	7	18.9
Used drug through non-injecting before switching to injection	33	89.2
Lend your syringe and needle to others, last injection episode	16	43.2
Borrow syringe and needle from others, last injection episode	0	0.0
Clean the needle/syringe before injecting with others, last time	27	73.0
Shared cooker, cotton, ampoules, water, other injection paraphernalia, last injection episode	17	45.9
Abscesses, past 6 months	7	18.9
Abscesses, past 1 month	1	2.7
Ever stopped injecting and shifted to non-injecting	31	83.8

Table 11 describes the sexual history behaviour of the drug users who participated in the assessment. Most (83%) of the participants had sexual experience and the median age at first sex was 17. During the past year, the participants had a median number of two sexual partners (range 1–36). The proportion of participants reporting condom use with different sex partners during the last sexual act were: casual, non-commercial, non-regular partners (55%); commercial sex partners (55%); and, regular sex partners (37%). Thirteen percent of the drug users reported anal sex and 15% of the drug users reporting anal sex had a male partner. Drug use before the last sex with casual, non-commercial, non-regular partners was common (71%), followed by with commercial sex partners (63%) and regular sex partners (55%).

Table 11 Sexual history of drug users, Bhutan (N = 200)

Sexual history variables	Number or Median	%† or Range
Ever had sex	166	83.0
Age at first sex	17	–
Number of sexual partners, last 12 months	2	1-36
Condom use with a casual, non commercial, non regular partner, last sex†	91	54.8
Condom use with a commercial sex partner, last sex†	91	54.8
Condom use with a regular sex partner, last sex†	61	36.7
Anal sex, ever	21	12.7
Of those reporting anal sex, with male partners	3	14.3
Drug use before last sex with casual, non commercial, non–regular partner†	117	70.5
Drug use before last sex with commercial sex partner†	104	62.7
Drug use before last sex with regular sex partner†	91	54.8

† Percentage out of valid responses

4.2.3 Adverse health consequences

It can be observed from Table 12 that the participants reported the following symptoms related to sexually transmitted infections during the past 12 months: discharge from the genitalia (8%); ulcers on/around genitalia (6%); and, pain/burning sensation during urination (10%). Only 9% of the drug users sought any treatment for any of the above symptoms during the past year.

4.2.4 Knowledge and attitude in relation to HIV/AIDS

Variables related to knowledge and attitudes to HIV/AIDS of the drug users who participated in the study are described in Table 13. Most (98%)

Table 12 Illness history of drug users, Bhutan (N = 200)

Illness history variables	Number	%
Discharge from genitalia, past 12 months	16	8.0
Ulcer on/around your genitalia, past 12 months	12	6.0
Pain/burning sensation during urination, past 12 months	20	10.0
Seek any treatment for any of the above symptoms, past 12 months	17	8.5

of the drug users were aware of HIV/AIDS. The knowledge of HIV transmission among the participants were: through contaminated injection equipment (93%); by blood transfusion from an infected person (96%); from HIV infected mother to her unborn child (86%); and, through breast-feeding by a HIV infected mother (41%). Only a small proportion (8%) of drug users believed that they could recognise an HIV infected person by appearance. About two-thirds (66%) of the drug users knew that condoms protect against HIV. Despite high levels of knowledge related to HIV transmission, only a third (34%) of the drug users believed that they were at-risk of getting infected with HIV. Thirty-nine percent of the drug users had been tested for HIV; among those not tested as yet, more than a half (54%) desired to undergo HIV testing. Majority of the drug users were of the opinion that they would share the results of their HIV test with their regular partner if tested positive (65%) or negative (62%). Less than a fourth (24%) of the drug users had been treated ever for drug dependence. About two-thirds (65%) of the drug users had been approached by someone to provide HIV prevention information.

Project H13 staff watch a group meeting of community members at a project demo site in Bhutan

Table 13 Knowledge and attitude of drug users in relation to HIV/AIDS, Bhutan (N = 200)

Knowledge and attitude in relation to HIV/AIDS	Number	%†
Ever heard of HIV/AIDS	196	98.0
Knowledge: HIV/AIDS transmission by contaminated syringes/needles	186	93.0
Knowledge: HIV/AIDS transmission by blood transfusion from an infected person	192	96.0
Knowledge: HIV infected pregnant mother to her unborn child	172	86.0
Knowledge: Transmission through breast-feeding by an HIV infected mother	82	41.0
Recognise HIV person by appearance	15	7.5
Condom protects against HIV	131	65.5
Risk of getting infected with HIV	68	34.0
Tested for HIV	78	39.0
Among those not tested, desirous of HIV testing	65	54.2
Willing to share results of HIV test with regular sex partner, if tested positive	129	64.5
Willing to share results of HIV test with regular sex partner, if tested negative	123	61.5
Ever been approached by someone to give information on HIV /AIDS	130	65.0
Ever taken treatment for addiction	48	24.0
Treated the same way as other non-drug using patients in government health care settings	137	68.5

† Percentage out of valid responses

Many drug users believed that they would be treated differently from the non-drug using persons in the health care settings. More than two-thirds (69%) of the drug users were of the opinion that they would be treated as well as the non-drug users in government health care settings.

4.2.5 Regular sex partners of drug users

A total of 23 regular sex partners were recruited and completed a rapid situation and response assessment questionnaire. The median age of the regular sex partners was 22 years (range 17-33 years). Forty-four percent of them were married and only a small proportion (13%) of them were illiterate. More than a three-fourth of the regular sex partners of drug users (78%) were employed. Nearly a half (48%) of the regular sex partners ever used drugs. Only 39% of the regular sex partners had used condoms during the last sexual act. Nine percent of the regular sex partners used drugs before their last sexual act. Thirteen percent of the sex partners reported anal sex. White vaginal discharge (13%), ulcers on the genitalia (13%) and pain/burning sensation while passing urine (17%) was not uncommon. Most (83%) of the sex partners were aware of HIV/AIDS but only 35% of the regular sex partners believed that they were at-risk for acquiring HIV. Nearly two-thirds (65%) of the sex partners believed that condoms protected against HIV infection. A small proportion (13%) of the sex partners had undergone HIV testing.

4.2.6 Recommendations

- As most of the drug users were literate, appropriate HIV prevention IEC materials should be developed to reach out to the drug using populations.

- As most of the IDUs used heroin by non-injecting method before transiting to injection, interventions to prevent transitions to injecting should target the non-injecting drug users.

- IDUs often lent syringes and needles; reducing injection related risk behaviours of drug users is critical to halt the escalating HIV among IDUs. Indirect sharing like sharing of injection paraphernalia was common and this needs to be addressed in order to reduce the transmission of blood borne viruses like hepatitis C.

- Many drug users were young persons between 21-30 years of age and were sexually active with a median number of two sexual partners. Despite the knowledge that condoms protect against HIV, condom use with regular sex partners was low and nearly a half of them had not used condoms during the last sexual act with commercial and casual sex partners. Interventions targeting drug users should always target sexual behaviour and promote consistent condom use with all sexual partners.

- Drug use before sex with casual and commercial sex partner was common and since drug use can compromise safe sex, this aspect should be considered in HIV prevention interventions.

- Symptoms of sexually transmitted infections were not uncommon; screening for STIs and effective STI care should be integral components of HIV prevention efforts for drug users.

- As nearly a fifth of the drug users had abscesses, comprehensive interventions for drug users should as well include primary medical care of managing abscesses.

- Most were aware of HIV and many are knowledgeable about needle related HIV

transmission, unsafe blood transfusion and mother-to-child transmission; but, the knowledge relating to HIV transmission through breastfeeding was inadequate.

- Two-thirds of the drug users did not believe that they are at-risk of getting infected with HIV and hence enhancing the risk perception is crucial. There is a need to provide HIV testing for the drug users given the fact that most drug users had not been tested for HIV but among those not yet tested more than a half desired to undergo HIV test.

INDIA

4.3 India

4.3.1 Sample description

In India, 5,800 drug users (61% of the total sample of 9,465 drug users from South Asian countries) participated in the RSRA. Table 14 describes the socio-demographic characteristics of the drug users from India.

propoxyphene (64%). Users were initiated to alcohol and cannabis before the age of 18 years and the age of onset for opioids like opium, heroin, propoxyphene and buprenorphine was after 20 years.

Of the 5,800 drug users who participated in the assessment in India, 4,163 (73%) used drugs

Table 14 Socio-demographic characteristics of drug users, India (N = 5,800)

Demographic characteristics	Number or Median	%† or Range
Age (yrs)	30	11-80
11-20 yrs	379	6.6
21-30 yrs	2871	49.8
31-40 yrs	1773	30.8
> 40 yrs	741	12.8
Sex, Males	5441	93.8
Married	2761	48.1
Illiterate	852	14.7
Employed	3532	61.5
Homeless	220	3.8
Hindus	2838	48.9

† Percentage out of valid responses

A half of the drug users (50%) that participated in the survey were in the age group of 21-30 years with a median age of 30 years (range 11–80). Only a small proportion of female drug users (5%) were recruited for the assessment. Of the drug users nearly a half (48%) were married, 15% were illiterate, 62% were employed and 4% homeless.

4.3.2 Drug use and risk behaviours

Table 15 describes the types of drugs used by the ever and current users. In terms of ever use of drugs, alcohol, cannabis and heroin were the commonly used drugs. Many drug users were currently using alcohol (80%) followed by cannabis (76%), injectable buprenorphine (76%), heroin by injecting (76%), heroin by non-injecting method (smoking) (70%) and always or at times in groups. Forty-six percent of them used drugs with less than three friends. Changing drug using groups was common and was reported by a more than a half of drug users (52%). The median frequency of drug use in the sample was three (range 1-39).

A group session underway with drug users at a Project H13 site in India

Table 15 Type of drug used and prevalence of ever users and current users and age at first use among ever drug users, India

Drug used	Ever users (n=5,732)		Age at first use among ever users		Current users	
	Number	(%)	Mean	Median	Number	%
Alcohol	5319	92.8	17.7	17	4252	79.9
Cannabis	4167	72.7	18.0	18	3171	76.1
Opium	1535	26.8	21.6	20	858	55.9
Heroin (smoked)	3017	52.6	21.8	21	2123	70.4
Heroin (injected)	1623	28.3	22.5	21	1228	75.7
Propoxyphene	1713	29.9	20.8	20	1103	64.4
Buprenorphine	1466	25.6	25.0	24	1115	76.1

Table 16 describes the drug use related characteristics of the injecting drug users (N = 3,562). About three-fourths (72%) of the IDUs were current injectors and 43% of them injected a cocktail of drugs. The median frequency of injecting in the sample was three (range 1–24). More than three-fourths (78%) of the drug users switched to injecting from non-injecting methods of drug administration. Lending and borrowing of syringes and needles was common and was reported by 51% and 46% of the participants respectively during the last injection episode. More than two-thirds (69%) of the participants reported cleaning their injection equipment before using with others during the last time they injected with others. Indirect sharing like sharing injection related paraphernalia (cooker, cotton, water and ampoules) was reported by more than a half (51%) of drug users. Nearly a third (32%) of the drug users reported abscesses during the past 6 months; more than a fifth of the drug users reported abscesses during the past month. Fifty-seven percent of the drug users have stopped injecting and reverted back to non-injecting methods of administration.

Table 17 describes the sexual behaviour characteristics of the drug users that participated in the assessment. Most (87%) of the participants had sexual experience and the median age at first sex was 19 (range 11–46). During the past year, the participants had a median number of two sexual partners. Condom use during last sexual act with any partner was low. Only 21%, 23% and 20% of the participants

A peer staff (nurse) attending an IDU at a project H13 site in India

Table 16 Drug use characteristics of the injecting drug users, India (N =3,562)

Drug use characteristics	Number or Median	%† or Range
Current injectors	2558	71.8
Injected cocktail of drugs	1523	42.8
Frequency of injecting	3	1-24
Used drug through non-injecting before switching to injection	2789	78.3
Lend your syringe and needle to others, last injection episode	1420	50.9
Borrow syringe and needle from others, last injection episode	1279	45.9
Clean the needle/syringe before injecting with others, last time	1926	69.1
Shared cooker, cotton, ampoules, water, other injection paraphernalia, last injection episode	1431	51.3
Abscesses, past 6 months	891	31.9
Abscesses, past 1 month	584	20.9
Ever stopped injecting and shifted to non-injecting	1593	57.1

† Percentage out of valid responses

reported condom use with casual, non-commercial, non-regular partners; commercial sex partners; and regular sex partners respectively. Eighteen percent of the drug users reported anal sex and 46% of the drug users reporting anal sex had a male partner. Drug use before the last sex with regular sex partners was common (60%), followed by with casual, non-commercial, non-regular partners (54%) and commercial sex partner (45%).

4.3.3 Adverse health consequences

It can be observed from the Table 18 that the participants reported the following symptoms related to sexually transmitted infections during the past 12 months: discharge from the genitalia (15%); ulcer on/around genitalia (13%); and, pain/burning sensation during urination (30%). More than a half (52%) of the drug users sought any treatment for any of the above symptoms during the past year.

Table 17 Sexual history of drug users, India (N = 5,800)

Sexual history variables	Number or Median	%† or Range
Ever had sex	5003	87.3
Age at first sex	19	–
Number of sexual partners, last 12 months	2	–
Condom use with a casual, non commercial, non regular partner, last sex	1064	21.3
Condom use with a commercial sex partner, last sex	1152	23.0
Condom use with a regular sex partner, last sex	1015	20.3
Anal sex, ever	886	17.7
Of those reporting anal sex, with male partners	403	45.5
Drug use before last sex with casual, non commercial, non regular partner	2700	54.0
Drug use before last sex with commercial sex partner	2241	44.8
Drug use before last sex with regular sex partner	2991	59.8

† Percentage out of valid responses

Table 18 Illness history of drug users, India (N = 5,800)

Illness history variables	Number	%†
Discharge from genitalia, past 12 months	874	15.2
Ulcer on/around your genitalia, past 12 months	751	13.1
Pain/burning sensation during urination, past 12 months	1737	30.3
Seek any treatment for any of the above symptoms, past 12 months	1090	51.8

† Percentage out of valid responses

4.3.4 Knowledge and attitudes in relation to HIV/AIDS

Variables related to knowledge and attitudes to HIV/AIDS of the drug users who participated in the study are described in Table 19. Most (89%) of the drug users were aware of HIV/AIDS. The knowledge of HIV transmission among the participants were: through contaminated injection equipment (79%); by blood transfusion from an infected person (80%); from HIV infected mother to her unborn child (64%); and, through breast-feeding by a HIV infected mother (49%). Only a small proportion (12%) of drug users believed that they could recognise an HIV infected person by appearance. Nearly three-fourths (73%) knew that condoms protect against HIV. Despite high levels of knowledge related to HIV transmission, only about a third (32%) of the drug users believed that they were at risk of getting infected with HIV. More than a fifth (22%) of the drug users had been tested for HIV; among those not tested as yet, 42% desired to undergo HIV testing. The drug users in the survey were of the opinion that they would share the results of the HIV test with their regular partner if tested positive (27%) or negative (33%). A third (33%) of the drug users had been treated ever for drug dependence. Sixty-two percent of the drug users had been approached by someone to provide HIV prevention information. Many drug users believed that they would be treated differently from the non-drug using persons in the health care settings. Only 44% and 54% of the drug users were of the opinion that they would be treated as well as the non-drug users in government health care settings and private health care settings respectively.

Beneficiaries interacting with a project H13 staff nurse at a site in India

4.3.5 Regular sex partners of drug users

A total of 3,328 regular sex partners were recruited and completed a rapid situation and response assessment questionnaire. The median age of the regular sex partners was 29 years (range 14-70 years). A sizeable (73%) proportion of them were married and more than a fourth of them were illiterate (28%). Forty-one percent of the regular sex partners of drug users were employed and 8% were engaged in commercial sex. A fifth (20%) of the regular sex partners used drugs. Only 22% of the regular sex partners had used condoms during the last sexual act. Seventeen percent of the regular sex

Table 19 Knowledge and attitude of drug users in relation to HIV/AIDS, India (N = 5,800)

Knowledge and attitude in relation to HIV/AIDS	Number	%†
Ever heard of HIV/AIDS	5146	88.7
Knowledge: HIV/AIDS transmission by contaminated syringes/needles	4559	78.6
Knowledge: HIV/AIDS transmission by blood transfusion from an infected person	4635	79.9
Knowledge: HIV infected pregnant mother to her unborn child	3688	63.6
Knowledge: Transmission through breast-feeding by an HIV infected mother	2866	49.4
Recognise HIV person by appearance	677	11.7
Condom protects against HIV	4215	72.7
Risk of getting infected with HIV	1861	32.1
Tested for HIV	1252	21.6
Among those not tested, desirous of HIV testing	1861	42.2
Willing to share results of HIV test with regular sex partner, if tested positive	1552	26.8
Willing to share results of HIV test with regular sex partner, if tested negative	1933	33.3
Ever been approached by someone to give information on HIV /AIDS	3604	62.1
Ever taken treatment for addiction	1930	33.3
Treated the same way as other non-drug using patients in government health care settings	2576	44.4
Treated the same way as other non-drug using patients in private health care settings	3151	54.3

† Percentage out of valid responses

partners used drugs before their last sexual act. Fourteen percent of the regular sex partners reported anal sex. White vaginal discharge (39%), ulcer on the genitalia (16%) and pain/burning sensation while passing urine (35%) was common. Nearly three-fourths of the sex partners (74%) had heard of HIV/AIDS but only a fourth (25%) of the regular sex partners believed that they were at-risk for acquiring HIV. More than half (53%) of the sex partners believed that condoms protected against HIV infection. A small proportion (18%) of the sex partners had undergone HIV testing.

4.3.6 Recommendations

- Nearly half of the drug users were married and hence all drug user interventions should target the drug users as well as their regular sex partners.
- As 15% of the drug users were illiterate, appropriate HIV prevention IEC materials should be developed to reach out to the illiterate populations.
- As most of the IDUs used heroin by non-injecting method before transiting to injection, interventions to prevent transitions to injecting should target the non-injecting drug users.
- IDUs often lent and borrowed syringes and needles; focus should, therefore, be on reducing injection related risk behaviours of drug users to halt the escalation of HIV among IDUs.
- Many drug users were young persons between 21-30 years of age and were sexually active with a median number of two sexual

partners. Anal sex by male drug users with other men was not uncommon. Despite the knowledge that condoms protect against HIV, condom use with any partner, in particular, regular sex partners was low. Interventions targeting drug users should always target sexual behaviour and promote consistent condom use with all sexual partners.

- Drug use before sex with regular and casual sex partner was common and since drug use can compromise safe sex, this aspect should be considered in HIV prevention interventions.
- Symptoms of sexually transmitted infections were not uncommon; screening for STIs and effective STI care should be integral components of HIV prevention efforts for drug users.
- Since a fifth of the drug users had abscesses currently, comprehensive interventions for drug users should include primary medical care of managing abscesses.
- Most drug users were aware of HIV and many were knowledgeable about needle related HIV transmission as well as unsafe blood transfusion; but, the knowledge relating to HIV transmission through breastfeeding was inadequate. More than two-thirds of the drug users did not believe that they are at-risk of getting infected with HIV and efforts should be directed towards enhancing their risk perception.
- There is a great need to provide HIV testing for the drug users given the fact that most drug users had not been tested for HIV, and among those not yet tested, many were desirous of getting tested for HIV.
- Drug users felt that they were not being treated well both in government and private health care settings and hence services should become more user-friendly for the drug users in order to attract and retain them in services.

NEPAL

4.4 Nepal

4.4.1 Sample description

In Nepal, 1,330 drug users (14% of the total sample of 9,465 drug users from South Asian countries) participated in the rapid assessment. Table 20 describes the socio-demographic characteristics of the drug users from Nepal.

Table 20 Socio-demographic characteristics of drug users, Nepal (N = 1,330)

Demographic characteristics	Number or Median	%† or Range
Age (yrs)	25	13-63
11-20 yrs	1	0.1
21-30 yrs	244	18.3
31-40 yrs	874	65.7
> 40 yrs	210	15.8
Sex, Males	1277	96.1
Married	441	33.3
Illiterate	67	5.0
Employed	462	35.1
Homeless	28	2.1
Hindu	1107	83.2

† Percentage out of valid responses

About two-thirds of the drug users (66%) who participated in the survey were in the age group of 31-40 years with median age of 25 years (range 13–63). Only a small proportion of female drug users (4%) were recruited for the assessment. Of the drug users, a third (33%) were married, five percent illiterate, more than a third (35%) employed and a very small proportion (2%) were homeless.

4.4.2 Drug use and risk behaviours

Table 21 describes the types of drugs used by the ever and current users. In terms of ever use of drugs, cannabis, alcohol and heroin were the most commonly used drugs. Majority of drug users (88%) were currently using cannabis followed by alcohol (87%), injectable buprenorphine (85%), heroin by smoking (76%), heroin by injecting (75%), propoxyphene (65%) and opium (65%). Users were initiated to alcohol and cannabis before the age of 16 years and the age of onset for opioids like opium, heroin and buprenorphine was after 18 years.

Of the 1,330 drug users who participated in the assessment in Nepal, 1,209 (91%) used drugs in groups always or at times. Forty-nine percent of them used drugs with one to five friends. Changing drug using groups was very common and was reported by most drug users (82%). The median frequency of drug use in the sample was three (range: 1-10).

Project H13 peer staff interacting with a community member during an outreach at a remote location in Nepal

Table 21 Type of drug used and prevalence of ever users and current users and age at first use among ever drug users, Nepal

Drug used	Ever users (n=1,322)		Age at first use among ever users		Current users	
	Number	%	Mean	Median	Number	%
Alcohol	1201	90.8	15.9	15	1030	86.8
Cannabis	1217	92.1	16.3	16	1074	88.2
Opium	181	13.7	18.9	18	117	64.6
Heroin (smoked)	1159	87.7	18.7	18	880	75.9
Heroin (injected)	606	45.8	20.2	20	456	75.2
Propoxyphene	149	11.3	20	19	97	65.1
Buprenorphine	1013	76.6	20.3	30	858	84.7

Table 22 describes the drug use related characteristics of the injecting drug users (N = 1,060). More than three-fourths (76%) of them injected a cocktail of drugs and 79% of the IDUs were current injectors. The median frequency of injecting was two. Most (92%) of the drug users switched to injecting from non-injecting methods of drug administration. Lending and borrowing of syringes and needles was not uncommon and was reported by 38% and 24% of the participants respectively during the last injection episode. More than half (56%) of the participants reported cleaning their injection equipment during the last time they injected with others. Indirect sharing like sharing injection related paraphernalia (cooker, cotton, water and ampoules) was reported by more than a fifth (21%) of drug users. Nearly a fourth (24%) of the drug users reported abscesses during the past 6 months. About two-thirds (65%) of the drug users had stopped injecting drugs and reverted back to taking drugs through non-injecting methods.

Table 22 Drug use characteristics of the injecting drug users, Nepal (N =1,060)

Drug use characteristics	Number or Median	% or Range
Current injectors	836	78.9
Injected cocktail of drugs	801	75.6
Frequency of injecting	2	–
Used drug through non-injecting before switching to injection	979	92.4
Lend your syringe and needle to others, last injection episode	397	37.5
Borrow syringe and needle from others, last injection episode	251	23.7
Clean the needle/syringe before injecting with others, last time	590	55.7
Shared cooker, cotton, ampoules, water, other injection paraphernalia, last injection episode	225	21.2
Abscesses, past 6 months	250	23.6
Abscesses, past 1 month	145	13.7
Ever stopped injecting and shifted to non-injecting	686	64.7

Table 23 describes the sexual behaviour characteristics of the drug users who participated in the assessment. Most (87%) of the participants had sexual experience and the median age at first sex was 18. During the past year, the participants had a median number of two sexual partners (range 0 – 25). Condom use during last sexual act with regular sex partner was low. Fifty-six percent, 51% and 34% of the survey participants reported condom use with casual, non-commercial, non-regular partners; commercial sex partners; and regular sex partners respectively. Thirteen percent of the drug users reported anal sex and 53% of the drug users reporting anal sex had a male partner. Drug use before the last sex with casual, non-commercial, non-regular partners was common (82%), followed by with commercial sex partner (75%) and regular sex partners (14%).

4.4.3 Adverse health consequences

It can be observed from the Table 24 that the participants reported the following symptoms related to sexually transmitted infections during the past 12 months: discharge from the genitalia (5%); ulcer on/around genitalia (12%); and, pain/burning sensation during urination (12%). Twelve percent of the drug users sought any treatment for any of the above symptoms during the past year.

Table 23 Sexual history of drug users, Nepal (N = 1,330)

Sexual history variables	Number or Median	%† or Range
Ever had sex	1156	87.4
Age at first sex	18	
Number of sexual partners, last 12 months	2	0-25
Condom use with a casual, non commercial, non regular partner, last sex	648	56.1
Condom use with a commercial sex partner, last sex	587	50.8
Condom use with a regular sex partner, last sex	391	33.8
Anal sex, ever	152	13.1
Of those reporting anal sex, with male partners	80	52.6
Drug use before last sex with casual, non commercial, non regular partner	947	81.9
Drug use before last sex with commercial sex partner	870	75.3
Drug use before last sex with regular sex partner	165	14.3

† Percentage out of valid responses

Table 24 Illness history of drug users, Nepal (N = 1,330)

Illness history variables	Number	%†
Discharge from genitalia, past 12 months	67	5.1
Ulcer on/around your genitalia, past 12 months	157	11.9
Pain/burning sensation during urination, past 12 months	152	11.5
Seek any treatment for any of the above symptoms, past 12 months	161	12.1

† Percentage out of valid responses

4.4.4 Knowledge and attitude in relation to HIV/AIDS

Variables related to knowledge and attitudes to HIV/AIDS of the drug users who participated in the study are described in Table 25. Almost all (99%) of the drug users were aware of HIV/AIDS. The knowledge of HIV transmission among the participants were: through contaminated injection equipment (87%); by blood transfusion from an infected person (95%); from HIV infected mother to her unborn child (79%); and, through breast-feeding by a HIV infected mother (49%). Only a small proportion (7%) of drug users believed that they could recognise an HIV infected person by appearance. Most (93%) knew that condoms protect against HIV. Despite high levels of knowledge related to HIV transmission, only just more than a third (35%) of the drug users believed that they were at risk of getting infected with HIV. Nearly a third (32%) of the drug users had been tested for HIV; among those not tested as yet, a half (50%) desired to undergo HIV testing. More than a third of the drug users were of the opinion that they would share the results of their HIV test with their regular partner if tested positive or negative (36%). Forty percent of the drug users had been treated ever for drug dependence. Most (88%) of the drug users had been approached by someone to provide HIV prevention information. Many drug users believed that they would be treated differently from the non-drug using persons in the health care settings. Thirty nine percent of the drug users were of the opinion that they would be treated as well as the non-drug users in government health care settings and private health care settings respectively.

A group session underway at a Project H13 demo site in Nepal

Table 25 Knowledge and attitude in relation to HIV/AIDS of drug users, Nepal (N = 1,330)

Knowledge and attitude in relation to HIV/AIDS	Number	%†
Ever heard of HIV/AIDS	1307	98.9
Knowledge: HIV/AIDS transmission by contaminated syringes/needles	1155	87.4
Knowledge: HIV/AIDS transmission by blood transfusion from an infected person	1261	95.4
Knowledge: HIV infected pregnant mother to her unborn child	1044	79
Knowledge: Transmission through breast-feeding by an HIV infected mother	647	48.9
Recognise HIV person by appearance	90	6.8
Condom protects against HIV	1234	93.3
Risk of getting infected with HIV	463	35
Tested for HIV	425	32.1
Among those not tested, desirous of HIV testing	444	49.9
Willing to share results of HIV test with regular sex partner, if tested positive	479	36.2
Willing to share results of HIV test with regular sex partner, if tested negative	475	35.9
Ever been approached by someone to give information on HIV /AIDS	1169	88.4
Ever taken treatment for addiction	522	39.5
Treated the same way as other non-drug using patients in government health care settings	435	32.9
Treated the same way as other non-drug using patients in private health care settings	510	38.6

† Percentage out of valid responses

4.4.5 Regular sex partners of drug users

A total of 417 regular sex partners were recruited and completed a rapid situation and response assessment questionnaire. The median age of the regular sex partners was 25 years (range 14-57 years). Most of them (79%) were married and nearly a fourth of them were illiterate (25%). Forty-three percent of the regular sex partners of drug users were employed and 14% were engaged in commercial sex. Twenty-nine percent of the regular sex partners used drugs. Only 37% of the regular sex partners had used condoms during their last sexual act. Nearly a fourth (24%) of the regular sex partners used drugs before their last sexual act. Only 5% of the sex partners reported anal sex. White vaginal discharge (28%), genital ulcer (9%) and pain/burning sensation while passing urine (22%) was common. Most (88%) of the sex partners had heard of HIV/AIDS but only 23% of the regular sex partners believed that they were at-risk for acquiring HIV. Seventy-three percent of the sex partners believed that condoms protected against HIV infection. A small proportion (14%) of the sex partners had been tested for HIV.

4.4.6 Recommendations

- As most of the drug users were illiterate, appropriate HIV prevention IEC materials should be developed to reach out to these drug using populations.
- As most of the IDUs used heroin by non-injecting method before transiting to injection, interventions to prevent transitions to injecting should target the non-injecting drug users.
- Lending and borrowing syringes and needles was not uncommon and hence focus should be on reducing injection related risk behaviours of drug users to halt the escalation of HIV among IDUs.
- Many drug users were sexually active with a median number of two sexual partners. Despite the knowledge that condoms protect against HIV, condom use with any partner, in particular, regular sex partners was low. Interventions targeting drug users should always target sexual behaviour and promote consistent condom use with all sexual partners, including regular sex partners.
- Drug use before sex with casual and commercial sex partner was common and since drug use can compromise on the safe sex, this aspect should be considered in HIV prevention interventions.
- Symptoms of sexually transmitted infections were not uncommon; screening for STIs and effective STI care should be integral components of HIV prevention efforts for drug users.
- Since, nearly a fourth of the drug users had abscesses, comprehensive interventions for drug users should include primary medical care of managing abscesses.
- Most were aware of HIV and many are knowledgeable about needle related HIV transmission as well as unsafe blood transfusion; but, the knowledge relating to HIV transmission through breastfeeding was inadequate. More than two-thirds of the drug users did not believe that they are at-risk of getting infected with HIV and hence efforts should be directed towards enhancing the risk perception.
- There is a great need to provide HIV testing for the drug users as most drug users have not been tested for HIV, and among those not yet tested about a half were desirous of getting tested for HIV.
- Drug users felt that they were not being treated well both in government and private health care settings; hence services should become more user-friendly for the drug users in order to attract and retain them in services.

SRI LANKA

4.5 Sri Lanka

4.5.1 Sample description

In Sri Lanka, 1,045 drug users (11% of the total sample of 9,465 drug users from South Asian countries) participated in the RSRA. Table 26 describes the socio-demographic characteristics of the drug users from Sri Lanka.

Many drug users (49%) who participated in the survey were in the age group of 21-30 years with a median age of 30 years (range 17–65). Only 11% female drug users were recruited for the assessment. More than half (52%) of the drug users were married, a small proportion (6%) were illiterate, 86% were employed and 2% were homeless.

Table 26 Socio-demographic characteristics of drug users, Sri Lanka (N = 1,045)

Demographic Characteristics	Number or Median	%† or Range
Age (yrs)	30	17-65
11-20 yrs	70	6.7
21-30 yrs	513	49.3
31-40 yrs	297	28.5
> 40 yrs	161	15.5
Sex, Males	926	89.4
Married	542	52.1
Illiterate	66	6.3
Employed	881	85.9
Homeless	16	1.5
Buddhist	726	69.5

† Percentage out of valid responses

Peer volunteers during an interactive session with family members at a demo site in Sri Lanka

4.5.2 Drug use and risk behaviours

Table 27 describes the types of drugs used by the ever and current users. In terms of ever use of drugs, alcohol, cannabis and heroin were the most commonly used drugs. Most drug users (93%) were currently using heroin by non-injecting method (smoking), followed by the use of alcohol (81%), cannabis (80%) and propoxyphene (36%). Users were initiated to alcohol and cannabis before the age of 19 years and the age of onset for opioids like opium, heroin and buprenorphine was after 20 years.

Table 27 Type of drug used and prevalence of ever users and current users and age at first use among ever drug users, Sri Lanka

Drug used	Ever users (n=1,016)		Age at first use among ever users		Current users	
	Number	%	Mean	Median	Number	%
Alcohol	890	87.6	19.0	18	720	80.9
Cannabis	731	71.9	19.1	19	584	79.9
Opium	107	10.5	19.4	19	36	33.6
Heroin (smoked)	558	54.9	20.4	20	520	93.2
Heroin (injected)	23	2.3	24.0	22	4	17.4
Propoxyphene	39	3.8	28.0	28.5	14	35.9
Buprenorphine	6	0.6	24	24	0	0.0

Of the 1,045 drug users who participated in the assessment in Sri Lanka, 636 (62%) used drugs in groups always or at times. Twenty-eight percent of them used drugs with one to five friends. Changing drug using groups was not uncommon and was reported by almost a third of drug users (32%). The median frequency of drug use in the sample was three (range: 1-20).

Table 28 describes the drug use related characteristics of the injecting drug users (N = 39). A small proportion (18%) of them injected a cocktail of drugs and an equal number (18%) of IDUs were current injectors. Among the IDUs, the median frequency of injecting was five (range 2–8). More than two-thirds (64%) of the drug users switched to injecting from non-injecting methods of drug administration. Lending and borrowing of syringes and needles was uncommon and was reported by 10% and 5% of the participants respectively during the last injection episode. Only 8% of the participants reported cleaning their injection equipment before using with others during the last time they injected with others. A very small proportion (3%) of the drug users reported abscesses during the past 6 months. Fifty-six percent of the drug users had stopped injecting and reverted back to non-injecting methods of administration.

Table 29 describes the sexual behaviour characteristics of the drug users who participated in the assessment. Most (95%) of the participants had sexual experience and the median age at first sex was 19. During the past year, the participants had a median number of two sexual partners. Condom use during last sexual act with any partner was low. Only 31%, 28% and 14% of the participants reported condom use with casual, non-commercial, non-

Table 28 Drug use characteristics of the injecting drug users, Sri Lanka (N =39)

Drug use characteristics	Number or Median	% or Range
Current injectors	7	17.9
Injected cocktail of drugs	7	17.9
Used drug through non-injecting before switching to injection	25	64.1
Lend your syringe and needle to others, last injection episode	4	10.3
Borrow syringe and needle from others, last injection episode	2	5.1
Clean the needle/syringe before injecting with others, last time	3	7.7
Shared cooker, cotton, ampoules, water, other injection paraphernalia, last injection episode	1	2.6
Abscesses, past 6 months	1	2.6
Abscesses, past 1 month	0	0.0
Ever stopped injecting and shifted to non-injecting	22	56.4

A session underway with drug users at a site in Sri Lanka

Table 29 Sexual history of drug users, Sri Lanka (N = 1,045)

Sexual history variables	Number or Median	%†
Ever had sex	964	94.9
Condom use with a casual, non commercial, non regular partner, last sex	295	30.6
Condom use with a commercial sex partner, last sex	271	28.1
Condom use with a regular sex partner, last sex	132	13.7
Anal sex, ever	218	21.5
Of those reporting anal sex, with male partners	71	32.6
Drug use before last sex with casual, non commercial, non regular partner	312	45.9
Drug use before last sex with commercial sex partner	394	43.1
Drug use before last sex with regular sex partner	284	32.0

† Percentage out of valid responses

regular partners, commercial sex partners and regular sex partners respectively. Twenty-two percent of the drug users reported anal sex and a third (33%) of the drug users reporting anal sex had a male partner. Drug use before the last sex with casual, non-commercial, non-regular partners was common (46%), followed by with commercial sex partner (43%) and regular sex partners (32%).

4.5.3 Adverse health consequences

It can be observed from Table 30 that the participants reported the following symptoms related to sexually transmitted infections during the past 12 months: discharge from the genitalia (7%); ulcer on/around genitalia (7%); and, pain/burning sensation during urination (12%). More than three-fourths (79%) of the drug users sought any treatment for any of the above symptoms during the past year.

4.5.4 Knowledge and attitude in relation to HIV/AIDS

Variables related to knowledge and attitudes to HIV/AIDS of the drug users who participated in the study are described in Table 31. Most (89%) of the drug users were aware of HIV/AIDS. The knowledge of HIV transmission among the participants were: through contaminated injection equipment (77%); by blood transfusion from an infected person (85%); from HIV infected mother to her unborn child (65%); and, through breast-feeding by a HIV infected mother (62%). A small proportion (16%) of the drug users believed that they could recognise an HIV

Table 30 Illness history of drug users, Sri Lanka (N = 1,073)

Illness history variables	Number	%†
Discharge from genitalia, past 12 months	67	6.6
Ulcer on/around your genitalia, past 12 months	69	6.8
Pain/burning sensation during urination, past 12 months	120	11.8
Seek any treatment for any of the above symptoms, past 12 months	152	79.2

† Percentage out of valid responses

Table 31 Knowledge and attitude of drug users in relation to HIV/AIDS, Sri Lanka (N = 1,045)

Knowledge and attitude in relation to HIV/AIDS	Number	%†
Ever heard of HIV/AIDS	882	86.8
Knowledge: HIV/AIDS transmission by contaminated syringes/needles	781	76.9
Knowledge: HIV/AIDS transmission by blood transfusion from an infected person	863	84.9
Knowledge: HIV infected pregnant mother to her unborn child	660	65.0
Knowledge: Transmission through breast-feeding by an HIV infected mother	625	61.5
Recognise HIV person by appearance	163	16.0
Condom protects against HIV	603	59.4
Risk of getting infected with HIV	367	36.1
Tested for HIV	165	16.2
Among those not tested, desirous of HIV testing	441	52.7
Willing to share results of HIV test with regular sex partner, if tested positive	283	27.9
Willing to share results of HIV test with regular sex partner, if tested negative	308	30.3
Ever been approached by someone to give information on HIV /AIDS	381	37.5
Ever taken treatment for addiction	236	23.2
Treated the same way as other non-drug using patients in government health care settings	163	16.0
Treated the same way as other non-drug using patients in private health care settings	453	44.60

† Percentage out of valid responses

infected person by appearance. Only 60% of the drug users knew that condoms protect against HIV. Only 36% of the drug users believed that they were at-risk of getting infected with HIV. Even though, a small (16%) proportion of drug users had been tested for HIV, among those not tested as yet, more than a half (53%) desired to undergo HIV test. The drug users were of the opinion that they would share results of their HIV test with to their regular partner if tested positive (28%) or negative (30%). Less than a fourth of the drug users (23%) had been treated ever for drug dependence. Thirty-eight percent of the drug users had been approached by someone to provide HIV prevention information. Many drug users believed that they would be treated differently from the non-drug using persons in the health care settings. Sixteen percent and 45% of the drug users were of the opinion that they would be treated as well as the non-drug users in government health care settings and private health care settings respectively.

4.5.5 Regular sex partners of drug users

A total of 708 regular sex partners were recruited and completed a rapid situation and response assessment questionnaire. The median age of the regular sex partners was 30 years (range 16-77 years). About three-fourths of them (73%) were married and 10% were illiterate. Twenty-eight percent of the regular sex partners of drug users were employed and 11% were engaged in commercial sex. About a fourth (23%) of the regular sex partners used drugs. Only 12% of the

regular sex partners had used condoms during their last sexual act. Eleven percent of the regular sex partners used drugs before their last sexual act. A small proportion (6%) of the sex partners reported anal sex. White vaginal discharge (6%), genital ulcer (2%) and pain/burning sensation while passing urine (11%) was not uncommon. Seventy percent of the regular sex partners had heard of HIV/AIDS but only 17% of the regular sex partners believed that they were at-risk for acquiring HIV. Only, about a fifth (21%) of the sex partners believed that condoms protected against HIV infection. A small proportion (14%) of the sex partners had undergone HIV test.

4.5.6 Recommendations

- More than half of the drug users were married and hence all drug user interventions should target the drug users as well as their regular sex partners.
- As most of the drug users were literate, appropriate HIV prevention IEC materials should be developed to reach out to the literate populations.
- As most of the drug users were using heroin by non-injecting method of administration, interventions to prevent transitions to injecting should target the non-injecting drug users.
- Many drug users were young persons between 21-30 years of age and were sexually active with a median number of two sexual partners. Anal sex with other males was not uncommon. Despite the knowledge that condoms protect against HIV, condom use with any partner, in particular, regular sex partners was low. Interventions targeting drug users should always target sexual behaviour and promote consistent condom use with all sexual partners.
- Drug use before sex with casual and commercial sex partner was common and since drug use can compromise on the safe sex, this aspect should be considered in HIV prevention interventions.
- Symptoms of sexually transmitted infections were not uncommon; screening for STIs and effective STI care should be integral components of HIV prevention efforts for drug users.
- Most respondents were aware of HIV, and many were knowledgeable about needle related HIV transmission as well as unsafe blood transfusion; but the knowledge relating to HIV transmission by mother-to-child transmission and breastfeeding was inadequate. About two-thirds of the drug users did not believe that they are at-risk of getting infected with HIV and hence effort should be directed towards enhancing the risk perception.
- Focus should be on providing HIV testing for the drug users given the fact that most drug users had not been tested for HIV, and those not yet tested desired to get tested for HIV.
- Drug users felt that they were not being treated well both in government and private health care settings. Services should, therefore, become more user-friendly for the drug users in order to attract and retain them in services.

5. Regional Recommendations

Diffusion of pharmaceutical injecting: There are regional variations in drug use patterns. For example, injecting drug use is well established in India, Nepal and Bangladesh but there is relatively less injecting drug use in Bhutan and Sri Lanka. Yet, opioid users in all the five countries abuse pharmaceutical drugs like propoxyphene and buprenorphine. Diffusion of pharmaceutical drugs in the region is a major concern that needs to be urgently prioritised.

Transitions from licit to illicit use: Most drug users have used licit drugs like alcohol before starting to use opioids and injectable drugs. Since there is a time lag between the age at onset of licit drug use and opioid use, opportunity must be explored for designing and implementing interventions to prevent licit drug users from shifting to opioid and injecting drug use.

Transitions to and from non-injecting to injecting of opioids: There are significant numbers of non-injecting opioid users in all the five countries. Switching from non-injecting to injecting methods of administration and a transition from injecting to non-injecting methods is common among drug users. Hence prevention interventions targeting non-injecting drug users must be considered critical to prevent transitions to injecting.

High levels of injection-related risk behaviours: Among the IDUs recruited, lending and borrowing of injection equipment are common in India, Nepal and Bangladesh, countries with high prevalence of injecting drug use. Persistent injection-related risk behaviours contribute significantly to the HIV epidemic amongst the IDUs. To halt the epidemic, scaled-up HIV prevention efforts targeting the injection related risk behaviours (e.g., needle syringe programmes) are absolutely essential. The median injecting frequency by IDUs is twice per day and this information should be considered while implementing needle syringe programmes. Unsterile injection practices are common in the region as revealed by the prevalence of abscesses among the IDUs. Primary medical care for managing abscesses should become an integral component of HIV prevention interventions for drug users.

Sexual risk behaviours among drug users: Drug users in the region are sexually active and have a median of two sexual partners. Condom use with any partner is low, particularly with regular sexual partners. The sexual transmission of HIV from and to injecting drug users and their regular sexual partners should be addressed in all future HIV interventions targeting IDUs. Symptoms of sexually transmitted infections are common and hence STI screening and treatment should be provided in comprehensive HIV interventions for drug users.

Interface between different risk groups: Drug users often have sex with sex workers and unprotected sex with them is common. Further, drug use before commercial sex is often reported by drug users and this is bound to compromise safe sex behaviours. The interface between sex work and drug use can fuel the HIV epidemic and this aspect has to be effectively addressed in order to prevent the spread of HIV. Many drug users in the region report anal sex with other men and it is apparent that there are significant overlaps between the different most at-risk populations.

Knowledge relating to HIV/AIDS transmission: Most drug users are aware of knowledge and their knowledge relating to contaminated needles and unsafe blood related HIV transmission is good. A considerable proportion of drug users are still ignorant about mother-to-child transmission as well as transmission through breast feeding. Most drug users in the region do not believe that HIV+ persons could be identified by appearance. Knowledge relating to HIV/AIDS transmission is low in Sri Lanka where HIV prevalence in the population is also low at present. Awareness programs in the region should aim at increasing the knowledge relating to HIV/AIDS transmission.

HIV Risk perception: Despite fair levels of knowledge relating to HIV/AIDS, many drug users in the region do not perceive themselves to be at risk of acquiring HIV. Enhancing the risk perception of drug users through individual or group counselling must be considered important.

HIV testing: A sizeable proportion of drug users have not been tested for HIV and all efforts need to be taken to organise and provide HIV testing for drug using populations. Given that most of the drug users and their regular sex partners who have not been tested for HIV as yet, were desirous of undergoing the HIV test, voluntary counselling and testing (VCT) for drug users and their sexual partners should be scaled up.

Disclosure to partners: Many drug users are willing to disclose the HIV+ results to their regular partners. Disclosure should be assisted through disclosure counselling for HIV+ drug users, particularly for women drug users who are HIV+.

Service delivery for drug users: A majority of drug users in the region have been treated for drug dependence. Organising and providing treatment for drug dependence is important and in future evidence-based drug treatment (e.g., opioid substitution therapy) should be implemented on a priority basis and scaled up in the region. Most drug users in the region do not believe that they are treated as well as non-drug using persons in Government facilities. Similarly a majority of drug users are of the opinion that the treatment at private health care systems is also discriminatory. It is essential to establish user-friendly services in order to attract and retain drug users in prevention/ treatment interventions.

Regular sex partners: Despite having drug users/IDUs as their primary partners, only a fifth of the female regular sex partners in the five countries reported using a condom during their last sexual intercourse. Condoms continue to remain the primary protective device against sexual exposure to HIV. Hence it is important to understand the factors associated with condom use in order to plan effective responses to promote condom use amongst the female regular sex partners.

6. Conclusion

Prevent transitions

- to opioid use by licit drug users
- to injecting by non-injecting opioid users

Deal with diffusion of pharmaceutical abuse

Reach IDUs and their regular sexual partners with prevention and care services

Implement comprehensive HIV interventions for drug users and their regular sexual partners

- Address injection and sexual risk behaviours
- Primary medical care abscess management
- STI care
- Voluntary Counselling and Testing

Provide scaled up drug dependence treatment (e.g., opioid substitution therapy)

The RSRAs conducted in Bangladesh, Bhutan, India, Nepal and Sri Lanka have demonstrated that it is possible to reach out to the hidden populations of drug users as well as their regular sexual partners. The assessments yielded valuable information that can guide future interventions targeting drug users and their regular sexual partners in this region. Interventions need to be designed and implemented to target licit drug users with the objective of preventing switch over to opioid drug use. Future interventions should aim to prevent the transitions to injecting by the non-injection opioid users. As diffusion of pharmaceutical drugs is increasing in the South Asian region, a multisectoral approach is required to stop the spread of pharmaceutical abuse.

Targeted interventions for drug users should address both the injection as well as sex related risk behaviours. Increasing access to sterile needles and syringes through needle syringe programmes is essential. Promoting condom use among the drug users and their regular sexual partners is an important challenge and individual, couple and community level interventions are needed to deal with this vital issue. Comprehensive HIV prevention interventions for drug users should include primary medical care for abscess management and STI care. Increasing the HIV risk perception among the drug users and scaling-up VCT for drug users are important. Drug dependence treatment, in particular, evidence based treatment like opioid substitution treatment needs to be implemented and scaled up in the region.

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