



INJECTING DRUG USE and HIV/AIDS IN INDIA

Injecting drug use (IDU) in India occurs well beyond the north eastern states and is evident in all sub-population groups and geographical areas in the country. The nature of IDU allows it to serve as an epicentre for the spread of HIV to the general population, and in doing so, contribute to the feminization of the epidemic. In India, the commonly injected drugs are heroin, buprenorphine (alone or in combination with antihistamines like promethazine and /or sedatives like diazepam), propoxyphene and pentazocine. The transition from non-injecting drug use to injecting drug use is common.

FINDINGS:

Factors encouraging the spread of IDU:

- Availability of injectable pharmaceutical preparations.
- Poor quality of heroin.
- High price of heroin.
- Peer norms.
- Socio-economic factors.

- Common shooting locations: homes, parks, abandoned buildings and by-lanes.

Other adverse health consequences:

- Tuberculosis, abscesses and sexually transmitted infections were observed in drug users.

HIV/AIDS knowledge:

- Overall, the risk perception relating to HIV/AIDS was low and many were oblivious of their contracting HIV/AIDS.

Drug use assessment:

IDU-salient features

- Proportion varies from 0.1% (NHS: National Household Survey) to 14% (DAMS: Drug Abuse Monitoring System) and 43% (RAS: Rapid Assessment Survey).
- IDUs are predominantly male and from lower socio-economic strata.
- Average age of first drug use: 16-20 years (in different components).
- Average age of first injecting drug use: 21-28 years (in different components).

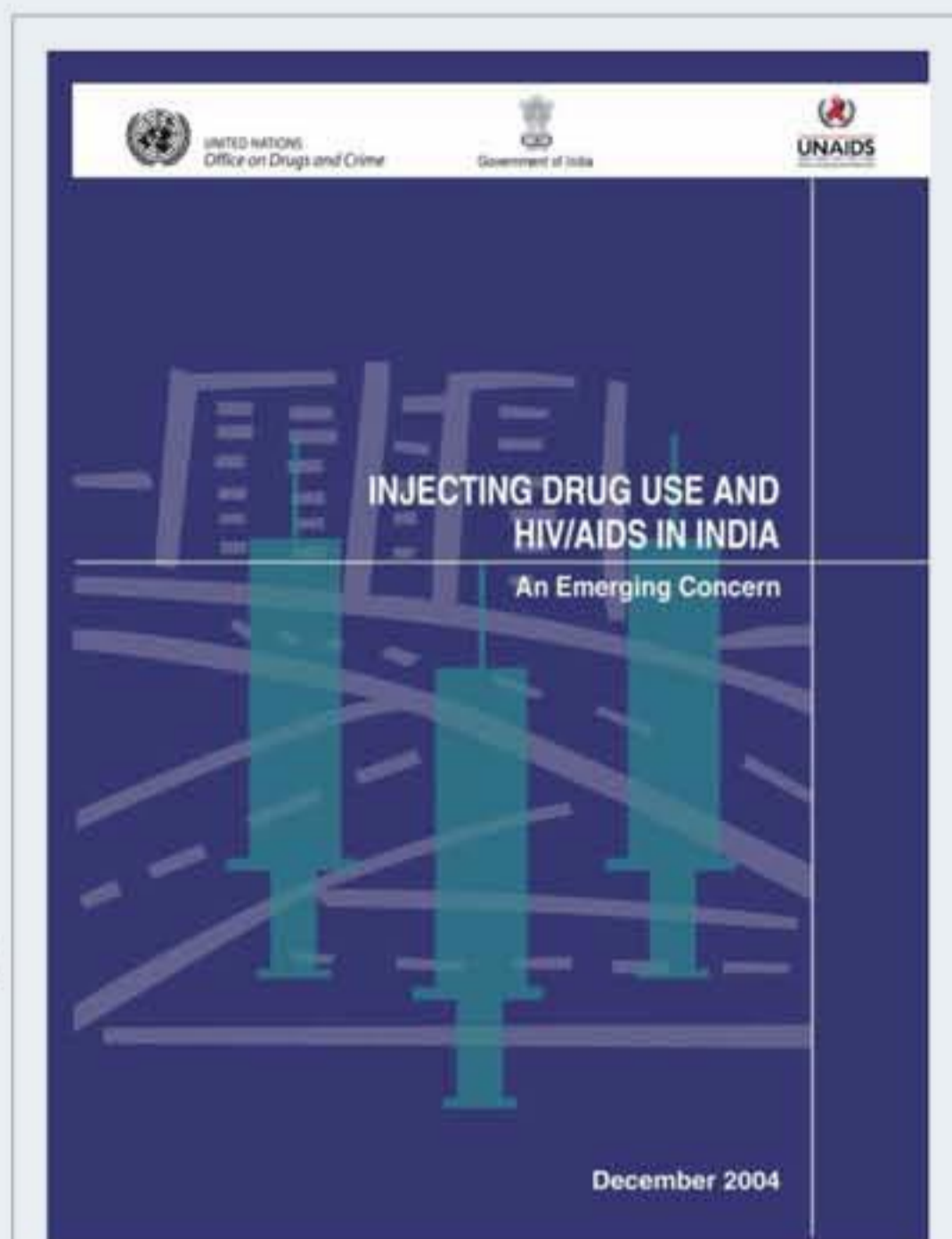
Risk behaviour assessment for HIV/AIDS:

- Direct and indirect sharing of injecting equipment is common.
- Unhygienic practices for cleaning syringes and needles.
- First sex was often with a sex worker.
- Sex under the influence of alcohol.
- Unprotected sex prevalent in sexual encounters.
- Rare or inconsistent condom use with sexual partners.

RECOMMENDATIONS:

The challenge is to prevent the spread of HIV/AIDS and other adverse health and social consequences relating to injecting drug use. Given the time lag between the initiation of drug use and the onset of injecting drug use, the report suggests that there is a good opportunity for developing effective interventions to prevent users from starting to inject.

- Reach out to drug injectors and provide services.
- Educate the drug user.
- Encourage drug dependence treatment.
- Establish a hierarchy of risk reduction strategies to prevent HIV among IDUs.



The Report:

The report entitled “*Injecting Drug Use and HIV in India: An Emerging Concern*” was launched in December 2004. It is based primarily on the findings of work conducted for the National Survey on Extent, Pattern, and Trends of Drug Abuse in India. It also draws on recent prevalence estimates for HIV among IDUs in India in order to outline the extent of IDU in India and draw conclusions about risk behaviour.

- Develop specific strategies to prevent transitions to injecting.
- Strengthen peer led interventions.
- Provide primary health care for drug users.
- Reduce risky sexual behaviour among drug users
- Voluntary HIV counseling and testing.
- Design interventions for special populations.
- Ensure that the approach is comprehensive.



Drug Injecting