

# EXECUTIVE SUMMARY

This monograph describes the nature and extent of injecting drug use in India and its negative consequences for health, including transmission of HIV and other blood borne infections. It is based on information amassed as part of the project which produced the *National Survey on Extent, Pattern, and Trends of Drug Abuse in India* which was sponsored by the Ministry of Social Justice and Empowerment and the United Nations Office on Drugs and Crime.

## Extent of the problem

The data revealed that about 0.1 per cent of adult males from the general population reported having injected drugs for non-medical reasons at least once in their lifetime. Among drug users seeking treatment, about 14 per cent were injecting drug users (IDUs). In the survey component conducted among identified drug users recruited from the streets, about 43 per cent had injected drugs at some point in time. A small proportion of women drug users and prisoners injected drugs. Injecting drug use was also reported from users in the border areas (Indo-Myanmar, Indo-Nepal, Indo-Bangladesh, Indo-Pak and Indo-Sri Lanka).

Injecting drug use was well established in the North-eastern states of India. But it was also observed to be prevalent in the major metropolitan cities and towns of India. The relationship between sex work and drug injecting was noted in the study on women and drug abuse. Among those in treatment centres across the country, IDUs were reported, in particular, from urban areas and north eastern states like Mizoram, Manipur and Nagaland.

Current information shows that HIV infections among injecting drug users in some states and major cities in India are also generally high as follows: Delhi (14.4%); Karnataka (2.8%); Mumbai (24.8%); Mizoram (6.4%); West Bengal (2.7%), Imphal (18%), Churachandpur (32.8%), Bishnupur (22.4%), Dimapur (10%), Kohima (6.8%), Tuensang (24.9%) and Chennai (63.8%) (NACO 2004b).

## Drugs injected

The common injected drugs are opiates such as heroin and buprenorphine (alone or in combination with antihistamines like promethazine and/or sedatives like diazepam), propoxyphene and pentazocine.

Although considerable proportion of opiate users in the country are not injecting drug users, they have the potential to switch to the injecting mode of administration as the phenomenon of 'shadow' injecting (occasional injecting at times of heroin unavailability) was observed in the studies. However, there is a time lag before this transition occurs.

## Reasons for injecting

Established heroin users who inhale vaporised heroin may shift to injectable pharmaceutical opiates at the following times: (a) when heroin is scarce; (b) when the cost of heroin is increasing; (c) when there is an observable reduction in purity levels; and (d) when police enforcement is vigilant. There is also a relatively common belief that injectable pharmaceutical drugs may allay distressing withdrawals. This – combined with easy availability, the relatively lower cost of the injectable preparations and fewer legal implications – often causes a transition among inhaling heroin users to inject pharmaceutical drugs. Once heroin becomes available again, users prefer to continue to inject with heroin as they already perceive advantages to injecting. First among these is the efficiency (cost-effectiveness) of using the same quantity of inhaled heroin for a more intense 'high'.

Cost and easy availability have facilitated the transition to injecting propoxyphene in some settings. Since orally administered propoxyphene does not provide the required euphoria, some drug users customarily prefer to inject propoxyphene powder after heating and dissolving it into a solution.

## Associated high risk behaviour

Injecting drug users exhibit high levels of HIV-related risk behaviours. The sharing of syringes and needles is relatively common among injecting drug users across the country. Sharing occurs in small groups of two to five. The sharing of water, cotton, common solutions,

other injecting paraphernalia and drugs is also common, and is related to both preparation and distribution during a drug-sharing session. Many injecting drug users employ unhygienic practices for cleaning syringes and needles. Despite the relatively low cost of disposable syringes and needles, and their easy availability at pharmacies, the custom of lending and borrowing syringes among drug injectors is common. HIV-related risky sexual behaviour is equally important as indicated by the frequency of unsafe and unprotected sexual acts. Consistent condom use with sexual partners is uncommon. Drug injectors tend to underestimate their sexual risk behaviour. Many drug injectors do not perceive their vulnerability to HIV and only a small proportion have been tested for HIV.

### **Adverse consequences**

While infections with HIV and other blood borne viruses e.g., Hepatitis C, are the most serious health consequences related to unsafe drug injecting practices, other adverse health consequences like abscesses and overdose are also frequent among injectors. Tuberculosis and sexually transmitted infections (STIs) are some of the other co-morbid physical illnesses associated with unsafe drug injecting practices.

### **Intervention**

In providing treatment for drug injectors, their needs and perceptions should be considered. Most injectors are preoccupied with distressing withdrawals, and in places where substitution treatment has been initiated drug injectors prefer this treatment to cope with their severe dependency. The complex and time-consuming business of being a regular drug user and injector has practical implications for proposed interventions. Community-based interventions must therefore take into account the many pressures on drug users and be cognisant of the types of lives they lead.

### **Proposed response**

Based on the findings of this survey, it is suggested that an appropriate response be developed to:

- (a) Prevent the spread of HIV/AIDS and the adverse health and social consequences relating to injecting drug use.
- (b) Prevent the transition of non-injectors to injecting. Given the time lag between initiation of drug use and onset of injecting drug use, there is a good opportunity for effective intervention for both motivating them to seek treatment as well as to spread messages on HIV prevention.

A comprehensive strategy involving the following key elements needs to be developed and implemented with the support of government, civil society and drug using communities:

- ♦ Favourable policies and standards of care that enable the implementation of effective services for injecting drug users;
- ♦ Establishment of outreach interventions, covering a majority of all injecting drug users, to provide them with HIV/AIDS information, education, and the means of reducing their HIV infection risk;
- ♦ Along with HIV information outreach interventions must aim at motivating users to seek treatment and to provide adequate information about the same;
- ♦ Diversification and expansion of drug dependence treatment services, including special treatment programmes for young injectors, women and prison inmates, and, if appropriate, establishment of large-scale drug substitution treatment;
- ♦ Awareness raising among drug dependence treatment services with respect to the need to address HIV/AIDS prevention and care issues;
- ♦ Interventions to prevent the transition from non-injecting drug use to injecting drug use, particularly for young people;
- ♦ Establishment of sufficient options for voluntary counselling and HIV testing, and the treatment of sexually transmitted infections;
- ♦ Establishment of integrated care facilities, providing antiretroviral treatment for drug users living with AIDS as well as drug dependence treatment and other health and social support services.