

# 1. INTRODUCTION

**D**rug abuse and HIV/AIDS are global public health problems. In 2003, an estimated 4.8 million people became newly infected with HIV. This is more than in any previous year. Today, some 37.8 million people are living with HIV, which killed 2.9 million in 2003, and over 20 million since the first cases of AIDS were identified in 1981 (UNAIDS 2004).

The use of contaminated injecting equipment among injecting drug users (IDUs) continues to fuel the HIV pandemic, particularly in Eastern Europe, Central, South and South East Asia and Latin America. There are an estimated 13 million injecting drug users worldwide. HIV epidemics among IDUs are often characterised by rapid – even explosive – rates of expansion (Rhodes et al. 1999). In South Asia, the rapid spread of HIV among IDUs began in the late 1980s and continues in many settings. Available evidence indicates that in many countries prevalence figures for HIV/AIDS among injecting drug users easily reach between 50 – 90 per cent in a very short period of time, often less than six months (UNODC 2004). Such epidemic explosions have occurred in North America, some countries of the former Soviet Union, and countries and localities in South and South-East Asia. An explosive spread of HIV among IDUs has occurred in parts of India. For example, in the Indian state of Manipur, the first seropositive drug injector was detected in October 1989. Within six months, the prevalence rate had increased from zero per cent to 56 per cent (Sarkar et al. 1994).

It is estimated by the National AIDS Control Organization (NACO) of India that there were 5.1 million HIV-infected persons in India as at October 2003 (NACO 2004a). In the year 2003, data from the sentinel surveillance conducted by NACO indicated that the infection rate was in the range of 30-55 per cent among sex workers and 0-20 per cent among attendees at sexually transmitted infections (STIs)

clinics. In the antenatal clinics, about 0-1.4 per cent HIV seroprevalence was observed. In some cities and towns where sentinel surveillance among injecting drug users was conducted, HIV seroprevalence has been found to be alarmingly high. The median HIV prevalence among IDUs was above the critical level of 5 per cent in many places, e.g., Delhi, Mumbai, Mizoram, Imphal, Churachandpur, Bishnupur, Dimapur, Kohima, Tuensang and Chennai. The contribution that sexual transmission from IDUs to their partners makes to the overall HIV epidemic in India may be substantial, as indicated by research findings in the recent past (Panda et al. 2000).

Injecting drug use is an important cause in the continuing epidemics of HIV and Hepatitis C. As is the case with Hepatitis C, IDUs become infected with HIV in two ways: (a) through high risk drug use (the sharing of contaminated injection equipment) and (b) through high risk sex (unprotected sex, sex with many partners, failure to treat STIs). There is good evidence that HIV epidemics among IDUs can be prevented, slowed and even reversed through the implementation of specific strategies. Prevailing problems related to injecting drug use and the transmission of blood-borne infections are negative attitudes towards IDUs, lack of basic knowledge of addiction as a treatable disease, limited funds for prevention and harsh laws and regulations. Effective prevention efforts are needed to help IDUs reduce transmission among their drug using partners, their sex partners, and their children and ultimately among the general population. HIV prevention efforts targeting the IDU sub-population are more effective and economically feasible if begun before HIV prevalence among the target IDUs exceeds 5 per cent.<sup>1</sup>

However, it is also important to mention that the messages on HIV prevention need to be disseminated to substance users and their partners, even before the incidence of HIV are reported in the area.

<sup>1</sup> Classification of HIV/AIDS epidemic: 'Low level'— HIV prevalence less than 5% in any (high-risk) sub-population, 'Concentrated' – more than 5% prevalence in any (high-risk) sub-population but less than 1% among pregnant women and 'Generalised' – prevalence of more than 1% among pregnant women (UNAIDS/WHO 2004).