

3. DRUGS THAT ARE INJECTED

The Rapid Assessment Survey indicated that the following drugs⁴ are injected in the 14 cities studied:

- Heroin
- Propoxyphene (Spasmaproxyvon, Dextropropoxyphene plus Dicyclomine)
- Buprenorphine alone or in combination with antihistamines (Avil) and / or sedatives like diazepam (Calmpose)
- Injectable opiates (pharmaceutical drugs) like Morphine, Pethidine and Pentazocine (Fortwin)
- Diazepam (Calmpose)
- Promethazine (Phenargan)
- Chlorpheniramine (Avil)

In north east India, high purity heroin is available which can easily be dissolved and injected. In other parts of the country, the heroin is normally available in a highly adulterated form (brown sugar). This can be smoked or inhaled in vaporised form (chasing the dragon) or injected after heating the powder in water by adding lime or crushed Vitamin C tablets. Heroin, propoxyphene and buprenorphine are the commonly injected drugs in Imphal, Chennai, Thiruvananthapuram, Mumbai and Ahmedabad.

Shooting heroin in Thiruvananthapuram

Typically, one injector assumes responsibility for preparing and dividing the heroin. This tends to be the person who contributes the most towards the drug's purchase and/or is the person who actually bought the drug from the dealer. This responsibility may also be delegated to the individual who the other participants feel is most proficient at drug preparation. The individual responsible for a shared drug's

preparation places it in the cooker (usually a spoon or an alcohol bottle cap), and then, using a syringe (the donor syringe) draws up water and discharges it into the cooker. The drug is then stirred with the syringe plunger until it dissolves. When preparing heroin, the solution is sometimes heated by placing a match, cigarette lighter or a candle under the container for a few seconds. After the drug is mixed, a ("cotton") filter is placed in the cooker. Cigarette filters and cotton from cotton swabs are frequently used for this purpose. Using the syringe plunger, the individual preparing the drug pushes the cotton around the cooker to soak up the solution. The entire solution is then drawn through this filter and into the donor's syringe. The cotton is used to "capture" particulates that might otherwise clog the syringe. Using the calibrations on the donor's syringe barrel, the same injector measures the total amount of the drug to determine each injector's share. Once portions are calculated, the user preparing the drug distributes it by squirting all but his/her share of the solution back into the cooker or directly into the barrels of the other injectors' syringes. Some IDUs prefer this latter method, also called "back loading", because it saves time and eliminates the need to draw the drug through the cotton filter a second time, a step that may result in a loss of some of the drug.

Injectable buprenorphine is used in many cities. Combinations of buprenorphine with diazepam and Avil are popular and often referred to as CAT (Calmpose, Avil and Tidigesic). Buprenorphine is injected in Delhi, Chennai, Kolkata, Thiruvananthapuram, Jamshedpur, Amritsar, Mumbai and Ahmedabad.

⁴ Occasionally injected alone, diazepam, promethazine and chlorpheniramine are commonly injected along with injectable buprenorphine and at times chlorpheniramine is used to prepare heroin injections in some settings. Note: the trade name mentioned within the parenthesis does not imply a pejorative connotation.

An IDU in Amritsar

Ajay (not his real name) is a 30-year-old auto rickshaw driver. He began using opium five years ago with friends. He smoked it in a bidi. About three years ago, he began to have trouble procuring it. All his friends were switching to other drugs like Lomotil, SP and injections of buprenorphine. He decided to try injecting as well. He started by taking one injection daily from an unregistered private practitioner at Chheharta. The practitioner used the same glass syringe for different users, which he cleaned with cold tap water. He charged INR 35 for each injection for the course of one year. Then he increased the price to INR 50. These days, Ajay injects three to four times a day and does it on his own, as the unregistered private practitioner no longer provides the injecting service after a brush with the police. He buys one 2 ml buprenorphine (Norphine) injection along with a 10 ml vial of Avil. He buys one needle and syringe daily. So he spends about INR 205 a day on his drug use.

Spasmoproxyvon is injected commonly in Imphal, Dimapur, Jamshedpur and Shillong.

Pharmaceutical drugs like pentazocine and pethidine are injected in Hyderabad and Bangalore.

Injecting 'SP' in Imphal

Spasmoproxyvon injectors open the capsules in the middle by removing the cover and then putting the powder in the cooker. The SP injectors prefer larger containers than the ones used by the heroin injectors. After putting the powder into the cooker and grinding it with the bottom of the syringe for about 2 minutes, they add water with the help of the syringe and stir it for about five minutes. Then they place a small piece of cotton in the same way heroin injectors do as a filter. By placing the tip of the needle on the cotton, the solution is drawn into the syringe for injection. Generally, a person uses two to five capsules for each injection. SP injectors prefer 2 or 5 ml syringes.