

4. INITIATION INTO INJECTING

The mean age of initiation to injecting drug use was around the early twenties. It varied from 15 years (Thiruvananthapuram) to 28 years (Kolkata and Jamshedpur). In most of the cities, there is a certain time lag between the mean age of initiation into drug use and the mean age of drug injecting. This will thus allow an opportunity to intervene to prevent transition to injecting drug use from non-injecting practices. A minority did begin their drug use directly as IDUs. (See Table 2)

The Switch from Non-injecting to Injecting...

Structural factors are often important reasons for the transition from non-injecting to injecting. Opiate users have demonstrated considerable potential for switching to injecting. For this reason, preventing the transition to injecting is extremely critical. Given the fact that the majority of opiate users in India are still non-injectors, understanding the process of transition assumes great public health significance.

City	Mean age of drug users	Mean age at initiation of drug use	Mean age at initiation of injecting drug use
Thiruvanthapuram ⁵	31	17	15
Amritsar	28	18	21
Dimapur	27	19	21
Hyderabad	30	20	23
Bangalore	29	19	23
Mumbai	31	16	25
Chennai	31	18	26
Ahmedabad	35	24	27
Jamshedpur	33	19	28
Kolkata	33	18	28

...in Chennai

Cost was cited as a major factor in many places for the transition to injecting where it was reported that a heroin drought had caused an escalation of the heroin price. Injectable pharmaceuticals are not only easily available but relatively cheaper.

Anecdotal evidence suggests that brown sugar was available in Chennai from 1983 and its availability can be linked to the July 1983 start of the conflict in Sri Lanka. Until 1985, the drug problem was predominantly confined to college students and youth with money. From 1985, the prices came down and drug use spread to low-income groups and slum dwellers. The marketing strategy also changed and drugs were sold in smaller quantities per unit facilitating access to the drug by low-income groups. Up to 1988, most drug users

Reasons for Injecting Drugs

Non-availability and rising cost of heroin were the two most common reasons given for injecting drugs. A few subjects reported that the poor quality of street heroin also led to injecting practices. Most reported that injecting was a cost-effective method of using drugs. Some (range: 7-27%) reported that they were using injections (of pharmaceutical drugs) to give up heroin.

were using brown sugar by means of “chasing” (inhaling the vaporised heroin) and those few drug users who injected heroin at the time were either heavy drug users who had graduated to injecting or drug users who had arrived from north east India. In 1988, a significant change occurred. Since brown sugar was increasingly difficult to obtain, its cost was escalating (ranging from Rs. 100-200 per gram), more heroin users were seeking substitutes. Many people became poly drug users. Prescription drugs like nitrazepam

⁵ In Thiruvananthapuram, a few drug users began by injecting at a very young age. This explains the lower mean age of injecting and high standard deviation.

(Dormin or Nitrovet), diazepam (Valium or Calmpose), dextropropoxyphene (Proxynon) were increasingly used. At this time, some medical practitioners were using buprenorphine injections to treat heroin withdrawal symptoms. The practitioners believed that the drug buprenorphine did not have addiction potential and were prescribing the drug liberally. The information that buprenorphine was a “good drug” to alleviate withdrawal symptoms spread fast among the drug dependents’ network and some of them administered the drug with the help of friends who had had an experience of injecting. This led to drug users seeking buprenorphine as a treatment for their dependence; they used it when they wanted to stop using the drug. Thus, at times of street heroin scarcity, drug users often sought injectable buprenorphine. Following heavy crackdowns, the availability of heroin on the streets declined drastically and a number of brown sugar users shifted to the easily available synthetic opiate preparation: buprenorphine.

The transition from brown sugar to buprenorphine was thus facilitated by the following factors:

- ♦ The knowledge that buprenorphine is a good substitute to effectively control withdrawal symptoms compared with other drugs used to control and alleviate symptoms during abstinence
- ♦ An easy availability of the drug in pharmacies, even without a prescription
- ♦ The fact that some experienced medical practitioners were indeed treating their drug using clients with buprenorphine
- ♦ The lack of any serious control measures for the drug at that time
- ♦ The relatively low cost of the drug compared with heroin
- ♦ The belief that the drug users were indeed treating their chronic dependency on heroin

Many drug users believed that the use of pharmaceutical drugs was much less harmful.

...in Amritsar

When asked the question, “Why did you start injecting drugs?” the three most frequently cited reasons were: peer pressure; for a quick high; and that the drug of

choice (heroin) was not easily available. Qualitative data suggests that easy over-the-counter availability of injectable pharmaceutical products such as pentazocine (Fortwin) and buprenorphine also led to a transition towards injecting. This should be seen in the context of a lack of availability of drugs used traditionally such as *Bhukki*, *Dodha*⁶ or other opium-based preparations. Furthermore, the price of a buprenorphine injection cocktail (with Chlorophenamine, Phenargan or Diazepam) seldom exceeded INR 50, which compares very favourably to the price of brown sugar per gram, which ranges between INR 600-800 in Amritsar. Commonly injected drugs in the city were buprenorphine (Tidigesic) and to a lesser extent pentazocine (Fortwin).

...in Shillong and Jowai

Focus group discussions revealed some reasons for non-injectors switching to injecting. The first of these was that it was cheaper to do so: a smaller quantity of the drug was needed to produce the same effect. A second reason stated by the respondents was the instantaneous effect of injecting. (One drug-using participant said that he switched from injecting to non-injecting because he could not locate his veins; he switched to oral use.)

...in Jamshedpur (and the impact of police raids)

Based on the reviews of information provided by current drug users, recovering users and other key informants such as treatment providers, officials of the Tata company, and law enforcement personnel, it became apparent that the police raids conducted in 1993 had had an important role in changing drug use patterns in Jamshedpur. As brown sugar was not available in the city following the police raids, some users belonging to the higher income group (very few in number) continued to buy it from places like Kolkata, Bankura (a district in West Bengal) and Rourkela. But the price was too high and not many could afford it. A majority suffered from physical withdrawal due to the non-availability of smokable heroin. “At that time, one doctor came to us as our ‘Messiah’”, said a user in a focus group discussion. “He gave us an injection with no label which reduced our symptoms.” “He charged Rs.500 for three days of injection,” recalled another drug user. “But one

⁶ *Bhukki* is crushed and powdered dried poppy fruit while *Dodha* is dried poppy fruit (which is boiled with water and then consumed).

day, one of my friends saw the label – the name of the injection was Tidigesic. And we found that it was much cheaper – Rs.10-12 in the medicine shops. Since then, we started taking the injections on our own.” A large number of injectors said that they had started injecting 4 to 6 years previously, the reason being the non-availability of brown sugar. Before the raids, the route mostly used by the drug users was inhalation (chasing) and there were very few injectors. But after the raids, there was a significant transition to injecting and this could be mainly attributed to a number of factors such as “non-availability of brown sugar”, “use of Tidigesic injection to treat agonising withdrawal symptoms by a doctor”, “easy availability of the injection from the medicine shops (without prescription)” and the “low cost of the injection.”

...in Thiruvananthapuram

Data from hospital records show that the chasing of heroin (inhaling vaporised heroin) escalated in Thiruvananthapuram in the early 1980s. De-addiction centres started using buprenorphine in its injection form as a substitution therapy for heroin users. During the periods of heroin scarcity, subjects who were addicted to heroin, started using buprenorphine in its injecting form. Most of the subjects shifted from heroin chasing to injecting buprenorphine since it was freely available and was less expensive. It was also observed that a majority of the drug users admitted in the Mukthi de-addiction ward of the Government Mental Health Centre in Thiruvananthapuram were injecting buprenorphine users. During that period, the police seized buprenorphine from some drug users who were charged with illegal possession of drugs. The chemical examiner reported that because buprenorphine was a thebaine derivative, it should be considered as an opioid analogue. Buprenorphine was then banned in the state of Kerala but it was still available in the neighbouring state of Tamil Nadu. During times of buprenorphine scarcity, it was smuggled across the border of Kerala from Tamil Nadu. Many chemists exploited the situation by hoarding buprenorphine and selling it to users at a very high profit margin. Many medical practitioners were also reported to have provided heroin users with intravenous buprenorphine. Scrutiny of police records over a period 15 years shows that the major proportion of seizures since 1986 were those of buprenorphine as

compared with heroin. Due to the non-availability of injectable buprenorphine in Kerala, a majority of opioid users started injecting heroin. Injecting was perceived to be more efficient and offered them a better “kick” than chasing. During periods of heroin scarcity, the subjects shifted back to injecting buprenorphine only to find that it was not as effective as injected heroin. They then experimented with mixing it with various other psychotropic drugs like phenargan and diazepam in the form of a cocktail to increase potency. During the period of non-availability of both buprenorphine and heroin, many subjects started using drug cocktails by mixing pentazocine with phenargan and diazepam.

...in Delhi

According to those interviewed, there had been a notable shift towards injecting drugs, particularly pharmaceutical drugs, in Delhi. Two categories of injectors were discerned from the field data: current injectors and occasional injectors. Together, they constituted about 50 per cent of the total respondents. Current injectors make up 27 per cent of the total respondents, while occasional injectors, including those who have ever injected for recreational purposes, account for another 23 per cent of the sample. Overwhelmingly, injectors used pharmaceutical preparations such as buprenorphine, usually in combination with other drugs. The most commonly witnessed combination was that of buprenorphine (Tidigesic), Avil and Phenargan. There were no instances of heroin injecting in the sample. Ethnographic data supports this finding, as heroin injecting is very rarely reported in the nation's capital.



Drug injector in Delhi

Reasons for switching to injecting in Kolkata

Reasons for switching to injecting in Kolkata included: (a) the cost of the drug; (b) the increased quantity required for chasing the drug; (c) to reduce the frequency of using drugs; (d) to allay the withdrawals of brown sugar; (e) to reduce time taken in administering the drug – as chasing brown sugar proved to be time consuming; (f) convenience – injections were said to be easier to administer anywhere; (g) the non-availability of brown sugar; (h) the trouble in obtaining brown sugar; and finally, (i) the enhanced kick reported from injecting. A few subjects also reported a reverse switch from injecting to non-injecting modes of administration. Damage to the veins, availability of good and cheaper heroin and increased awareness of the harmful consequences of injecting were commonly-given reasons for the reverse transition.

Reasons for switching to injecting in Imphal

In Imphal, the reasons given were: (a) a higher euphoria; (b) the non-availability of secure places for chasing; (c) the immediate relief from withdrawal. The subjects using Spasmoproxyvon reported that they preferred injection because of the enhanced effects of taking the drug in this manner.

Injecting for the first time

In almost all the study sites, a majority of the total number of injectors had administered their first injection with the help of an experienced user. Many did so with their drug-using friends, and some drug users first injected with an acquaintance or with somebody whom they saw injecting. Only a small proportion of the drug users began injecting on their own. Injecting with immediate family members, spouses or relatives was also rare in the sample. The most common places used by the injectors while administering their first injection were friend's rooms, their own room, parks, hospital campus, drug selling places, public toilets, etc.

In many instances, friends brought the syringes and needles for the first injection. In some cases, the new injectors themselves procured the drugs and injecting equipment. Surprisingly, even during the first injecting episode, the sharing of needles and syringes was common and cleaning practices relatively uncommon. The first injection was either intra-muscular or intravenous, the latter being more common.⁷ When asked what happened after taking the first injection, many of the respondents said that they had “felt good”. Relief from the pain of hard work, feeling numb after taking the injection were other common responses.

Drug use with friends

A majority of drug users injected with friends. This was common in Hyderabad, Jamshedpur, Shillong, Thiruvananthapuram and Bangalore. Injecting was often a group activity and in most settings, the injectors gathered in groups of three to five. In most settings, the injectors had a close friend with whom they were injecting the drugs.

Stigma Related to Injecting Drug Use

In many places, injecting drug use is associated with stigma. IDUs live in fear of marginalisation, disapproval and discrimination. Negative attitudes about injecting drug use are relatively common, driving IDUs underground. For example, in Dimapur, a young injector was abducted by underground extremists and taken to the jungle blindfolded. In the jungle, the boy was physically tortured and kept for three days without food and water. He was released only after he promised to give up drugs. Thereafter, in order to avoid getting injecting marks on his body, he and other dependent users started to swallow their drugs. The extremists generally caught hold of the users on the basis of marks on their bodies. Extremists identified another drug injector by the scars on his body. They seized him and inserted one heavy lock in his ear after piercing a hole in it. They then closed the lock. He was left with the heavy lock hanging on his ear for a couple of days. It was unlocked only when he agreed to quit drugs. It was such a painful experience that the memory still haunts him.

⁷ For this reason, the term ‘injecting’ is preferred, throughout this document, to either of these terms as a more general descriptor.