

# 8. INJECTING DRUG USE AND HIV/AIDS AMONG SPECIAL POPULATIONS

## **IDU and HIV/AIDS among women**

The focused study on 'Drug Abuse among Women' (UNODC and MSJE 2002c) carried out in three sites namely Delhi, Mumbai and Aizawl revealed that the drug of choice for most women in Delhi and Mumbai was brown sugar/heroin, while those at Aizawl said it was propoxyphene. Thirty of the 75 women interviewed in the study were injecting drug users. Women users in Mumbai switched to the injecting mode when the purity of street heroin declined. Injecting users reported incidents of overdoses and development of abscesses. While a majority of the subjects had not been tested for HIV/AIDS, at least four women reported that they were HIV positive. Tuberculosis was also commonly noted amongst these women. An interesting point from the Aizawl sample was that women who could inject propoxyphene for their peers were able to receive their drug supply in exchange for 'fixing' their peers. Injecting drug users from Aizawl were regularly hospitalised for overdose and treatment of abscesses.

The information on women injectors is limited. However, the RAS and thematic studies on women drug users and burden on women due to drug use indicate that women, both as substance users and partners of users are vulnerable to HIV infection through the sexual route. The small sample studies reveal that, compelled by their drug use, some of the women injectors were involved in sex work, thus, further increasing their vulnerability to HIV. Most of the women injectors recruited at Thiruvananthapuram were sex workers highlighting the mix between different vulnerable populations.

## **IDU and HIV/AIDS among prisoners**

Prison inmates are another vulnerable group for risk behaviours including drug abuse and HIV/AIDS. Prisons experience many problems, including overcrowding and lack of necessary infrastructure for health related needs. In India, drug-dependent

individuals comprise about 8 per cent of the incarcerated population in Tihar jail, New Delhi, one of the largest jails in Asia. The predominant drug abused by incarcerated substance users in the Tihar jail was unadulterated heroin which was mostly inhaled, as revealed by the focused thematic study on prison populations (UNODC ROSA and MSJE 2002d). However, here too IDUs could be indentified.

Experiences from India and parts of South Asia have shown that it is feasible to intervene in the prison settings to address issues related to drug demand reduction and reduction of drug-related-HIV/AIDS-risk. Currently sustainable interventions to address HIV/AIDS risk-reduction are limited. Additional research is therefore required in this important area.

## **IDU in Border Areas**

The data from the focused thematic study on Drug Abuse in Border Areas (Kala and Sharma 2002) revealed that injecting drug use was reported mostly from Tuensang (Nagaland) and Moreh (Manipur) on the Indo-Myanmar border. There were a few IDUs at Tuticorin (Tamil Nadu)-Indo-Sri Lanka border, Sonauli (Uttar Pradesh) on the Indo-Nepal border and Lalgola, (West Bengal) on the Indo-Bangladesh border. The primary drug of abuse in Tuensang, Moreh and Attari (Punjab, Indo-Pakistan border) was heroin and propoxyphene. At times of scarcity, they shift to injectable pharmaceutical drugs. In Tuticorin, pentazocine injection was common. At Sonauli, Lalgola, R.S. Pura, and to a lesser extent in Attari, injectors used a cocktail of buprenorphine and antihistamines. At Moreh and Tuensang (Indo-Myanmar border), many injectors reported overdose and reuse of syringes and needles.

One of the important observations made in the border study is that at times of heroin drought or escalating cost of heroin, established heroin users tend to shift to easily available injectable pharmaceuticals.