Operations Research Brief

Dynamics of Vulnerability and Drug Use

Findings from a cross-sectional qualitative study on the multiple vulnerabilities experienced by People Who Inject Drugs (PWID) in Bihar and Manipur

Study period:
November 2013-May 2014

India HIV/AIDS Alliance

Background

India faces one of the largest HIV epidemics in the world. While sexual transmission remains the primary mode of HIV transmission in the country, drug users are also disproportionately affected. People who Inject Drugs (PWID) are at high risk of acquiring HIV and other blood-borne viruses, such as Hepatitis B and C. Studies have reported that unsafe injection practices along with low condom use are putting PWID at dual risk for HIV.

Spanning five countries (India, China, Indonesia, Kenya, and Malaysia), the Community Action on Harm Reduction (CAHR) initiative expands harm reduction services to more than 180,000 PWID, their partners and children. The programme protects and promotes the rights of these groups by fostering an enabling environment for HIV and harm reduction programming in these five countries. CAHR is supported by the Ministry of Foreign Affairs, Government of Netherlands.

In India, CAHR is called 'Hridaya' and is implemented by India HIV/AIDS Alliance in partnership with community-based harm reduction organisations, non-governmental organisations and networks. This programme helps build the capacity of service providers, makes harm reduction programmes more gender-responsive, improves access to services and advocates for the rights of PWID. In addition to providing services, Hridaya has a strong capacity building component to support advocacy, knowledge management and improved services for PWID.

A cross-sectional qualitative study was conducted to gain in-depth knowledge on multiple vulnerabilities to HIV acquisition among PWID in the states of Bihar and Manipur who may practice unsafe injecting practices and unsafe sexual behaviours.

Methodology

A cross sectional qualitative study was conducted with PWID in two Hridaya programme states, Bihar and Manipur. Two districts in each state (Kaimur and Buxor in Bihar and Imphal East and Imphal West in Manipur) were selected based on concentration of PWID living with HIV. A total of 40 in-depth interviews were undertaken with PWID diagnosed with HIV in the period 2010-2013. Four focus group discussions (FGDs) with spouses and partners of PWID and with female injecting drug users (FIDUs) who were in contact with NGOs implementing government-funded Targeted Interventions (TIs) for PWID were conducted. Lastly, ten Key Informant Interviews (KIIs) were conducted. Audio recordings of interviews were transcribed in Meiteilon and Hindi/Bhojpuri and then translated verbatim into English. Atlas.ti software (version 7) was used to code and categorise data into themes. In thematic analysis, the various topics that emerged from the interviews were analysed and categorised in such a way as to create a framework relevant to the goals of the study.

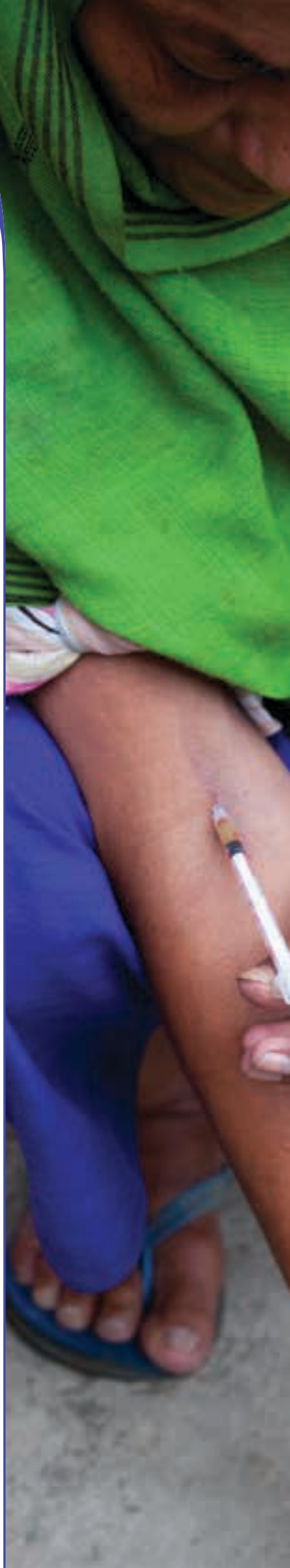
Findings

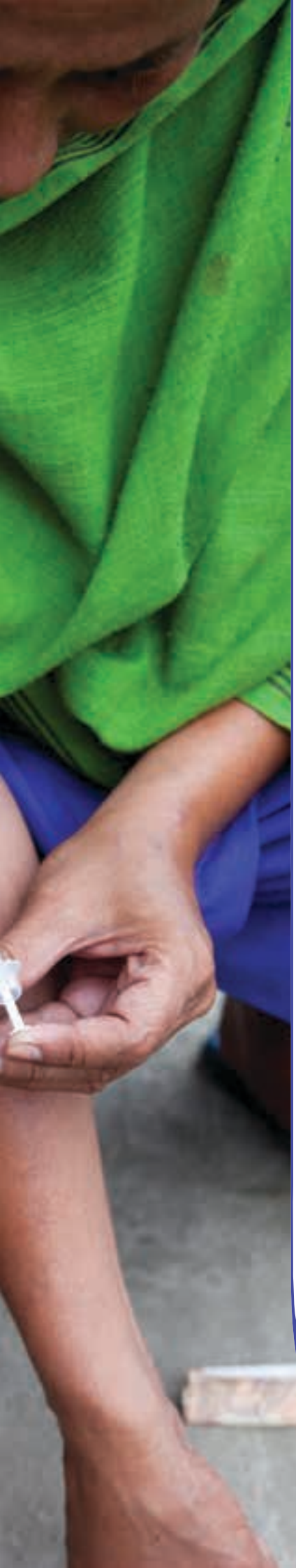
Study findings are presented in relation to three main thematic areas: (i) the dynamics of vulnerability; (ii) barriers to implementing harm reduction services; and (iii) comparison of harm reduction strategies in Bihar and Manipur.

Dynamics of vulnerability: There exists an overlap between injecting networks and sexual networks. Within injecting networks, each and every aspect — from the type of substances used, the sourcing of substances, and the accessing of harm reduction services to the interaction of social, structural, politico-legal barriers — has the potential to contribute to vulnerability for PWID. Similarly, sexual networks of PWID constitute a complex web in which HIV awareness may be in conflict with actual behaviour to access prevention services and disclose HIV status.

Many PWID in Manipur had good family support helping them access harm reduction services. There was some level of local community awareness of injecting drug use in the state. In addition, PWID frequently received family support while they were receiving harm reduction services, such as detoxification. In contrast, PWID in Bihar faced challenges in these domains, which further impacted the practice of unsafe behaviours by PWID in both injecting and sexual networks. Both states require more sensitisation in local communities and with the police and other stakeholders to improve understanding and increase acceptance of PWID and ensure more effective use of harm reduction services.

Barriers to implementing harm reduction services: The social and political situation was found to be a significant barrier to effective harm reduction programming, including violence and harassment by police, various pressure groups, and anti-drug organisations, which impeded access to basic services like needle & syringes exchange programmes (NSP). In Bihar, in addition to police harassment, the study found that discrimination against PWID in the community and the low socio-economic status of many PWID was a major deterrent to accessing harm reduction services.





Comparison of harm reduction strategies in Bihar and Manipur: In the state of Manipur, harm reduction programmes were led by members of PWID community and the involvement of these community members clearly helped encourage greater access to services by PWID. The situation in Bihar was very different, reflecting an inadequate PWID community response and little first-hand understanding among counsellors of the behaviours that lead to injection drug use. Compared with Manipur, service providers in Bihar lacked long-term experience working with drug users.

Manipur is currently consolidating harm reduction services into 'one package', and it is likely that the state will be able to achieve this level of organisation as there has been more than two decades of experience with services for PWID. In contrast, sites in Bihar have a long way to go before they can offer a holistic package of services to PWID. Recently, opioid substitution therapy (OST) services have been initiated in Bihar, and health care providers working in the government sector are receiving sensitivity training in relation to the needs of PWID. These developments may contribute to improved and sustained services in Bihar, however there continues to be considerable scope for improvement in the counselling skills of both male and female outreach workers.

Key Recommendations

The interventions required to achieve harm reduction with PWID are complex. Like other complex behaviours, injection drug use needs to be understood holistically, considering (a) the reasons for drug use in a particular community; (b) the options and opportunities for intervention; and (c) the necessity for support provided in a non-judgemental and sensitive way through peers, service providers, families and the community.

In addition to the National AIDS Control Programme's TIs for PWID, the Hridaya programme has incorporated into its approach essential components such as family support and social engagement. These Hridaya components have a huge potential for being scaled-up in relation to India's varied, multicultural population of injecting drug user and the needs of the array of beneficiary groups across the numerous regions of the country. Other key recommendations include:

- In both states, it was observed that drug use and injecting drug use start quite early in the life of users. Young people constitute a sub-population with great vulnerability to initiating injecting behaviors. It is important to actively focus on the vulnerability of these young people. Particularly in Manipur, focus on the families of young users would be beneficial.
- In Bihar, the vulnerabilities of current PWID are complex, and appropriate support is needed. A harm reduction package must incorporate support groups with involvement of ex-users who can provide perspectives similar to those of current users.
- In Bihar, drug use has often been initiated to sustain economic activities. Given the large scale poverty and the dependency on manual labour, drug use creates a vicious circle for PWID. Special Information, Education, and Communication (IEC) materials and Behaviour Change Communication (BCC) activities should be designed to respond to this dynamic. NGOs working on TIs for PWID should be sensitised so they approach harm reduction from a holistic viewpoint involving broader behavior change and not simply HIV prevention.
- Stigma and discrimination towards PWID create barriers to their accessing harm reduction services. Sensitisation of families, communities, and other

Hridaya

Harm Reduction in India

ASIA ACTION ON HARM REDUCTION INDIA

This brief describes findings from a study undertaken as part of the Hridaya programme, the India component of the five-country Community Action on Harm Reduction initiative, funded by the Government of the Netherlands. Our thanks to the Public Health Foundation of India for their technical collaboration on this endeavour. The study's lead author was Dr Aruna Bhattacharya from Indian Institute of Public Health, with co-authors Viswanathan Arumugam, Kaushik Biswas, Charanjit Sharma, Francis Joseph, Simon W. Beddoe, Sonal Mehta, Shaleen Rakesh and James Robertson from India HIV/AIDS Alliance. We are grateful to all respondents from communities in Bihar and Manipur for their participation.

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stakeholders (including pharmacists, peddlers, and law enforcement agency officials) is a high priority. Community participation in regular sensitisation workshops is needed, and such workshops should involve participation of all stakeholders including PWID themselves in appropriate ways.

- The patriarchal social structure in India and specifically the position of woman in society creates substantial challenges for women who need services, including spouses of PWID and FIDUs. Our findings indicate that the ongoing impact of power gap between men and women particularly to ensure safe sex to protect female partners. Current IEC materials and BCC activities does not really begin to equip women with options that allow adequate harm reduction for themselves. Under the umbrella of harm reduction, there is great opportunity to create IEC/BCC strategies that can improve protection for women for both HIV and other sexually transmitted infections and increase access to sexual and reproductive health services.
- In addition to what has already been stated, it is important to note that FIDUs and female sex workers (FSWs) face additional stigma and discrimination. In order to expand harm reduction services in the community in a holistic manner, it will be necessary to sensitise communities, service providers, and other stakeholders on issues of specific relevance to FSWs and FIDUs.
- The disclosure of HIV status by individuals creates vulnerability. This ongoing reality has emerged as a critical challenge in the current programme. Awareness, advocacy, and public debate on disclosure of HIV status by people is recommended as part of efforts to reduce HIV stigma and related vulnerabilities.

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