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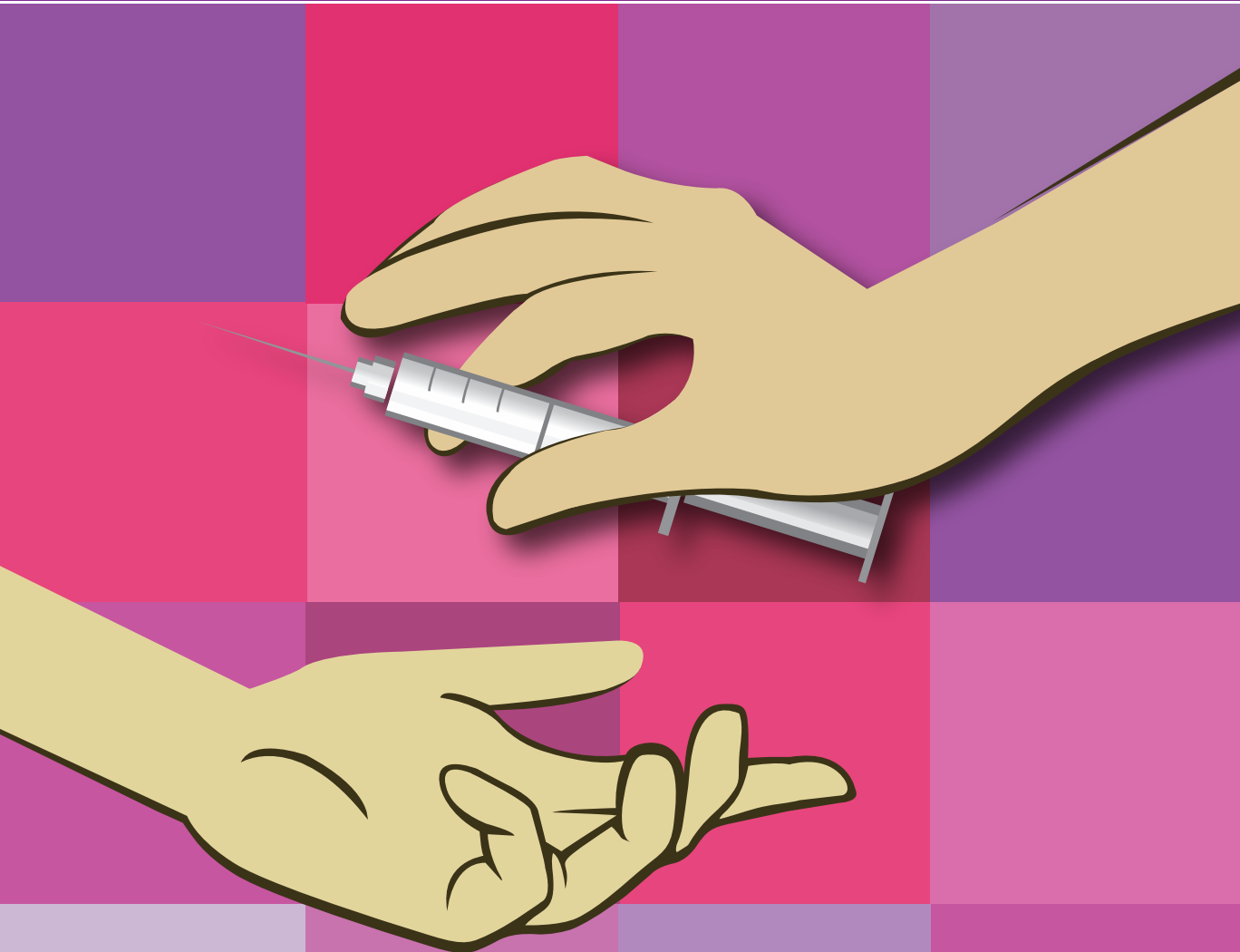


National AIDS Control Organisation

India's voice against AIDS
Ministry of Health & Family Welfare, Government of India
www.nacoonline.org

Needle Syringe Exchange Programme

among Injecting Drug Users



Project HIFAZAT: Strengthen the capacity, reach and quality of IDU harm reduction services

OPERATIONAL RESEARCH

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Needle Syringe Exchange Programme *among Injecting Drug Users*

Currently, 'Injecting Drug Users' (IDUs) are referred to as 'People Who Inject Drugs' (PWID). However, the term 'Injecting Drug Users' (IDUs), has been used in this document to maintain consistency with the term used presently in National AIDS Control Programme.

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Preface

In India, targeted intervention (TI), under the National AIDS Control Programme (NACP) framework, is one of the core strategies for HIV prevention amongst injecting drug users (IDUs). Apart from providing primary health services that include health education, abscess management, treatment referrals, etc. The TIs have also designated centres for providing harm reduction services such as Needle Syringe Exchange Programme (NSEP) and opioid substitution therapy (OST). The services under the TIs are executed through a peer based outreach as well as a static premise based approach, that is, through Drop-In Centres (DIC) which, in turn, serve as the nodal hub for the above activities to be executed.

To further strengthen these established mechanisms under the NACP and to further expand the reach to vulnerable IDUs, the United Nations Office on Drugs and Crime (UNODC) in India provides technical assistance to the National AIDS Control Organisation (NACO) through the Global Fund Round 9 Project (i.e., Project HIFAZAT), amongst others. In doing so, UNODC supports NACO through technical assistance to undertake the following:

1. Conduct Operational Research
2. Develop Quality assurance SOPs
3. Develop Capacity Building/ Training Materials
4. Training of Master Trainers

It is in this context that a study, “Needle syringe exchange programme among injecting drug users” has been conducted. The study aims to analyze the acquisition of needles and syringes by injecting drug users in targeted interventions.

This study assesses the situational and structural factors influencing syringe acquisition, return and safer injection. It also correlates the demand and supply and analyzes for adequacy of needles and syringes being provided in an IDU TI. Finally, recommendations have also been provided to strengthen the NSEP.

This study, therefore, has been conducted with a vision to serve as an invaluable tool to improve the needle syringe program. Contributions from the Technical Working Group of Project HIFAZAT, which included representatives from NACO, Project Management Unit (PMU) of Project HIFAZAT, SHARAN, Indian Harm Reduction Network and Emmanuel Hospital Association, were critical towards articulating and consolidating the study.

Acknowledgement

The United Nations Office on Drugs and Crime, Regional Office for South Asia (UNODC ROSA), in partnership with national government counterparts from the drugs and HIV sectors along with leading non-governmental organizations in the countries of South Asia, is implementing a project titled 'Prevention of transmission of HIV among drug users in SAARC countries' (RAS/H13).

As part of this regional initiative, UNODC is also engaged in the implementation of the Global Fund Round 9 IDU-HIV Project (i.e., Project HIFAZAT). Project HIFAZAT aims to strengthen the capacities, reach and provide quality of harm reduction services to the injecting drug users (IDUs) in India. It involves offering support for the scaling up of services for IDUs through the National AIDS Control Programme.

We would like to acknowledge the invaluable feedback and support received from various stakeholders, including NACO, Project Management Unit (PMU) of Project HIFAZAT, Emmanuel Hospital Association (the principal recipient of the grant 'Global Fund to Fight AIDS, Tuberculosis and Malaria- India HIV-IDU, Grant No. IDA-910-G21-H'), SHARAN, Indian Harm Reduction Network and individual experts who have contributed significantly to the development of this document. Acknowledgements are also due to the NGOs implementing IDU TIs, STRCs, TSUs and SACS who participated in the study.

We would also like to thank co-lead consultants Mr. C. Bangkim, Mr. Brijesh Dash, Mr. Richard Francis, Ms. Kanudeep Kaur and Mr. Shivakumar, as well all the NGOs from where the data was collected.

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Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behaviour Change Communication
DIC	Drop-In Centre
FGD	Focus Group Discussion
FIDU	Female Injecting Drug User
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
HRG	High Risk Group
ICTC	Integrated Counselling and Testing Centre
IDI	In-Depth Interview
IDU	Injecting Drug User
IDU TIs	Injecting Drug User Targeted Interventions
IEC	Information Education and Communication
MOH&FW	Ministry of Health and Family Welfare
MMT	Methadone Maintenance Treatment
MSJ&E	Ministry of Social Justice and Empowerment
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NGO	Non-Governmental Organisation
NSEP	Needle Syringe Exchange Programme
ORW	Outreach Worker
OST	Opioid Substitution Treatment

PE	Peer Educator
PLWA	People Living with AIDS
PUD	People who Use Drugs
TB	Tuberculosis
TI	Targeted Intervention
UNODC	United Nations Office on Drugs and Crime
UNODC-ROSA	United Nations Office on Drugs and Crime-Regional Office for South Asia
VCT	Voluntary Counselling and Testing
VCCT	Voluntary Confidential Counselling and Testing

Executive Summary

Operational Research: Needle Syringe Exchange Programme among Injecting Drug Users

Objectives

- To undertake multi-method research to delineate and describe the situational and structural factors influencing syringe acquisition, return, and safer injection.
- To undertake research which incorporates both the perspective and experience of injecting drug users (IDUs), as well as key stakeholders.
- To correlate the demand and supply and analyze for adequacy of needles and syringes being provided in IDU targeted interventions (TIs)

Methods

IDUs were recruited from several TIs across the country to investigate the various contexts in which syringe acquisition and disposal occurs among IDUs at the TIs so as to understand the structural factors involved in syringe distribution and return; as well as to understand the adequacy of needles and syringes distributed for safer practices.

The following methods were employed to gather information:

- In-depth interviews (IDIs) with IDUs.
- In-depth interviews with key staff members of TIs.
- Focus group discussions (FGDs) with men (male IDUs) and women (female IDUs).

Using a purposive sampling strategy, a total of 175 IDUs (145 male and 30 female) were recruited for IDIs across India: Southern India (Cochin and Calicut, Kerala; Hyderabad, Andhra Pradesh); Western India (Pune, Maharashtra); Eastern India (Bhubaneswar, Odisha; Kolkata, West Bengal); North-east India (Imphal, Manipur; Dimapur, Nagaland; Aizawl, Mizoram); Central India (Narsinghpur, Madhya Pradesh); North India (Amritsar and Tarn Taran, Punjab; Faridabad, Haryana; Delhi; Lucknow, Uttar Pradesh). In addition, a total of 18 key staff members of TIs were interviewed and 18 FGDs were conducted with IDUs. In-depth interviews and FGDs among female IDUs were carried out in Aizawl (Mizoram), Imphal (Manipur) and Dimapur (Nagaland).

Findings

Needle/syringe supply and demand

- Among all IDUs across the 18 sites in India, 80.4% of the injection episodes during the previous week were with new unused syringes/needles.
- Among male IDUs, 82.2% of the injection episodes were with new injection equipment.
- With female IDUs, 73.4% of the injection episodes were carried out using new syringes/needles.

Needle/syringe return rate

Among all IDUs the injection equipment return rate is 63.2% (male - 65.2% and female - 52.5%).

Context of syringe acquisition and disposal

Whereas the heroin injectors prefer 1 ml syringes, the pharmaceutical injectors, in view of the large doses that they inject, prefer 3 to 5 ml syringes.

The reasons for accessing the injection equipment through TIs are: free of cost, size and types of needles and syringes supplied are based on the needs of the IDUs, delivery of injection equipment through peer educators (PEs) in hotspots and outreach locations, and user friendly Drop-In Centres (DICs) that provide needles/syringes as well as other harm reduction services.

Many TI staff members recommend secondary distribution through other outlets.

The IDIs demonstrate that IDUs across several sites in the country keep the syringes back for reuse either at home or in other places; while others keep the syringes in specified spots within the injecting locations. Increased syringe availability, HIV awareness, increased perception of HIV risk through injecting, and the contribution of the NGO TI, particularly the work of PEs in disseminating HIV information to the IDUs, acknowledged by many, have contributed to the significant reduction in sharing of injection equipment.

On the other hand, indirect sharing such as sharing of cookers and other injection paraphernalia is relatively prevalent across all sites. Distance, lack of education about safe disposal, and fear of police intimidation are possible reasons for inadequate return of syringes. Most TIs are practicing adequate waste disposal guidelines recommended by NACO.

Limitations

Many of the participants have an established history of injecting for a long duration of time and, in addition, the participants are all recruited from the TIs.

The potential for bias due to socially desirable reporting cannot be ruled out and, to minimize the risk, the independent team assured participants of the anonymity and confidentiality of the information gathered. The generalizability of the findings is limited.

Recommendations

Interventions at individual, interpersonal and normative level

As indirect sharing is prevalent, peer education and outreach-based behaviour change communication (BCC) need to target the prevention of sharing of injection paraphernalia among drug using communities. A common syringe/needle is often employed to draw and divide the drug solution; drawing from a common vial of pharmaceutical drug is prevalent. Thus BCC has to influence risks related to drug choices and preparation of drugs.

Structural interventions

In order to ensure optimal utilization of needle syringe exchange programme (NSEP) services that are available in many settings, it is necessary to advocate with the police and pressure groups. Harm reduction sensitization and training can be organized for the police personnel, particularly the local police, pressure group members and the anti-drug NGO groups.

Improving pharmacy access to syringes through advocacy is also important for IDUs as they may desire to buy syringes from chemists in times of need.

Targeted interventions

The demand has to be met by increasing the supply of needles and syringes to IDUs from the current level of 80% to 100%. This would mean increasing the supply of injection equipment through the NSEP by at least an additional one-fourth of the total needles/syringes supplied currently.

It is important to consider the IDUs at risk for sharing injecting equipment for OST services. Establishing opioid substitution treatment (OST) services in places where it is non-existent and scaling up OST services to include a significant proportion of IDUs is essential.

Apart from educating IDUs on safe disposal, it is necessary to address the barriers that interfere with return of syringes (e.g., police intimidation).

It is also necessary to address the various challenges faced by female IDUs that interfere with the syringe acquisition and disposal.

Secondary distribution of needles and syringes should be considered for IDUs engaged in sex work.

The National Household Survey (Ray, 2004) has estimated 2 million opioid users in India and injecting drug use prevalence at 0.1% of the adult male population. Transition from non-injecting heroin use to injecting pharmaceutical preparations has facilitated the diffusion of injecting drug use across the country. People who inject drugs are at high risk for acquiring and transmitting the HIV infection, and according to the National AIDS Control Organization (NACO) sentinel surveillance, at present injecting drug users (IDUs) is the group with highest prevalence of HIV (9.2%) amongst the high-risk groups (NACO, 2010).

The technical guide developed jointly by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for countries to set targets for universal access to HIV prevention, treatment and care for IDUs has recommended a comprehensive package of core public health interventions. The package includes needle syringe exchange programme (NSEP), opioid substitution treatment (OST) and provision of anti-retroviral therapy (ART) for HIV positive IDUs as an essential package among the nine interventions suggested. There is strong evidence that these interventions are effective in reducing risk behaviours, preventing HIV infections, and ensuring access to essential care and treatment services for IDUs.

In India, NACO has adopted a harm reduction (HR) strategy in NACP – III to prevent HIV amongst the IDUs through targeted interventions (TI) by non-government organizations (NGOs). Among others, the interventions include NSEP (distribution of clean needles and syringes and collection of old/used needles/syringes and safe disposal). A recent review of the situation of harm reduction programs in India shows that there has been a substantial increase in the number of needles/syringes distributed in the country. Furthermore, it was observed that the number of IDUs accessing NSEP regularly (defined as >20 days a month) had increased (Kumar et al., 2011).

An essential feature and requirement in NSEP is that an optimal number of needle/syringe are provided to the IDUs to ensure 'zero' sharing and thereby halt HIV among IDUs. In India, the IDU TIs offer NSEP, an evidence-based intervention to prevent the HIV transmission among IDUs; needles/syringes are provided to IDUs through DIC or outreach services without any user fees.

There are a number of challenges in the coverage of NSEP. For example, a study published in 2003, conducted in some NSEP sites in Manipur, showed that the number of needle/syringe provided to the IDUs was inadequate, and a number of factors acted as impediment to the access of NSEP (Sharma et al., 2003). A recent study conducted among IDUs in the northeastern part of India showed that only one-third reported receiving an adequate number of needles/syringes (UNODC, 2010). Those who did not receive as many needle syringes as needed reported reusing their injecting equipment more than once. The major source of needles/syringes for these IDUs was the outreach staff and the DICs run by the NGO IDU TIs. Reusing is fraught with problems; reusing the needles and syringes are also associated with harms, which include damage to the veins and increased chances of abscesses.

Adequate provision for purchase of needles/syringes in an IDU TI is an essential part of harm reduction/HIV prevention. As per the NACO revised costing guidelines for TIs, the annual cost for

purchase of needles/syringes for an IDU is INR 900, which also includes the cost towards purchase of materials required for safe disposal of used needles/syringes (NACO). The guidelines also mention that the costing would be based on the number of regular and irregular IDUs in the TIs. The National Behavioural Surveillance Survey (BSS), 2006, shows that not all IDUs are daily injectors, and that the proportion of regular and irregular IDUs varies from one site to another (NACO, 2006). This is also reflected in other studies.

In the light of the above, it would be essential to conduct an analysis of the demand and the provisions for supply of needles/syringes in IDU TIs. This would help in planning for adequate provision of needles/syringes in the context of an optimal HIV prevention and harm reduction among IDUs in India. Thus it was proposed that an operational research be conducted to collect information on the demand for needles and syringes in the IDU TIs and correlate with the provisions for supply of needles/syringes existing in the TIs.

1.1. Aim

To analyze the acquisition of needles and syringes by IDUs in TIs.

1.2. Objectives of the Operational Research

- To undertake multi-method research to delineate and describe the situational and structural factors influencing syringe acquisition, return, and safer injection.
- To undertake research which incorporates both the perspective and experience of IDUs, as well as the key stakeholders.
- To correlate the demand and supply and analyze for adequacy of needles and syringes being provided in an IDU TI.

2.1. Data Collection

In-depth interviews and FGDs were conducted as part of the operational research to investigate the various contexts in which syringe acquisition and disposal occurs among IDUs at the TIs; to understand the structural factors involved in syringe distribution and return; and to understand the adequacy of needles and syringes distributed for safer practices. The IDUs for IDIs and FGDs were recruited from selected sites in the country where the TIs for IDUs are operational. In addition, IDIs were conducted with the key program staff member of the selected TI. The data was collected from January 2012 to March 2012.

2.1.1 In-Depth Interviews with Injecting Drug Users

Interviews were semi-structured and were undertaken using a topic guide. The consultant, along with the team members of the UNODC ROSA H-13, developed the topic guide for IDIs through a participatory process. The team identified areas related to syringe acquisition and disposal that need to be probed and the level of detail required to fill in the gaps in existing knowledge. Specific questions were drafted and decided based on the selected areas for probe. The topic guide for IDI with IDUs is found in the Annexure.

A team of five researchers who had previous experience in conducting IDIs were selected to collect the data and were provided training by the consultant. The training emphasized the following: listening skills, allowing time for interviewees to think and answer, ways of probing into sensitive subjects, use of reflection, checking with participants to clarify and summarizing key issues at the end of the interview. The interviews generally lasted between 45 minutes and 1 hour. All interviews were conducted with informed consent and transcribed, and then translated into English.

2.1.2 In-Depth Interviews Stakeholders

In addition, IDIs with the key staff member of the TI were conducted. A topic guide was developed by the consultant and the UNODC ROSA H13 team (See Annexure).

2.1.3 Focus Group Discussions

Separate FGDs were carried out with men (male IDUs) and women (female IDUs) and the interviews were done at the selected TIs. As the aim was to learn the range of opinions, knowledge, attitudes and behaviours among the IDUs about syringe acquisition and disposal, participants for the FGDs were selected to represent a broad range of IDUs with varying risk profiles, drug use patterns and networks. The participants for the FGDs were recruited by the TI outreach team. A discussion guide was developed by the consultant and the UNODC ROSA H13 team through a consultative process (See Annexure). The researchers led the discussion with the IDUs in the local language. Techniques were adopted to involve all the participants in the discussion and to ensure that no one participant dominated the group. Participants were informed of their right to refuse to answer any particular question or to terminate the discussion at any point of time, and were assured anonymity. None of the

participants expressed discomfort or embarrassment during the discussions, and all the discussions were lively, with active participation by all the participants. Participants were offered coffee/soft drinks during the session and given transportation expenses. A total of 18 focus group discussions with IDUs (three with female IDUs) were conducted.

2.1.4 Problems Encountered during the In-Depth Interviews and Focus Group Discussions

The PEs and outreach workers of the TI fixed appointments with the IDUs for the IDIs and the FGDs. Except in some places, most of the individual interviews were conducted as scheduled. As data was to be collected on specified dates from the selected sites, all IDIs could not be completed as scheduled. Overall, of the 180 IDIs planned during the study period, 175 in-depth interviews (97%) were completed—145 with male IDUs and 30 with female IDUs. All 18 FGDs were held as scheduled.

2.2. Sampling and Recruitment

The study population was (1) current IDUs and (2) key program staff of the selected TI.

The study population of IDUs was recruited directly from the community by the outreach team of the TI. Recruitment and data collection took place in selected places. The IDU epidemiological data of the country was the basis for the selection of sites. The sites were selected from all the regions of the country: Southern India (Cochin and Calicut, Kerala; Hyderabad, Andhra Pradesh); Western India (Pune, Maharashtra); Eastern India (Bhubaneswar, Odisha; Kolkata, West Bengal); North-east India (Imphal, Manipur; Dimapur, Nagaland; Aizawl, Mizoram); Central India (Narsinghpur, Madhya Pradesh); North India (Amritsar and Taran Tarn, Punjab; Faridabad, Haryana; Delhi; Lucknow, Uttar Pradesh). In-depth interviews and FGDs among female IDUs were carried out in Imphal, Manipur, Dimapur, Nagaland and Aizawl, Mizoram. A purposive sampling strategy allowed adequate representation based on drugs injected, including experience of heroin, injectable heroin, buprenorphine, pentazocine, proxyvon alone or with other pharmaceutical preparations; geographical areas of residence; socio-economic status; employment status and age.

The interviews took place in settings that offered privacy and were conducted after obtaining the informed consent of the participants. Sample recruitment was monitored regularly by the UNODC ROSA H13 team.

2.3. Analysis of the Data

The content of interviews with IDUs and key program staff members was catalogued manually using a coding frame derived from the interview topic guide, and the content analyzed thematically for distinct factors associated with syringe acquisition and disposal among IDUs. Focus group discussions were organized around the themes in the discussion guide.

2.3.1 Sample Characteristics

Of the 175 IDUs interviewed for the IDIs, the median age of male IDUs was 33 years (N =145; mean age 35 years) and that of female IDUs was 29.5 years (N =30; mean age 30 years). These sample characteristics are broadly similar to other studies of drug injectors in the country.

Table 1: Sampling

Site	No. of IDUs with IDUs	No. of IDUs with TI program staff	No. of focus group discussions with IDUs	Drug user observation
Calicut, Kerala	10	1	1	2
Cochin, Kerala	10	1	1	0
Delhi	10	1	1	1
Dimapur, Nagaland	10	1	1	1
Dimapur, Nagaland (Female IDUs)	10	1	1	1
Faridabad, Haryana	5	1	1	0
Hyderabad, Andhra Pradesh	10	1	1	1
Imphal, Manipur	10	1	1	1
Imphal, Manipur (Female IDUs)	10	1	1	1
Aizawl, Mizoram (Female IDUs)	10	1	1	1
Narsinghpur, Madhya Pradesh	10	1	1	1
Bhubaneswar, Odisha	10	1	1	0
Patna, Bihar	10	1	1	0
Pune, Maharashtra	10	1	1	1
Amritsar, Punjab	10	1	1	0
Taran Tarn, Punjab	10	1	1	0
Lucknow, Uttar Pradesh	10	1	1	0
Kolkata, West Bengal	10	1	1	1
Total	175	18	18	12

2.4. Ethics and Consent

All interviews were confidential and subject to informed consent given in writing by the participants prior to the interview. Participation was voluntary and no personal or identifying information was retained in the transcripts.

3.1. Calicut, Kerala

Demographics

The mean age of the participants is 45 years (median: 46.5; mean: 45; SD: 6.5) and all 10 of them are males.

Drug Use Patterns

All participants report injecting adulterated heroin (brown sugar). One of them injects heroin along with injection promethazine (phenargan). Most are established drug users and have used drugs for a long duration (8-37 years), and many have been injecting for sufficiently long periods of time (2-13 years). The cost of a small packet of brown sugar is about Rs. 200 and the majority report that it is easily available. Many of the participants opine that needle and syringe sharing has decreased over time, possibly because of increased availability of needles and syringes.

Needle and Syringe Availability

In Calicut, needles and syringes are relatively easily available from the medical shops and the NSEPs (particularly through outreach services and peers). The syringes that are available for drug users are either 2 ml or 5 ml. The needles are usually size 24G or 26G. Most drug users prefer Dispovan 2 ml syringes, size of 24G or 26G. In the past, when it was difficult to obtain the syringes, some of the participants used to assemble old parts of used injection equipment and made syringe for injecting drugs. Although many observed no change in the availability of syringes/needles over time, some have observed increased availability and reduction in sharing of injection equipment.

Getting Needles and Syringes

Almost all the drug users get the needles and syringes from the NSEPs (through DIC, outreach services, and PEs) and medical shops (particularly when they are unable to collect the injection equipment from the NSEP). As the NSEP provides needles and syringes free of cost through outreach-based services, it is attractive to the users. In addition, NSEP provides several needles/syringes at a time to the IDUs and does not insist that the users visit the DIC every day. This is convenient for the IDUs as many of them come to the DIC from long distances by bus. There is no report of the participants selling the syringes/needles.

“Targeted Intervention site is the usual source for getting syringes and needles and twice in a month I use this source. During each visit I get 3 syringes. I came to know about this source from my drug using friend and for the last 3 years I have been getting syringes from here only. Approximately 40 drug users are getting syringes from the source.”

A 53-year-old male IDU, Calicut, Kerala

Using Needles and Syringes

The places mentioned by the IDUs for administering their drugs are own home, friends' home, common drug using venues (*adda*), bushes, out of city locations, public toilets and specific locations,

such as behind the hospital, Arts College campus and South Beach. The reasons for choosing some of the places outside the homes are privacy, remoteness and isolation; safety, no risk of intrusion by public; and absence of police intervention.

Sharing Needles and Syringes

Except for one of the participants who never shared injection equipment, others admit to sharing in the past. Only one of them has shared syringe and needle with his friend two months ago; all the others have shared in the past, 2 or more years ago. The reasons for sharing include: unavailability of needles and syringes, peer pressure to share the used injection equipment, and desperation to use drugs. Sharing of equipment is common during injection episodes at night.

“I was alone in Calicut. The incident happened at night. I did not have a new needle and syringe, and at that time, the medical shop was closed. Due to unavailability of new syringe and needle, I picked up a used syringe and needle at the drug using place. I cleaned the syringe and needle with plain water, and then injected.”

A 53-year-old male IDU, Calicut, Kerala

Keeping Needles and Syringes

Three participants report that they do not keep syringes after use. Of the rest, three keep the syringes in the drug using venues and one keeps the syringes in a secret place. Two participants keep the used syringes at home and reuse it two to three times before disposing them. One prefers to keep the injection equipment with him personally.

Disposal of Needles and Syringes

Whereas some of the participants destroy the needles and syringes before disposal, others do not. The majority of the participants do not return the syringes and needles to the NSEP; they leave the syringes in the places where they inject, such as common drug using venues, the beach and bushes.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the respondents is 45 years and the mean age at first injection is 36 years. Adulterated heroin is the primary drug injected. It seems that almost all reported injection episodes during the previous week are covered by the use of safe injection equipment. Sharing is not reported by anyone currently. The bulk of needles and syringes are obtained from the NSEP, but only a very small proportion of used needles and syringes are returned. Half the participants reported that they are currently under treatment to stop or reduce drug use (Table 2).

The Interview with the TI Staff

An earlier survey conducted among IDUs indicated that they preferred 24G and 26G size needles and 2 ml syringes and hence these are supplied by the IDU-TI. Adulterated heroin (brown sugar) is used by almost all IDUs at times combined with injection Phenargan (promethazine). Apart from supply of needles and syringes by DIC and PE-based outreach, the TI also maintains unmanned needle/syringe outlets in the drug using venues. This is very attractive to IDUs as they are able to access sterile injection equipment at the places of injection. The barriers to accessing DIC include distance, location inside government hospital, and operational hours (8 am to 2 pm). It is uncommon for used syringes and needles to be returned to the DIC and outreach workers; usually the PEs and outreach workers pick up the used needles and syringes left at the injection locations and bring them to DIC in puncture proof boxes. The TI has established a linkage with a waste disposal agency which collects the bio-waste from the DIC every week.

Table 2: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Calicut)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 45.4 years; SD: \pm 6.5
Age at first injection	Mean: 36.1 years; SD \pm 9.7
Drugs injected, previous week (%)	Adulterated heroin (brown sugar): 100%; Phenargan: 10%
Most often injected drug, previous week (%)	Heroin: 100%
Times injected, previous week	Mean: 49; SD: \pm 8.1
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 48; SD: \pm 8.1
No. of times using the same syringe/needle before disposal, previous week	Mean: 1.3; SD: \pm 0.67
No. of new syringe/needle received from NSEP, previous week	Mean: 59; SD: \pm 8.6
No. of new syringe/needle received from other sources, previous week	Mean: 2.4; SD: \pm 2.1
No. of syringes/needles returned to NSEP, previous week	Mean: 2; SD: \pm 0.66
Frequency of sharing, previous month (%)	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use (%)	70%
Currently under treatment to stop/reduce drug use (%)	50%

Focus Group Discussion

The FGD indicates that the IDUs use syringes and needles in the following geographical locations: railway bridge, beach, hospital premises, hotel toilets, homes, *adda* (drug using spot), drug-selling point, behind the passport office, YMCA hostel, behind the temple, at the back of the stadium ground, near the DIC, and bus stand. The IDUs prefer these places as they are easy to reach and offer privacy for injecting. Most do not inject with others. As almost all of them inject on their own, sharing is infrequent and rare. The NSEP is cited as the prime source of needles and syringes as the IDUs receive them free of cost; some IDUs buy them from medical shops (pharmacies); some steal from the beach hospital and the ICTC where they go for HIV testing. Many destroy the needles and syringes and leave them in places where they inject, such as the common injecting venues; a few return the syringes to the PEs in the field or to the DIC. The number of needles and syringes returned are far fewer than the number obtained from the NSEP.

3.2. Cochin, Kerala

Demographics

The mean age of the participants is 35 years (median: 35.5; mean: 35.1; SD: 3.6) and all 10 of them are males.

Drug Use Patterns

All IDUs in Cochin are pharmaceutical drug users, with the preferred drug being the synthetic opioid, buprenorphine, usually along with injection (Phenargan), promethazine and many of them additionally

inject diazepam (Calmose). Injection of pentazocine is also reported in Cochin. All the drug users have a long history of injecting drugs, ranging from 3 to 18 years. The cost of the drug is high, with an ampoule of buprenorphine costing Rs. 200 to 250 and an ampoule of Phenargan Rs. 50.

Needle and Syringe Availability

The participants in Cochin preferred 2 ml syringes and 26G and 24G size needles. The Dispovan brand seems to be popular with the drug-using community and the reason for requesting BD needles is that they do not get blunted with one use.

“Prefer to use Dispovan syringe and BD needle - 2ml syringe and 26G size needle; BD needle can be used for many times”

A 39-year-old male IDU, Cochin, Kerala

The usual and preferred place to procure the syringes and needles is the NSEP and, particularly, through the outreach services. The IDUs opine that the pharmacies are reluctant to sell only syringes and needles to them, despite the fact that they are available for the general community.

“It is very difficult to buy a needle and syringe from medical shop but I am getting them from PE/ORW very easily”

A 38-year-old male IDU, Cochin, Kerala

“We are not able to buy only a syringe in the medical shop and have to buy a syringe along with any pharmaceutical drug like Inj. Tetanus or anything else.”

A 39-year-old male IDU, Cochin, Kerala

Getting Needles and Syringes

All participants mention that syringes are available through the NSEP and that it is the source from which they prefer to get their injection equipment. Other places from where syringes are available include medical shops, peers, outreach workers and drug dealers.

“NSEP is the usual source of getting syringes and needles and I get 7 to 10 times in a month from this source. During each contact, I am able to get 5 to 6 syringes and needles. I came to know about the source through my drug using friends and since 3 years I am getting syringes from this source. The reasons for getting syringes from this source are safe injecting, and difficulty in buying a needle and syringe from a medical shop. In Cochin a majority of IDUs are getting syringes from this source.”

A 38-year-old male IDU, Cochin, Kerala

Most people travel to the NSEP site by bus from their home; other modes of transportation include walking, by auto or two-wheeler. The biggest obstacle to carrying syringes and needles themselves from NSEP site to drug using locations is the attitude of the police who may identify them as drug users and harass them.

Using Needles and Syringes

The places where the participants inject drugs are home, friends' home, playground, park, public toilet, restrooms of hospitals, restaurants, bars and petrol stations, cinema theatre, stadium, flats and buildings under construction, beach, riverside, mortuary and under the bridge. Most of the drug

users have not faced any problem using drugs in their preferred places; those who faced trouble encountered it from the police.

Sharing Needles and Syringes

Unavailability of new needles and syringes is cited as the key reason for sharing injection equipment. Sharing is also likely when the IDU is experiencing withdrawal symptoms; in order to alleviate the suffering, some of them inject drugs from a used syringe belonging to a friend or relative. Peer influence is also mentioned as a reason for sharing syringes and needles.

"I was in some other place and six friends were with me. A new syringe was not available for each one of us. Due to unavailability of new needles and syringes I had to share a syringe which had been used by my friends."

A 35-year-old male IDU, Cochin, Kerala

"I was at the drug using place with drug using friends. At that time I had drug withdrawal and did not have new syringes. Due to drug withdrawal pain, I had to share the syringe and needle which was used by another friend."

A 31-year-old male IDU, Cochin, Kerala

"I was with local drug using friends. One of my friends offered me a drug and the drug already had been loaded in a used syringe. I was not in a position to refuse. So I injected the drug with syringe which had been used by my friend."

A 33-year-old male IDU, Cochin, Kerala

Keeping Needles and Syringes

Some of the IDUs do not keep the needles and syringes as they believe that they will not reuse them. Others keep the used syringes and needles in their homes as they consider it a safe place. Most of them are of the opinion that reuse is unnecessary as they are able to get new needles and syringes from the NSEP site. In the past, when access was difficult, the IDUs reused the syringes and most of them kept them in their homes to be used in case of need. One of the IDUs keeps the syringe by the riverside where he injects drugs. Almost all of them prefer not to keep syringes and needles with them and one of them said that police action prevents him from carrying the injection equipment everywhere. Marking the used equipment for easy identification is relatively uncommon.

Disposal of Needles and Syringes

The common places for disposal are bushes, dustbin, river, canals, remote areas, neighbourhood of mortuary, under the bridge, godown, park and homes. Many IDUs put the used injection equipment in a box or a plastic cover when disposing of it at home. Destroying the injection equipment before disposal is uncommon; some of those who destroy it before disposal bend the needles. Almost all the participants are of the opinion that it is unwise to carry the needles and syringes wherever they go as they fear police intimidation. Though many drug users return used syringes and needles to the TI, the proportion is significantly low at about 20%. The challenges include police intimidation if the IDU is found in possession of a used syringe and the practical difficulties in retaining the used syringes and bringing them back to the NSEP site. Disposal of syringes is usually carried out during the night.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of participants is 35.5 years and the mean age at first injection is 18 years. All participants report injecting buprenorphine and in addition, most, inject Phenargan. All reported

Table 3: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Cochin)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 35.1; SD: \pm 3.6
Age at first injection	Mean: 18.5; SD \pm 1.9
Drugs injected, previous week	Buprenorphine: 100%; Phenargan: 90%; Diazepam: 10%
Most often injected drug, previous week	Buprenorphine: 100%; Phenargan: 90%; Diazepam: 20%
Times injected, previous week	Mean: 2.9; SD: \pm 3.9
Times injected with a used syringe/needle, previous week	Mean: 0.1; SD: \pm 0.3
Times injected with a new syringe/needle, previous week	Mean: 2.8; SD: \pm 4
No of times using the same syringe/needle before disposal, previous week	Mean: 0.9; SD: \pm 0.6
No of new syringe/needle received from NSP, previous week	Mean: 8.3; SD: \pm 9.2
No of new syringe/needle received from other sources, previous week	0
No of syringes/needles returned to NSP, previous week	Mean: 1.1; SD: \pm 2.6
Frequency of sharing, previous month	Never shared: 90%
No of people shared with, previous month	Mean: 0.1; SD: \pm 0.3
Ever received treatment to stop or reduce drug use	80%
Currently under treatment to stop/reduce drug use	80%

injection episodes are covered by sterile injection equipment; sharing is uncommon and occasional sharing is reported by a single respondent. Most of the participants are currently under treatment for drug use (Table 3).

The Interview with the TI Staff

On the basis of the needs expressed by the persons who inject drugs, the IDU-TI is distributing 2ml, 3 ml and 5 ml syringes with 26 G needles. The barriers for effective use of NSEP are fear of police, difficulty in access to DIC because of distance, unavailability of PEs in the field when IDUs are injecting, and wanting to remain anonymous and unwillingness to disclose the injection status. The IDU-TI is distributing the needles and syringes through PEs, by some secondary outlets and with the help of some drug peddlers with whom the TI staff members have established linkages. It is opined by the program staff that it is better to distribute needles and syringes through government hospitals and ICTC. In order to improve access and quality of NSEP, the following suggestions are given: increasing the operational hours of the DIC, permitting a rest room for IDUs at the DIC, increasing the number of PE, advocacy with the police, and enhancing counselling services for IDUs.

Focus Group Discussion

The FDG indicates that the IDUs use syringes and needles in the following geographical locations: house, friends' house, street, backside of the house, public toilet, main bus stand, Cochin, private place, public park, south beach, mortuary, hospital bathrooms, prison, new flats under construction,

railway track, by the side of the lake, and nearer the DIC. The IDUs prefer these places as they are easy to reach and provide safe, private place for injecting. Most do not inject with others and inject on their own. As all of them inject on their own, sharing is relatively uncommon, few who inject in parks and in the railway tracks may share injecting equipment because of the influence from peers. The NSEP is cited as the prime source of needles and syringes as they receive them free of cost; some of them buy from medical shops (pharmacies), some steal from the hospitals or a small proportion occasionally pick up used syringes. Keeping the syringes at home for reuse is not uncommon. Many destroy the needle and syringe and leave them in street corners and other injecting locations. The number of needles and syringes returned are much less compared with the number of needles/syringes obtained from the NSEP.

3.3. Delhi

Demographics

The mean age of the participants is 40 years (median: 34; mean: 40.1; SD: 17.7) and all 10 of them are males.

Drug Use Patterns

Most IDUs in Delhi are using synthetic opioid, buprenorphine usually and few of them inject adulterated heroin (brown sugar). All the participants report injection of chlorpromazine maleate (Avil) along with buprenorphine or heroin. Compared with adulterated heroin which costs about Rs. 100 per small packet, the cost of a set consisting of a buprenorphine ampoule, an Avil ampoule and a needle and syringe is Rs. 50 only. Most of the participants are established injectors and many have transited to injecting after several years of using adulterated heroin through non-injecting mode.

Syringe Availability and Getting Syringes

The availability of needles and syringes has always been relatively easy in this city. Nowadays it is very easy to get sterile injection equipment because of its availability from the IDU-TI programs, NGO DICs, and PEs. Apart from this, the participants buy injection equipment from the medical shops. The IDUs are able to get sufficient needles and syringes from the TIs. The advantage with the peer delivery is that the PEs provide the syringes and needles at common places of injecting such as parks.

"It is very easy to get syringes/needles now. Even medical shops sell them without any problem. Also TI gives syringe/needle free to us."

A 65-year-old male IDU, Delhi

"It was never a problem to buy syringes from the medical shop. But now we can get syringes free from the PE."

A 30-year-old male IDU, Delhi

"I obtain (injecting equipment) from PE. He comes to the park where we inject."

A 30-year-old male IDU, Delhi

"From the medical shop I buy only 1 syringe and 1 needle at a time. From the TI, I get as many as I want."

A 50-year-old male IDU, Delhi

Using Needles and Syringes

The following places are used by the IDUs as injecting locations: homes, near railway tracks, under or behind flyovers and public toilets. People who inject drugs opine that privacy and absence of disturbance by others are the prime reasons for choosing these locations.

"I use the railway track near the GB road hotspot. There are a lot of bushes where I can inject peacefully."

A 21-year-old male IDU, Delhi

"In the gully (lane) behind the 'Sheela' cinema. It is a small gully - nobody disturbs you in that place."

A 25-year-old male IDU, Delhi

Sharing Needles and Syringes

Except for one, all the other participants claim not to have ever shared needles/syringes with others. HIV awareness and easy availability of syringes has contributed to reduction in sharing.

"A long time ago, maybe 10 years back, we were not able to get a syringe easily. So I took from a friend, washed it with water and used it. Now that I know about HIV, I will never share with others."

A 50-year-old male IDU, Delhi

Keeping Needles and Syringes

There is not much reuse of needles/syringes among the participants. Few participants keep the needle/syringe with them or at home. The key obstacle in carrying the syringes with them is harassment by the police in case the IDU is found with a syringe in his possession.

"I never keep N/S with me because the police may find it in case they search me and so I hide it inside a public toilet."

A 50-year-old male IDU, Delhi

"I hide the syringes under the seat of my cycle rickshaw. I use them only once and dispose of them."

A 28-year-old male IDU, Delhi

Disposal of Needles and Syringes

Although IDUs report disposing of the syringes and needles in the dustbin, the garbage dump, or leave it in the place where they inject (such as public toilets, parks), many of them return the syringes and needles to the NSEP.

"I keep the syringe and needle in my pocket and I always give back to the PE."

A 30-year-old male injecting drug user, Delhi

"The TI PE asks me to give back the used ones if I want a new syringe. So I give it back to PE. At times I throw them in the garbage on the way."

A 50-year-old male IDU, Delhi

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 40 years and the mean age at first injection is 35 years. Many of the participants are established IDUs. Buprenorphine and adulterated heroin are the primary opioids injected, along with injectable anti-histamines (Avil). About 40 percent of the participants are currently under treatment for drug use. All injection episodes in the previous week are reported to have been covered with the use of sterile injection equipment. Recent sharing of needles and syringes is not reported. The return rate is very high and it is reported by the participants that all syringes procured by them during the previous week are returned to NSEP (Table 4).

Table 4: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Delhi)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 40.1; SD: \pm 17.7
Age at first injection	Mean: 34.8; SD: \pm 15.9
Drugs injected, previous week	Buprenorphine: 80%; Heroin: 20%; Avil: 100%
Most often injected drug, previous week	Buprenorphine: 80%; Heroin: 20%; Avil: 100%
Times injected, previous week	Mean: 16.4; SD: \pm 3.9
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 16.4; SD: \pm 3.9
No. of times using the same syringe/needle before disposal, previous week	Mean: 1; SD: \pm 0
No. of new syringe/needle received from NSP, previous week	Mean: 12.5; SD: \pm 5.6
No. of new syringe/needle received from other sources, previous week	Mean: 3.9; SD: \pm 8.3
No. of syringes/needles returned to NSP, previous week	Mean: 12; SD: \pm 3
Frequency of sharing, previous month	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	50%
Currently under treatment to stop/reduce drug use	40%

The Interview with the TI Staff

It is reported that the IDU-TI distributes a 5 ml syringe with 24G needle attached to it and a separate 26G needle to the people who inject drugs. The chief barrier for accessing the services is the distance of the TI from the hotspot. The return rate of needles and syringes is about 60% and not all IDUs are aware of the safe disposal process. The TI is effectively linked with a waste disposal agency.

Focus Group Discussion

The FGD indicates that the IDUs use syringes and needles in the following geographical locations: behind the 'Sheela' cinema flyover; near the *Akhara*, (the wrestling practice area); home; toilets behind the shopping complexes; and near the railway tracks. At times an experienced user in the group injects for a new user. In return, the 'experienced user' receives 1 ml from the drug mixture (extra Avil is added while cooking the brown sugar, so they have enough to share). The NSEP is cited as the prime source of needles and syringes as they receive them free of cost; some of them buy

from medical shops (pharmacies). The alcohol bottle cap is used for cooking brown sugar and the cigarette butt used as a filter is picked up from the roadside. Lemon juice is used to cook the brown sugar and it is obtained from local vegetable shops. The dealers sell a set that contains an ampoule each of injectable buprenorphine, Avil and a new needle and syringe for Rs. 50.

3.4A. Dimapur, Nagaland: Male IDU TI

Demographics

The mean age of the participants is 35 years (median: 36; mean: 35; SD: 4) and all 10 of them are males.

Drug Use Patterns

All participants report injecting proxyvon (dextropropoxyphene), a synthetic opioid, as the major drug. When asked about the previous week, nine participants reported injecting proxyvon and one participant reported injecting heroin.

Needle and Syringe Availability

The needles and syringes are currently available for drug users in Dimapur through NSEP. They can access the syringes from the DIC, PEs. Procuring from medical shops may be a challenge for some respondents. Over a period of time, the availability of syringes for drug users has increased considerably. The preferred size of the syringe by proxyvon injectors is 2 ml.

"These days syringes are easily available, I can get them from the DIC or sometimes PEs also come to our locality to give the syringes. The PEs visit every day or once in a week and they ask how many syringes I require. But I never buy from the pharmacy as they never give syringe to me."

A 29-year-old male IDU, Dimapur, Nagaland

"I only use 2 ml syringe because it is easy to get the vein with it and also easy to prepare the drug. I do not want 1 ml as it is small and it does not fill the doses that I require. And often due to the small needle in 1 ml syringe, it gets blocked. For heroin 1 ml is good but for SP I cannot use 1 ml. Since I am injecting SP I prefer only 2 ml syringes."

A 36-year-old male IDU, Dimapur, Nagaland

Getting Needles and Syringes

Almost all the participants reveal that NSEPs are the key providers for injecting equipment. The preferred places to get syringes include NGO TIs, DICs, PEs/outreach workers, pharmacies. They sometimes borrow from friends. All participants expressed preference for the same type of syringe (2 ml 'Dispovan' syringe) from all the sources. The chief barrier in getting syringes from the NSEP is distance, and the obstacle to personally carrying the syringes from the place of procurement to the injecting venues is the police intimidation.

"For the last 6 or 7 years TI is the only provider of needles/syringes to me. In each contact I get two to three syringes and in a month I get about 20 syringes/needles from them. I came to know about this source from my friends. For the last 7 years I have been taking syringes from this source as I do not want to share with others anymore. Also injecting with an old syringe gives pain in the vein and after using it two or three times the needle is also blocked. I think many of my friends are also getting syringes from this source."

A 33-year-old male IDUs, Dimapur, Nagaland

“Most of the time I can easily get the syringes from the DIC. Sometimes while coming back from the shooting sites after injection when I meet the police, they always harass me if they find a syringe. So I never carry a syringe with me.”

A 39-year-old male IDU, Dimapur, Nagaland

Using Needles and Syringes

Most of the IDUs in Dimapur seem to inject in the jungles or bushy areas as the city is located on the hills. Most go to the Tiak garden as police and people do not go there often. Injecting of drugs also occurs during daytime in most cases, whether at home or outside. Other places included in the list of injecting locations are IDUs’ own houses, friends’ houses, slum areas, school campus, public toilets, and near the railway track.

“Tiak garden is like a jungle and, in the slum area, there are many deserted houses. Both these places are near to my place and the DIC. In between there is a railway track. So normally people do not come often to these places. I inject at these places during the daytime and other people also inject here.”

A 32-year-old male IDU, Dimapur, Nagaland

Sharing Needles and Syringes

Sharing of needles and syringes seems to occur only when there is shortage of these materials. Needles are reused or shared in case of unavailability. Sharing has reduced over the years due to more awareness about the risks of sharing (HIV, AIDS, etc.).

“As I remember, on that day I was at Tiak garden and did not have a new syringe so I collected the one that was lying there. I picked up and washed it with water from the fishery pool nearby; after cleaning it I injected with that syringe.”

A 29-year-old male IDU, Dimapur, Nagaland

“For the last three or four years I have been using new syringes. But earlier sharing was very common as we could not get new syringes. Although sharing cooker is still common among us, I never share a syringe with the other people.”

A 33-year-old male IDU, Dimapur, Nagaland

Keeping Needles and Syringes

Almost all the participants said that they keep their syringes at home as no other place seems safe. They hide it in their bathrooms, behind doors, cupboards, etc. Two participants said that they hide their syringe in the tea garden and jungle, wrapped in a polythene bag, in an area no one goes to, in order to identify and reuse them. The participants keep the equipment at home for reuse, in case they are unable to meet the PEs/outreach workers or go to a NSEP centre.

“I used to keep my syringe inside our guest room where my parents do not go often. While keeping, I always wrap it with plastic. I keep for 2 to 3 days and use 2 or 3 times before disposing of it.”

A 37-year-old male IDU, Dimapur, Nagaland

Disposal of Needles and Syringes

The common places of disposal are public toilet, slum area, drain, public dustbin and tea garden or they are returned to the NGO-PEs. The reasons why IDUs choose these places are that they go unnoticed and/or hardly anybody visits areas such as Tiak garden or jungle. They do not like to carry the needles with them as they fear police intimidation. Therefore, some of the participants said that they dispose of the syringe at home. Most of the participants do not destroy the syringe as much as they simply throw them away. Disposals usually occur during the daytime, and as for returning needles/syringes to PEs or NGO workers is concerned, the number of participants returning is less and the number of syringes/needles returned is also less than the amount distributed.

“Most of the time I dispose during the daytime in places like bushes and public dustbins. Sometimes I also throw them at the Tiak garden (injecting site). Yes, many people are injecting at the Tiak garden.”

A 37-year-old male IDU, Dimapur, Nagaland

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 35 years and the mean age at first injection is 32 years. Two thirds of reported injection episodes are covered by the use of new needle and syringe. Sixty percent of needles and syringes obtained during the previous week are returned to the NSEP. Most of the participants do not share needles and syringes. Just one of the participants is currently undergoing treatment for drug use (Table 5).

Table 5: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Dimapur, Male IDU TI)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 35; SD: \pm 4
Age at first injection	Mean: 32.3; SD: \pm 7.9
Drugs injected, previous week	Proxylon: 90%; Heroin: 10%
Most often injected drug, previous week	Proxylon: 100%
Times injected, previous week	Mean: 23.2; SD: \pm 5.7
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 15.3; SD: \pm 4.3
No. of times using the same syringe/needle before disposal, previous week	0
No. of new syringe/needle received from NSEP, previous week	Mean: 15.3; SD: \pm 4.3
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 9.1; SD: \pm 3
Frequency of sharing, previous month	Never shared: 80%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	70%
Currently under treatment to stop/reduce drug use	10%

The Interview with the TI Staff

The TI distributes 2 ml syringes to the IDUs as it is preferred by proxyvon injectors; and 1 ml syringe is provided for those heroin injectors who prefer it. The distance of the DIC from the hotspots is a reason why many people are reluctant to get syringes from the DIC. In addition, while carrying the syringes from the DIC to the hotspot, the drug users can be searched and intimidated by the police as well as the militant groups and hence many are unwilling to carry the syringes from the DIC. The PEs reach the IDUs at the hotspots and are available at the spots in the early mornings. Though sharing has declined considerably, some drug users are forced to inject using an already used syringe during states of withdrawal. Disposal of syringes is done at places of injection and despite information given to IDUs that it is better to destroy the needle before disposing of it, it is not always done by the IDUs. PEs collect the used syringes from the hotspots. Not all drug users are knowledgeable about safe disposal. The TI staff member strongly recommends that secondary distribution is necessary for effective distribution of needles and syringes to all IDUs in the community.

Focus Group Discussion

The FGD indicates that the IDUs use syringes and needles in the following geographical locations: construction sites, public toilet, slum area (deserted houses), Tiak garden (wood garden), near the railway track, friends' house, tea garden, and at drug peddler's place. Injecting is common during the daytime. Although most started injecting in the hands and then proceeded to injecting in the legs, some now inject in the groin. As many are established injectors, they are all aware of safe injecting techniques, but they compromise on safety at times of emergency (e.g., withdrawal states). Sharing is relatively less compared with the past, but sharing of cookers is extremely common. Often, as injecting happens in groups, the preparation of drugs is done in a common cooker; then the prepared drug solution is divided among the participants using a common syringe. A frontloading technique is used to ensure equal division of the drugs.

3.4B. Dimapur, Nagaland: Female IDU TI

Demographics

The mean age of the participants is 29 years (median: 29; mean: 28.7; SD: 4.7) and all 10 of them are females.

Drug Use Patterns

All participants report injecting proxyvon (dextropropoxyphene), a synthetic opioid, as the major drug. Nine participants reported injecting proxyvon the previous week and one respondent reported injecting heroin. Usually the proxyvon is obtained as spasmoproxyvon capsules (popularly referred to as SP) and one capsule costs between Rs. 10 and Rs. 20, depending on the demand and availability. The capsules are taken orally by a lot of individuals; and then some shift to injecting proxyvon.

Needle and Syringe Availability

Almost all of the participants said that the availability of needles and syringes has increased due to establishment of NSEPs in the past few years, especially for women. Common places of acquiring injecting equipment are PEs, outreach workers, NGO workers, and pharmacies. At times, they get the syringes/needles from friends and, in some cases, from their husbands who also use drugs.

“Easily available as compared to two years back as there were no DICs specially meant for women. Since last year we can get syringes freely either from the DIC or outreach workers, peer educators at my locality. Earlier we managed to buy from the pharmacy – sometimes we got it and sometimes we did not. Those days I used to take from my husband, as he is also a drug injector and we also inject together.”

A 30-year-old female IDU, Dimapur, Nagaland

“Compared to three years ago, now I should say syringes are easily available at the NGO DIC and from PEs. Yes, FIDU DIC is near my place and most of the time PEs also come at my place to distribute the needles/syringes.”

A 28-year-old female IDU, Dimapur, Nagaland

Getting Needles and Syringes

Syringes and needles are acquired from similar or same sources by all the respondents. Places of preference are DIC, pharmacy, PEs, ORWs, friends and family (husband). Participants do not like to travel far and long due to police intimidation as well as cost and distance. Almost all the users prefer to get syringes from sources near their homes and/or the common injecting location.

“Since last year TI is the usual source of getting syringes. I prefer to get syringes from the PEs or ORWs as it is more comfortable for me. The PE is near my locality. Going to DIC is time consuming and also I need to spend money for going there. In each contact I get 5 to 6 syringes from the PEs and sometimes when I go to the DIC I get around 7 syringes. I want new N/S and do not want to share and inject with old syringe – this is the main reason I am taking N/S from PE. Six more people are taking the syringes regularly from her.”

A 30-year-old female IDU, Dimapur, Nagaland

“Most of the time I get the syringes from the PEs, so I rarely go to DIC and I do not want to expose my drug use habit to the other people.”

A 28-year-old female IDU, Dimapur, Nagaland

Using Needles and Syringes

Most of the female IDUs in Dimapur inject in slum areas, Tiak garden, hotel rooms, toilets in the shopping complexes, own homes and friends' places.

“Slum area and Tiak garden are the places that I inject; many people inject in these places as nobody comes here. People inject during the daytime only. I also inject at hotel as most of the time I hang out in this place with my friends. Apart from this I also inject in my own home when there is no one from the family.”

A 21-year-old female IDU, Dimapur, Nagaland

“Since my husband and I are living separately from the parents, most of the time I inject at home (room). In some rare instances I also inject at my friend's place. And my friends come often to my place as no one is here at my place. I inject any time but commonly during the daytime.”

A 30-year-old female IDU, Dimapur, Nagaland

Sharing Needles and Syringes

Sharing of needles and syringes seems to occur only when there is shortage of availability of these materials. In case of unavailability of new injecting equipment, needles/syringes are cleaned or needles are exposed to heat before injection. Sharing has reduced over the years due to increased availability of syringes and establishment of TIs for FIDUs.

"I was at the slum (deserted house) with my friends. I was there with my friend and we had only one syringe and needle so we shared together after cleaning with water. As going back and collecting new syringe from the DIC would take a long time, we decided to share on that day."

A 21-year-old female IDU, Dimapur, Nagaland

"The main reason for sharing is that a new needle and syringe is not available at the time of injection. It happened with my friends at their place. That day was a holiday so we could not get a new syringe. In that situation either I clean or burn the needle of the syringe and then inject."

A 28-year-old female IDU, Dimapur, Nagaland

Keeping Needles and Syringes

Almost all the participants said that they keep their syringes at home or in their friends' places. They hide it in their bathrooms, behind doors, cupboards, etc. The participants keep the equipment at home for reuse, in case they are unable to meet the PEs/outreach workers or go to a NSEP centre. They generally keep the syringes for two to three days and reuse about two to three times before disposal.

"I always keep my syringes at home for three to four days. The places where I keep are those where other family members cannot find or see it. Most of the time, I reuse two to three times before disposing of them. Being a female I am unable to go to the DIC or meet PEs every day as besides my drug use habits, I also need to attend to other responsibilities at home."

A 28-year-old female IDU, Dimapur, Nagaland

"I keep the syringes for two to three days either at my or my friend's place before disposing of them. We reuse it two to three times only. It is easy (to identify) as we always keep the syringes/needles in a separate box."

A 21-year-old female IDU, Dimapur, Nagaland

Disposal of Needles and Syringes

The common places for disposal are public dustbin, places where they inject such as slum areas, Tiak garden; at times, they also return the syringes to NGO workers and PEs. They do not like to carry the needles with them as they fear police intimidation, so some of the participants said they dispose of the syringe at the places of use. Most of the participants do not destroy the syringe and just throw them away.

"I never destroy before disposing it. It depends on the situation where I dispose. Sometimes I return to the NGO worker and at times I also dispose at the common injecting places. Because after getting high on drugs, I do not think or feel like carrying back the syringes with me. Out of five syringes I return about two to three to the NGO worker or DIC. If I bring back to DIC then I always wrap with paper and put in a plastic bag."

A 30-year-old female IDU, Dimapur, Nagaland

"Public dustbin is near my home, so many times I dispose of it there. I dispose them any time of the day. Sometimes when I inject at other places like Tiak garden and slum area, I also dispose of it there after the injection as I do not want to carry back the N/S with me. I know that people also inject in those places and some may reuse it."

A 26-year-old female IDU, Dimapur, Nagaland

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 29 years and the mean age at first injection is 28 years. More than two thirds of reported injection episodes are covered by the use of new needle and syringe. About half of needles and syringes obtained during the previous week are returned to the NSEP. Most of the participants do not share needles and syringes. None of the participants is currently undergoing treatment for drug use (Table 6).

Table 6: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Dimapur, Female IDU TI)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 28.7; SD: \pm 4.7
Age at first injection	Mean: 28.3; SD: \pm 4.5
Drugs injected, previous week	Proxylon: 90%; Heroin: 10%
Most often injected drug, previous week	Proxylon: 100%
Times injected, previous week	Mean: 20.6; SD: \pm 8
Times injected with a used syringe/needle, previous week	Mean: 0.2; SD: \pm 0.4
Times injected with a new syringe/needle, previous week	Mean: 14.5; SD: \pm 5.5
No. of times using the same syringe/needle before disposal, previous week	Mean: 2.5; SD: \pm 0.5
No. of new syringe/needle received from NSEP, previous week	Mean: 14.9; SD: \pm 5.6
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 7.5; SD: \pm 2.1
Frequency of sharing, previous month	Never shared: 80%
No. of people shared with, previous month	Mean: 0.2; SD: \pm 0.4
Ever received treatment to stop or reduce drug use	10%
Currently under treatment to stop/reduce drug use	0%

The Interview with the TI Staff

The female drug users in Dimapur primarily inject spasmoproxyvon or heroin. At times, they also consume tablets of diazepam. Alcohol use is extremely common among the female IDUs. About a third of the clients are engaged in sex work. Based on the frequency of injecting of the user, the TI distributes the number of syringes/needles to the clients attending the DIC. Proxyvon injectors prefer 2 ml syringes. The establishment of female-specific DIC is very attractive to the female drug users, but there is just one exclusive DIC situated at the Rail Bazaar, and in view of the distance, not all female IDUs in Dimapur can access the services regularly. In addition, the attitude



Figure 1: Syringes disposed of at the site of injection, Dimapur, Nagaland.

of the police who search for syringe possession and victimize those who carry syringes with them is a significant obstacle to safe practices. About 50 per cent of syringes/needles distributed are returned to the NSEP, enabled primarily by collection of used syringes from the injecting sites. The TI staff members are trained in waste disposal and are linked to the district civil hospital which has incinerator facility. Not all female IDUs have been oriented on safe disposal by the TI team.

Focus Group Discussion

Initially, many of the participants started injecting with their girlfriends and few of them mention that they started injection with their boyfriends or husband. After a period of oral use, they transited to injection route of administration. The FGD indicates that the IDUs use syringes and needles in the following geographical locations: homes, friends' houses, slum area (deserted houses), and Tiak garden (wood garden). Injecting is common during the day and many of them inject with their peers and some of them inject alone. While direct syringe sharing is uncommon, sharing cookers is relatively prevalent; they prepare the drug solution together in the same liquor bottle cover and share the common drug solution from a common syringe through frontloading. As some of them are engaged in mobile sex work, it is difficult for them to access the syringes regularly and this is a reason for sharing as well as reuse of the syringes and needles. While return of the syringes to the DIC is compromised by police action and pressure by the militant groups, the FIDUs tend to dispose of the syringes at the site of injection or a public dustbin near their homes.

3.5. Faridabad, Haryana

Demographics

The mean age of the participants is 35 years (median: 26; mean: 34.6; SD: 16.8) and all five of them are males.

Drug Use Patterns

The IDUs use pentazocine, a synthetic opioid, as the primary drug. In addition, some of them inject phenargan, diazepam and Avil. The participants have been injecting drugs for the past 1 to 7 years. All of them have transited to injecting after a few years of using opioids through non-injecting mode of administration. The cost of pentazocine is Rs. 20 to Rs. 30 per ampoule. Over a period of time, some changes have occurred in the drug use scene in Faridabad. There has been shift to pharmaceutical drugs due to easy availability; and the cost of pharmaceutical drugs such as pentazocine has escalated from Rs. 10 to Rs. 30 per ampoule due to increase in demand. Sharing of injecting equipment has

reduced primarily due to the easy availability of needles/syringes from NSEPs. The places of drug use have remained the same over the years, and there is no significant shift in the attitude of police towards drug use and possession of needle/syringes by the drug users.

Needle and Syringe Availability

Syringes are easily available in the town and the preferred syringes are 5 ml and 2 ml Dispovan syringes with 24 G and 26 G size needles.

Getting Needles and Syringes

Most drug users prefer to get the syringes/needles from the IDU-TI; they are obtained from the DIC or from the PEs at the hotspots. During each contact they get one to three syringes from the TI sources. They came to know about the NSEP through the PEs, friends and counsellors. The central location of DIC, easy availability of syringes and the fact that they are free of cost are the reasons for using the TI as the key source for getting the syringes/needles. At times, the IDUs get the injecting equipment from the pharmacies.

Using Needles and Syringes

Most often the IDUs use the drugs at their own homes; at times they inject in places such as railway station. They do not generally face any problem injecting drugs in these places.

Sharing Needles and Syringes

None of the participants reported sharing of needles and syringes.

Keeping Needles and Syringes

While some of the participants keep the syringes at home, but out of reach for children and other family members, others return the syringes to the PE. Reuse was reported to be uncommon.

Disposal of Needles and Syringes

While one respondent admits that he leaves the injecting equipment after use in the place where he has injected without destroying the syringe, others say that they return the syringes to the PE or the DIC. Destruction of needles is uncommon.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 35 years and the age at first injection is 26 years. Pentazocine is the primary opioid injected by all the respondents. All reported injecting episodes are with sterile injecting equipment. A significant proportion of needles and syringes obtained during the previous week is returned to the NSEP. Sharing is not reported. None of the participants are currently under treatment for drug use (Table 7).

The Interview with the TI Staff

Most of the IDUs are pentazocine users alone or in combination with injectable drugs such as diazepam, phenargan and Avil. Some of the drug users who travel to Delhi also inject buprenorphine in combination with other pharmaceuticals. The TI distributes 2 ml syringes to pentazocine users as they prefer this. Most of the drug users are home based and are hidden. The IDUs in Faridabad are unlikely to inject in public places; they prefer to stay at home and inject drugs. They return the syringes to the PEs or DIC but do not destroy the needles/syringes. The DIC is linked with Sharan Delhi for safe waste disposal.

Table 7: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Faridabad)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 34.6; SD: \pm 16.8
Age at first injection	Mean: 25.8; SD: \pm 12
Drugs injected, previous week	Pentazocine: 100%; Phenargan: 20%
Most often injected drug, previous week	Pentazocine: 100%; Phenargan: 20%; Diazepam: 60%
Times injected, previous week	Mean: 13.4; SD: \pm 6.1
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 13.4; SD: \pm 6.1
No. of times using the same syringe/needle before disposal, previous week	Mean: 1; SD: \pm 0
No. of new syringe/needle received from NSEP, previous week	Mean: 13.4; SD: \pm 6.1
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 11.6; SD: \pm 6.4
Frequency of sharing, previous month	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	20%
Currently under treatment to stop/reduce drug use	0%

Focus Group Discussions

The common places of injecting are homes (rooms, bedroom, toilet), open plots, and hidden areas. Whereas injecting at home happens at any time that is convenient for the users, injecting in common shooting venues happens during the day. Sometimes the family members return the used syringes and needles kept at home to the PEs.

3.6. Hyderabad, Andhra Pradesh

Demographics

The mean age of the participants is 33 years (median: 31.5; mean: 33.3; SD: 9) and all 10 of them are males.

Drug Use Patterns

Pentazocine, Avil and diazepam are the most injected drugs in Hyderabad. Most people have transitioned to pharmaceutical drug use after having been on drugs such as cannabis for a long period of time. The cost of injectable pharmaceuticals varies according to demand; each ampoule of pentazocine costs between Rs. 20 and 60, diazepam Rs. 20-30, and Avil Rs. 8-30.

Needle and Syringe Availability

In Hyderabad, the IDUs get the syringes either from the medical shops (pharmacies) or from the PEs in the hotspots. They are unaware of the brand and different sizes of needles. The NGO TI supplies 2 ml Dispovan syringes with 24 G size needle and apparently the IDUs are happy to receive them.

Getting Needles and Syringes

The majority of the IDUs avail of the NSEP and the syringes/needles are distributed to them by the PEs who regularly visits the hotspots. Some of the participants receive the injecting equipment from their friends. Some of them buy it from the medical shops close to the hotspots and usually there is no problem in getting the syringes. During each contact, the IDUs get up to seven syringes from the PE.

Using Needles and Syringes

There are several places across the city where injecting of drugs is done such as railway station, bus stand, temples, church complex, race course and other public places. These places are chosen as they provide a sense of safety and security and IDUs feel less intimidated. Apart from this, the IDUs can rest in these places after taking the drugs.

Sharing Needles and Syringes

Many participants admit to using a used syringe when they are unable to buy a new syringe consistently for every injecting episode. Either they reuse the syringe or use a syringe used by a friend. Peer influence is another factor that favours sharing of needles and syringes.

"I do not have sufficient money to buy a syringe. So instead of using a new syringe every time, I am more likely to inject with a syringe which has been previously used."

A 27-year-old male IDU, Hyderabad, Andhra Pradesh

Keeping Needles and Syringes

Most participants said that on the advice of the PEs they leave the syringes in the same drug using venues in specified locations to facilitate collection of syringes by the PEs. Some of the participants reuse the syringes two to three times. One of them responded that even if they keep the syringes in a secret place, it is difficult to identify the one used by them on a previous occasion.

Disposal of Needles and Syringes

Many of the IDUs leave the used syringes in the place where they inject. Before disposing of the syringes/needles, the majority of the participants destroy the syringe and/or bend the needle. While most of IDUs leave the syringes in the drug using spots to be collected by the PEs, one of them returns the syringes to NSEP.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 33 years and the mean age at initiation of injecting is 26 years. All the injecting episodes reported by the participants are covered by the use of new needle/syringe. A small proportion of the participants admits to sharing the needles and syringes with others. About two thirds of the syringes received from the TI sources are being returned to the TIs. None of them is undergoing treatment for drug use currently (Table 8).

The Interview with the TI Staff

Under the NSEP, the TI distributes 2 ml syringes to the IDUs, who inject pentazocine, Avil and diazepam. The bulk of distribution is through the peers at the hotspots. The barriers for syringe access are police action, interference by the local thugs, repeated bandhs declared in connection with the Telengana agitation, fights among IDUs and the rapid turnover of PEs. The PEs have identified some locations within the hotspots where the IDUs are encouraged to leave the syringes for collection by the PEs. A formal linkage has been established between the TI and a waste disposal agency.

Table 8: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Hyderabad)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 33.3; SD: \pm 9
Age at first injection	Mean: 26.4; SD: \pm 5.8
Drugs injected, previous week	Pentazocine: 40%; Avil: 60%; Diazepam: 10%
Most often injected drug, previous week	Pentazocine: 30%; Avil: 60%; Diazepam: 10%
Times injected, previous week	Mean: 7.4; SD: \pm 4
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 7.3; SD: \pm 4.1
No. of times using the same syringe/needle before disposal, previous week	Mean: 0.9; SD: \pm 0.6
No. of new syringe/needle received from NSEP, previous week	Mean: 5.9; SD: \pm 4.1
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 3.9; SD: \pm 3.8
Frequency of sharing, previous month	Never shared: 80%
No. of people shared with, previous month	Mean: 0.4; SD: \pm 1
Ever received treatment to stop or reduce drug use	0%
Currently under treatment to stop/reduce drug use	0%

Focus Group Discussion

The common injecting venues have been identified as Gandhi *jogh*, Sai Baba temple, Chadargot, Kachiguda railway station, Kachiguda bus stand and the Race Course, Malakpet. Injecting in these places occurs primarily because they provide safety, privacy, security and place to rest after taking drugs and IDUs can inject in groups as well as help each other. Also, police intervention is minimal in these places. The key provider of syringes is NSEP and some of them buy from pharmacies (maximum cost Rs. 3). As outlined earlier, they leave the used syringes in designated places within the drug using venues for PEs to collect them.



Figure 2: An injecting location at Hyderabad, Andhra Pradesh

3.7A. Imphal, Manipur: Male IDU TI

Demographics

The mean age of the participants is 35 years (median: 35; mean: 35.3; SD: 8.4) and all 10 of them are males.

Drug Use Patterns

In Manipur, all participants use heroin (grade IV) by injecting it. Some participants have been using heroin by chasing and some have been consuming oral spasmoproxyvon before transiting to injecting heroin. It is reported that a dose of heroin in Manipur costs about Rs. 100 and many drug users spend about Rs. 200 to Rs. 300 every day for heroin. Over the period, injecting as well as sharing of needles and syringes has declined considerably, due to increased awareness related to HIV and Hepatitis C. On the contrary, oral use of spasmoproxyvon has escalated, particularly among the youth.

Needle and Syringe Availability

The drug users prefer 1 ml syringes, and based on the assessed needs, the NSEP provides these syringes to the IDUs. Syringes are usually available from common sources such as pharmacy, DICs, PEs or friends. Most of the participants state that although there is more availability of syringes/needles compared to previous years, there is difficulty in obtaining needles due to distance and hence, time required to do so.

"I prefer and use only 1 ml insulin syringe because it is easy to get vein and also easier to draw the heroin solution with it. Besides, it does not damage vein quickly and often people are unable to recognise the needle mark."

A 46-year-old male IDU, Imphal, Manipur

"That (making or reusing old syringe parts) was very long time ago. That time we were injecting with the 2 ml syringe and sometimes we changed the needle and inside pump, when the needle was old or if there was some problem with the pump. Now we get 1 ml syringe from the NGO. We do not use parts in this as needle and syringe are fixed together in the insulin (1ml) syringe. Instead I sometimes reuse my used 1 ml insulin syringe again."

A 40-year-old male IDU, Imphal, Manipur

Getting Needles and Syringes

A few common places from where syringes are acquired are NSEP from the DIC, pharmacies, drug peddler's places mainly at North AOC (Khetrikao & Khragao), *paan* shop near the North AOC and from the PEs who distribute the syringes at various venues, including drug using places.

"For me TI is not the N/S provider. Many times I buy from the peddler's place or pharmacy. Apart from the peddler's place, I also get syringes from this particular NGO – in a month I get about ten to fifteen syringes from them. I came to know about this source from my friends. As this NGO covers our locality, I enrolled under this NGO. I have been using this source for the last six years. Other people also get syringes from this NGO."

A 35-year-old male IDU, Imphal, Manipur

Using Needles and Syringes

Even though many drug users consider injecting at home as the safest option, they are unable to bring heroin home from the drug peddling places due to fear of police who might search them and extort money from them if they find drugs on them. Injecting happens at the drug peddling places, toilets near the peddling places in an unhygienic setting and places that are considered safe, such as cemetery. At times the drug users inject at their own or friends' homes.

"It is not safe actually to inject in drug peddling places but I do not have any option. The safest place for injection is at home but due to various reasons, like police may search me on my way home, I do not want to travel home with the stuff. So I inject as soon as I get the stuff at the drug peddler places."

A 41-year-old male IDU, Imphal, Manipur

"AOC is one of the very common places for drugs and many people also inject in the drug peddling place. The injecting venue is not clean actually; it is really dirty. Normally I used to go early in the morning or in the afternoon (during this time police are not usually around). Regarding injecting at my friends' place, this happens rarely. If I am injecting at my friends' place we prefer the office hours, as people are not around during that time. And if I need to inject at home most of the times I inject in my toilet, as my children and family members are always around and I do not want to inject in front of my children."

A 46-year-old male IDU, Imphal, Manipur

"I often inject at the cemetery (known as Leihenkhol near Chingmeirong – it is a small hillock). It is safe and nobody comes here except the drug user community."

A 21-year-old male IDU, Imphal, Manipur

Sharing Needles and Syringes

Sharing has declined over time mainly because of HIV and HCV awareness amongst the drug-using communities in Manipur. Reuse of syringes and sharing of cookers and other injecting paraphernalia is relatively prevalent and may facilitate the transmission of Hepatitis C. At times, sharing happens during desperate withdrawal states when the individual does not possess a syringe of his own.

"I never share syringes but always share cooker and other injection paraphernalia with my friends. Sometimes I reuse my used syringes. These two are very common among drug users."

A 23-year-old male IDU, Imphal, Manipur

"Two to three months back for the second time I did my HIV test and was tested positive. So I get very upset and angry. Now I think there is no use of cleaning syringes as I am already infected. I started to share with a cousin most of the time, who is also HIV positive."

A 35-year-old male IDU, Imphal, Manipur

Keeping Needles and Syringes

Almost all the participants keep their syringes at home. Reuse of syringes is also common and hence the need to keep the syringes after one use. Some people keep their syringes in the common shooting locations after marking the syringe and having an identifying mark for the hiding place.

"Normally I keep my syringe inside the toilet ventilator or inside my room where my wife and children will not see it. I keep it for two to three days before disposing of it. I reuse one syringe two or three times."

A 46-year-old male IDU, Imphal, Manipur

“Normally I keep my syringe inside my computer hard drive if it is at home. Outside the home, I place my syringe under the stone if it is at the cemetery (covering with paper). I always mark the back of the syringe (the back of the pump). If I see any change then I know it has been used by some other person. Normally I keep the syringe in the hiding spot for four to five days. I reuse the syringe three to four times before disposing of it.”

A 21-year-old male IDU, Imphal, Manipur

Disposal of Needles and Syringes

The number of syringes returned to the DIC or PEs was less due to fear of police harassment and pressure from the militant group members. IDUs dispose of the used syringes in dustbins, toilets and the cemetery. Disposal at the place of injection is relatively common and the syringes are not destroyed before disposal by most of them.

“Disposing or throwing in such places as the cemetery, toilet or drain – I do not find any problem because nobody will know. I never destroy, I just throw them and I do not return to the DIC as well.”

A 21-year-old male IDU, Imphal, Manipur

“Most of the time I dispose of the syringes during the daytime in the bushes and public dustbin. But at the injecting site (peddler place) either I throw it in the drain or in a bucket which is kept by the peddler. Sometimes I return a few syringes to the DIC and PEs. I do not go often to the DICs. If I return two or three syringes to the PE, then I can get six to nine syringes from them.”

A 41-year-old male IDU, Imphal, Manipur

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of participants is 35 years and the mean age of initiation of injecting is 35 years. All participants admit to injecting heroin currently. Just over half of the injecting episodes reported by the participants are with the use of new, sterile injecting equipment. Only a third of the syringes/needles received from the NSEP during the previous week are returned by the participants. Half of the participants report sharing of injecting equipment. None of the participants are currently under treatment for drug use (Table 9).

The Interview with the TI Staff

The TI staff member observed that currently most of the IDUs are injecting heroin and many of them have been injecting proxyvon in the past. The TI distributes up to two to three syringes per IDU and is reluctant to provide more than three out of concern that the IDUs may sell the syringes. Most IDUs prefer 1 ml syringes, therefore insulin syringes are provided to them. The proxyvon injectors are given 2 ml syringes as per their preference. One of the biggest challenges to syringe acquisition and return is the newly created village defence force. Many of the personnel in this force are former drug users and are able to identify the current drug users easily and harass them if found in possession of syringes. The other obstacle to acquisition and return is the distance of the DIC. Provision of legal

Table 9: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Imphal, Male IDU TI)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 35.3; SD: \pm 8.4
Age at first injection	Mean: 34.9; SD: \pm 9.1
Drugs injected, previous week	Heroin: 100%
Most often injected drug, previous week	Heroin: 100%
Times injected, previous week	Mean: 16.2; SD: \pm 4.1
Times injected with a used syringe/needle, previous week	Mean: 1.1; SD: \pm 2.4
Times injected with a new syringe/needle, previous week	Mean: 9.6; SD: \pm 4.7
No. of times using the same syringe/needle before disposal, previous week	
No. of new syringe/needle received from NSEP, previous week	Mean: 5.7; SD: \pm 5.5
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 1.9; SD: \pm 3.1
Frequency of sharing, previous month	Never shared: 50%
No. of people shared with, previous month	Mean: 0.3; SD: \pm 0.5
Ever received treatment to stop or reduce drug use	90%
Currently under treatment to stop/reduce drug use	0%

and nutrition support, Hepatitis C testing and linkages with medical services will help to increase regular access to needles/syringes from the DIC. It is found that despite advice and counselling, IDUs are not disposing of the used injecting equipment properly.

Focus Group Discussion

IDUs prefer to inject in places that offer them safety and security. Their main concern is interference from the police, pressure groups and the village defence force, which leads to victimization, harassment and extortion. The preferred places are peddlers' places of North AOC, Lilong & Khetrigao and toilets (both public and home). One ml syringe and some cotton are supplied by the NGO-TI to the IDUs. The peddlers sell 1 ml syringe for Rs. 5. Sharing occurs during states of withdrawal; reuse and sharing of cookers are common. When IDUs reuse the syringe that they have kept in a secret place, their safety is compromised as they assume that others would not have used this syringe. Syringes and needles are not returned to the TI due to several obstacles and are disposed of in places such as dustbins, toilets, drains and injecting locations.



Figure 3: Preparing to inject in a common injecting location, Imphal, Manipur.

3.7B. Imphal, Manipur: Female IDU TI

Demographics

The mean age of the participants is 29 years (median: 28.5; mean: 28.9; SD: 6.3) and all 10 of them are females.

Drug Use Patterns

Heroin is easily available and one dose of heroin costs Rs. 100. All the participants inject heroin at present and most of them consume alcohol concurrently. Many of them are engaged in sex work and drink alcohol along with their clients.

Needle and Syringe Availability

The heroin injectors prefer 1 ml syringes and these are being supplied by the NGO TIs. Compared with the past, syringe availability for female IDUs has increased with the establishment of female-specific IDU TIs.

"We get only one type of syringe, that is, 1 ml as we do not require 2 ml syringes. The 1 ml which we get from the NGO is fixed needle insulin syringe. Often we get Dispovan and it is good –the colour of the needle is white. I prefer 1 ml as it is user friendly, it does not damage the vein quickly and it is also easy to inject with it."

A 28-year-old female IDU, Imphal, Manipur

Getting Needles and Syringes

Despite the increase in the number of outlets from where the female IDUs can access free needles and syringes, female IDUs do not receive as many syringes as they are in need of. In case of need, the female IDUs can buy the syringe from the peddlers' places and the 'paan' shops in the neighbourhood.

"It is not very easy to get syringe but compared with earlier days it is okay now. It has changed a bit as earlier there was only one DIC for female but now Nirvana and SACS supported NGO are also providing syringes. But still I get less number of syringes than needed, as my frequency of injection is high whereas NGO provides limited syringes."

A 21-year-old female IDU, Imphal, Manipur

"For me it is not easy to get adequate number of syringes because NGO provides very few syringes and sometimes I cannot meet the PE who comes here to deliver the new syringe."

A 30-year-old female IDU, Imphal, Manipur

"If it is not available from the NGO, I can also buy from the peddler's place or the paan shop near the peddler's place."

A 29-year-old female IDU, Imphal, Manipur

Using Needles and Syringes

Many female IDUs prefer to inject heroin as soon as they buy it at the peddler's place and hence injecting, in particular the morning injections, occur at the place of buying. The peddlers are encouraging this by providing injecting rooms in their places and by making injecting equipment available. The injecting rooms provided are dirty and unhygienic, but users prefer them as these offer

freedom from police interference. Moreover, in the mornings many of them are in withdrawal and are desperate to have their first injection. Injecting at the hotel rooms, toilets in hotel rooms, homes and friends' places are safe but carrying the stuff and the syringe is associated with certain risks for the female IDUs.

"In this North AOC there are four or five peddlers (all of them are females) and they provide injecting rooms in this area. There are three to four injecting rooms here. Many people come here to buy and inject drugs. I also inject most of the time in this place."

A 28-year-old female IDU, Imphal, Manipur

"I prefer to inject with friends either at the peddler's place or my own hotel room as it is safe. Early morning I inject at peddler's place and during the daytime I inject at my own hotel room. I do not find much problem as I am living here, I think police also know me but they could not catch me red-handed. If I do not get new syringe sometimes, I inject with my own used syringe. I always keep and carry my used syringe with me."

A 21-year-old female IDU, Imphal, Manipur

Sharing Needles and Syringes

Sharing of syringes is not uncommon. Limited availability of syringes, police harassment, withdrawal states and peer influence contribute to sharing of injecting equipment. Also, as many of the FIDUs are engaged in sex work, they do not have sufficient time to visit the DIC regularly. Although sharing among FIDUs has declined considerably, sharing of cookers is highly prevalent.

"Sharing is very common with me; most of the time when I share it does not bother me at all. I share with my friends. This is when new syringes are not available at AOC. At times when I do not have money, my friends offer the drug and syringe and we share. If new syringes are there we do not share. Initially when I started, I was of afraid of cops and hence we shared at the buying places but now the situation has changed a bit. I am no longer worried about police – the only problem is I get very limited number of syringes."

A 21-year-old female IDU, Imphal, Manipur

Keeping Needles and Syringes

While some of the participants do not keep the syringes with them, many keep their used syringes for reuse. The syringes are kept mostly at their homes or hotel rooms. Some keep them on their person and carry them around for use during emergency. On an average one syringe is used two to three times before disposal.

"I always keep my injecting equipment inside my makeup box. I keep for 4 to 5 days before disposing of it. Before disposal I reuse one syringe two to three times. And I never keep my syringe in the other places so I do not have the problem of identifying it. I keep syringe with me for an emergency situation. If I need to inject at night then I use this syringe."

A 28-year-old female IDU, Imphal, Manipur

Disposal of Needles and Syringes

Some participants return the syringes to NSEP and some to the PEs. Destruction of needles and syringes before disposal is uncommon. Apart from disposing at the place of injecting (a dustbin is

kept in the drug peddler's place for syringe disposal), they dispose of the used needles and syringes at the public toilets, drains, garbage dump and public dustbin.

"In the injecting places peddlers keep a dustbin to throw the used syringes, so most of the time I throw them there. Apart from this I also throw the used ones in the drain. Because it is easy to dispose in these places, I never thought of disposing it in a proper place. Although I can return to the NGO or the PE, it depends a lot on the time and situation."

A 28-year-old female IDU, Imphal, Manipur

"Most of the time I throw (dispose) them in the drain, and sometime I throw where people dispose dirty things. Before disposing I never destroy the syringe. I do also return to the PEs and to the DIC when there is pressure from the TI staff, but this is not often. Out of 20 syringes I get, I return about six to seven syringes."

A 44-year-old female IDU, Imphal, Manipur

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 29 years and the mean age at first injection is 28 years. Heroin is the drug currently injected by all the participants. More than two thirds of the reported injecting episodes are with new, unused syringes. Reuse is common and on an average female IDUs reuse three times before disposal. About a half of the syringes obtained from NSEP are being returned to the NGO TI. None of the participants is under treatment currently (Table 10).

Table 10: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Imphal, female IDU TI)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 28.8; SD: \pm 6.3
Age at first injection	Mean: 27.7; SD: \pm 7.1
Drugs injected, previous week	Heroin: 100%
Most often injected drug, previous week	Heroin: 100%
Times injected, previous week	Mean: 29.7; SD: \pm 10.7
Times injected with a used syringe/needle, previous week	Mean: 0.3; SD: \pm 0.9
Times injected with a new syringe/needle, previous week	Mean: 22.2; SD: \pm 6.7
No. of times using the same syringe/needle before disposal, previous week	Mean: 2.6; SD: \pm 0.5
No. of new syringe/needle received from NSEP, previous week	Mean: 13.8; SD: \pm 6.5
No. of new syringe/needle received from other sources, previous week	Mean: 1.8; SD: \pm 2.1
No. of syringes/needles returned to NSEP, previous week	Mean: 7.4; SD: \pm 5.2
Frequency of sharing, previous month	Never shared: 90%
No. of people shared with, previous month	Mean: 0.4; SD: \pm 1
Ever received treatment to stop or reduce drug use	80%
Currently under treatment to stop/reduce drug use	0%

The Interview with the TI Staff

Many of the female IDUs are engaged in sex work. As heroin injectors prefer 1 ml syringe, it is distributed to them by the TI staff. The NSEP is primarily through outreach-based distribution by the PEs. The return rate is inadequate – only about 30% of the syringes distributed by the PEs are returned to them. Training on waste disposal is required for the TI staff team.

Focus Group Discussion

The findings from the IDI are validated through the FGD findings. Many of the female IDUs have been introduced to injecting by their husbands, and before initiating injection, almost all of them have been regular alcohol consumers. One of the important concerns is that they do not get an adequate number of syringes to cover all the injecting episodes. Disposal of syringes is another concern that needs to be addressed effectively.

3.8. Aizawl, Mizoram

Demographics

The mean age of the participants is 33 years (median: 32.5; mean: 33.1; SD: 7.4) and all 10 of them are females.

Drug Use Patterns

In Aizawl, all participants use proxyvon by injecting it; in addition, some participants inject heroin. The cost of drugs as well as their use has increased over the years. All the participants are established injectors with the duration of injecting ranging from seven to 15 years.

Needle and Syringe Availability

Syringes and needles are easily available in Mizoram and the establishment of NSEP and outreach based distribution of syringes/needles has further contributed to it. The preferred syringes are 2 ml syringes and 1 ml insulin syringes, and both are easily available so there is no need to make up new syringes from the old parts.

Getting Needles and Syringes

The places from where the FIDUs procure needles/syringes are pharmacies, DIC, PEs at the hotspots and from friends. Many of them prefer the NSEP as the syringes are available free of cost and they are able to get two to three syringes during each contact; moreover the PEs distribute to them at hotspots. Those who buy from pharmacies do it because the location is convenient, they can procure as many as they need and the pharmacies are open on holidays. There are no reported incidents of selling syringes by the participants.

Using Needles and Syringes

The FIDUs inject in the following locations: own house, hotspots, public place where there is no interference, railway tracks, cremation ground, hotel rooms, street, friends' houses, forest and fields. These places are chosen primarily because of safety and privacy; injecting in these places has not caused any significant problems to the FIDUs.

Sharing Needles and Syringes

Sharing of needles and syringes is not uncommon and unavailability of syringe at the time of injection, problems with the needle, and blockage of the syringes are the reasons cited for sharing.

Keeping Needles and Syringes

Most people keep the used syringe at home or in their personal possession; they hide it under the mattresses, in cupboards, suitcases, other safe locations in the house. At times when they hide it in other places they mark the syringe for easy identification.

Disposal of Needles and Syringes

The common places for disposal are dustbin, garbage dump, roadside, and streets. Some of the participants return the used needles and syringes to the PEs. The rate and number of syringes returned to the PEs varies considerably among the participants.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 33 years and the mean age at initiation of injecting drugs is 19 years. While all participants admit to injecting heroin currently, nearly a third of them additionally inject proxyvon. While the median number of times of injecting drugs during the previous week is 6.5, the median number of injecting episodes using a new syringe and needle is only 2.5. About half of the needles and syringes obtained from the NSEP during the previous week are being returned. Half of the participants admit to sharing the injecting equipment. Only one participant is currently undergoing treatment for drug use.

Table 11: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Aizawl)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 33.1; SD: \pm 7.4
Age at first injection	Mean: 18.8; SD: \pm 3.5
Drugs injected, previous week	Proxyvon: 100%; Heroin: 30%; Diazepam: 10%
Most often injected drug, previous week	Proxyvon: 100%; Heroin: 30%
Times injected, previous week	Mean: 15.9; SD: \pm 21.9 (median: 6.5)
Times injected with a used syringe/needle, previous week	Mean: 0.3; SD: \pm 0.9
Times injected with a new syringe/needle, previous week	Mean: 11.9; SD: \pm 21.4 (median: 2.5)
No. of times using the same syringe/needle before disposal, previous week	Mean: 1.9; SD: \pm 0.7
No. of new syringe/needle received from NSEP, previous week	Mean: 5.4; SD: \pm 5.6
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 3; SD: \pm 3.6
Frequency of sharing, previous month	Never shared: 50%
No. of people shared with, previous month	Mean: 0.8; SD: \pm 1.5
Ever received treatment to stop or reduce drug use	20%
Currently under treatment to stop/reduce drug use	10%

The Interview with the TI Staff

The TI staff member opines that the female IDUs are being supplied with 2 ml Dispovan syringes or 1 ml insulin syringes as these are desired by them in general. The key reasons for not regularly

attending the DIC are the distance from their residence and the fear of harassment if found in possession of syringe(s). The return of syringes is usually to the PEs but the rate of return is low. Destroying the needles and syringes before disposal in the injecting venues and other places is uncommon.

Focus Group Discussion

The findings of the IDI are confirmed through the FGD. The common places for injecting are homes, toilets in public places, hotspots, the valley and other hidden places. Injecting in the valley happens in groups and male IDUs are also present at the injecting venues. Some of the pressure groups exert pressure on them if they are found with drugs or syringes and they harass the IDUs by taking away their money and cell-phone. Bottle caps are commonly used for preparing the drug and are picked up by IDUs from the street. The DIC supplies needles, syringes and cotton for the FIDUs. Many IDUs keep the old syringes at home for reuse. An important concern is that the DIC does not supply needles and syringes on holidays and the FIDUs are forced to reuse syringes or buy new ones from the pharmacies.

3.9. Narsinghpur, Madhya Pradesh

Demographics

The mean age of the participants is 32 years (median: 29; mean: 31.8; SD: 6.4) and all 10 of them are males.

Drug Use Patterns

Pharmaceutical drugs are being injected and pentazocine is the primary synthetic opioid that is injected. Often the use of injection Avil and injection phenargan along with injection pentazocine is also reported. The cost of the pharmaceutical drugs is very low. Each 1 ml injection of pentazocine costs Rs.8, 2 ml of phenargan costs Rs. 8 and 10 ml of Avil vial costs Rs. 10.

Needle and Syringe Availability

Needle and syringe availability and access seem to be easy for all the respondents. The users are given 2 ml and 5 ml Dispovan syringes by the NGO-TIs free of cost. In the medical shops, 3 ml syringe along with 24 G needle costs Rs. 7.

“Earlier I used to buy from the medical shop but now I get from PE.”

A 25-year-old male IDU, Narsinghpur, Madhya Pradesh

Getting Needles and Syringes

The primary distribution of needles and syringes by the NSEP is through the outreach-based services in which the PEs provide syringes to the IDUs at the hotspots. Some of the participants also get syringes from pharmacies when they are in need of them.

“PE gives free syringes/needles but in the medical shop I have to pay. Yes, every day for the past 2 years I have been getting five syringes a day and mostly I get from PE and at times from the medical shop.”

A 27-year-old male IDU, Narsinghpur, Madhya Pradesh

Using Needles and Syringes

The common places where participants go to inject the drugs are their homes, hotspot, and near railway platform.

“Hotspot is the best place. It is peaceful and nobody comes here. All the users inject here.”

A 30-year-old male IDU, Narsinghpur, Madhya Pradesh

Sharing Needles and Syringes

Most of the participants claim to have not shared needles and syringes. A few recall incidents of sharing both in the past and recently.

“Four or 5 years back it happened. I did not know about HIV then and did not have a syringe with me. I wanted to inject and was in a hurry, so I took my friend’s syringe and injected.”

A 40-year-old male IDU, Narsinghpur, Madhya Pradesh

“This happened 1 week back. It was daytime. My friend gave me one Jocin (pentazocine) ampoule but I did not have a new syringe. So I took a used syringe from my friend. I shook the syringe, blew the needle and used it. I do not know. I do not want to use old syringe but sometimes it can happen.”

A 32-year-old male IDU, Narsinghpur, Madhya Pradesh

Keeping Needles and Syringes

Almost all of the participants dispose of the needles and syringes after one use. They do not see a need to reuse the syringe and some of them return the syringe to the PEs.

“I use the syringe only once. After I use it, I put the used syringe/needle in the place PE told me to keep for him to collect.”

A 28-year-old male IDU, Narsinghpur, Madhya Pradesh

Disposal of Needles and Syringes

Most participants place the syringe in the place specified by the PE after using it; the PEs collect these used syringes later on for proper disposal. One of the participants reported disposing of the syringes and needles in the gutter.

“I leave it in the designated place in the hotspot (PE collects them from there), near the railway track. Other injecting drug users also leave their used syringes there.”

A 25-year-old male IDU, Narsinghpur, Madhya Pradesh

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 32 years and the mean age at first injection is 28 years. Pentazocine is the primary synthetic opioid injected by all the participants. All reported injecting episodes during the previous week seem to be with the use of a new syringe and needle. Almost all syringes received during the previous week are being returned to the NSEP. Except for one, none of the participants reported sharing of injecting equipment (Table 12).

Table 12: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Narsinghpur)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 31.8; SD: \pm 6.4
Age at first injection	Mean: 27.5; SD: \pm 5.2
Drugs injected, previous week	Pentazocine: 100%; Avil: 10%
Most often injected drug, previous week	Pentazocine: 100%; Avil: 10%
Times injected, previous week	Mean: 32.3; SD: \pm 28.2 (median: 15)
Times injected with a used syringe/needle, previous week	Mean: 0.1; SD: \pm 0.3
Times injected with a new syringe/needle, previous week	Mean: 39.5; SD: \pm 35.2 (median: 24.5)
No. of times using the same syringe/needle before disposal, previous week	Mean: 1; SD: \pm 0
No. of new syringe/needle received from NSEP, previous week	Mean: 39.5; SD: \pm 35.2 (median: 24.5)
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 39; SD: \pm 35.3 (median: 22)
Frequency of sharing, previous month	Never shared: 90%
No. of people shared with, previous month	Mean: 0.1; SD: \pm 0.3
Ever received treatment to stop or reduce drug use	0%
Currently under treatment to stop/reduce drug use	0%

The Interview with the TI staff

Pentazocine, a pharmaceutical injection belonging to opioid class is the primary drug of use. It is available as 1 ml ampoules and in general IDUs inject three to four ampoules of pentazocine at each injecting episode. They are being provided with 3 ml and 5 ml syringes (Brand name: ONELIFE and manufacturer: NIRLIFE) along with a separate 24 G needle. They are given two to three syringes to 10 to 12 syringes a day, depending on their needs. There are no problems accessing NSEP services either from the police or the local community. As the DIC is far from where the drug users live, many of them pick up their injecting equipment from the PEs at the hotspots. It is strongly recommended that OST services be established that will strengthen and add value to the NSEP in Narsinghpur. More than half of the syringes distributed to the clients are being returned to the NSEP. The IDUs have been educated about safe disposal of injecting equipment and the TI is linked with district civil hospital for safe waste disposal.

Focus Group Discussion

The FGD indicates that the IDUs use syringes and needles in the following geographical locations: near the railway '*phatak*' (crossing), near the railway platform, under the bridge, 'hotspot' – an open ground where users gather and inject (e.g., under a big tree, near the *nullah*). These places are chosen as there is no disturbance from anyone and they can peacefully rest and relax after taking the drug. There are a few experienced users who help in injecting newcomers. There are also quack doctors who inject the drug users with 'Jocin' (pentazocine). The quack doctor charges Rs. 10 for injecting during the day and Rs. 20 to Rs. 50 for injecting at night. The NSEP is cited as the prime

source of needles and syringes as they receive them free of cost; some of them buy from medical shops (pharmacies) or from the quack doctors. The NSEP provides 3 ml and 5 ml syringes to drug users along with 24 G needles to draw injection from the vials. The PEs have arranged prefixed places in different hotspots/injecting sites where users can dispose of their used syringes/needles. The PE later comes and collects the used syringes/needles.

3.10. Bhubaneswar, Odisha

Demographics

The mean age of the participants is 34 years (median: 33.5; mean: 33.8; SD: 5.2) and all 10 of them are males.

Drug Use Patterns

In Bhubaneswar, participants report abuse of injectable pharmaceutical drugs which include buprenorphine, pentazocine, phenargan, and Avil. They are easily available. The cost of buprenorphine varies between Rs. 30 and Rs. 60 and the cost of 1 ml pentazocine is Rs. 10. Injection Avil and phenargan are available in the medical shops and can be bought without any problem.

Needle and Syringe Availability

Syringes are easily available for the IDUs. The users are given 2 ml and 5 ml Dispovan syringes with 24 G and 26 G size needles by the NSEP as these are desired by them. Most of the syringes are obtained from the PEs, and in times of need, the IDUs are able to buy syringes from the pharmacies without any hassle.

“Getting syringes is very easy. Near our place, there is a box in which condoms and syringes are available. In addition, in Unit – 6, Tutu Bhai Betel shop has a stock of syringes. Tutu Bhai is provided with the stock by the PEs. There are generally two boxes – one has condoms and the other has syringes.”

A 30-year-old male IDU, Bhubaneswar, Odisha

Getting Needles and Syringes

The usual sources for getting the syringes are PEs, designated betel shop, pharmacy, the TI office, and fellow drug users. The PEs are the key source of injecting equipment for many and they can get an adequate number of syringes during each contact.

“The PEs give the syringes to me. I do not go anywhere else. They come and give it to me as per my need.”

A 42-year-old male IDU, Bhubaneswar, Odisha

“Getting it from the medical shops is very easy. The shop owners know that we are drug users and if we just keep the money on the counter, they provide us the equipment. We also get it from the PE/ORW of the TI project.”

A 31-year-old male IDU, Bhubaneswar, Odisha

Using Needles and Syringes

The drug users inject in the following locations: home, community hall in the locality, railway line, isolated places, near some bushes where people do not come, dilapidated houses, houses under

construction, QUAT farm, public toilets, under the Punama Gate bridge, school playground, club house, forest park, and vacant Government quarters.

“These are isolated places. The QUAT farm is spread over hundreds of acres. Students are doing research there. And in the school we do it before the school timings. For us, OUAT farm is the best. Before we go to bathe in the nearby pond, we inject ourselves and then keep the N/S in the bark of the coconut tree”

A 31-year-old male IDU, Bhubaneswar, Odisha

Sharing Needles and Syringes

Sharing happens when there is shortage of needles and syringes at the time of injection. At times people use the same syringe but only replace the needle used by someone else with a fresh one. While drawing injectable preparations from the 10 ml vials, the injectors use their respective injecting equipment to draw from the same vial.

“This happened 15 days ago with me and a friend of mine. It was in the evening and we had got the drugs and forgot to get our syringes. Though needle and syringe was there in my house, the place we had gone to inject was a bit far from my place. My friend had one syringe which comes with a needle and an extra needle. We loaded the full thing in the syringe and then he injected. Then I removed the needle and used the new needle given by him.”

A 35-year-old male IDU, Bhubaneswar, Odisha

“It was daytime, it was urgent and I could not get the syringes. Other people were taking drugs in the club house and so I took it from them. And I did not have money. Also I had not met the PE. So I took it. I did not have the patience to go to the TI office and get the syringe. One friend took the drugs and gave it to me and then I took it. I took it in my veins.”

A 35-year-old male IDU, Bhubaneswar, Odisha

Keeping Needles and Syringes

People keep used syringes in their homes and at times hide them near the injecting venues. It is difficult at times for them to identify their hidden injecting equipment and hence the probability of injecting with someone's injecting equipment is high.

“I and my friend keep used syringes under big stones/boulders safely at places where we inject. We just know. At times it gets mixed; but it's only with my friend. So he takes mine and I take his sometimes when we do not know.”

A 24-year-old male IDU, Bhubaneswar, Odisha

Disposal of Needles and Syringes

Most people dispose of the used syringes in the drain, public dustbin, garbage dump and in the injecting venues. Many do not destroy the needle and syringe before disposal. Very few participants care to return the injecting equipment to the TI through the PEs.

“We just throw it anywhere, sometimes in the drain. The water washes it away. When I pass through a public drain, I throw it. At times I return it to the PE.”

A 35-year-old male IDU, Bhubaneswar, Odisha

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 34 years and the mean age at initiation of injecting is 25 years. Buprenorphine, pentazocine, Avil and phenargan are injected by the participants. Only half of the reported injecting episodes in the previous week were with new sterile injecting equipment. Less than a fourth of the needles and syringes distributed during the previous week are returned to the TI. Half of the participants reported sharing of injecting equipment. None of the participants are currently under treatment for drug use (Table 13).

The Interview with the TI Staff

Both 2 ml and 5 ml syringes are distributed by the TI; 24 G needles are distributed for intramuscular injection and for drawing injectable drugs from the vials and 26 G needle is given for injecting in the veins. The key distribution is through PEs and outlets in *paan* shops and tea shops that stock needles and syringes. The return rate of needles and syringes is unsatisfactory.

Focus Group Discussion

The findings of the IDIs are validated by the FGD. The drug users are pleased that there are secondary outlets such as *paan* shops and tea stalls through which needles and syringes are made available to the drug users. In case of unavailability of pharmaceutical drugs, the IDUs buy oral nitrazepam tablets from medical shops and consume them.

Table 13: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Bhubaneswar)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 33.8; SD: \pm 5.2
Age at first injection	Mean: 25.4; SD: \pm 5.4
Drugs injected, previous week	Buprenorphine: 80%; Pentazocine: 40%; Avil: 90%
Most often injected drug, previous week	Buprenorphine: 90%; Pentazocine: 80%; Avil: 90%; Phenargan: 10%
Times injected, previous week	Mean: 24.4; SD: \pm 17.5
Times injected with a used syringe/needle, previous week	Mean: 0.8; SD: \pm 1.5
Times injected with a new syringe/needle, previous week	Mean: 12.8; SD: \pm 10.5
No. of times using the same syringe/needle before disposal, previous week	Mean: 2.9; SD: \pm 2.8
No. of new syringe/needle received from NSEP, previous week	Mean: 28.3; SD: \pm 39.6 (median: 7.5)
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 6.6; SD: \pm 10 (median: 2)
Frequency of sharing, previous month	Never shared: 50%
No. of people shared with, previous month	Mean: 1.2; SD: \pm 2.6
Ever received treatment to stop or reduce drug use	60%
Currently under treatment to stop/reduce drug use	0%

3.1.1. Patna, Bihar

Demographics

The mean age of the participants is 31 years (median: 32; mean: 30.9; SD: 6.9) and all 10 of them are males.

Drug Use Patterns

Buprenorphine and pentazocine are the synthetic opioids that are injected by the participants. They are easily available in many locations across the city and are affordable. An ampoule of buprenorphine costs Rs. 25 to Rs. 30 and an ampoule of pentazocine costs less than Rs. 10; in comparison half gram of adulterated heroin (smack) costs Rs. 200.

Needle and Syringe Availability

The brands that are available are Dispovan, Mr. Inject and Dr. Syringe and users prefer Dispovan. The preferred syringes are 3 ml and 2 ml syringes with 24 G and 26 G size needles. Since it is legal to procure syringes, they can be obtained without a problem from most pharmacies across the city. The DIC also distributes the syringes to drug users and they can get syringes and needles from the hotspots from the PEs.

“The injection equipment is very easy to get. Either we get it at the DIC office or from the PE or from the medical shop. One can just go to the shop and ask and they will give you. Syringes are always available. Since the DIC started, I get it free, but I also buy it from the medical shop. Yes, now sharing is less.”

A 38-year-old male IDU, Patna, Bihar

Getting Needles and Syringes

Locations for syringe acquisition are PEs in the outreach and hotspots, DICs, Dr. Anil, pharmacies in Katara, Bazaar, Marsalami, Tum Tum *pada*, Nalapar, Ranipur, Sabzi Bazaar.

“We get injected at Dr. Anil’s place. This is a very peculiar place. It is a very small kirani dukaan and has cheap candies, tennis ball and other small things. Dr. Anil, as he is mostly referred to by IDUs, has a full time business of injecting people and charging Rs. 5 from them for injection. A long line is at his shop from morning to evening. In case, I do not get injection from Dr. Anil, we have at least 20 other shops at Nalapar where we can buy syringes. Otherwise I go to the DIC which is close to Nalapar and collect syringes.”

A 39-year-old male IDU, Patna, Bihar

Using Needles and Syringes

People use the drugs at the following places: Dr. Anil’s place, Dr. Sunita’s place, homes, railway tracks, medical shops, isolated place or building, in small bylanes where people do not come, houses/flats under construction, toilets in the DIC, railway tracks, and near the canal.

“I prefer to take the drugs at Nalapar, Ranipur Khidi, Railway godown, DIC, and Katara Bazaar. There are a lot of people taking drugs there. All are injectors. At all these places, there are people who specialise in finding the veins in one go and inject us for a cost.”

A 39-year-old male IDU, Patna, Bihar

Sharing Needles and Syringes

A few participants say that they never share. Sharing occurs only at times of unavailability of syringes/needles and lack of knowledge about risks of sharing. Many people injected using the same syringe containing the drugs and only changed the needle.

“Now, I will not share. I always have stock of syringes/needles at my place. If I do not have syringes, then I will buy.”

A 35-year-old male IDU, Patna, Bihar

“I was with two friends and it was 8 a.m. I had few needles and a syringe. I first injected myself and then my friend put in another needle and injected and then the third friend did the same. It is not a problem if the syringe is the same. You will have to change only the needle or else you will get AIDS.”

A 26-year-old male IDU, Patna, Bihar

Keeping Needles and Syringes

While some people keep the syringes at home, some prefer to keep it with Dr. Anil for reuse.

“I keep it in a box on the roof top. My house roof is made of straws and I just push it at a safe place where none of my family members can see.”

A 38-year-old male IDU, Patna, Bihar

“I generally re-seal the syringe using a match stick. And that is how I know it is mine. I also keep the syringe and needle with Dr. Anil ji after sealing it.”

A 39-year-old male IDU, Patna, Bihar

Disposal of Needles and Syringes

The IDUs dispose of the syringes at the following places: public dustbin, in the nearby shrubs, dustbin in Dr. Anil’s place, and in the drain. Some IDUs return the needles/syringes to PEs.

“I just keep it at Dr. Anil’s place or else I throw it in the drain which is nearby. I inject drugs near the canal and do not bring the used one back – I just leave it there.”

A 35-year-old male IDU, Patna, Bihar

“Behind the mazaar, it is very dirty and people throw all kinds of dirt there, so I also throw syringes/needles there. Even if you go there now, you will get 4 to 5 kgs. of syringes and needles there. At times I throw the used ones in the canal.”

A 35-year-old male IDU, Patna, Bihar

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of participants is 31 years and the mean age at first injection is 26 years. Buprenorphine and pentazocine are the primary opioid drugs injected by the participants. Just over half of the reported injecting episodes in the previous week were with new sterile injecting equipment. Reuse is common and, on an average, every syringe is used at least twice before disposal. About a third of the participants have shared needles and syringes. Only a small proportion of the syringes and needles

Table 14: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Patna)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 30.9; SD: \pm 6.9
Age at first injection	Mean: 25.6; SD: \pm 5.8
Drugs injected, previous week	Buprenorphine: 100%; Pentazocine: 70%
Most often injected drug, previous week	Buprenorphine: 100%; Pentazocine: 70%
Times injected, previous week	Mean: 29.1; SD: \pm 11.2
Times injected with a used syringe/needle, previous week	Mean: 0.6; SD: \pm 1.6
Times injected with a new syringe/needle, previous week	Mean: 16.3; SD: \pm 11.7
No. of times using the same syringe/needle before disposal, previous week	Mean: 1.9; SD: \pm 0.6
No. of new syringe/needle received from NSEP, previous week	Mean: 8.5; SD: \pm 10.4
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 1.1; SD: \pm 3.1
Frequency of sharing, previous month	Never shared: 70%
No. of people shared with, previous month	Mean: 0.5; SD: \pm 1.6
Ever received treatment to stop or reduce drug use	10%
Currently under treatment to stop/reduce drug use	0%

procured from the NSEP are being returned to them. None of the participants are currently under treatment for drug use (Table 14).

The Interview with the TI Staff

Pharmaceutical drug use is prevalent in the city and the pharmaceuticals injected include buprenorphine, pentazocine, phenargan, Avil, and diazepam. In addition, they consume oral nitrazepam tablets. Based on the needs analysis, the TI supplies the IDUs 3 ml syringes with 24 G and 26 G needles; in addition, 2 ml and 5 ml syringes are given if requested by the IDUs. The brands that are available are Dispovan and Mr. Inject. When the IDUs require syringes and needles beyond the operational hours of the DIC, they go to Dr. Anil's clinic at Nalapar and Dr. Sunita's shop at Marsalami. They provide injections to the IDUs for a cost and make a living out of IDUs. By providing OST, primary medical care and nutritional support, the NSEP services can be strengthened and made attractive to the drug users. The IDUs dispose of injecting equipment in the following places: in the canal/drain, in the nearby bushes where they inject, public dustbins (cemented), dustbins placed at the clinic of registered medical practitioners (RMPs) such as Dr. Anil and Dr. Sunita. Needles and syringes are also collected by the PEs.

Focus Group Discussion

The findings of the IDIs are confirmed by the FGD. Non availability of adulterated heroin, higher cost of heroin, easy availability and affordability of injectable pharmaceuticals, availability of injectable

drugs at the medical shops and the presence of RMPs who are willing to supply and inject IDUs has facilitated the injecting practices in Patna. It is important to observe that there are designated markets such as the ones in Katara Bazaar where drug users get everything – from all types of drugs to all kinds of injecting equipment. Similarly, there are designated injection places such as Dr Anil’s place and Dr Sunita’s clinic which are always open and offer everything under one roof by supplying injectable drugs, injecting equipment as well as injecting the IDUs with their preferred drugs.

3.12. Pune, Maharashtra

Demographics

The mean age of the participants is 30 years (median: 30; mean: 29.8; SD: 5.5) and all 10 of them are males.

Drug Use Patterns

All the participants are injecting adulterated heroin (brown sugar) and in addition some participants use injectable Avil. The cost of adulterated heroin varies between Rs. 100 and Rs. 140 per packet (*pudiya*), whereas injectable Avil costs between Rs. 10 and Rs. 30. Most participants have shifted from chasing heroin (inhaling the vaporized heroin) to injecting heroin due a variety of reasons that include escalating cost of heroin, long duration of action after injecting heroin compared with chasing and efficiency of injection.

Needle and Syringe Availability

The drug users prefer 2 ml syringe with 26 G or at times, 24 G needle; these are supplied by the DIC which is the key provider of syringes for IDUs in Pune. Apart from this source, IDUs get syringes and needles from the pharmacies.

“I get needle/syringe from DIC. Sometimes I buy them from the medical shop at Rs. 5/- for 2 ml syringe (Dispovan). There is no problem in buying from a medical shop.”

A 23-year-old male IDU, Pune, Maharashtra

Getting Needles and Syringes

It is easy to get the syringes from the DIC and, in addition, the PEs visit outreach locations and hotspots to give needles and syringes directly to the IDUs. When they are desperate, some participants reported getting syringes from other drug-using friends.

“Yes, I go to the DIC every day. I take two syringes and two needles daily (I heard about this place from my friends who have been to the DIC before me). I am getting needles and syringes since last 2 years. It is free of cost and staff is very good to us. All the drug users are taking from here. I have seen even other drug users from Pune Camp or Shivaji Nagar come here for needles and syringes.”

A 42-year-old male IDU, Pune, Maharashtra

“Every day I get my syringes from the PE. I take between three to five syringes. From the time I met the PE, for the past 5 years, I get it free and easily. Everyone I know take from the PE or the DIC.”

A 30-year-old male IDU, Pune, Maharashtra

"I do not plan to get the syringe from other drug users, but sometimes when I am fixing, my syringe gets blocked. If I do not have any new syringes with me, I borrow syringe from other drug users who are fixing near me."

A 28-year-old male IDU, Pune, Maharashtra

Using Needles and Syringes

The places where IDUs commonly inject are public toilets, cowshed, railway tracks, and near the railway station. The places that are private, safe and where there is no disturbance by others are chosen to inject the drugs.

"Next to Pimpri railway station behind the DIC, there is a public toilet. It is very dirty and no one comes to this place. Everyone who uses drugs in these areas comes here to inject. We can come to this place both during the day and night. I sleep on top of the toilet and wake up early in the morning. The PE comes and visits the place every day and gives needles and syringe to us"

A 42-year-old male IDU, Pune, Maharashtra

"I like to inject in the cowshed. Nobody – police or public – disturbs us. Mostly I inject during the day. Other drug users also come there."

A 23-year-old male IDU, Pune, Maharashtra

Sharing Needles and Syringes

Some of the participants have shared and some have not. Sharing occurs when there is unavailability of syringes.

"Yes. Sometimes I used to share before. I wanted to use drugs that time but it was a holiday and the medical shop was closed. I was with one of my friends so I asked him for his syringe and he gave me his used syringe. It was the only time I shared a syringe with someone else."

A 31-year-old male IDU, Pune, Maharashtra

"I shared a few times with my uncle. We both were in our house and that time we could not meet the PE. There were some old syringes in the house but we did not know who it belonged to; we still used them. When I do not have syringes I share with my uncle."

A 24-year-old male IDU, Pune, Maharashtra

Keeping Needles and Syringes

Many drug users keep the syringes with them for returning to the TI, and some keep the syringes for reuse in case of emergency.

"I use a new syringe for every fix. I do not reuse because I get enough syringes."

A 24-year-old male IDU, Pune, Maharashtra

"I get about five syringes and about three to four needles daily and give them to the centre after using them. I keep my used syringes/needles in my pocket."

A 32-year-old male IDU, Pune, Maharashtra

Disposal of Needles and Syringes

While some participants retain the used syringes and needles for returning to the TI, some of them dispose of them in the places where they inject.

“No. I do not dispose of my syringes/needles. I give them to the PEs or give them to the TI centre directly.”

A 24-year-old male IDU, Pune, Maharashtra

“Sometimes I throw the needle in the public toilet.”

A 33-year-old male IDU, Pune, Maharashtra

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 30 years and the mean age at initiation of injection is 25 years. All participants are injecting adulterated heroin currently, along with injection Avil. Most of the injecting episodes during the previous week were with new syringes and needles. Currently none of the participants report sharing of needles and syringes. Only a small proportion of the injecting equipment obtained from the TI is being returned. Only two participants are currently under treatment for drug use (Table 15).

The Interview with the TI Staff

NSEP clients are given 2 ml and 3 ml disposable Dispovan syringes with 24 G and 26 G needles. The barriers for accessing the NSEP are lack of adequate training for outreach workers and PEs, high

Table 15: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Pune)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 29.8; SD: \pm 5.5
Age at first injection	Mean: 25.4; SD: \pm 5.5
Drugs injected, previous week	Adulterated heroin (brown sugar): Avil: 100%
Most often injected drug, previous week	Adulterated heroin (brown sugar): Avil: 100%
Times injected, previous week	Mean: 26.3; SD: \pm 9.8
Times injected with a used syringe/needle, previous week	Mean: 0.1; SD: \pm 0.3
Times injected with a new syringe/needle, previous week	Mean: 24.7; SD: \pm 9.9
No. of times using the same syringe/needle before disposal, last previous week	0
No. of new syringe/needle received from NSEP, previous week	Mean: 8.3; SD: \pm 9.2
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 1.1; SD: \pm 2.6
Frequency of sharing, previous month	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	50%
Currently under treatment to stop/reduce drug use	20%

attrition rate (turnover rate of outreach workers and PEs is high), requiring frequent training of the staff, at least one more outreach worker and two to three PEs at the NSEP, police harassment of clients coming to DIC, stigma faced by drug users from local community, distance of DIC for IDUs from distant hotspots. By providing nutritional support and drug treatment and rehabilitation, the services of NSEP can be strengthened. At present, the drug users dispose of the used syringes at the injecting venues and some of them return the injecting equipment to the DIC. The TI has established linkages with a biohazard waste disposal company to collect the waste regularly from the DIC.

Focus Group Discussion

The findings of IDIs are confirmed by the FGD.

3.13. Amritsar, Punjab

Demographics

The mean age of the participants is 29 years (median: 29.5; mean: 29; SD: 3) and all 10 of them are males.

Drug Use Patterns

All the participants are injecting the synthetic opioid, buprenorphine in combination with antihistamine injection Avil. The duration of injecting varies from 1 to 8 years amongst the respondents. The cost of an ampoule of buprenorphine and Avil is Rs. 40 to Rs. 50. Over a period of time, injecting has increased in Amritsar and many have shifted from chasing adulterated heroin (brown sugar) to injecting pharmaceutical drugs. The shift to injecting has been facilitated by escalating cost of heroin and easy availability of injectable preparations.

Needle and Syringe Availability

The IDUs prefer 5 ml Dispovan syringe as they inject a cocktail of pharmaceutical drugs; in addition, they require 24 G and 26 G needles for injecting. These are easily available from the TIs and the medical shops.

Getting Needles and Syringes

The NSEP operated by the TI is the key source for needles and syringes for IDUs. They often get the needles and syringes through the PEs who regularly visit the hotspots, meet the clients and supply them with the injecting equipment. Some of them visit the DIC periodically to collect the needles and syringes. Sometimes, if required, some participants buy from the chemist shops by paying about Rs. 5 per syringe. Most prefer the NSEP as it is user friendly, supplies to them directly and regularly and, most important, free of cost. Further, they receive information relating to HIV from the PEs and outreach workers. No significant problems have been reported by IDUs who access the NSEP services.

Using Needles and Syringes

The common places for injecting are railway tracks, cremation ground, open fields, homes and toilets. They are chosen primarily due to factors such as safety, privacy, no interference from police and public and space for injecting in a relaxed way. These places are readily accessible for the drug users. Occasionally they have faced police raids in these places, but that is a rare event.

Sharing Needles and Syringes

Just over half of the participants have never shared needles and syringes, but others have reported sharing. Sharing is facilitated by unavailability of syringe, lack of money to buy drugs (and hence

sharing half of the injection from the friend using the same syringe/needle), hurriedly taking an injection in a place, and lack of time to prepare the injection in separate syringes.

Keeping Needles and Syringes

Some of the drug users keep their used syringes personally, some hide them in the hotspots under the bricks for reuse later and many leave them in the specified places in hotspots for the PEs to collect them.

Disposal of Needles and Syringes

While a lot of participants try to return the used syringes and needles to the PEs, some carry the used syringes with them and dispose of them without destroying the needles.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of participants is 29 years and the mean age at first injection is 25.5 years. Buprenorphine combined with Avil is the common combination of pharmaceuticals currently injected by the IDUs. Of the reported number of injecting episodes during the previous week, most were with new syringes/needles. A significant proportion of needles and syringes obtained from NSEP during the previous week had been returned to the TI. Sharing was not reported by any participant in the previous month. Only one participant is under treatment for drug use at present (Table 16).

Table 16: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Amritsar)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 29; SD: ± 3
Age at first injection	Mean: 25.5; SD: ± 2.9
Drugs injected, previous week	Buprenorphine: 100%; Avil: 90%; Phenargan: 10%
Most often injected drug, previous week	Buprenorphine: 100%; Avil: 100%
Times injected, previous week	Mean: 4.3; SD: ± 2.3
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 4.3; SD: ± 2.3
No. of new syringe/needle received from NSEP, previous week	Mean: 5.5; SD: ± 3.3
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 3.7; SD: ± 2.5
Frequency of sharing, previous month	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	40%
Currently under treatment to stop/reduce drug use	10%

The Interview with the TI Staff

The TI staff member confirmed the use of injectable pharmaceuticals diazepam and/or pentazocine among IDUs. In addition to buprenorphine, Avil is also observed at times among clients attending the TI. As many of them inject combinations, they request for 5 ml Dispovan syringe; 24 G needle is desired for drawing the injections and 26 G is preferred for injecting in the veins. The NSEP services are attractive to the clients, and they can be strengthened by extended hours of DIC, secondary outlets and effective linkage of NSEP with de-addiction programs. The return rate of syringes and needles is around 50% and can be improved further.

Focus Group Discussion

The FGD confirms the findings of the IDU interviews.

3.14. Tarn Taran, Punjab

Demographics

The mean age of the participants is 32 years (median: 33; mean: 32.2; SD: 6.9) and all 10 of them are males.

Drug Use Patterns

All the participants are injecting synthetic opioid, buprenorphine in combination with antihistamine injection Avil. The duration of injecting amongst the respondents varies from 1 to 5 years. The cost of an ampoule of buprenorphine and Avil is Rs. 40 to Rs. 50. Over a period of time, injecting has increased in Tarn Taran and many have shifted from chasing adulterated heroin (smack) to injecting pharmaceutical opioid drugs such as buprenorphine. The shift to injecting has been facilitated by the escalating cost of heroin, impurity of heroin and easy availability of injectable preparations.

Needle and Syringe Availability

The IDUs prefer 5 ml Dispovan syringes as they inject a combination of pharmaceutical drugs; in addition, they require 24 G and 26 G needles for injecting. These are available from the TIs, and when they cannot get it from the TIs, they get the syringes from the peddlers themselves. Some medical shops in Tarn Taran are reluctant to give syringes and needles to the IDUs fearing harassment by the police.

Getting Needles and Syringes

The NSEP operated by the TI is the key source for the needles and syringes for IDUs. They often get the needles and syringes through the PEs who regularly visit the hotspots and supply them with the injecting equipment. Some of them visit the DIC periodically to collect the needles and syringes. The IDUs prefer the NSEP as it is user friendly, supplies to them directly and regularly and, most important, free of cost. No significant problems have been reported by IDUs who access the NSEP services. The acquisition of syringes from the chemists is not that easy and at times the IDUs get the syringes from the local doctors. In times of urgent need, the IDUs can get the injecting equipment from their injecting friends.

Using Needles and Syringes

Fixing at their homes or friends' homes is preferred by several as it is safe and during adverse climates, it is better to stay inside the house to inject. The peddlers also provide space for injecting in their places and some IDUs use these locations. Some IDUs inject in bushes, open fields and places which are not frequented by the public.

Sharing Needles and Syringes

Sharing is relatively uncommon, only two of the participants reported sharing injecting equipment. Sharing occurs at times of syringe unavailability; and at times a syringe is shared by drug injectors, but different needles are used for injecting.

“Once we went to a far off place to inject and lost one syringe and my friend had only one syringe but we had lots of needles. So we ended up sharing one syringe but used different needles”

A 38-year-old male IDU, Tarn Taran, Punjab

Keeping Needles and Syringes

While some of participants keep the syringes for reuse, some do not. The syringes to be reused are usually brought home and kept safely or some IDUs keep the syringes in the hotspot in spots identified by them (for example, hiding under a brick marked by the person). Some do not want to carry syringes with them fearing police intimidation.

“I hide the syringe and needle at the hotspot. I put it under the brick and make some kind of markings on it. If I find it intact next time, I know it is safe to reuse.”

A 38-year-old male IDU, Tarn Taran, Punjab

Disposal of Needles and Syringes

Some participants report handing over the used syringes and needles to the TI through the PEs. Some of the participants throw away the syringes at the place of injecting and few participants destroy the needle before disposing of it. Some use public dustbins for disposal.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of the participants is 32 years and the mean age at first injection is 27 years. Most of the reported injecting episodes by the participants during the previous week were with new sterile injecting equipment. Just over half of the needles and syringes received by the IDUs from NGO-TI over the previous week are being returned to them. None of the participants reported sharing of injecting equipment during the previous month. Only one participant is currently under treatment for drug use (Table 17).

The Interview with the TI Staff

The TI staff member emphasises that in Tarn Tarn, IDUs use injectable buprenorphine, Avil and diazepam, often in combination. While many prefer 5 ml Dispovan syringes, some of the heavy users prefer 10 ml Dispovan syringes. The access to the NSEP is impeded by police harassment, distance from their rural residences to the DIC and the fact that a few PEs sell the syringes/needles to the IDUs. Longer outreach hours, nutritional support at the DIC and effective linkages with drug use treatment programs will enhance the current NSEP services and make them more beneficial. At present the needle/syringe return rate is low and the drug users should be encouraged to return and adopt safe disposal methods.

Focus Group Discussion

The FGD validates the findings emerging from IDU interviews. Police are vigilant and during patrol if they happen to find someone in possession of a needle/syringe, they end up harassing the person.

Table 17: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Tarn Taran)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 32.2; SD: \pm 6.9
Age at first injection	Mean: 27.4; SD: \pm 8.7
Drugs injected, previous week	Buprenorphine: 100%; Avil: 70%; Phenargan: 10%
Most often injected drug, previous week	Buprenorphine: 100%; Avil: 90%
Times injected, previous week	Mean: 8.1; SD: \pm 4.4
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 7; SD: \pm 3.7
No. of times using the same syringe/needle before disposal, previous week	Mean: 1; SD: \pm 0.5
No. of new syringe/needle received from NSEP, previous week	Mean: 7; SD: \pm 4.8
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 3.9; SD: \pm 5
Frequency of sharing, previous month	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	70%
Currently under treatment to stop/reduce drug use	10%

This is the reason why syringes are being made available at the drug selling places. Peddlers sell syringes in addition to drugs and encourage the IDUs to use them in hotspots proximate to their places. Reuse is common and encouraged where sharing is uncommon. The drug users believe that it is the duty of the PEs to collect the used syringes from the hotspots and this is why they are not returning all syringes/needles received from the TI.

3.15. Lucknow, Uttar Pradesh

Demographics

The mean age of the participants is 35 years (median: 34; mean: 35.3; SD: 9.2) and all 10 of them are males.

Drug Use Patterns

Buprenorphine and Avil are the commonly used injectable preparations in Lucknow and one of the participants injects adulterated heroin (smack) with Avil. At times phenargan is added in the combination. An ampoule of buprenorphine with an ampoule of Avil is available for between Rs. 40 and Rs. 60. Over a period of time, injecting has escalated and most of the injectors are home based. Police action against drug use and users has also increased over time.

Needle and Syringe Availability

The injecting equipment preferred by the drug users are 5 ml 'Safeway' brand syringes with 24 G and 26 G needles. Syringes are easily available and can be accessed by drug users without any difficulty.

Getting Needles and Syringes

The NSEP operated by the TI is the key source for the needles and syringes for IDUs. They often get the needles and syringes through the DIC and the PEs who regularly visit the hotspots and supply them with the injecting equipment. As needles and syringes are supplied free of cost to the drug users, often in their places or close to where they live and in hotspots, IDUs prefer this and access needles and syringes from the TI for long periods of time. No significant problems have been reported by IDUs who access the NSEP services. Syringe acquisition from the chemists is also easy in Lucknow and a few participants buy syringes from pharmacies in times of need.

Using Needles and Syringes

The common places where drug users inject are behind the *mandir*, near the *nallah* (drain), railway tracks, railway station, bus stop, near the forest area, vacant buildings, parks, homes, friends' homes, dense bushy areas, and public toilets. The places have been chosen as they are safe and convenient.

Sharing Needles and Syringes

Two participants admit to sharing of injecting equipment and the rest of participants have never shared.

Keeping Needles and Syringes

Except one participant, all the others do not keep syringes with them or at home and return the syringes to the PEs.

Disposal of Needles and Syringes

All participants report that they return the syringes and needles to the PEs always or most of the time.

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of participants is 35 years and the mean age at first injection is 26 years. Buprenorphine, Avil, and phenargan are currently injected by the IDUs in Lucknow. All reported injecting episodes by the participants over the previous week were with new syringes and needles. Most of the syringes and needles acquired by the IDUs are returned to the TI. None of them reported sharing recently. At present none of the participants is under treatment for drug use (Table 18).

The Interview with the TI Staff

The TI staff member states that the opioids injected by the clients are buprenorphine and adulterated heroin; the pharmaceutical drugs that are injected include Avil, phenargan and at times, diazepam. Many of the participants are ragpickers, rickshaw pullers, and taxi drivers. The TI distributes 5 ml 'Safeway' syringes as it is cheaper than 'Dispovan' syringes. The barriers to NSEP access are police harassment and operational hours. The services of NSEP can be enhanced through provision of OST, nutritional support, night services for syringe distribution by employing a different set of PEs and linkages with drug use treatment. The return rate of syringes is very high and some of participants destroy the needles, recap the needles before returning them to the PEs.

Focus Group Discussion

The geographical areas where people inject include parks, open spaces, garbage houses, dirty places, places that are not frequented by the public and police, secluded places, public toilets, forest area, government school after school hours, riverside and near drains. Most people do not dispose of the syringes themselves but return them to the PEs.

Table 18: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Lucknow)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 35.3; SD: \pm 9.2
Age at first injection	Mean: 26; SD: \pm 4.8
Drugs injected, previous week	Buprenorphine: 60%; Adulterated Heroin (brown sugar): 20%; Avil: 80%; Phenargan: 30%; Diazepam: 10%
Most often injected drug, previous week	Buprenorphine: 30%; Avil: 90%; Phenargan: 10%
Times injected, previous week	Mean: 13.3; SD: \pm 4.6
Times injected with a used syringe/needle, previous week	0
Times injected with a new syringe/needle, previous week	Mean: 13.9; SD: \pm 4.5
No. of times using the same syringe/needle before disposal, previous week	Mean: 1; SD: \pm 0
No. of new syringe/needle received from NSEP, previous week	Mean: 13.4; SD: \pm 4.5
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 11.5; SD: \pm 4.5
Frequency of sharing, previous month	Never shared: 100%
No. of people shared with, previous month	0
Ever received treatment to stop or reduce drug use	20%
Currently under treatment to stop/reduce drug use	0%

3.16. Kolkata, West Bengal

Demographics

The mean age of the participants is 42 years (median: 40.5; mean: 41.8; SD: 8.5) and all 10 of them are males.

Drug Use Patterns

IDUs inject several drugs in Kolkata. There are participants who inject adulterated heroin (brown sugar) and there are other participants who inject synthetic opioids such as buprenorphine and pentazocine, combined with injectable Avil and phenargan. The cost of buprenorphine is Rs. 35, that of Avil is Rs. 10 and that of phenargan is Rs. 8; adulterated heroin costs Rs. 30 to Rs. 100 for a small packet. Drug availability is widespread and the pharmaceutical drugs can be obtained from several medical shops across the city.

Needle and Syringe Availability

The preferred sizes of syringes are 5 ml and 2 ml syringes; those injecting a combination of pharmaceutical drugs (cocktails) need a 5 ml syringe and those injecting brown sugar or a single synthetic opioid such as buprenorphine prefer 2 ml syringes. The preferred sizes of needles are 24 G and 26 G; the 26 G needle is convenient for finding small veins and causes less injury to the vein. Compared to the past, the needle and syringe availability has increased considerably and IDUs

can get them free of cost from NSEP through the DIC and PEs who often deliver them close to their homes. In addition, procuring from medical shops is not problematic.

“It is available easily for us from the DIC. I get it from the PE and they are giving us more syringes/needles free of cost. Also it is available in the medical shops. So there is no dearth of needles/syringes in Kolkata.”

A 48-year-old male IDU, Kolkata, West Bengal

Getting Needles and Syringes

It is relatively easy to get the syringes/needles from the TI office, DIC, and PEs free of cost. Since the peers provide syringes close to where drug users live it is very convenient for them. During each contact, IDUs are given one or two syringes and they can receive additional syringes on the day before a holiday. In addition, medical shops are not reluctant to sell syringes/needles to IDUs.

“Yes, every day I get two syringes/needles per contact. I heard about the place from PEs. I am getting syringes for the past 4 to 5 years. They also provide information about HIV/AIDS.”

A 35-year-old male IDU, Kolkata, West Bengal

Using Needles and Syringes

The places where the IDUs inject are petrol pump, *Lal Kothi* near Jain Hospital, near the jungle under the Bidyasagar *setu*, post mortem *gali*, Panchatala *mandir*, and buildings under construction.

“We use a place near the petrol pump. It is a small place and others come there to inject. We get our drugs from a nearby place and we feel safe there. One friend injects us there and it is one of the primary reasons to go there.”

A 35-year-old male IDU, Kolkata, West Bengal

“I inject in public toilets, buildings under construction and Panchatala Mandir, a drug injecting joint. It is near my home. Two to five people come there to inject. There is a small mandir in a bylane and we sit beside the mandir and inject. Other people do not come there, but it is on the road and people know we inject there. It is not covered and so it is bright during the day and during the night, the street bulb provides adequate lighting. Two people are there who also help others to inject.”

A 36-year-old male IDU, Kolkata, West Bengal

Sharing Needles and Syringes

Sharing was common in the past but with increased awareness about HIV and improved access to syringes and needles, the IDUs share less frequently these days. Often sharing involves the using the same syringe that has been cleaned with water and with a fresh needle; sharing of cookers is also common.

“No, now I would not share. Now probably we are influenced by the TI staff members who have told us not to share and they give us injection equipment regularly for free.”

A 48-year-old male IDU, Kolkata, West Bengal

“At times, I share but I share only the syringe. I clean it with water and Avil. But if water is inside the syringe, it causes fever and rigor.”

A 35-year-old male IDU, Kolkata, West Bengal

“If I do not have money to buy the drugs and the syringes/needles, and the TI also is not available for syringes at that time, then I share with others.”

A 51-years old male IDU, Kolkata, West Bengal

Keeping Needles and Syringes

Some participants keep the syringes with them all the time. Some participants leave the syringes in the place where they inject. Some of them have created ‘personal syringe lockers’ in the broken walls of dilapidated buildings and hide their marked syringes. The IDUs believe that they know where they keep their injecting equipment and believe that they can identify their syringes through the specific marks on the syringe.

“I have no home. I sleep on the streets. So I keep the syringes/needles with me all the time in a small bag that I have that contains all my belongings.”

A 35-year-old male IDU, Kolkata, West Bengal

“I keep (my syringes) at Lal Kothi. As I said the building is in bad condition and the walls are broken at places. So I and many others have their earmarked places and we hide them in the walls. We know where we have kept (them). Moreover, we mark the place. I generally bite the tip of the syringe and make a mark and then wrap it in my polythene.”

A 48-year-old male IDU, Kolkata, West Bengal

Disposal of Needles and Syringes

While some participants take care to return the used syringes to the PEs many of them dispose of the needles/syringes in the drains, public dustbins and other places without destroying them.

“I do not throw (it away). I always return it to the PE.”

A 36-year-old male IDU, Kolkata, West Bengal

“The public dustbin and the drain are just outside and I just have to walk out of the house and throw it there. If I have injected in other places (hotspots), then there is a dustbin there and I throw it there.”

A 45-year-old male IDU, Kolkata, West Bengal

Summary of Drug Use Pattern and Use of Safe Equipment

The mean age of participants is 42 years and the mean age at initiation of injecting is 28 years. Multiple drugs are injected by the participants including adulterated heroin, synthetic opioids such as buprenorphine and pentazocine, and pharmaceutical drugs such as Avil and phenargan. Injecting a combination of synthetic opioids with other pharmaceutical drugs is common. More than a half of the reported injecting episodes during the previous week were with new syringes and needles. Reuse is common and each syringe is at least used twice before disposal. A significant proportion of needles and syringes obtained from the NSEP is being returned. Sharing is common and only a

Table 19: Profile of Injecting Drug Users and Summary of Drug Use Patterns (Kolkata)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 41.8; SD: \pm 8.5
Age at first injection	Mean: 27.8; SD: \pm 9.2
Drugs injected, previous week	Buprenorphine: 60%; Adulterated heroin (brown sugar): 50%; Pentazocine: 20%; Avil: 90%; Phenargan: 10%
Most often injected drug, previous week	Buprenorphine: 60%; Adulterated heroin (brown sugar): 50%; Pentazocine: 10%; Avil: 90%; Phenargan: 30%
Times injected, previous week	Mean: 21.9; SD: \pm 7.5
Times injected with a used syringe/needle, previous week	Mean: 0.2; SD: \pm 0.6
Times injected with a new syringe/needle, previous week	Mean: 12.6; SD: \pm 6.4
No. of times using the same syringe/needle before disposal, previous week	Mean: 2; SD: \pm 0.9
No. of new syringe/needle received from NSEP, previous week	Mean: 12.7; SD: \pm 6.5
No. of new syringe/needle received from other sources, previous week	0
No. of syringes/needles returned to NSEP, previous week	Mean: 12; SD: \pm 8
Frequency of sharing, previous month	Never shared: 20%
No. of people shared with, previous month	Mean: 1.4; SD: \pm 4.4
Ever received treatment to stop or reduce drug use	20%
Currently under treatment to stop/reduce drug use	0%

small proportion reported that they have never shared. None of the participants are currently under treatment for drug use (Table 19).

The Interview with the TI Staff

The TI staff member confirms that the majority of the IDUs are poly-drug users and use injectable drugs including synthetic opioids and anti-histamines. As many drug users are engaged in petty crimes, the police are after them. The TI distributes 5 ml and 2 ml Dispovan syringes along with 24 G and 26 G needles through the DIC and outreach. The NSEP services could be strengthened by adding nutrition support for the IDUs. The TI staff member is of the opinion that the return rate of syringes/needles is very good.

Focus Group Discussion

The FGD confirms the findings emerging from the IDIs with IDUs. The choice of injecting venues is determined by the following: availability of drugs in the neighbourhood; injectors assemble there, some of whom help others to get injected as they are master injectors; family and relatives unlikely to visit these places; no police interference; no disturbance from the general public; and the place is safe, where users can inject peacefully. In addition, the medical shops are in close proximity, there are tea stalls in the vicinity and the work places of the drug users is close to the injecting places.

4

Summary of Key Findings Across the Country

The mean age of IDUs is 34 years and the mean age at initiation of injecting is 27.5 years. Multiple drugs are injected by the participants and the drugs most commonly injected during the previous week include opioids such as buprenorphine (40%), adulterated heroin and heroin (29%), pentazocine (22%), proxyvon (18%); pharmaceutical drugs such as Avil (42%), phenargan (9%), and diazepam (3%). Injecting a combination of synthetic opioids with other pharmaceutical drugs is relatively common. The median number of reported injecting episodes during the previous week is 14 and median number of times the IDUs injected with new syringes/needles the previous week is 10. Reuse occurs and the mean number of times of reuse before disposal is 1.7. About two thirds of needles and syringes obtained from the NSEP are being returned. Sharing is relatively uncommon and only small proportion reported that they have shared injecting equipment. Thirteen per cent of the participants are currently under treatment for drug use.

Table 20: Key Injecting Related Characteristics of All Injecting Drug Users (N =175)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 34.1; SD: ± 8.9; Median: 32
Age at first injection	Mean: 27.5; SD: ± 8.5; Median: 25.5
Drugs injected, previous week	Buprenorphine: 39%; Heroin and adulterated heroin (brown sugar): 31%; Pentazocine: 21%; Proxyvon: 16%; Avil: 39%; Phenargan: 10%; Diazepam: 2%
Most often injected drug, previous week	Buprenorphine: 40%; Heroin and adulterated heroin (brown sugar): 29%; Pentazocine: 22%; Proxyvon: 18%; Avil: 42%; Phenargan: 9%; Diazepam: 3%
Times injected, previous week	Mean: 17.1; SD: ± 14; Median: 14
Times injected with a used syringe/needle, previous week	Mean: 0.2; SD: ± 0.9
Times injected with a new syringe/needle, previous week	Mean: 13.7; SD: ± 14; Median: 10
No. of times using the same syringe/needle before disposal, previous week	Mean: 1.7; SD: ± 1.1; Median: 1
No. of new syringe/needle received from NSEP, previous week	Mean: 12.8; SD: ± 16.2
No. of syringes/needles returned to NSEP, previous week	Mean: 8.3; SD: ± 13.2
Frequency of sharing, previous month	Never shared: 80%
No. of people shared with, previous month	Mean: 0.3; SD: ± 1.4
Ever received treatment to stop or reduce drug use	44%
Currently under treatment to stop/reduce drug use	13%

The mean age of male IDUs is 35 years and the mean age at initiation of injecting is 28 years. Multiple drugs are injected by the participants and the most commonly injected drugs during the previous week include opioids such as buprenorphine (48%), pentazocine (28%), adulterated heroin and heroin (26%), proxyvon (7%); pharmaceutical drugs such as Avil (50%), phenargan (11%), and diazepam (4%). Injecting a combination of synthetic opioids with other pharmaceutical drugs is relatively common. The median number of reported injecting episodes during the previous week is 14 and median number of times the IDUs injected with new syringes/needles previous week is 10. Reuse occurs and the mean number of times of reuse before disposal is 1.4. About two thirds of needles and syringes obtained from the NSEP were returned. Sharing is relatively uncommon and only a small proportion reported that they have shared injecting equipment. Fifteen per cent of the participants are currently under treatment for drug use.

Table 21: Key Injecting Related Characteristics of Male Injecting Drug Users (N=145)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 34.8; SD: \pm 9.1; Median: 33
Age at first injection	Mean: 28.1; SD: \pm 8.9; Median: 26
Drugs injected, previous week	Buprenorphine: 47%; Heroin and adulterated heroin (brown sugar): 29%; Pentazocine: 26%; Proxyvon: 6%; Avil: 48%; Phenargan: 11%; Diazepam 1%
Most often injected drug, previous week	Buprenorphine: 48%; Pentazocine: 28%; Heroin and adulterated heroin (brown sugar): 26%; Proxyvon: 7%; Avil: 50%; Phenargan: 11%; Diazepam 4%
Times injected, previous week	Mean: 16.1; SD: \pm 13.6; Median: 14
Times injected with a used syringe/needle, previous week	Mean: 0.2; SD: \pm 0.9
Times injected with a new syringe/needle, previous week	Mean: 13.2; SD: \pm 14.2; Median: 10
No. of times using the same syringe/needle before disposal, previous week	Mean: 1.4; SD: \pm 1.1; Median: 1
No. of new syringe/needle received from NSEP, previous week	Mean: 13.1; SD: \pm 17.7
No. of syringes/needles returned to NSEP, previous week	Mean: 8.9; SD: \pm 14.5
Frequency of sharing, previous month	Never shared: 81%
No. of people shared with, previous month	Mean: 0.3; SD: \pm 1.5
Ever received treatment to stop or reduce drug use	46%
Currently under treatment to stop/reduce drug use	15%

The mean age of male IDUs is 30 years and the mean age at initiation of injecting is 25 years. Multiple drugs are injected by the participants and the most commonly injected drugs during the previous week include opioids such as proxyvon (70%) and adulterated heroin and heroin (43%). Pharmaceutical drugs such as Avil, phenargan and diazepam are not injected by them. The median number of reported injecting episodes during the previous week is 21 and median number of times the IDUs injected with new syringes/needles previous week is 16. Reuse occurs and the mean number of times of reuse before disposal is 2.3. Just over half of needles and syringes obtained from the NSEP were returned to them. Sharing of injecting equipment is reported by just over a fourth of the participants. None of the participants are currently under treatment for drug use.

Table 22: Key Injecting Related Characteristics of Female Injecting Drug Users (N=30)

Injecting drug use related information	Response
	Mean and SD/%
Age of respondents	Mean: 30.2; SD: \pm 6.4; Median: 29.5
Age at first injection	Mean: 24.9; SD: \pm 6.7; Median: 24
Drugs injected, previous week	Proxyvon 63%; Adulterated heroin (brown sugar): 47%; Pentazocine: 0%; Buprenorphine: 0%; Diazepam 3%; Avil: 0%; Phenargan: 0%
Most often injected drug, previous week	Proxyvon 70%; Adulterated heroin (brown sugar): 43%; Buprenorphine: 0%; Pentazocine: 0%; Avil: 0%; Phenargan: 0%; Diazepam 0%
Times injected, previous week	Mean: 22.1; SD: \pm 15.4; Median: 21
Times injected with a used syringe/needle, previous week	Mean: 0.3; SD: \pm 0.8
Times injected with a new syringe/needle, previous week	Mean: 16.2; SD: \pm 13.6; Median: 16
No. of times using the same syringe/needle before disposal, previous week	Mean: 2.3; SD: \pm 0.7; Median: 2
No. of new syringe/needle received from NSEP, previous week	Mean: 11.4; SD \pm 7.2
No. of syringes/needles returned to NSEP, previous week	Mean: 6; SD: \pm 4.3
Frequency of sharing, previous month	Never shared: 73%
No. of people shared with, previous month	Mean: 0.5; SD: \pm 1
Ever received treatment to stop or reduce drug use	37%
Currently under treatment to stop/reduce drug use	0%

Needles and Syringes: Supply and Demand

For safer practices, it is ideal that all injecting episodes are with sterile new injecting equipment. Data has been collected on the frequency of injecting and for better recall, frequency of injecting during the previous week has been asked. Similarly, the participants are asked to indicate the number of injections carried out with unused new syringes/needles during the previous week. Based on this, the proportion of safe injecting episodes is calculated. It is found that among all IDUs across the 18 sites in India, 80.4% of the injecting episodes during the previous week are with new unused syringes/needles. Among male IDUs, 82.2% of the injecting episodes are with new injecting equipment and among female IDUs, 73.4% of the injecting episodes are carried out using new syringes/needles.

Needles and Syringes: Return Rate

It is found that among all IDUs, the injecting equipment return rate is 63.2%. Whereas among male IDUs, the return rate is 65.2%, among female IDUs the return rate is only 52.5%.

Needles and Syringes: Acquisition and Disposal

One of the important observations is that in many sites across India, heroin or adulterated heroin use is replaced by injection of synthetic opioids such as buprenorphine, pentazocine and proxyvon, alone or in combination with other pharmaceutical drugs such as Avil, phenargan and diazepam. Ingestion of large doses of oral benzodiazepine, particularly, nitrazepam tablet is prevalent. The transition to injecting is facilitated by escalating cost of heroin, impurity and easy availability and affordability of

injectable synthetic opioids and pharmaceuticals. The heroin injectors prefer 1 ml insulin syringe, proxyvon and adulterated heroin users prefer 2 ml syringes and those who inject a combination of synthetic opioids with pharmaceuticals prefer 3 ml, 5 ml or 2 ml syringes. In Punjab, where some IDUs inject large quantities of combination drugs, the preference is for 10 ml syringe.

Syringe availability across the sites is good and across the sites, the NGO IDU-TI is the primary source of needles and syringes for the IDUs. The reasons for accessing the injecting equipment through TIs are: free of cost, supply of size and types of needles and syringes based on the needs of the IDUs, delivery of injecting equipment through PEs in hotspots and outreach locations, and user friendly DICs that provide needles/syringes as well as other harm reduction services. It is suggested by participants that the NSEP services could be strengthened by nutritional support, OST, effective linkages with drug use treatment services, extended operational hours, increase in the number of PEs and night services. For improving needle/syringe distribution, many TI staff members recommend secondary distribution through other outlets. As it is legal to procure injecting equipment from pharmacies, IDUs are able to buy them for Rs. 3 to Rs. 7 in many sites. However, in some sites, there is reluctance on the part of medical shops to sell syringes/needles to IDUs.

The locations for injecting are homes and places that are private, secluded, safe and secure and have no interference from public and police. Many of the injecting locations are close to drug peddling places; and in some injecting venues, syringes and needles are sold by the peddlers themselves. Some of the IDUs mark the syringes and keep them in specified spots within the injecting locations. Typically, they cover the marked injecting equipment in a polythene bag and hide it under a brick in the wall of a dilapidated building believing that their syringes are safe for reuse in their 'injection lockers'. Though the quantitative information indicates less reuse of syringes and needles, the IDIs demonstrate that drug users across several sites in the country keep the syringes for reuse either at home or in other places (under the seat of cycle rickshaw, make-up box, RMP clinic, injecting locations).

Direct sharing of syringes and needles is relatively uncommon across several sites. This is mainly attributed to syringe availability, HIV awareness, and increased perception of HIV risk through injecting. Many IDUs acknowledge the contribution of NGO TIs, particularly PEs in disseminating information about HIV to the IDUs. In instances where sharing is reported, it is chiefly due to unavailability of syringes/needles at the time of injection, fear of carrying personal needles and syringes to injecting locations due to intimidation by police and other pressure groups, times of desperation such as acute withdrawal states, and misconception that HIV positive individuals can share injecting equipment as they have already acquired the infection. On the other hand, indirect sharing such as sharing of cookers and other injecting paraphernalia is relatively prevalent across all sites.

In several sites the return rate of the syringes is poor. Distance, lack of education about safe disposal, and fear of police intimidation are possible reasons for inadequate return of syringes. Some sites have established good needle syringe exchange programs and others can learn from their experiences. Most TIs are practising adequate waste disposal guidelines recommended by NACO.

4.1. Limitations

Qualitative methods are valued more for their ability to provide rich narrative description and an "insider's view" into the lives of research participants (Singer *et al.*, 2000) than for their generalizability. Thus, due to the small sample size and sampling strategy that included only a maximum of 10 IDUs

from each of the 18 sites, the generalizability of our findings is limited. Many of the participants have an established history of injecting for long duration and, in addition, the participants are all recruited from the TIs. Hence the potential for bias due to socially desirable reporting cannot be ruled out. To minimize this risk, the independent research team was careful to assure participants that the information they provided would not be shared with TI staff, and interviews were conducted in private places, where no TI staff member was present. It is possible that past risk behaviour was described as having occurred more recently, or several previous risky injecting events were conflated to provide details about the event described in the interview. Details about the events that occurred in the distant past may have attenuated, resulting in a less precise description of events. In addition, using the “last event methodology” may have yielded descriptions of atypical injecting episodes. However, given the frequency of injection and the long duration of injecting careers, the narrative accounts provided by study participants are likely to be representative of their actual behaviour.

Factors Operating at Different Levels That Are Important for Syringe Acquisition and Disposal

A. Interventions at Individual, Interpersonal and Normative Level

Most participants across the country have adequate knowledge related to HIV prevention that helps them not to share injecting equipment with others. The knowledge related to transmission of pathogens such as HCV through sharing of cookers and other injecting paraphernalia is not widely known which results in the prevalent field practice of indirect sharing. Peer education and outreach-based behaviour change communication should also emphasize this and target the sharing of injection paraphernalia among the drug-using communities. Interventions targeting HIV positive IDUs should focus on the significance of not sharing the injecting equipment despite the fact they have already acquired the HIV infection; sharing among HIV positive individuals is likely to facilitate the acquisition and transmission of different HIV subtypes and strains, HCV subtypes and strains and HBV that has impact on treatment as well as outcome.

Drug choices and preparation of drugs influence risk. It is observed that drug use in many settings is a group activity and the way the drugs are prepared and divided among IDUs promotes indirect sharing. A common syringe/needle is often employed to draw the drug solution and to divide it equally among participants to the syringes of group members by frontloading. As it is the norm to use a combination of pharmaceutical drugs in several settings, drawing of injectable preparation from a common vial by different users is prevalent; often large quantities of pharmaceutical drugs are divided among the participants. Thus it is important to influence these practices through outreach-based and DIC-based behaviour change communication. Many drug users keep their injecting equipment in the locations where they inject in what they perceive as safe as well as identifiable spots; it is likely that those syringes/needles can be mistakenly or deliberately taken and used by other participants resulting in transmission of pathogens. It is necessary to address these norms and change their beliefs and practices.

B. Structural Interventions

Better utilization of NSEP services and improving syringe access from pharmacies: Despite improved access to syringes in many locations, certain barriers exist in some sites that interfere with procuring and carrying syringes/needles from the TIs. Although possession and carrying of syringes is legal in India, fear of detainment or arrest by the police prevents IDUs from carrying clean needles/syringes and may deter optimal utilization of NSEPs. Earlier research studies in northeast India indicated IDUs being detained by police as they leave NSEPs carrying syringes (Chakrapani *et al.*, 2009). At times, the drug dealers do not allow users to take the drug out of their premises and insist on IDUs using their location for injecting the drugs in the fear that if users are caught by the police, their business may be hampered. Intimidation is not just by the police; in some settings, pressure groups adopt a “stop-and-search” method to look for injecting equipment as evidence of drug use. The actions of some anti-drug groups increase risk as it fuels an attitude that drug use is criminal. This may harm drug users. Thus in order to ensure adequate utilization of NSEP services that is available

in many settings, it is necessary to advocate with police and pressure groups. Harm reduction sensitization and training can be organized for the police personnel, particularly the local police, pressure group members and the anti-drug NGO groups. IDUs buy syringes from pharmacies at times of need, particularly during the night or on holidays when they are not able to access the NSEP services. Chemists in certain sites are reluctant to sell syringes/needles to the IDUs and they discriminate against IDUs by inflating the price of syringes/needles or asking them to buy additional injections such as tetanus toxoid. Advocacy with pharmacists in these settings will also be helpful.

Interventions in injecting locations: In some settings, the TI has made syringes and needles available at the injecting locations and arrangements have been made to collect the used syringes/needles kept in spots specified by the PEs. It is worth exploring the possibility of ensuring the availability of new unused syringes/needles and collecting the used injecting equipment in these injecting locations. Many of the injecting locations are very unhygienic and can increase the risk of injection-related infections. Peer educators must address safe and hygienic injection practices at these injecting locations; apart from new needles/syringes, provision of sterile cotton, alcohol swabs, and distilled water may be considered by the TIs.

C. Targeted Interventions

The demand for needles and syringes that are required to cover all the injecting episodes of the IDUs is higher than the supply of new syringes/needles from NSEP services. The demand has to be met by increasing the supply of needles and syringes to IDUs by 80% to 100% of the current level. This would mean increasing the supply of injecting equipment through the NSEP by at least an additional one-fourth of the total needles/syringes supplied currently.

The effective utilization of increased supply can only be achieved by increasing the number of PEs who are engaged in the NSEP. Given the high turnover of the PEs, recruiting fresh PEs and training them for the task is critical. While it may be difficult to extend the operational hours and keep the TI open on holidays, feasible and innovative measures to increase the supply of syringes/needles can be attempted. Secondary distribution of syringes may be relevant and important. The NSEP services can be made more attractive by effective linkages with other services, notably nutritional support, drug user treatment and rehabilitation services and income-generating activities. One of the

A. Interventions at Individual, Interpersonal and Normative level

- Knowledge
- Perception about sharing by HIV positive persons
- Drug choices – Pharmaceutical preparation
- Sharing of cookers and other injecting paraphernalia
- Safe keeping of syringes

B. Structural Interventions

Syringe access

- Police intimidation
- Attitude of pressure groups
- Pharmacy access

Injecting locations

- Interventions in injecting locations

C. Targeted Interventions

- Ensuring safety of each injection episode (Matching the syringe demand with adequate supply)
- Peer educators – number and turnover
- Provision of other services
- Secondary distribution
- Treatment of withdrawal symptoms
- Opioid substitution therapy
- Improving return rate of syringes
- Safe disposal

D. Broader issues

- Gender

important reasons for sharing contaminated equipment is the time of withdrawal; severely opioid-dependent individuals go through regular withdrawals and it is necessary that the clinical staff at the TIs provide withdrawal services. Instead of sharing injecting equipment at times of withdrawal, drug users should have the choice of ameliorating the agonizing withdrawal symptoms at the TI clinic. It is important to consider the IDUs at risk for OST services. Establishing OST services in places where it is non-existent and scaling up OST services to include a significant proportion of IDUs is essential.

The current syringe return rate is low; less than two thirds of needles and syringes obtained from NSEP sources are being returned. Apart from educating IDUs on safe disposal, it is necessary to address the barriers that interfere with return of syringes (e.g., police intimidation). Some settings have high return rates and it is necessary to learn from their experiences and practices. The waste disposal guidelines issued by NACO must be strictly adhered to in all settings.

D. Broader Issues

Gender is a significant issue for consideration as the supply of syringes relative to demand is lower amongst female IDUs compared to male IDUs (82.2% vs. 73.4%). Similarly, the needle/syringe return rate is low amongst FIDUs compared to male IDUs (65.2% vs. 52.5%). It is necessary to address the various challenges faced by female IDUs that interfere with syringe acquisition and disposal. Another important consideration is to engage with their regular partners who often have introduced them to injecting drugs. Since many of them are engaged in sex work and are mobile, secondary distribution of needles and syringes should be considered. The female DICs should offer effective linkages with women-specific services as well as OST services.

This study is the first mixed methods study on syringe acquisition and disposal among IDUs attending TIs that has been conducted in many settings across the country. Being a qualitative study, it explores the contextual factors in syringe acquisition that are relevant to the development of appropriate interventions; in addition, it estimates the syringe demand and supply as well as the return rate of injecting equipment.

The study has indicated that the NSEP services by NGO-TIs have substantially improved syringe access among IDUs, and at present, this has resulted in significant proportion of people not sharing injecting equipment directly. The operational research has identified that the current supply of syringes/needles during the previous week from NSEP covers 80% of the reported injecting episodes that occurred during the week (82% for male IDUs vs. 73% for FIDUs). Further, it is observed that the needle/syringe return rate among the TI participants across the country is 63% (65% for male IDUs vs. 52.5% for FIDUs). The qualitative component of the study has identified several factors at the individual, interpersonal, structural and broader level that can combine to impact on syringe acquisition and disposal. Syringe access can be increased by an additional one-fourth of the current total supply of needles/syringes from the NSEP, and effective utilization of the syringes is possible by addressing the normative and structural barriers. While norm changing strategies can be adopted to reduce the sharing of injection paraphernalia, and safe storage of syringes through appropriate behaviour change communication, PEs should address the issues related to sharing among HIV positive persons with proper information. 'Stop and search' by police, pressure groups and anti-drug groups is a huge challenge for possession and carrying of syringes from and to the TI services; this needs to be addressed with high level advocacy with senior police officials and community leaders as well as local advocacy and sensitization directed at local police and members of anti-drug groups. Increasing the ready availability of new needles/syringes at the injecting locations and secondary outlets at places proximate to the injecting venues may be beneficial. Peer education and behaviour change communication must also address the risks associated with injecting in unhygienic settings. Provision of distilled water and sterile cotton at these places may be helpful. The TIs may have to increase the number of PEs and establish secondary distribution networks for improved syringe access among IDUs. OST is an essential component of the comprehensive package of interventions for IDUs and establishing and scaling up OST services along with scaled-up NSEP services will help in halting the HIV epidemic among the drug-using communities. As syringe access is lower for female IDUs, special efforts are required to address their concerns.

Limitations of the Study

The study sample was not randomly selected from the community of IDUs. The individuals were selected purposively, based on their ability to articulate their experiences. The sample covered current injectors with a long history of drug use and most of them have been receiving services from the selected TI sites and so may not truly reflect and represent the IDUs across the country. It is possible that the participants recruited from TIs may have provided socially desirable responses by underplaying their risks and overestimating their safe practices. Yet the study is important as it targeted a wide range of populations, including urban and semi-urban IDUs across all regions of the

country. In addition, the qualitative interviews from 30 female IDUs helped to understand the “risk context” among this hidden population.

Through the current NSEP operated by the IDU-TIs across the country, significant achievements have taken place in terms of easy syringe availability, efficient delivery of injecting equipment through peers to IDUs close to places where they need them most, and considerable reduction in sharing of needles/syringes. Some gaps and challenges have been identified and the study findings need to be built on to construct an adequate response that can further improve syringe access and return as well as proper utilization of TI-NSEP services amongst the drug-using communities in India.

7

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APPENDICES: TOOLS USED IN OPERATIONAL RESEARCH

Appendix A: In-Depth Interview – IDU

Interviewer number: _____

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INSTRUCTIONS

Thank you for taking the time to speak with me today.

My name is _____ and I am working with UNODC ROSA on an operational research project called *“Needle and syringe access and use among Injecting Drug Users in India”*.

Through this project, I hope to learn new ways to decrease the spread of HIV and hepatitis. Today, I am interested in learning from you about all those things that influence you, where you get your injecting equipment, where you inject, and where you dispose of your injecting equipment. I also want to ask you about your injecting drug use more generally.

The interview takes about 60 minutes. I appreciate you spending this time with me and thank you for your participation.

I would like to tape record the interview in order to make sure that I capture all of the valuable information that you share with me. I may also write down things while we are talking so that I do not forget anything.

Everything you say is confidential, and no one else will hear the tape or see the notes besides the people who are working on this research project.

Before we start, I have to ask you one question:

SCREENING QUESTION

Have you injected a drug during the last month?

IF YES: Continue with the interview, remembering to do the consent form.

IF NO: Thank the respondent for time, but explain that they are not suitable for this interview.

Do you have any questions before we start?

Syringe Access, Use and Disposal: Interview Topic Guide (IDUs)			
Interviewer's initials:	write here		
Date of interview:	Day	Month	Year
Where is interview being conducted? Specify area:	<ol style="list-style-type: none"> 1. Private room 2. Public place (e.g., street) 3. TI site 4. Drug treatment clinic 5. Respondent's house 6. Others, specify 		

SECTION A: BACKGROUND		
<i>"I'd like to begin by asking you a few questions about yourself."</i>		
1.	What is your age (full years)	
2.	Sex	
3.	Can you describe the area where you live?	<ul style="list-style-type: none"> • What is it like? • Are many drug users there? • What can you say about drug use there?
4.	Can you tell me about your drug use?	<ul style="list-style-type: none"> • How long have you been using drugs? • How long have you been injecting drugs? • What drugs do you normally inject?
5.	Can you tell me what injectable drugs are available in your area?	<ul style="list-style-type: none"> • How much do they cost? • How widespread are they?
6.	How have patterns of injecting drug use changed since you started using drugs?	<ul style="list-style-type: none"> • How? • Why? • More or less injecting? • More or less sharing? • More or less outreach and other services? • More or less police presence? • Have the places where drugs are used changed?
SECTION B: SYRINGE AVAILABILITY		
<i>"I'd like to learn about how available needles and syringes are."</i>		
7.	Generally, how AVAILABLE would you say injecting equipment is in your area?	<ul style="list-style-type: none"> • WHY do you say this? • How EASY is it to get injecting equipment in your area?
8.	What about different types of needles?	<ul style="list-style-type: none"> • Size? • Make? • Quality? • Colour of needle?
9.	What about different types of syringes?	<ul style="list-style-type: none"> • Size? • Make? • Quality?
10.	What particular type of needle and syringe do you use?	<ul style="list-style-type: none"> • Describe
11.	What particular type of needle and syringe would you prefer to use?	<ul style="list-style-type: none"> • Why?
12.	Have you ever made a syringe from different parts of old ones?	<ul style="list-style-type: none"> • Why? • What parts were used?
13.	How has availability of injecting equipment changed since you started injecting drugs?	<ul style="list-style-type: none"> • In what way? • Why do you think this? • When was this?

Contd...

SECTION C: GETTING SYRINGES	
<i>"I'd like to learn about the PLACES from where you get your syringes and injecting equipment."</i>	
14. Please tell me ALL THE PLACES from where you get your needles and syringes (Interviewer: write these below)	<ul style="list-style-type: none"> • WHAT type of place is this? • Anywhere else? • What about FROM: <ul style="list-style-type: none"> • Other injectors? • The street? • Drug sellers? • Medical services (clarify what is meant by this)? • Family (wife, husband)? • Friends? • Shops/vendors? • Pharmacies? • NSEP? • Outreach workers? • Drug treatment centre? • Places where you inject?
1 2 3 4 5 6 7 8	
15. Of the places above, which FOUR do you use most often? (Interviewer: write these below)	
1 2 3 4	
16. Can you describe for me in as much detail as you can, what each of these four places is like?	<ul style="list-style-type: none"> • LOCATION? • PEOPLE who are also there? • Is this a place where people (including you) also INJECT?
17. Which of these places do you most often go to?	<ul style="list-style-type: none"> • WHY?
18. Which of these places do you prefer to go to?	<ul style="list-style-type: none"> • WHY?
19. Does the COST of injecting equipment differ at each of these places?	
20. Does the NUMBER of needles and syringes you can get at each of these places differ?	<ul style="list-style-type: none"> • WHY? • Why is this important?
21. Does the type of injecting equipment you can get at each of these places differ?	<ul style="list-style-type: none"> • WHY? • Why is this important?
22. How easy is it to get to each of these places?	
23. When you go to each of these places, do you normally inject there as well?	<ul style="list-style-type: none"> • WHY? • IF NO: How CLOSE is this place to where you normally inject?

Contd...

SECTION C: GETTING SYRINGES		
24.	What problems have you experienced when going to each of these places?	Have you ever had problems related to : <ul style="list-style-type: none"> • Needles/syringes are NOT AVAILABLE? • POLICE? • COMMUNITY? • FAMILY/FRIENDS? • OTHER?
25.	Is NSEP (TI) a key provider of needles and syringes for you?	<ul style="list-style-type: none"> • Is this a usual source of syringes for you? • How often do you use this source per month? • How many syringes do you usually get from this source at each contact? • How did you learn about this source of syringes? • How long have you been getting syringes from this source? _____(months/years) • What are the reasons that you get your syringes from this source? _____ • About how many other people get syringes from this source?
26.	How long does it usually take you to get to this syringe source from where you live?	<ul style="list-style-type: none"> • How far is the place that you inject from this source? • How do you get to this place?
27.	What are some of the problems that you have had with this source?	<ul style="list-style-type: none"> • What do you do when this problem comes up?
28.	When are you unable to get syringes from this source?	<ul style="list-style-type: none"> • Why? • Does this change at different times during the year? • If so, how does it change?
29.	If the PE is not around, where do you go if you need a syringe right away?	
30.	Do you ever sell syringes/needles from this source?	<ul style="list-style-type: none"> • ___ Yes ___ No • Please explain:
SECTION D: USING SYRINGES		
<i>“I’d now like to ask you about your use of syringes and other injecting equipment”</i>		
31.	Please tell me all the PLACES where you normally inject? (Interviewer: write these below) 1 2 3 4 5 6 7 8	What about: <ul style="list-style-type: none"> • Street? • Other public place (if so, what)?

Contd...

SECTION D: USING SYRINGES		
32.	Of the places above, which FOUR do you use most often? (Interviewer: write these below) 1 2 3 4	
33.	Can you describe for me in as much detail as you can, what each of these places is like?	<ul style="list-style-type: none"> • LOCATION? • PEOPLE who are also there • TIME of the day/night do you usually go here? • Is this a place where other people also INJECT?
34.	Why do you prefer to inject in each of these places?	<ul style="list-style-type: none"> • HOW SAFE are each of these places to inject?
35.	How EASY is it to get to each of these places?	
36.	Thinking about each of these places, have you had any PROBLEMS injecting here?	<ul style="list-style-type: none"> • Have you ever had problems in this place related to the POLICE? • You could not get syringes from here? • What DO YOU DO if this happens?
SECTION E: SHARING		
<i>“I’d now like to ask you about when you have injected using equipment which has already been used by other people”</i>		
37.	When was the LAST TIME that this happened?	
38.	Can you describe to me in detail, what happened?	<ul style="list-style-type: none"> • WHERE were you? • WHO was there? • WHY did this happen?
39.	Are there particular SITUATIONS when you are more likely to inject with a syringe which has been previously used?	<ul style="list-style-type: none"> • WHY? • What about: <ul style="list-style-type: none"> • FRIENDS • FAMILY • OTHER PEOPLE • Situation you were in (e.g., prison) • TIME of day/night
40.	In your opinion, is the way in which you inject influenced in any way by local POLICING PRACTICES?	<ul style="list-style-type: none"> • Can you give me an EXAMPLE?
41.	In your opinion, is the way in which you inject influenced in any way by OTHER PEOPLE around you?	<ul style="list-style-type: none"> • Can you give me an EXAMPLE? • Friends? • Family? • Community?

Contd...

SECTION F: KEEPING SYRINGES	
<i>"I'd like to ask you now about the places where you keep syringes and other injecting equipment"</i>	
42.	<p>Please tell me where you normally KEEP your syringes and other injecting equipment?</p> <ul style="list-style-type: none"> • WHY? • How LONG do you keep them? • How MANY TIMES do you reuse a syringe before disposing of it?
43.	<p>When storing your syringes for reuse, how do you identify your syringes as your own?</p> <ul style="list-style-type: none"> • How do you know other people have not used them?
44.	<p>Do you normally keep your syringes with you?</p> <ul style="list-style-type: none"> • WHY?
SECTION G: DISPOSAL	
<i>"I'd like to ask you now about the places where you dispose of needles and syringes"</i>	
45.	<p>Please tell me all the PLACES where you dispose of or leave your needles and syringes? (Interviewer: write these below)</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <ul style="list-style-type: none"> • HOW do you dispose of your needles and syringes? • Do you DESTROY them?
46.	<p>Can you describe for me in as much detail as you can, what each of these places is like?</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <ul style="list-style-type: none"> • LOCATION? • PEOPLE who are also there? • TIME of the day/night you dispose? • Is this a place where other people also INJECT?
47.	<p>Why do you prefer to dispose in each of these places?</p>
48.	<p>How EASY is it to get to each of these places?</p>
49.	<p>Thinking about each of these places, have you had any PROBLEMS disposing there?</p> <ul style="list-style-type: none"> • Have you ever had problems disposing in the place?
50.	<p>Please tell me how often you return the syringes you have obtained in NSEP?</p> <ul style="list-style-type: none"> • How many syringes do you get every time and do you return the same number? • How do you bring them to the place where you exchange?

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SECTION H: PROFILE	
<i>"Finally, I'd like to ask you some very brief questions about your drug use"</i>	
51.	How old were you when you first injected a drug?
52.	What drugs have you injected in the last week? Heroin <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Proxyvon <input type="checkbox"/> Fortwin <input type="checkbox"/> Diazepam <input type="checkbox"/> Avil <input type="checkbox"/> Phenargan <input type="checkbox"/> Others <input type="checkbox"/>
53.	What drugs do you inject most often? Heroin <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Proxyvon <input type="checkbox"/> Fortwin <input type="checkbox"/> Diazepam <input type="checkbox"/> Avil <input type="checkbox"/> Phenargan <input type="checkbox"/> Others <input type="checkbox"/>
54.	How many times have you injected in the LAST WEEK? <input type="text"/> <input type="text"/> <input type="text"/>
55.	In the LAST WEEK, how many times did you inject with a new or unused syringe? <input type="text"/> <input type="text"/> <input type="text"/>
56.	In the LAST WEEK, how many new or unused syringes did you obtain? <input type="text"/> <input type="text"/> <input type="text"/>
57.	How many times do you normally use each of your syringes before throwing them away? <input type="text"/> <input type="text"/> <input type="text"/>
58.	How many syringes did you receive from the TI/outreach/PE last week? Which were the other sources from where you received/obtained and how many did you receive from each of these sources? <input type="text"/> <input type="text"/> <input type="text"/>
59.	How many syringes did you return to the TI/outreach/PE last week? <input type="text"/> <input type="text"/> <input type="text"/>
60.	During the LAST WEEK, how many times did you inject with a needle or syringe that had already been used by someone else (sharing)? <input type="text"/> <input type="text"/> <input type="text"/>
61.	During the LAST 4 WEEKS, how often did you inject using a needle or syringe that had already been used by someone else (sharing)? Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never <input type="checkbox"/>
62.	During the LAST 4 WEEKS, with how many people have you shared a needle or syringe? <input type="text"/> <input type="text"/> <input type="text"/>
63.	Have you ever received treatment to reduce or stop your drug use? Yes <input type="checkbox"/> No <input type="checkbox"/>
64.	Are you currently receiving treatment to reduce or stop your drug use? Yes <input type="checkbox"/> No <input type="checkbox"/>
THANK YOU FOR COMPLETING THIS INTERVIEW	

Appendix B: TI Staff Syringe Acquisition Interview

Interviewer number: _____

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INSTRUCTIONS

Thank you for taking the time to speak with me today.

My name is _____ and I am working with UNODC ROSA on an operational research project called *“Needle and syringe access and use among Injecting Drug Users in India”*.

Through this project, I hope to learn new ways to decrease the spread of HIV and hepatitis. Today, I am interested in learning from you about needle syringe demand, gaps in service and procurement related issues.

The interview takes about 60 minutes. I appreciate you spending this time with me and thank you for your participation.

I would like to tape record the interview in order to make sure that I capture all of the valuable information that you share with me. I may also write things down while we are talking so that I do not forget anything.

Everything you say is confidential, and no one else will hear the tape or see the notes besides the people who are working on this research project.

Before we start, I have to ask you one question:
Do you have any questions before we start?

Syringe access, Use and Disposal: Interview Topic Guide (TI Staff)

Interviewer’s initials:	write here		
Date of interview:	Day	Month	Year
Where is interview being conducted? Geographical Location	1	Northeast	
	2	East	
	3	North	
	4	West	
	5	South	
Where is interview being conducted? Specific State	1	State	
	2	State	
	3	State	
	4	State	
	5	State	
Where is interview being conducted? Specific Site	1	TI site	
	2	TI site	
	3	TI site	
	4	TI site	
	5	TI site	
	6	TI site	
	7	TI site	
	8	TI site	
	9	TI site	

SECTION A: BACKGROUND		
<i>"I'd like to begin by asking you a few questions about yourself."</i>		
1.	What is your age (full years)	
2.	Sex	
3.	Can you tell me about your work in the TI?	<ul style="list-style-type: none"> • What is your position? • How long have you been working with this TI? • How long have you been working with IDU TIs? • How long have you been working with people who use drugs?
SECTION B: NEEDLE SYRINGE EXCHANGE PROGRAMME		
<i>"I'd like to learn about the needle syringe exchange programme operated by the TI."</i>		
4.	How many IDUs are reached through the NSEP?	<ul style="list-style-type: none"> • How many clients are registered with the NSEP? • Total number registered? • Target given and reached in the last year? • Total number reached regularly in the last one year? • Reached in the last month? • Total number reached regularly in the last one month?
5.	What is the profile of the clients registered with NSEP?	<p>Describe the profile of the drug users registered with NSEP?</p> <ul style="list-style-type: none"> • Males? • Females? • Age? • Socio-economic and educational background? • Geographical locations? • Type of drugs injected?
6.	How many needles and syringes do you provide to the people attending the NSEP?	<ul style="list-style-type: none"> • How many syringes and needles are provided to the IDU on every contact/visit • How do you decide the number of N/S to be given? <p>Do you consider:</p> <ul style="list-style-type: none"> • Frequency of injecting? • Type of injectable drugs used? • Geographical location? • Number of N/S returned? • Gender? • Any other consideration?
7.	What about different types of needles?	<ul style="list-style-type: none"> • Do you take into consideration the type of needles requested by the IDUs? <p>Do you consider:</p> <ul style="list-style-type: none"> • Size? • Make? • Quality?
8.	What about different types of <i>syringes</i> ?	<ul style="list-style-type: none"> • Do you take into consideration the type of syringes requested by the IDUs? <p>Do you consider:</p> <ul style="list-style-type: none"> • Size? • Make? • Quality?
9.	What particular type of needles and syringes do you distribute to the IDUs attending the NSEP?	<ul style="list-style-type: none"> • Describe • Why? • How did you decide?

Contd...

SECTION B: NEEDLE SYRINGE EXCHANGE PROGRAMME		
10.	What are the barriers that IDUs experience while accessing NSEP services?	<ul style="list-style-type: none"> • Ask them to list reasons • Probe all reasons given in detail. <p>Ask for and consider the following</p> <ul style="list-style-type: none"> • Fear of being harassed by the police? • Distance travelled to access NSEP services regularly? • Not getting the adequate number of N/S that is requested by them during every visit/contact? • Reluctance to return used N/S? • Operational hours? • Continued chaotic drug use? • Other reasons?
11.	Do you provide needles and syringes through secondary outlets?	<ul style="list-style-type: none"> • Yes or No • If yes, in what way? • Why do you think this is necessary? • When did you begin doing this? • What are the advantages? • What are the challenges?
12.	What are the potential secondary outlets?	<ul style="list-style-type: none"> • List various outlets mentioned • Probe in detail
13.	Do you think that needles and syringes can be provided through Government hospitals/ primary care clinics free of cost to registered clients?	<ul style="list-style-type: none"> • Yes or No • If yes, in what way? • Why do you think this is necessary? • What are the advantages? • What are the challenges?
14.	How can you make the NSEP services more attractive for clients?	<ul style="list-style-type: none"> • What factors do you consider for increasing clients to NSEP services? • List the various factors • Describe the significance of each factor <p>Probe for:</p> <ul style="list-style-type: none"> • Needles provided as per demand? • Other services needed at the NSEP? • Nutritional support? • Potential referral to OST? • Potential referral to drug treatment and rehabilitation services? • Drug use counselling services? • Operational hours of services? • Other services?
15.	What can be done to retain clients regularly in NSEP?	<ul style="list-style-type: none"> • What factors do you consider for increasing retention of clients at NSEP services? • List various factors • Describe the significance of each factor <p>Probe for:</p> <ul style="list-style-type: none"> • Secondary distribution? • Other services needed at the NSEP? • Nutritional support? • Drug use counselling services? • Operational hours of services? • Other services?

SECTION C: DISPOSAL		
<i>"I'd like to ask you now about the places where you dispose of needles and syringes"</i>		
16.	Please tell me all the PLACES where drug users dispose of or leave your needles and syringes? (Interviewer: write these below) 1 2 3 4 5 6 7 8	<ul style="list-style-type: none"> • Why do they prefer to dispose of used needles and syringes in these places? • Do they DESTROY them before disposal?
17.	Please tell me how often the IDUs return the syringes to TI or outreach worker?	<ul style="list-style-type: none"> • How do IDUs bring the used N/S to the place where new N/S are provided? • How many N/S do they return each time and do they get the same number of new ones?
18.	Is the TI staff adequately trained in waste disposal based on NACO guidelines?	<ul style="list-style-type: none"> • Yes or No • Give reasons for No • If No, what can be done to address this immediately? • If Yes, how adequate is the knowledge of the TI staff? • What can be done to improve this further?
19.	Describe the process by which you dispose of collected needle/syringes.	<ul style="list-style-type: none"> • How well is it working? • What can be done to improve this further?
20.	Do the IDUs attending the NSEP services receive information related to safe disposal?	<ul style="list-style-type: none"> • Yes or No • Give reasons for No • If No, what can be done to address this immediately? • If Yes, how adequate is the knowledge of the IDUs about safe disposal? • What can be done to improve this further?
21.	Is the TI formally linked to any incinerating facility in your area?	<ul style="list-style-type: none"> • Yes or No • Give reasons for No • If No, what can be done to address this immediately? • If Yes, how well is it working? • What can be done to improve this further?

SECTION D: PROGRAMMATIC ISSUES RELATED TO NEEDLE AND SYRINGE DISTRIBUTION		
<i>"I'd like to learn about some programmatic issues such as demand, stock out, cost and procurement of needles and syringes"</i>		
22.	How did you calculate the number of needles/syringes required by the clients in the last one month?	<ul style="list-style-type: none"> Record the process described by the respondent
23.	As per your calculations, how many needles/syringes were required by the clients in the last one month?	<ul style="list-style-type: none"> No. of needles No. of syringes
24.	How many needles/syringes were distributed in the last month?	<ul style="list-style-type: none"> No. of needles No. of syringes
25.	Did the distribution meet the demand generated?	<ul style="list-style-type: none"> Yes or No If No, then what were the reasons?
26.	What is the rate at which you purchased during the last procurement?	<ul style="list-style-type: none"> Size of syringe - Rate Size of needle - Rate
27.	Is there a fluctuation in the price of needles/syringes you purchase?	<ul style="list-style-type: none"> Yes or No If Yes, how much? (Provide range)
28.	How many needles/syringes did you purchase in the last one year?	<ul style="list-style-type: none"> No. of needles No. of syringes
29.	How much money did you spend on purchase of needles/syringes in the last one year?	
30.	How much money was sanctioned by the SACS towards purchase of needles/syringes in the last one year?	
31.	What are the other commodities provided by your TI for safer injecting?	Probe for <ul style="list-style-type: none"> Alcohol swab, distilled water, etc.
32.	On an average, how much do you spend, per client on a monthly basis towards purchase of these commodities?	
33.	Do you maintain any buffer stock of needles/ syringes?	<ul style="list-style-type: none"> Yes or No If Yes, how many months of buffer stock do you maintain? If No, please specify the reasons
34.	Were there any instances of stock out of needles/ syringes in the last one year?	<ul style="list-style-type: none"> Yes or No If yes, what were the reasons?
35.	What do you think can be done to improve the procurement procedures for needles/ syringes?	<ul style="list-style-type: none"> Probe also for centralized supply as in the case of condoms
36.	Any other comments?	
THANK YOU FOR COMPLETING THIS INTERVIEW		

Appendix C: FGD Tool – IDUs

SYRINGE ACCESS, USE AND DISPOSAL: FOCUS GROUP TOPIC GUIDE (IDUs)

Area: _____ Date (including day of week): _____

Researcher: _____ Time of day: _____

Introduction for Facilitators

This instrument will guide you through the *focus group discussion* for drug injectors.

The aim of the focus group discussion is to encourage injectors to describe the people, places/structures, and equipment that influence their drug using behaviours.

The focus group discussion should concentrate on the location where the drug injectors live. Drug injectors may indicate that they travel to places/people outside of this area to acquire syringes. Record this data, but attention should be primarily focused on the immediate vicinity of the area in which they reside.

Facilitator Instructions

While facilitating this focus group discussion, try to learn as much as possible about the people, places/structures, and equipment that influence injecting drug use within the target neighbourhood or region. It is important to build rapport with the participants. This will increase the likelihood of more detailed, truthful answers. Show interest in what they have to say. Probe deeply into what they have to say. A total of six to eight participants will constitute the focus group; choose a venue that is convenient for the participants and where the focus group discussion can be held without interruption.

Structure

The focus group discussion is split into sections:

- *Introduction*: Explanation of the aims and objectives of the focus group.
- *Focus group discussion*: People, places and things that influence injecting drug use behaviours

The focus group discussion should take around 1½ hours to complete.

Resources

You will need:

- 1 facilitator (1 note-taker is optional)
- Tape recorder, tapes, and spare batteries
- Consent forms
- Refreshments for participants

INTRODUCTION
<p>Facilitator Instructions: <i>After all of the participants have read the consent form, or had it read to them, and they have signed it, invite them to eat. When all are finished, move into your introduction.</i></p> <p>Facilitator Suggested Text:</p> <p>“Thank you for taking the time to come and meet with me today. My name is _____ and I am working with UNODC ROSA on a project that is called “Syringe Access, Use & Disposal in India.”</p> <p>Through this project, I hope to learn new ways to decrease the spread of HIV and hepatitis. Today, I am interested in learning from you about people, places and equipment (works) that influence your injecting drug use. Today, I am especially interested in learning more about all the things that influence where you get your syringes and needles, where you use them, and where you get rid of them.</p> <p>I do not know _____ (neighbourhood, area) that well and your knowledge is very helpful to me. (Researcher: it is very important to establish/fake ignorance so that the participants do not assume that you know many of the important details.)</p> <p>I want to be sure to capture all of the valuable information that you share with me and would like to use a tape recorder and to write things down while we are talking so that I do not forget anything.</p> <p>Everything you say is confidential, and no one else will hear the tape besides the people who are working on this project. So, let us begin by introducing ourselves. You can use a nick-name, a fake name or just any name – whatever you feel comfortable with.”</p>

INFLUENCES ON INJECTION PRACTICES		
Facilitator text: “I’d like to learn about the things that influence where, when and how you inject.”		
1.	Please tell me all the geographical PLACES where you inject?	<p>Facilitator instructions: List these on the board or paper and probe for additional items until the participants feel that they have provided an exhaustive list. Write things down exactly as they have mentioned them. Local language and terms are especially important. If you do not understand a particular item, word, place, ask the participants.</p>
Facilitator: After the participants say that the list of places is complete, ask 1a:		
1a.	How do these PLACES influence your injecting practices?	<p>[PROBES]</p> <ul style="list-style-type: none"> • ...in terms of WHEN you inject? • ...in terms of HOW you inject? • ...in terms of WHO you inject with?
1b.	Now, tell me about all the PEOPLE who influence your injecting practices?	<p>Facilitator instructions: Note down all the people mentioned in a new list.</p>
Facilitator: After the participants say that the list of people is complete, ask 2a:		
2a.	How do these PEOPLE influence your injecting practices?	<p>[PROBES]</p> <ul style="list-style-type: none"> • ...in terms of WHEN you inject? • ...in terms of HOW you inject? • ...in terms of WHO you inject with?
2b.	Please tell me all the INJECTING EQUIPMENT that influences your injecting practices?	<p>Facilitator instructions: Note down all of the people mentioned in a new list.</p>

Contd...

INFLUENCES ON INJECTION PRACTICES

Facilitator: After the participants say that the list of equipment is complete, ask 3a- 3c:

3a.	Where do you get all this injecting equipment?	<p>[PROBES]</p> <ul style="list-style-type: none"> • ... Do you get it FREE? • ...HOW MUCH do you pay? • ...DOES THIS VARY at different times of the day/week? • ...WHY DO YOU PREFER this type of item?
3b.	What if you cannot find this injecting equipment at your usual source?	<p>[PROBES]</p> <ul style="list-style-type: none"> • ...WHERE do you go instead? • ...HOW does this influence your injecting?
3c.	What do you do with the injecting equipment once it is used?	<p>[PROBES]</p> <ul style="list-style-type: none"> • WHERE do you dispose of it? • WHEN do you dispose of it? • HOW do you dispose of it?

Appendix D: DU Check List

DRUG USE OBSERVATION CHECK LIST			
Observer's initials:			
Date of observation:		Day	Month
Year			
WHERE - general description of area Location: Layout - Proximity to landmarks - Nearest junction	PROXIMITY - description of the surrounding area Proximity of: TI - outreach location where needles and syringes are distributed - pharmacy/medical shop - common injecting location - police presence - other areas		
WHO - description of who is present in the location Sex - Age	WHAT - what is happening? Activities - drugs being used		
EQUIPMENT - what equipment is present? (Syringes, cookers, cotton, rinse water, etc.), quantity, where it was obtained, cost, condition (i.e., new or used) and who controls it:	PREPARE - how are the drugs being prepared? Mixing (i.e., equipment used) - water: where from? - cooker: source, condition, use, reuse - multi-person use of cooker? - heating/cooking of drugs: do users squirt back into cookers?		

Contd...

