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INJECTING DRUG MISUSE IN INDIA: AN ANALYSIS OF NATIONAL INITIATIVES TO COMBAT AND CONTROL INJECTING DRUGS

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ABSTRACT

The issue of drug abuse is a critical global concern, with considerable social, economic, and health ramifications. The prevalence of injecting drug usage in India is extremely concerning, requiring extensive national regulatory interventions to tackle this crisis. The prevalence of intravenous drug addiction constitutes a major public health issue in India. It presents difficulties not only for the individuals immediately affected but also for society as a whole. A report by the Ministry of Social Justice and Empowerment (2019) indicates that roughly 2.8 percent of the population engages in substance use, with a notable segment employing inject able narcotics. This article analyzes the prevailing national control measures aimed at addressing this issue and reviews existing literature to furnish a comprehensive understanding of India's efforts and challenges. Additionally, it offers insights into implemented strategies and presents recommendations for future actions.

Keywords: Intravenous Drug Use, National Initiatives, Health, Substance Abuse, Policies, Programs.

INTRODUCTION

India's geographical position renders it a desirable transshipment hub for narcotics destined for Europe, Africa, Southeast Asia, and North America. The trafficking of heroin from Afghanistan and Pakistan continues to be a significant issue for India. Evidence indicates that opium poppy is cultivated illegally in India, particularly in the northern and eastern regions. India produces both organic and synthetic legal opiates and psychotropic medications. The pharmaceutical products and precursor substances are susceptible to diversion for unlawful purposes. India remains the primary source of illicit synthetic narcotics. Consequently, the issue of intravenous drug misuse in India is pervasive. Before comprehending the depth and magnitude of the issue, it is essential to define who constitutes an injecting drug user in medical terminology. Various definitions have been employed to identify an IDU. In India, for programmatic purposes, the Department of AIDS Control defines an Injecting Drug User (IDU) as an individual "who has utilized any psychoactive substance via injection for non-medical purposes at least once in the preceding three months" (Rao, 2014). The current estimated population of IDUs in India is 200,000, and the prevalence of HIV among this demographic has risen compared to previous years. The HIV prevalence among intravenous drug users is 9.2 percent, the highest among all population groups. Recent clusters of IDU-HIV have arisen in the country. These encompass states including Punjab, Haryana, Madhya Pradesh, Odisha, and Bihar. Regrettably, several states/sites exhibit elevated HIV prevalence among intravenous drug users in Punjab, Orissa, and Bihar, as reported by NACO in 2012.

In addition to being potential sufferers and transmitters of HIV, injecting drug users in India also experience a range of medical, psychological, and social issues. Their health status is predominantly unfavorable. Anemia, weight reduction, and diminished appetite are prevalent

among all substance users. Excessive drug use significantly undermines the immune system, rendering the user susceptible to various medical ailments. Ulcers, abscesses, cellulites, and thrombophlebitis are commonly observed due to improper injection techniques. A significant number are undernourished, and a considerable portion has suffered from drug overdose. A greater proportion of IDUs originates from lower socio-economic backgrounds, with a significant majority possessing inadequate education, employed in precarious situations, or facing elevated unemployment rates. Severe estrangement is another stark reality for intravenous drug users. Society typically disparages them, and at times, even medical professionals have failed to demonstrate the necessary sensitivity (Kumar, 2005).

Injecting practices vary across different regions of India. In the North-East region, the primary injecting practices involve heroin or D-propoxyphene. In many regions of the country, the injection of pharmaceutical opiates, including buprenorphine and pentazocine (sometimes in conjunction with other sedatives), is frequently documented (Ambekar, 2014). Furthermore, it has been shown that not all intravenous drug users in India report daily injecting. A recent study conducted across 22 sites in 11 states revealed that 43 percent of the 1,000 interviewed intravenous drug users (IDUs) claimed daily injection, while 53 percent identified as non-daily injectors. There was variability in the selection of medications for injection. Approximately 36 percent identified heroin as the predominant substance injected, while around 28 percent, 20 percent, and 16 percent reported injecting buprenorphine, pentazocine, and dextropropoxyphene, respectively (Ambekar, 2012).

There are two perspectives on addressing injecting drug users: "harm reduction" and "abstinence only." The harm reduction method aims to encourage substance abusers to engage in safer drug use by providing clean needles and syringes to prevent sharing or using contaminated equipment, as well as offering oral buprenorphine tablets to substitute for heroin injections and facilitate the oral consumption of methadone, among other measures. The abstinence-only strategy posits that total abstention from drug use is the sole method to avoid drug-related HIV transmission. In India, the Ministry of Social Justice and Empowerment has adhered to a 'abstinence only' policy, although the Ministry of Health and Family Welfare and the National AIDS Control Organization (NACO) have advocated for 'harm reduction'. Over 280 targeted interventions (TIs) are dedicated to injecting drug users (IDUs), addressing more than 80 percent of the IDU population in the country. Opioid substitution treatment (OST) is a crucial component of HIV prevention and the mitigation of associated consequences among intravenous drug users (IDUs). Presently, over 150 OST facilities exist across the country, serving around 15,000 IDUs (Rao, 2014).

LITERATURE REVIEW

A study by **Ambekar et al. (2019)** emphasized the rising incidence and patterns of drug use in India, especially among the youth. The study highlighted the necessity for focused interventions aimed at young individuals to mitigate this escalating trend.

Mohan et al. (2018) examined the socioeconomic characteristics influencing drug usage in India. The research identified poverty, unemployment, and inadequate education as substantial factors, prompting policymakers to tackle these fundamental issues.

Health Implications: A thorough investigation **by Singh and Gupta (2020)** investigated the health repercussions of intravenous drug use, encompassing the transmission of HIV and hepatitis. The research advocated for enhanced healthcare infrastructure and harm reduction measures to alleviate these consequences.

Government measures: Sharma (2017) indicates that the Indian government has enacted many measures, including the National Action Plan for Drug Demand Reduction (NAPDDR), which seeks to mitigate substance misuse through awareness, education, and rehabilitation programs.

Effectiveness of Rehabilitation Programs: A study conducted by **Patel et al. (2019)** assessed the efficacy of rehabilitation institutes in India. The findings indicated that although these programs are advantageous, there is a necessity for more holistic strategies that incorporate follow-up care and community assistance.

Bhatia (2018) emphasized the vital function of Non-Governmental Organizations (NGOs) in combating drug misuse in India. The study observed that NGOs frequently address deficiencies in official programs by providing vital services, including counseling and outreach initiatives.

Community Engagement: Research conducted by **Iyer and Rao (2019)** highlighted the significance of community engagement in addressing drug misuse. Community-based interventions were determined to be more effective in fostering sustainable change.

Educational Initiatives: Khan (2020) indicates that programs designed to prevent drug abuse have demonstrated encouraging outcomes. The study advocated for the integration of drug education into educational curricula to enhance awareness among youth.

Policy Challenges: Desai and Patel (2021) examined the obstacles encountered in the implementation of drug control strategies in India. Inadequate financing and bureaucratic difficulties were highlighted as key impediments.

International Collaborations: Verma (2019) examined the advantages of global partnerships in addressing substance misuse. The report emphasized effective collaborations with nations such as the United States and Australia, which have contributed to the improvement of India's drug control measures.

Research Methodology and Objectives the Study

The principal aim of this study is to examine the national measures in India to tackle the problem of injecting drug usage. The technique utilized is predominantly based on secondary data sources, such as government reports, academic papers, and international studies. Through the analysis of various sources, the study intends to:

1. Assess the present situation of intravenous drug addiction in India.
2. Assess the efficacy of current national efforts.
3. Propose pragmatic strategies to improve the combat against intravenous drug misuse.

The research utilizes publications from the Ministry of Social Justice and Empowerment's "National Survey on Extent and Pattern of Substance Use in India" and data from entities such as the United Nations Office on Drugs and Crime (UNODC). These sources offer a thorough analysis of the extent and attributes of substance usage in India. India has enacted various steps to mitigate the epidemic of injecting drug use. These initiatives are comprehensive, emphasizing prevention, treatment, and rehabilitation.

The National Drug Demand Reduction Program (NDDRP) is a fundamental initiative. This strategy aims to diminish drug demand via awareness campaigns, educational activities, and community engagement. It underscores the significance of a comprehensive approach that incorporates families, schools, and communities in preventative measures

The government has developed many treatment and rehabilitation clinics nationwide. These clinics seek to deliver holistic care, encompassing medical treatment, psychological assistance, and vocational training, to facilitate persons' recovery from addiction and their reintegration into society.

Harm reduction methods: including needle exchange programs and opioid substitution therapy, are essential elements of the national response. These programs seek to mitigate the health risks linked to intravenous drug use, including the transmission of HIV and other infectious diseases. A report by the National AIDS Control Organization (NACO) indicates that needle exchange programs have markedly decreased HIV transmission rates among injecting drug users in urban settings.

National initiative for drug demand reduction and damage mitigation:

- **Government Opioid Substitution Therapy (OST) centers**: In recent years, injecting drug users have been identified as a high-risk population with one of the highest rates of HIV prevalence. The National AIDS Control Program (NACP) initiates harm reduction strategies, including needle and syringe exchange and Opioid Substitution Therapy (OST), to address this critical health concern. In the third phase of the NACP, OST has been incorporated into the entire array of services for this population. Currently, 213 OST clinics are delivering services to injecting drug addicts throughout India. Sublingual Buprenorphine has been administered in OST Centers for the treatment of intravenous drug users, overseen by Medical Officers and provided by staff nurses during clients' daily visits to the site. Additional services available include counseling, testing, peer education, support groups, and testing services.
- **The National Drug Dependence and Treatment Centre (NDDTC)** at Ghaziabad, AIIMS, serves as the premier institution for the treatment of drug and substance use disorders in the nation. It offers a cutting-edge model for addiction therapy. The Centre boasts a highly skilled, multidisciplinary faculty, including medical doctors and pre-clinical scientists. Social scientists, research personnel, nursing staff, laboratory personnel, and administrative staff deliver various modalities of treatment, with clinical services offered in outpatient, inpatient settings, and community clinics. Treatment is accessible for disorders associated with the use of various substances, including alcohol, opium, cannabis, and tobacco. NDDTC also offers services for the treatment of behavioral addictions, encompassing both pharmacological (medication-based) and non-pharmacological (psychological and social) interventions. NDDTC oversaw OST treatment services nationwide for the management of infected drug users. The Centre has participated in:
- Evaluating the extent of the addiction issue in the nation by delivering clinical treatment to outpatients, inpatients, and the communities through daily outpatient departments, specialty clinics, wards, and primary health care clinics.
- Health education and prevention of addiction disorders nationwide.
- Capacity enhancement and human resource development, encompassing training of the staff which includes doctors, nurses, lab attendants, technicians, counselors, ward boys etc.
- Documentation and dissemination of resource materials to database construction are also significantly created for future and current research.

- Apart from this, the area of establishment of advance laboratory services for the detection of substances abuse in biological fluids and assessment of health impairment. Joint research is carried out with domestic and global organizations.
- Policy formulation and strategic planning
- Enhancement of capabili**ties** through Oral Substitution Treatments (OST) utilizing oral morphine, buprenorphine combined with naloxone, and methadone. The National Policy on Narcotic Drugs and Psychotropic Substances is founded on three principal components: supply reduction, demand reduction, and harm reduction. Supply reduction entails the eradication of drug trafficking, illicit drug production or manufacturing, and cultivation by law enforcement authorities, pursuant to the Narcotic and Psychotropic Substance Control Act of 1988. Conversely, drug demand reduction encompasses two integral components: the treatment of drug abusers and societal awareness regarding the prevention, dangers of addiction, and the rehabilitation of individuals post-treatment. The Ministry of Health and Family Welfare operates 100 de-addiction facilities in government hospitals nationwide, while the Ministry of Social Justice and Empowerment implements a program for the prevention of prohibition and drug abuse. Currently, the Indian government is extending financial assistance to 361 non-governmental organizations (NGOs) under the initiative. The government additionally allocates support to 376 de-addiction and rehabilitation clinics for continued treatment, awareness, training, and development. Some drug users, particularly those who inject, are unable to sustain long-term sobriety; hence, a harm reduction method is widely employed for these individuals. Injecting drug users consequently hurt themselves in two ways: through drug use and infection. The harm reduction strategy aims to encourage substance abusers to consume drugs safely by providing clean needles and syringes to prevent sharing or using contaminated ones, as well as oral tablets of buprenorphine or methadone for their treatment. These three primary approaches to drug misuse prevention are regulated and updated by governmental and non-governmental organizations nationwide.

National Initiatives for Supply Reduction:

The Narcotic Control Bureau (NCB): The Narcotic Drugs and Psychotropic Substances Act of 1985, effective from November 14, 1985, established a central authority to exercise governmental powers and functions. This authority is responsible for coordinating actions among offices, state governments, and other entities under the NDPS Act, Customs Act, Drugs and Cosmetics Act, and any other applicable laws concerning the enforcement provisions of the NDPS Act, 1985. The NCB mandates the adoption of countermeasures against illegal trafficking in accordance with numerous international treaties and protocols currently in effect or that India may ratify or accede to in the future. It engages relevant authorities in other nations and pertinent international organizations to promote coordination and collective action for the prevention and repression of illicit trafficking in certain drugs and substances. The principal counter-narcotics focal points of the NCB in India are:

1. Monitoring and regulation of entry points and terrestrial boundaries.
2. Preventive and interdiction initiatives along established drug corridors
3. Regulatory measures for export locations, including air passenger terminals, cargo terminals, and international post offices.
4. Enhanced coordination among the several drug law enforcement agencies.

National initiatives for the treatment of co-morbid infections among injecting drug users:

The National AIDS Control Organization (NACO) is a branch of the Ministry of Health and Family Welfare that leads the HIV/AIDS control program in India through 35 HIV/AIDS Prevention and Control Societies. In 1992, India started its inaugural National AIDD Control Program (1992-1999), and the National AIDS Control Organization (NACO) was established to execute the program. The National AIDS Control Society is currently concentrating on high-risk populations for the purposes of prevention, diagnosis, treatment, and harm reduction, delivering these services through integrated counseling and testing facilities, Target Interventions (TIs), and Antiretroviral Therapy (ART) centers. Injecting Drug Users (IDUs) represent a significant high-risk group with the potential to contract and transmit HIV. The present sero-prevalence of HIV among intravenous drug users is 6.96 percent. Intravenous drug users are at heightened risk of HIV due to both risky injection techniques and sexual behaviors. Unsafe injection practices encompass the sharing of needles, syringes, and other accessories. The strategy implemented in NACP to minimize HIV transmission among IDUs is 'Harm Reduction.' The harm reduction method encompasses needle syringe exchange programs (NSEP), behavior change communication (BCC), outreach services, condom promotion, and replacement therapy. Opioid Substitution Therapy (OST) is a widely recognized treatment approach for harm reduction among intravenous drug users (IDUs). OST has demonstrated efficacy in multiple global studies in decreasing the incidence of HIV and associated risk behaviors among injection drug users (IDUs). OST is accessible in multiple regions globally. The two most often utilized opioid drugs for opioid substitution therapy (OST) are Buprenorphine and Methadone, both of which have demonstrated efficacy in HIV prevention. Buprenorphine surpasses Methadone as it is a partial agonist, hence mitigating the risk of respiratory depression in cases of overdose. Buprenorphine is classified as a schedule drug and categorized as a 'psychotropic substance' under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, hence regulating its manufacturing, distribution, sale, and consumption, similar to other opioids. The NDPS Act includes provisions for the establishment of treatment or de-addiction clinics by the Government and permits the use of psychotropic chemicals, such as Buprenorphine, for medical and scientific purposes to treat 'addicts.'

The Target Intervention Program (TIs) : aims to mitigate the proliferation of HIV/AIDS through the implementation of the National AIDS Control Program (NACP) by the Indian government, which is fully funded to provide prevention, care, support, and treatment for at-risk populations. The initiative effectively decreased the projected yearly incidence of new HIV infections in adults by 57 percent over the past decade using multiple interventions. There are two primary types of interventions available for high-risk groups: preventative services and care, support, and treatment. Targeted Interventions (TI) in preventative programs focus on high-risk groups and bridging populations, including female sex workers, men who have sex with men (MSM), transgender individuals, injecting drug users (IDU), truckers, and migrants. Targeted Interventions (TI) offer assistance to high-risk groups through needle-syringe exchange programs (NSEP), Opioid Substitution Therapy (OST), condom promotion, Information, Education and Communication (IEC), and Behavior Change Communication via mass media campaigns, wall writings, the Red Ribbon Express, and workplace interventions. Currently, approximately 1500 interventions are delivering care, support, and treatment services to high-risk populations nationwide through drop-in centers (DIC), outreach service delivery models, laboratory services for CD4 testing, viral load testing, early infant diagnosis of HIV in infants and children, connections with ART centers,

nutritional and psychosocial support via community and support centers, and HIV-TB coordination, including cross-referral, detection, and treatment of co-infections.

The Ministry of Health and Family Welfare (MoHFW) has just initiated the 'National Viral Hepatitis Control Program' aimed at eradicating viral hepatitis as a public health issue by 2030 in the country. The objective of the program is to diminish morbidity and death associated with viral hepatitis. The primary strategies encompass preventive and promotive interventions emphasizing awareness generation, safe injection practices, socio-cultural practices, sanitation and hygiene, provision of safe drinking water, infection control and immunization, coordination and collaboration among various Ministries and departments, and enhancing access to testing and management of viral hepatitis. Facilitating diagnosis and offering treatment assistance for hepatitis B and C patients through standardized testing and management techniques, emphasizing the treatment of these conditions. A fundamental objective of this program is to enhance capacity at the national, state, district, and sub-district levels, extending to primary health centers (PHC) and health and wellness centers, enabling the program to be incrementally scaled to the most basic health care facilities. (Press Information Bureau, July 28, 2018).

National Research and Training Institutions for Substance Abuse Prevention and Treatment

The National Institute of Social Defense (NISD) serves as the principal teaching and research institution in the domain of social defense. This institute is presently concentrating on human resource development in the domains of drug abuse prevention, senior citizen welfare, beggary prevention, transgender concerns, and other social defense matters. It serves as a principal advisory entity for the Ministry of Social Justice and Empowerment, Government of India, and functions as a center of excellence for research and training in social defense. NISD coordinates with government organizations at the state, national, and international levels to implement preventive, curative, and rehabilitative tools, programs, and policies in social defense. It also engages in research, training, consultancy, documentation, and publication within this domain.

Vision of NISD: Cultivating public awareness on issues affecting marginalized groups, especially the elderly and individuals suffering from substance use disorders.

Objective of NISD: Augment the capabilities of service providers and broaden the sharing of knowledge regarding elder care, substance abuse victims, and other social defense matters through training, research, and documentation.

Objectives1: Evaluate the policies and programs related to social defense and anticipate potential issues in this domain.

Objectives 2: Formulate preventive, therapeutic, and rehabilitative policies in the domain of social defense.

Objectives 3: Identify and formulate the tools for achieving the aims of social policies.

Objectives 4: Assess and analyze the execution of social defense policies and initiatives.

Objectives 5: Foster and advocate for voluntary initiatives in social defense.(National Institute of Social Defense, 2018).

Government funding for drug misuse prevention and treatment initiatives: The Ministry of Social Justice and Empowerment has allocated financial aid to select de-addiction and rehabilitation centers that demonstrate effective performance, operated by both

non-governmental and state entities, in accordance with the guidelines established by the ministry and the National Institute of Social Defence.

Social Work Practice with Injecting Drug Users in India: Social work professionals are engaged at all levels, from policy formulation to client outreach in India. More than 800 social workers are engaged in NACP III as program officers and technical officers with NACO, capacity building officers at 15 state training resource centers, technical officers in 11 technical support units, as well as district managers, supervisors, counselors, and outreach personnel with 268 NGOs across diverse environments. Social workers offer individual and family therapy, along with referral services in occupational, educational, legal, and health domains. Numerous requirements pertain to working with IDUs; the initial three necessitate a commitment to self-determination and approaches that augment the client's autonomy in decision-making, as well as educating the IDUs and their families on the numerous facets of injection and its effects on quality of life. Injecting drug users possess limited knowledge on the bio-social and physical consequences of injection. A practitioner-initiated educational focus assists the client in redefining the problem and accelerates the recovery process.

Recommendations and Suggestions: Despite these initiatives, obstacles persist in comprehensively tackling the problem of injecting drug usage in India. Following the research, multiple ideas may be proposed to improve current initiatives:

1. **Enhancing Community Engagement** :Community Centric Strategies engagement must be paramount in addressing substance misuse. Initiatives must prioritize educating communities of the perils of drug use and providing them with resources to assist impacted individuals.
2. **Community-based programs:** can connect afflicted persons with relevant resources, promoting a supportive atmosphere for recovery.
3. **Enhancing Accessibility to Treatment**: Although treatment facilities are available, access is still restricted, especially in rural regions. Expanding the network of treatment centers while ensuring they are sufficiently staffed and financed. Mobile treatment units may be implemented to cover rural regions, guaranteeing assistance is available to all those in need.
4. **Enhancing data collecting and research**: is crucial for comprehending the changing trends of drug use. Implementing a comprehensive system for monitoring and analyzing the efficacy of current programs will empower policymakers to make informed decisions and adjust policies as necessary. This strategy must encompass partnerships with academic institutions and international organizations to utilize global expertise and resources.
5. **Advocating for Public-Private Partnerships**: Involving the private sector in combating drug abuse can yield supplementary resources and novel strategies. Public-private partnerships can enhance awareness campaigns, finance treatment programs, and promote the advancement of innovative technologies for the monitoring and treatment of drug addiction.

Conclusion:

Tackling injecting drug abuse in India necessitates a unified effort from governmental bodies, non-governmental organizations, communities, and individuals. By enhancing current measures and executing the proposed strategies, India can achieve substantial progress in addressing this vital public health concern. A

coordinated strategy can diminish the incidence of injecting drug use and enhance the welfare of impacted individuals and communities.

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