Identifying quality-of-life priorities for People Who Inject Drugs

Findings from the Hridaya baseline study in three Indian states

Background

The Government of India currently estimates that there are 200,000 People Who Inject Drugs (PWID or IDUs) in India (NACO, 2010). Some studies indicate the numbers could be much higher. Surveillance shows HIV prevalence among PWID at 9.2% (NACO, 2010). Drug use often leads to poor health, social isolation, discrimination and poverty, factors that further compromise quality of life. India HIV/AIDS Alliance conducted a baseline with PWID in three states (Delhi, Manipur and Haryana) on drug use and behaviour patterns, as part of the Hridaya project, the India component of the five-country, Dutch government-funded Community Action on Harm Reduction program.

Methods

A cross sectional survey was conducted in three states. 183 PWID respondents were selected through systematic random sampling using client information made available by partner NGOs at selected sites. Data were analyzed using SPSS software.

Results

• The mean age of the respondent was 34 in Delhi and Sonipat (Haryana) and 28 in Imphal (Manipur).
• 59% of respondents in Delhi were uneducated, whereas a similar percentage in Imphal were educated up to high school or more.
• The majority of PWID were economically dissatisfied. For livelihood, a majority in Delhi (56%) were rag pickers, daily labourers or hawkers. In Imphal, more than one-fourth were unemployed.
• 20% of respondents said that their basic needs are not met, either partially or fully (See Graph 1).
• Anxiety and depression were acknowledged among PWID (77%) in all the three sites.
• More than 22% respondents lived on the street or on railway platforms.
• Family support is lacking: 43.7% received only partial support from their families; 29% got no support; and 15.8% had been disowned by their families.
• Respondents felt stigmatized (77% somewhat and 18.6% highly) in a range of contexts (See Graph 2).
• Many reported lack of support from their community. 44.8% did not get support from neighbours or other drug users.
• More than 65.5% of respondents reported negative attitudes by the police and law enforcement agencies.

Conclusions

The Hridaya baseline confirms poor economic conditions and lack of social support compromise quality of life for PWID and contribute to their vulnerability. Focussed advocacy is needed with general community as well as with law enforcement authorities to create an enabling environment. There is a significant need for mental health services and psychosocial support interventions. Building on existing services for PWID supported by the Government of India, Hridaya aims to expand offerings for PWID towards a package of harm reduction services to improve well-being and reduce vulnerability to HIV and other factors. Priority services include a peer and community support system to address stigma.

Acknowledgements

India HIV/AIDS Alliance would like to thank the Ministry of Foreign Affairs, Government of Netherlands for funding Hridaya. Alliance India acknowledges the contributions of the Hridaya teams at SASO, Sharan and Modern Education Society, as well as technical support from International HIV/AIDS Alliance and Alliance Ukraine. A special thanks to the community members who were interviewed for this study.

Contacts

Viswanathan Arumugam: aviswanathan@allianceindia.org
G. Charanjit Sharma: csharma@allianceindia.org

www.allianceindia.org

Poor economic conditions and lack of social support compromise quality of life for PWID and contribute to their vulnerability.