

Visible but unseen: drug users in India

Asked to do a behavioural survey among intravenous drug users (IDUs) in the Indian capital, my first thought was: 'Where am I going to find them?'

But as anyone who cares to look can see, drug users are right before our eyes. You meet them everywhere - outside temples, under flyovers, on the banks of the Yamuna, in the capital's medieval Mughal buildings and so on.

Despite this evidence, people ask questions like 'Do people really inject drugs? Where do they live? Who are they? Why do they matter?'

Drug users are easy to see but hard to reach because they tend to use drugs in places where they will not be reached, either by law enforcement officials or friends and acquaintances who might condemn them for their addiction.

It is the illicit nature of drug use and its associated stigma that pushes these people to the fringes - out of the mainstream gaze.

A group of drug users in [Bhopal](#) said: '(We) mostly consume drugs near very dirty places... on those streets where police (do) not reach easily - from where we run easily. We usually take drugs in (a) narrow pathway - sometimes people beat us... then we search for another place to consume drugs.'

Contrary to popular belief, most drug users are not homeless. A recent study done in 24 cities and villages across India found that 95 percent of them lived at home. Another study in 2005 found that 62 percent of all drug users were employed. It was also found that most drug users were men in the 21-40 year age group.

But drug abuse can seriously affect someone's ability to work. Habitual drug users are likely to lose their jobs and to turn to illegal activities to sustain their habit.

It is clear that drug abuse matters vitally to the addicts and their families. But it also matters to everyone else. It matters because drug users suffer from many illnesses such as abscesses, sexually transmitted infections, hepatitis and HIV/AIDS. A recent study carried out by the UN Office on Drug and Crime (UNODC) found that nearly one-third of all IDUs reported an abscess within the last six months.

Everyone has to bear the economic costs of these illnesses, more so when drug users do not seek treatment on time because of the stigma they face and because they often cannot afford the cost of treatment.

A group of drug users from Mizoram said: '(We) go for treatment at the hospital. But ... (we) sometimes felt that government hospital(s) discriminate (against) drug users ... and use bad language ... If (our) illness is not severe (we) treat (ourselves) at home, especially when we have abscess due to drug injecting. But when the abscess is not cured easily ... (we) go to some NGO for treatment.'

The result is that when finally the treatment is carried out, it is more costly.

Everybody is also at risk of infection spreading from drug users. The spread of HIV, for instance, can take place through injecting and sexual networks. Through an infected IDU, HIV can spread to his (or her) injecting partners.

Sexual networks include people who IDUs have sex with. These could be regular sex partners, occasional sexual partners and female sex workers. A HIV positive IDU could pass on the virus to any of these sexual partners. In the case of female sex workers, HIV can spread to their clients who in turn can pass it on to their wives and through them to their unborn children.

What is the solution? Service providers have been working with IDUs to improve the quality of their lives in many ways and to wean them away from drug abuse in this manner. There are now treatment centres around the country, providing drug users with information.

Another novel approach is peer outreach. Drug users who have recovered go among their friends to provide current drug users with information and services. These outreach workers know where to find the drug users, they understand their issues and are able to serve as role models who prove that recovery is possible.

But the problem is much larger than the current solutions. Right now, prevention programmes reach only about 5 percent of IDUs in India. The immediate need is to reach this population with a comprehensive range of services to drug users and IDUs, in a manner that takes their needs into consideration.

The good news is that recovery is possible. Injecting drug users are able to lead healthy, drug free and productive lives, through simple cost-effective interventions. So this year, as we commemorate June 26 as the International Day against Drug Abuse and Illicit Trafficking, we can promise ourselves that there is no place for drugs in our lives and communities.

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