



A Situation Assessment of Injecting Drug Users in Kathmandu Valley

A Focused Ethnographic Study
(March 2001 – January 2002)

SUMMARY

The number of injecting drug users (IDUs) in Nepal has increased in recent years. Most IDUs start taking drugs due to peer pressure and over the years, progress from smoking cigarettes and Ganja to sniffing brown sugar, taking Phensydyle and oral tablets. IDUs have a diffused network and move from one group to another for injecting drugs. Lack of money, inexperience in preparing and injecting drugs and experiencing less enjoyment when fixing drugs alone compel IDUs to share drugs and syringes. They usually use needles and syringes left in public places and have inadequate ways of cleaning them. Such high-risk taking practices indicate the need for specific intervention programs for IDUs.

WHAT IS THIS STUDY AND WHY WAS IT DONE?

This situation assessment is a rapid qualitative ethnographic research on IDUs of Kathmandu Valley – a subpopulation with a higher prevalence of HIV infections. The study explores and documents the systematic data on the locations, situations, and behaviors of IDUs in the area intended to complement information from the behavioral surveillance survey (BSS). Contextual information regarding locations of drug use, the types of people involved in those settings and the various patterns of interactive characteristics in these locations are analyzed.

METHODS

Qualitative ethnographic tools were employed in the study. The main ethnographic tools used are:

Interaction with Line Agencies: Several organizations working with drug users including NGOs, INGOs, the Social Welfare Council, the NGO section of the Kathmandu Chief District Office and a number of individuals were contacted to get a first hand knowledge about IDUs.

Social Mapping: With the help of NGO personnel working with targeted groups and key informants, locations and concentrations of IDUs in the Kathmandu Valley were mapped out.

Key Informant Interview: Approximately 70 informal interviews with key informant IDUs were conducted simultaneously with the mapping exercise. These interviews focused on information about drugs, locations, size of IDUs, source of drugs and drug dealing sites.

Free Listing: A free-listing exercise was conducted with 35 drug users (10 non-injecting and 25 injecting). Various questions were asked to list out general as well as health-related problems of IDUs, different types of drugs used, injecting places and the characteristics of drug users.

Pile Sorting: Pile sorting was done with key informants in 20 selected drugs that were identified in the free list exercise.

Rating: Ratings were gathered in a more systematic way, using a set of items selected from the free listing to obtain data concerning drug users' perception of the relative seriousness of their problems, relative difficulty in obtaining various drugs, preference of drugs and source of condoms.

In-depth Case Study: Altogether 42 in-depth case studies with IDUs (38 male and four female) were conducted. These interviews provided extended narratives and descriptions of complex events, actions, and behaviors, along with the attitudes and information connected with them.

Drug Users' Networking: A total of 29 IDUs (26 male and three female) were interviewed in-depth for exploring the extent and types of networks for injecting, needle-sharing and related behaviors.

MAJOR FINDINGS

- Number of IDUs and their concentration areas identified from mapping. As per social mapping, there are 2138 IDUs (2050 male and 88 female) in Kathmandu Valley. Altogether 92 major locations (Kathmandu-46, Lalitpur-28 and Bhaktapur-18) have been identified as concentration areas of IDUs (place for injecting drugs).
- Smoking cigarettes and Ganja triggers drug use. Most IDUs mentioned that they started taking drugs through peer pressure or bad company. They started with cigarette or Ganja smoking and progressed to sniffing brown sugar, taking Phensydyle and oral tablets.
- IDUs inject in more than one group. Most IDUs switch groups for injecting. Often they inject in their own group in the morning and move to another group in the evening. The group size ranges from 3-15 members.
- There are multiple reasons for sharing syringes. Lack of money, inexperience in preparing and injecting drugs and less enjoyment when fixing drugs alone are the main reasons that IDUs share drugs and syringes.
- IDUs clean syringes inadequately. IDUs, clean syringes with water collected in containers (varying from plastic bags, bottle lids or covers, drinking glasses) to spit collected on palms, hand or tongue. Some clean the syringe by using urine collected in palm or plastic bags, bleach powder or distilled water, burning needle with matchstick and boiling syringes in water.
- IDUs face wide range of problems. The top five social problems faced by IDUs are "police arrest/beat", "problem of money", "neglect by society", "ask for money by police/snatch" and "scolded at home". The top five health related problems faced by IDUs are "abdominal pain", "HIV/AIDS", "insomnia", "pain in limbs" and "flow of tears".
- Most IDUs demonstrate a risky sexual behavior. IDUs who have been taking drugs for a long time are less interested in sex as their concentration is always fixed on drugs. However, a significant number of them indulge in sex with wives and girl friends, and occasionally with sex workers. Use of condoms is infrequent during such sexual contacts.



PROGRAM IMPLICATIONS

- The diffused network of IDUs and the relative instability of their groups continue to pose problems to HIV prevention and control programs in the valley. The injecting behavior in a group is highly risk-taking, and sterilization or cleaning practices are inadequate. These are matters of serious concern for intervention programs.
- Harm reduction programs that cover a wider target audience and program areas will be a positive step towards preventing HIV transmission among and by IDUs.

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