



RAPID SITUATION ASSESSMENTS

of HIV prevalence and risk factors among people
injecting drugs in four cities of the Punjab.

Mandi Bahauddin . Rawalpindi . Gujranwala . Sheikhpura

October 2009



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Department of Health
Government of Punjab
Pakistan

Nai Zindagi is contracted by the Punjab AIDS Control Program with support from the World Bank to prevent the transmission of HIV among people injecting drugs in 12 cities of the Punjab. Comprehensive HIV prevention and harm reduction services have been established in the four cities of Lahore, Sargodha, Faisalabad and Sialkot.

To initiate services in the additional four cities of Mandi Bahauddin, Rawalpindi, Gujranwala and Sheikhupura this situation assessment will establish baseline data for program monitoring and evaluation.

The assessment also provides contextual information for program design, planning and implementation of comprehensive needs based HIV prevention services in the 4 cities..

It compliments the collection of National data on injecting drug use and HIV in Pakistan. This will help inform policy makers and other stake holders to increase advocacy for an expanded response to the prevention of HIV among people injecting drugs in Pakistan.

We are thankful to all study participants who in spite of their difficult circumstances, ill health and a stigmatized status actively and openly contributed to this study.

This publication has been produced with assistance and support of the Punjab AIDS Control Program, Department of Health, Government of Punjab. The views expressed herein are those of Nai Zindagi and can therefore in no way be taken to reflect the official opinion of the Punjab AIDS Control Program.

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Photographs courtesy of Mr Shahid Ranjha and Tariq Zafar.

Designed at Nai Zindagi, Pakistan.

EXECUTIVE SUMMARY



This assessment of HIV prevalence among people injecting drugs in the four cities of Mandi Bahauddin, Rawalpindi, Gujranwala and Sheikhupura was conducted in September-October 2009.

This assessment includes city wise mapping for estimates of people injecting drugs, estimates of HIV prevalence among people injecting drugs through provision of VCT services (confirmation of reactive samples in the Public sector laboratories) and collection of relevant data.

It is estimated that a total number of 2,246 persons inject drugs in the 4 cities of which 1200 (approximately 50%) were part of this assessment.

The highest (53%) HIV prevalence was in the city of Mandi Bahauddin where a majority (93%) inject 'marfia' (a morphine based locally fabricated tablet).

This is the first time ever that a city has such a high prevalence of HIV among people injecting drugs in Pakistan and where such a large proportion use a drug (marfia) not recorded in significant numbers ever before.

Mandi Bahauddin also has the highest (37%) proportion of estimated numbers of persons injecting drugs the four cities, the highest (55.3%) percentage of married respondents and the oldest injecting practices.

In Rawalpindi where a majority (99%) inject heroin, HIV prevalence was 23% where as in 2007 it was 2.3% according to the National RTI study.

An increase has also been seen in Gujranwala where in 2006/2007 HIV prevalence was 1% according to HASP Round II and 8% in this assessment. HIV prevalence in Sheikhupura was 21%. In both these cities over 80% of the respondents inject cocktails of Buprenorphine with Avil and Diazepam.

This sudden increase in HIV prevalence can be attributed to high levels (above 70%) of sharing of contaminated syringes and needles due to lack of HIV related information and the absence of HIV prevention services.



The trend in all 4 cities shows that a higher number of young people (18-24 years of age) inject and in Mandi Bahauddin 64% of the HIV positive persons injecting drugs were between 18-24 years of age.

A majority of the respondents belonged to their respective cities except Rawalpindi which is the only city with a street scene (where people injecting drugs use and live on the streets).

In the other cities a majority lived at home with their wives, children and or family and used the streets only to score and or use drugs.

A majority were illiterate and unskilled generating income from daily wage labor adequate to support their drug use.

With the exception of Rawalpindi, almost half of the respondents from the other 3 cities were married and lived at home with their wives and children.

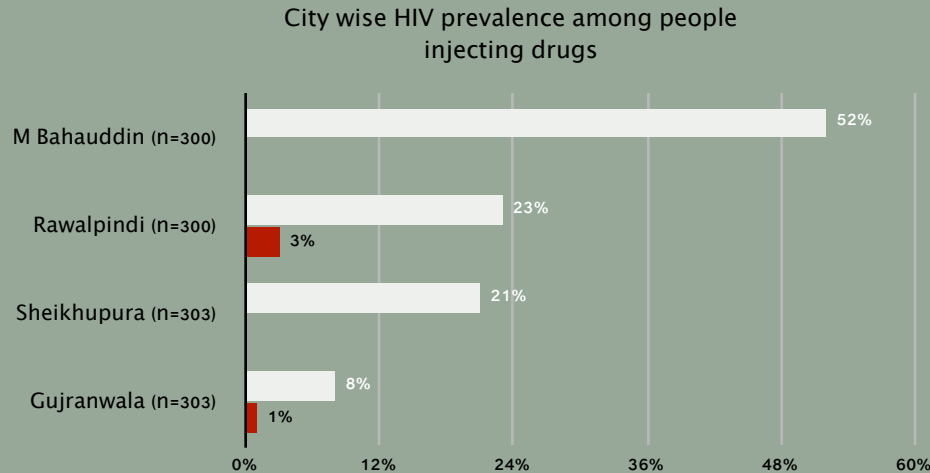
Ninety-one percent of the respondents admitted having had sex and a majority (82%) of the married respondents admitted having had sex with their regular female partner (their wives). Considering that 68% of all respondents who had sex never used

a condom, there is a clear possibility of transmission of HIV from people injecting drugs to their wives, and from infected mothers to their children.

An alarmingly high percentage (19.5%) of the respondents initiated injecting below 18 years of age in the 4 cities. This shows a trend towards an early shift to injecting from oral use of illicit substances. The main reason for this shift is peer pressure and is consistent with information collected in earlier studies.

Seventy percent of the persons injecting drugs are sharing used syringes in the 4 cities which is the main reason for transmission of HIV in this group at risk. In cities where HIV prevention services and NSEP exist sharing is much lower and over 88% reported having used a new syringe in their last injection (HASP Round III 2008).

HIV PREVALENCE among street based persons injecting drugs in the four cities



RAPID INCREASE IN HIV PREVALENCE AMONG PEOPLE INJECTING DRUGS ACROSS CITIES DUE TO HIGH LEVELS OF NEEDLE AND SYRINGE SHARING IN THE ABSENCE OF HIV PREVENTION SERVICES

Based on the results of mapping a sampling frame was developed to ensure a geographical coverage of the entire city. A uniform sample size of 300 study participants was derived to get adequate statistical power for each city.

Study participants were randomly recruited from the estimated number of persons injecting drugs to obtain a representative sample. To participate in the study the respondents currently injecting drugs were required to be 18 years of age or above.

Standard protocols were followed to ensure and maintain confidentiality of all respondents. The ethical conduct of this study was approved by the Institutional Review Board (IRB) of Nai Zindagi affiliated with the Department of Health and Human Services (DHHS) of the US Government.

Particular care was exercised and protocols were followed during blood sampling and collection. All participants were provided monetary compensation for their time and travel to the study sites in addition to clean syringes, condoms and social supplies.

All participants were provided VCT and on the spot testing was carried out on Rapid Test Kits (Determine - Abbot).

Reactive samples were transported for confirmation through ELISA tests to the Institute of Public Health, Lahore; Referral Laboratory of the NACP, Islamabad and DHQ Hospital, Sargodha.

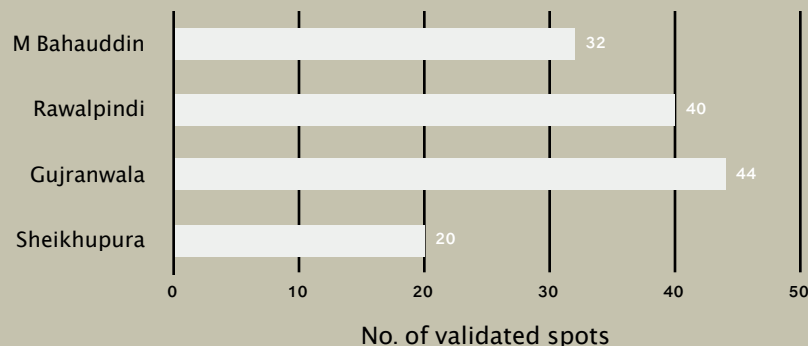
A total number of 1206 persons injecting drugs were tested of which 314 were HIV positive. The overall prevalence in the 4 cities was 26%.

The bars in red indicate already recorded HIV prevalence among street based persons injecting drugs.

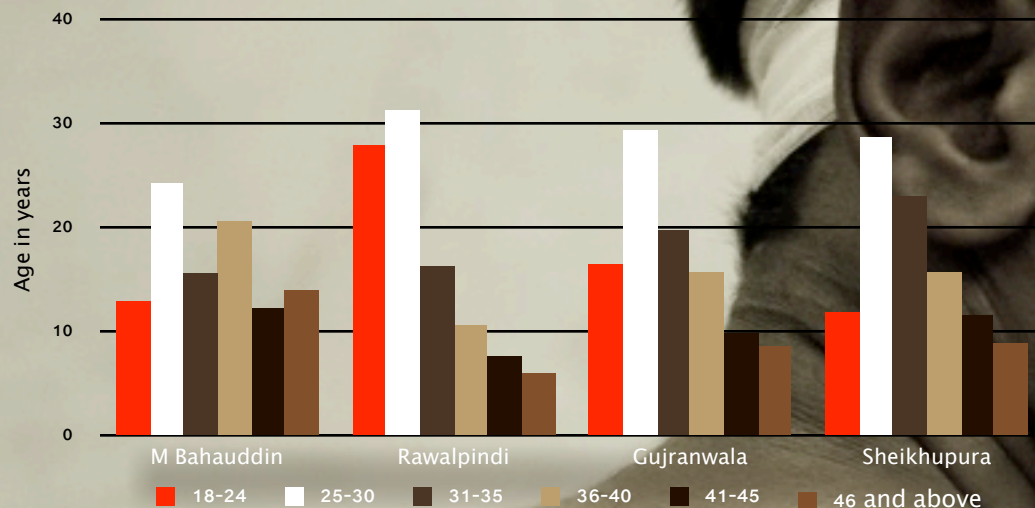
- Rawalpindi: 2.7% HIV prevalence in 2007 (National RTI study)
- Gujranwala: 1% HIV prevalence in 2006/2007 (HASP Round II)

ESTIMATES of street based persons injecting drugs in the four cities

The mapping was based on methodology developed by the Canada-Pakistan HIV and AIDS Surveillance Project (HASP) with adaptations specific to our mapping needs. Interviews were conducted with secondary and tertiary key informants to identify sites of injecting drug use in each city. These sites were validated with primary key informants (people injecting/using drugs). The following are the number of spots were validated in the respective cities and the estimates of street based persons injecting drugs:



AGE of respondents



Rawalpindi has an alarmingly high number (28%) of persons injecting drugs in the 18-24 years of age bracket.

In Mandi Bahauddin among the 18-24 years age bracket 64% are HIV positive.

Also in all four cities a majority now fall under the 18-30 years of age bracket, whereas in the previous studies and RSAs a majority were in the 25-35 years of age bracket.

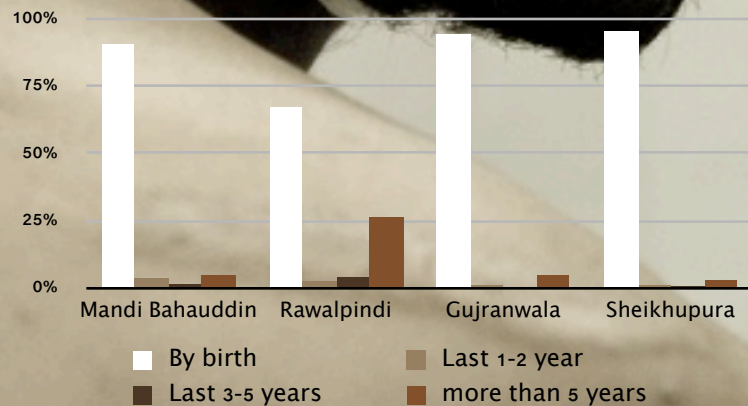
The oldest respondents were from Mandi Bahauddin with a mean age of 35.4 ± 9.7 years.

Rawalpindi has the highest (33%) number of respondents from other cities.

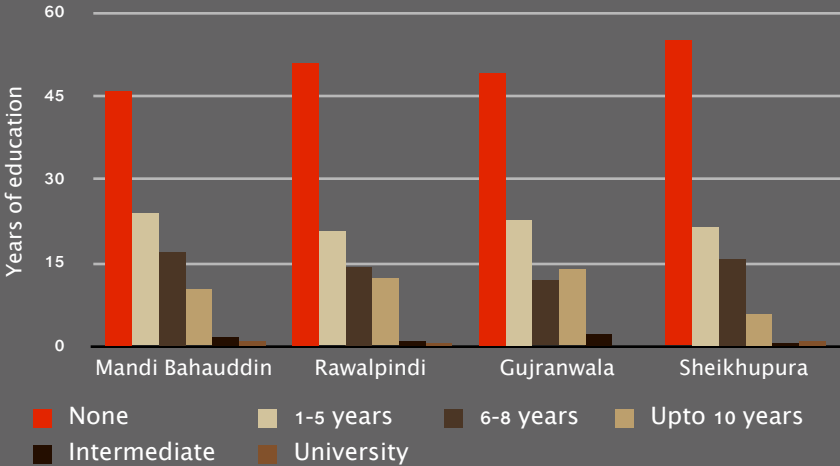
A majority had migrated to Rawalpindi to look for work and better economic opportunities.

AN INCREASE IN YOUNGER PEOPLE OF INJECTING DRUGS

CITY of origin



EDUCATION of respondents



Majority of the respondents in all four cities did not have formal education and most of those who did were educated up to primary level.

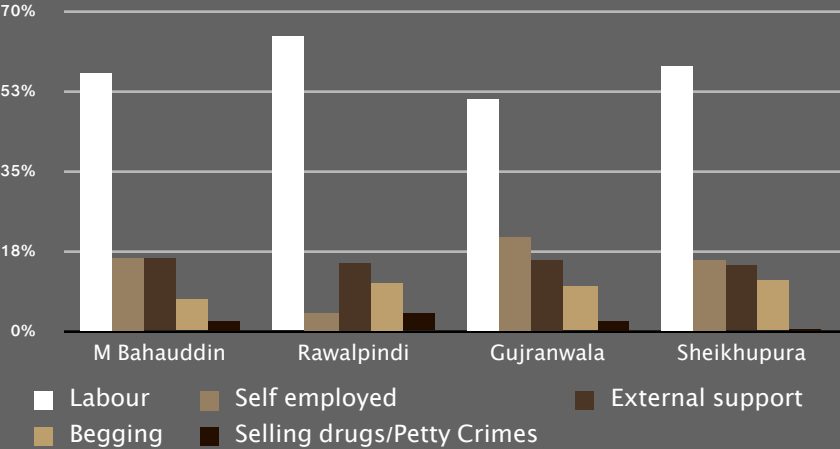
Sixty four percent of the respondents were employed, of which a majority were earning through daily wage labor and some were self employed.

Ten percent of the respondents begged for income.

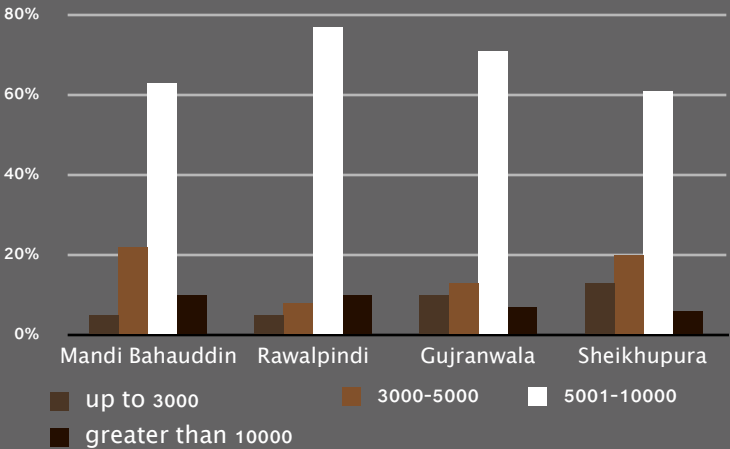
A majority in all the 4 cities were generating income of between Rs.5,000-10,000 per month, sufficient to support their drug use.

This is probably a reason that less than 3% were selling drugs

SOURCE of income



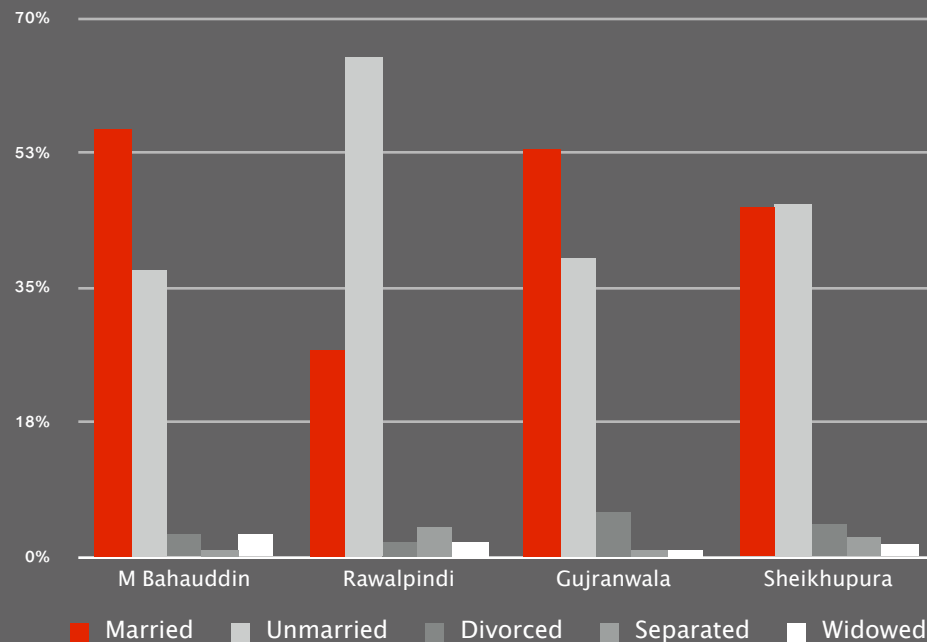
MONTHLY income in last 6 months (Pak Rs.)



MAJORITY ARE ILLITERATE, UN SKILLED LABOR FORCE



MARITAL status of respondents



The highest (55.3%) frequency of married persons was in Mandi Bahauddin. Of these almost half were HIV positive and living with their wives and children.

Considering that regular use of condoms is negligible, wives of people injecting drugs and HIV positive are at extreme risk.

In Rawalpindi a majority were young and living on the streets and unmarried.

**WIVES AND CHILDREN OF HIV POSITIVE PERSONS
INJECTING DRUGS AT EXTREME RISK**



CURRENT living status of respondents



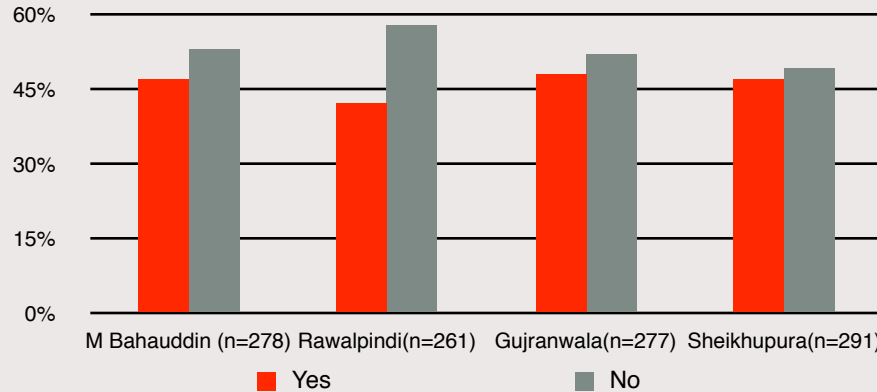
Only Rawalpindi had a major street scene with sites of people injecting drugs. A street scene in Rawalpindi can be attributed to a recent shift to injecting by a younger group and significant of migration people injecting drugs from other cities.

Street based living constitutes parks, grave yards, pavements, shrines and abandoned buildings.

Respondents living at home were living in homes owned by them, their parents (joint family living) or in rented accommodation.

IN SMALLER CITIES A VAST MAJORITY LIVE WITH THEIR FAMILIES AT HOME, HENCE MORE FREQUENT CONTACT BETWEEN MARRIED COUPLES RESULTING IN HIGHER CHANCES OF HIV TRANSMISSION THROUGH UNPROTECTED SEX.

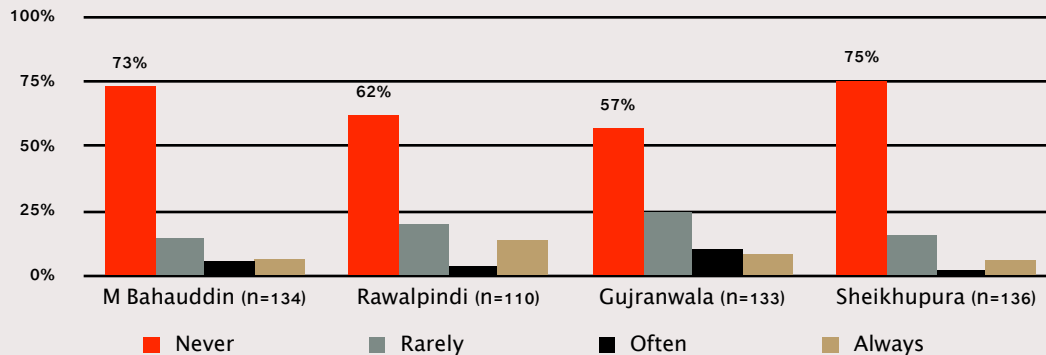
SEX in the past 6 months



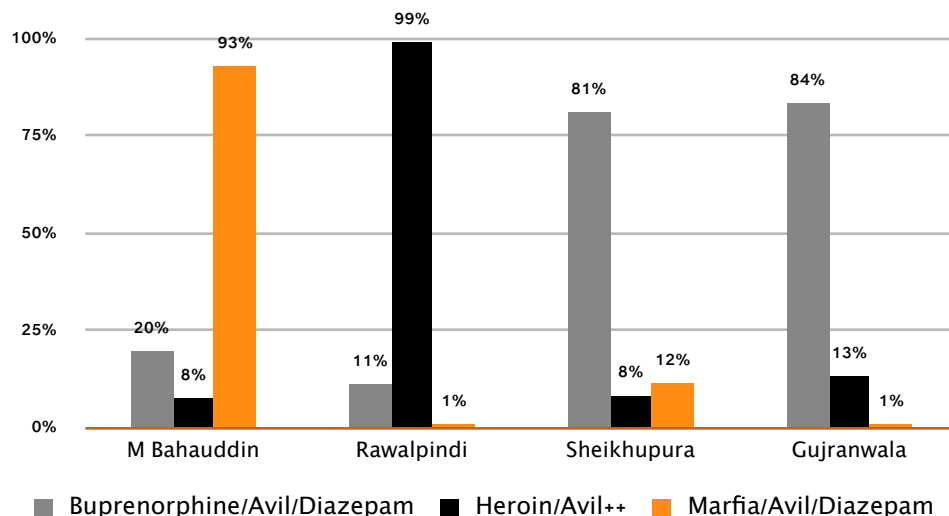
Approximately 91% of the respondents reported having had sex.

A majority (82%) had sex with one female sex partner and the rest had sex with multiple partners.

CONDOM use with regular female partner



DRUGS injected in the last six months



“Marfia” (probably a morphine based locally manufactured drug) is injected mostly in Mandi Bahauddin and to some extent in Sheikhupura. The tablet is dissolved in water and anti-histamine (often Avil) by heating it over a flame. Mean period since marfia is being injected in Mandi Bahauddin is 10 years.

In Rawalpindi a majority inject heroin. This is a relatively new trend to inject heroin instead of smoking, chasing or sniffing.

In Sheikhupura and Gujranwala use of buprenorphine in combination with anti histamines and benzodiazepines is more common a trend observed in most studies and RSAs.

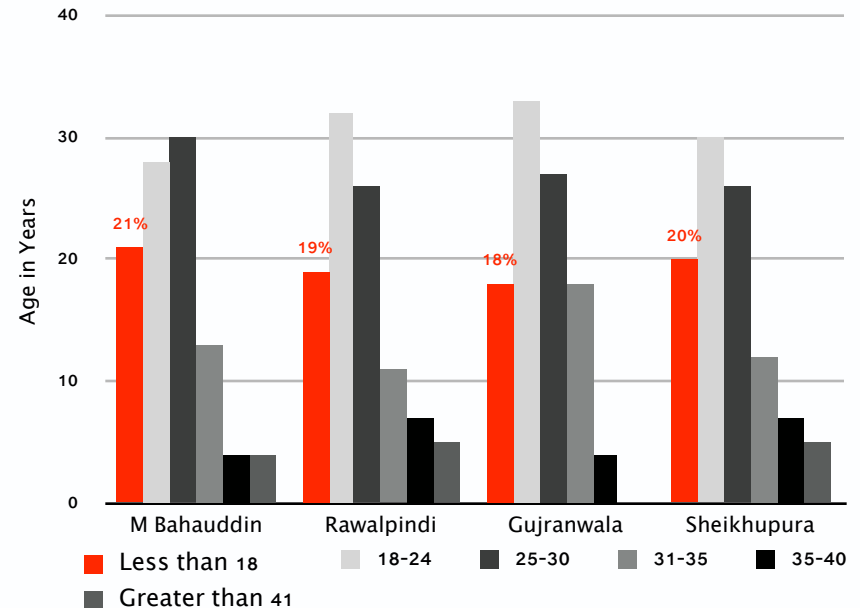


“MARFIA” TABLETS

MANDI BHAUDDIN IS THE ONLY CITY SO FAR WHERE SUCH A HIGH PERCENTAGE OF PEOPLE INJECT ‘MARFIA’ HAS EVER BEEN REPORTED IN PAKISTAN. IN ABSENCE OF SERVICES CITIES WITH LONGER PERIOD OF INJECTING HAVE HIGHER HIV PREVALENCE AMONG PEOPLE INJECTING DRUGS.



AGE at initiation of injecting



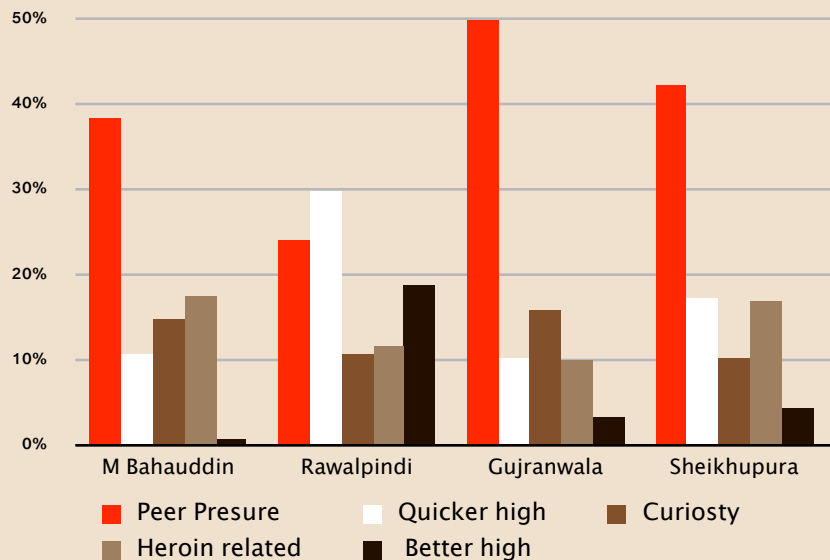
An alarmingly high percentage (19.5%) of the respondents initiated injecting below 18 years of age in the 4 cities.

The mean age of initiating and/or shift to injecting in all four cities is approximately 25 years.

The minimum age recorded for initiation of injecting among the respondents was 10 years in Mandi Bahauddin.

EVIDENCE OF A SHIFT FROM NON-INJECTING DRUG USE TO INJECTING DRUGS AT AN EARLIER AGE IN ALL FOUR CITIES. THERE IS AN IMMEDIATE NEED TO PREVENT THIS SHIFT BY EXPANDING HIV PREVENTION SERVICES ACROSS PAKISTAN.

REASONS for shifting to injecting



Peer pressure remains the major reason for a shift to injecting.

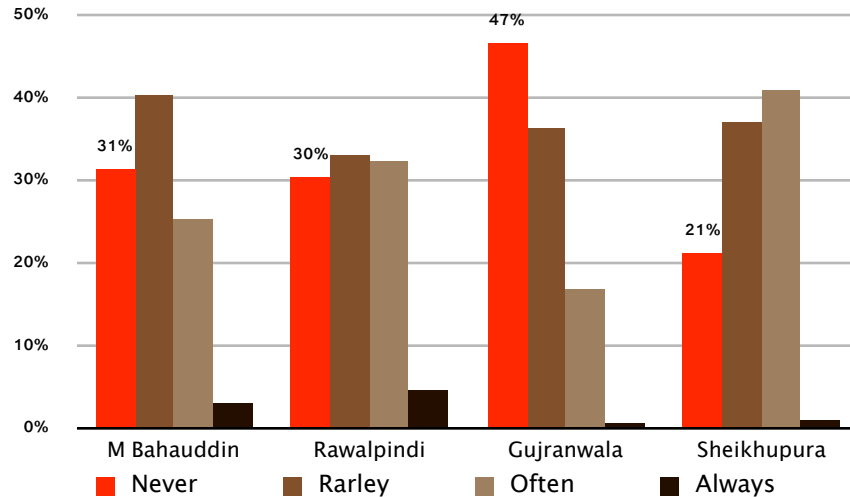
In Rawalpindi, where the trend was to chase, sniff or smoke heroin - getting a quicker high by injecting heroin is the major reason for this shift.

Heroin related reasons include price, availability and quality issues.

CURIOSITY IS NOT A MAJOR REASON WHY PEOPLE SHIFT TO INJECTING WHEREAS IT IS A COMMON REASON FOR PEOPLE TO INITIATE DRUG USE. WHERE SERVICES ARE IN PLACE 'PEER EDUCATORS' FROM AMONG THE INJECTING COMMUNITY CAN PLAY A VITAL ROLE TO PREVENT THIS SHIFT AND SHARING.



SHARING of used syringes by respondents

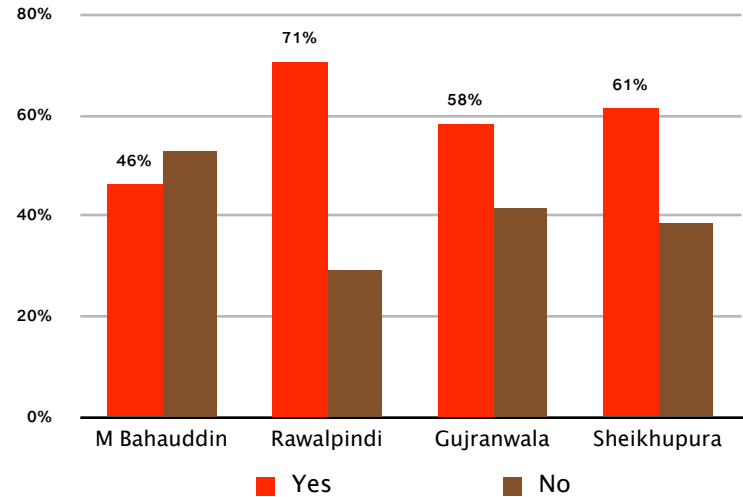


Approximately 70% of the persons injecting drugs are sharing used syringes in the 4 cities. The lowest (53%) sharing is in Gujranwala which is still very high. Sharing of used and contaminated syringes and needles is the main cause of transmission of HIV among people injecting drugs.

Respondents that always (32.3%) used a clean syringe mostly bought them from pharmacies. It is often difficult for people injecting drugs to access pharmacies to buy clean syringes.

Cities where NSEP services for people injecting drugs have been established, data shows that up to 96% have access to clean syringes, which directly results in lower sharing and hence reduced transmission of HIV.

INJECTED by a street-based injecting expert



In addition detailed data and information has been recorded related to sharing and syringe use to inform programming issues and needs.

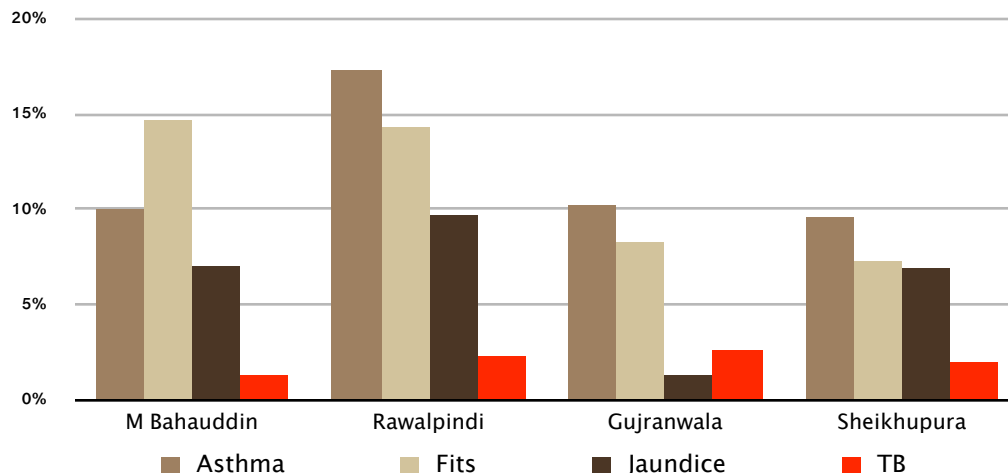
Street based injecting experts are often sought to assist in injecting. They often inject multiple persons with the same syringe.

These injecting experts are often an important point of intervention to reduce sharing and provide clean syringes through their existing client network.

HIGH LEVELS OF SHARING SHOWS HIGH PREVALENCE OF HIV AMONG PEOPLE INJECTING DRUGS.



DISEASES reported by respondents in the recent past



Respiratory Tract Infections often reported as asthma are very common among people injecting drugs. This may be a direct result of a low immune system, poor living conditions and/or malnutrition. This may also be a symptom of TB.

Higher incidence of fits in Mandi Bahauddin and Rawalpindi, compared to Gujranwala and Sheikhupura could be related to the combination of barbiturates in the injecting cocktail and/or impurities of non pharmaceutical grade drugs.

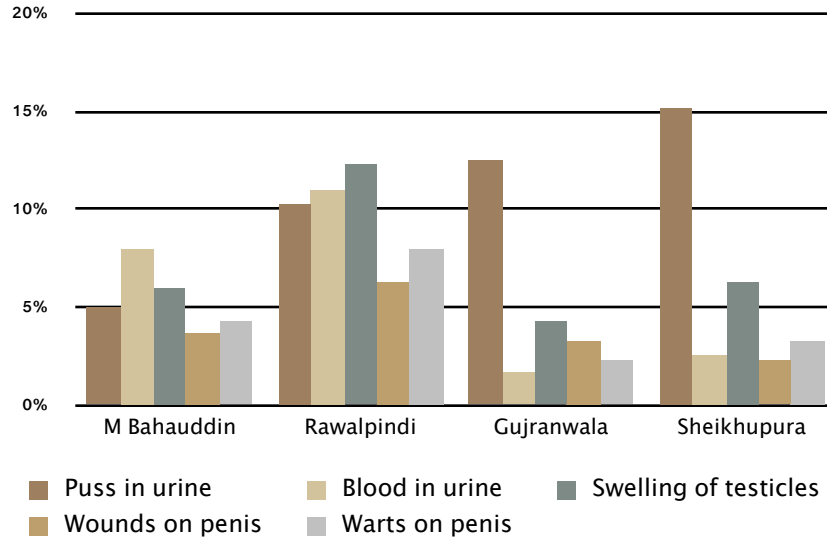
TB was reported by 4.6% of total respondents overall in four cities.

In addition approximately 20% of the respondents reported to have had major and minor surgeries during their life time.

Other health related risk factors that were prevalent among respondents included **receiving injections from quacks (38%)**, receiving blood transfusion (6.7%), tattooing and piercing (35%).

HIV TRANSMISSION RISK OVERLAP BETWEEN HIV POSITIVE PERSONS INJECTING DRUGS AND GENERAL POPULATION ACCESSING INFERIOR QUALITY HEALTH CARE SERVICES, PARTICULARLY QUACKS USING NON-STERILE SYRINGES AND/OR NEEDLES.

STIs reported by respondents in the recent past



HIV PREVENTION SERVICES FOR PEOPLE INJECTING DRUGS MUST INCLUDE HIV AND AIDS PREVENTION, DIAGNOSTICS, TREATMENT, CARE AND SUPPORT SERVICES FOR THEIR WIVES AND CHILDREN.

STI symptoms reported by the respondents from Rawalpindi were relatively higher than usual compared to STI prevalence among persons injecting drugs reported in other studies in Pakistan.

Considering that 41% of the respondents reported having sex during past six months and only 9% of those reported regular condom use, the transmission of HIV to their sexual partners is more likely especially in the presence of STIs and high HIV prevalence. Most (80%) of the respondents have reported single sex partners.

The use of condoms with casual sex partners is less than condom use with regular sex partners, who are often wives of people injecting drugs.

Approximately 66% have never used condoms with regular female partners in the 4 cities.

This highlights the importance of services targeted at wives and children of people injecting drugs.



Approximately 80% of the respondents had been to jail. The majority were arrested on possession of illicit drugs and some for violence and few due to other crimes.

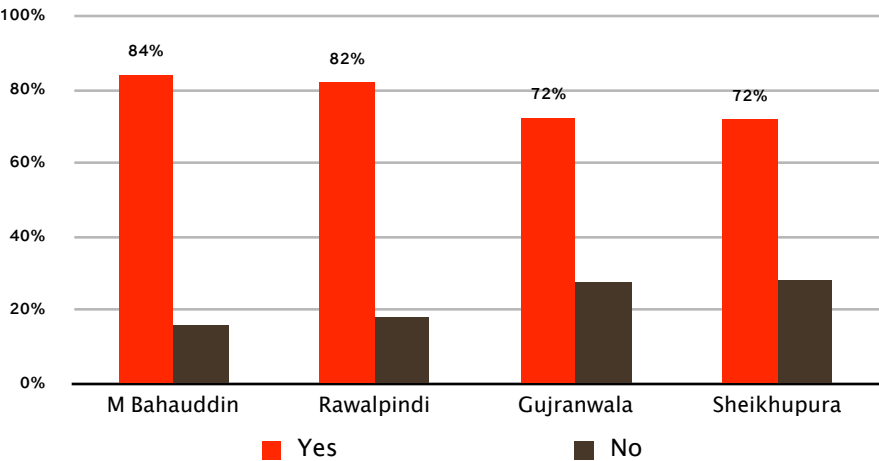
Approximately 56% of those who were arrested and jailed had used drugs in prison.

Of those who used drugs in jails over 70% in Mandi Bahauddin and Rawalpindi injected drugs. In Gujranwala and Sheikhupura 22% injected drugs in jail.

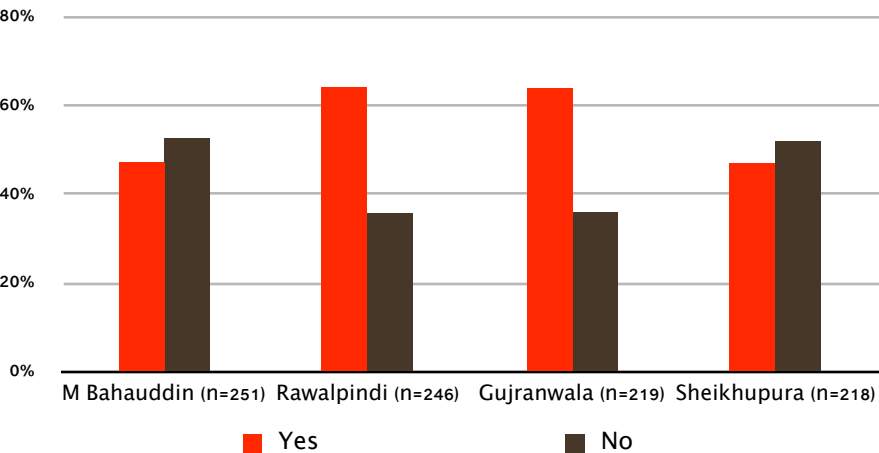
Sharing in jails was less than sharing on streets however still significantly high (56%).

INJECTING DRUG USE AND SHARING OF CONTAMINATED SYRINGES/NEEDLES IN JAILS ATTRIBUTES TO HIV TRANSMISSION. HIV PREVENTION SERVICES IN JAILS ARE ABSENT AND NEED TO BE INITIATED.

INCARCERATION reported by respondents



DRUG USE in jail by respondents

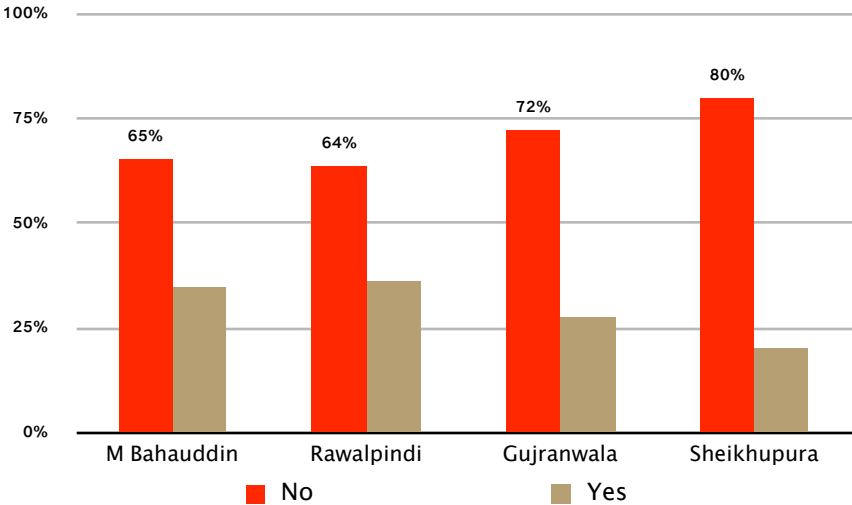


DRUG treatment ever sought by respondents

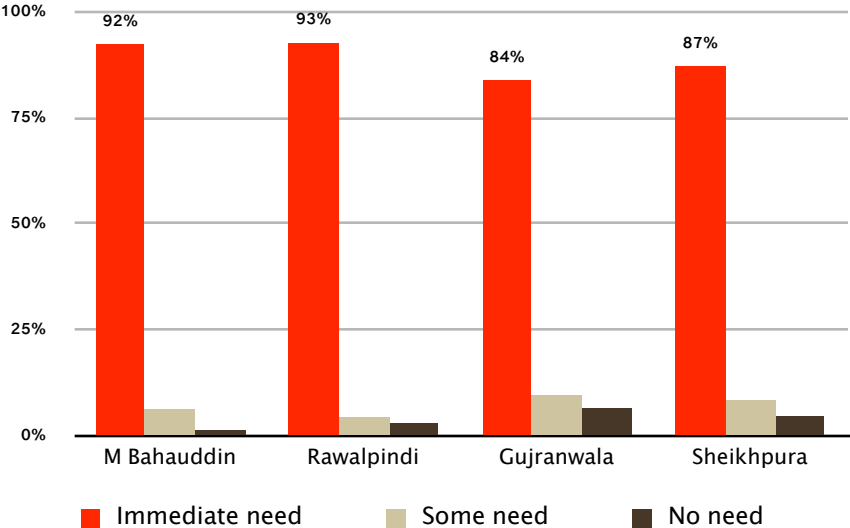
A majority (70%) of the respondents had never had drug treatment. Major reasons given for not being able to seek drug treatment were high costs and non availability of treatment services.

Of those who had accessed drug treatment services very few (14%) had been for treatment in the past year. The treatment offered was of short duration, primarily a 12-15 days detoxification.

In all the four cities 64% of the respondents had heard of Nai Zindagi and knew of the services it offered. This reflects mobility of clients between cities.

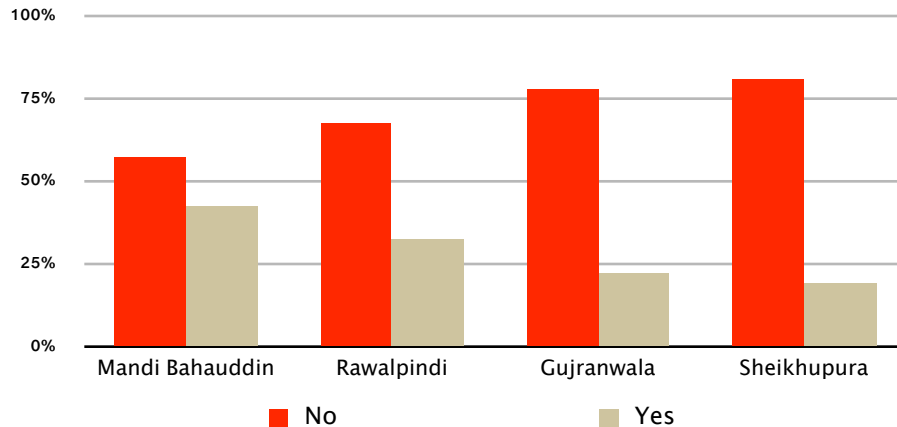


DRUG treatment needs of respondents



PEOPLE INJECTING DRUGS ARE A MOBILE COMMUNITY. MOBILITY WILL ALSO RESULT IN HIV TRANSMISSION FROM CITIES WITH HIGH PREVALENCE TO CITIES WITH LOW PREVALENCE AMONG PEOPLE INJECTING DRUGS. PROGRAMS FOR HIV PREVENTION NEED TO INCLUDE DRUG TREATMENT SERVICES ALONGSIDE HARM REDUCTION SERVICES AS PART OF THE CONTINUUM OF CARE.

HEARD of HIV and/or AIDS



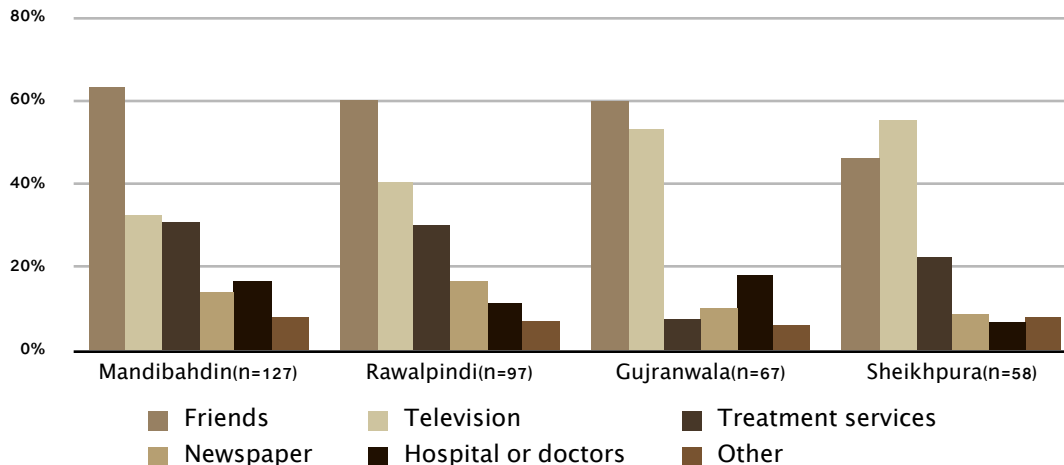
Seventy one percent of the respondents in all the four cities had not heard of HIV. Those who knew of HIV had heard it from friends, television and few from the existing generic health care services.

Of the 30% respondents who had heard about HIV, fifty five percent did not know how HIV is transmitted.

Among people injecting drugs where a majority don't know what HIV and/or AIDS is and among which 85% of the population does not know how HIV is transmitted, sharing of syringes would not be looked at as dangerous.

Due to high levels of illiteracy among the respondents personal communication and visual materials already developed will be used for informing clients of injecting related risks, HIV and AIDS.

SOURCE of information on HIV and/or AIDS



EXISTING MODES OF COMMUNICATING INFORMATION RELATED TO HIV AND AIDS NEED TO BE IMPROVED TO REACH PEOPLE INJECTING DRUGS AND ALERT THEM ABOUT HIV AND RISKS OF SHARING SYRINGES AND NEEDLES.

Conclusions and recommendations

