

Social Work Practice issues with Intravenous Drug Users

1Mrs. UMARANI, 2Dr. K Somasundaran

1Mrs. UMARANI, Ph. D Research Scholar, Department of Sociology, Annamalai University

2Dr. K Somasundaran, Assistant Professor, Department of Sociology, Annamalai University

Abstract: Drug misuse is a worldwide marvel. The utilization of reliance delivering substances, in some shape or the other, is widespread. In India, the utilization of opium and cannabis has been in presence since long prior. Over the most recent three decades, anyway new medications like heroin, amphetamine type stimulants (ATS), cocaine and pharmaceutical mixes have made their entrance and are being utilized particularly in metropolitan urban areas. The Constitution of India under the Article 47 of Directive Principles of State Policy guides the State to try to realize forbiddance of utilization, with the exception of therapeutic purposes, of inebriating beverages and medications which are harmful to wellbeing. The Government of India is a signatory to three UN Conventions regarding the matter and a few laws to control unlawful utilization of medications have been sanctioned. As of late pharmaceutical medications infusing has expanded in a few sections of the nation. Infusing drugs conduct among medication addicts has expanded the commonness of HIV and other related damages. Government is battling back with interest and supply decrease arrangements and projects by Ministry of social equity and strengthening and mischief decrease and biomedical and conducts intercessions through Non government Organizations. At all dimensions from approach making to outreach exercises proficient social specialist are utilized by government and private associations. This article examines different issues identified with pharmaceutical medication misuse and its suggestions for HIV counteractive action programs in India.

Keywords: Pharmaceutical medications misuse, Intravenous Drug Use, Social Work.

INTRODUCTION

Medication misuse is a worldwide marvel. The utilization of reliance delivering substances in some shape is all inclusive. The utilization of opium and cannabis has been in presence since long back in India. Over the most recent three decades, anyway new medications like heroin, amphetamine type stimulants (ATS), cocaine and pharmaceutical mixes have made their entrance and are being utilized particularly in metropolitan urban areas. As of now, India isn't just a nation for the travel of such medications from the „Golden Triangle“ or „Golden Crescent“; it has additionally turned into a nation of utilization. The geographic area of India, more extensive accessibility and use of medications in the nation, a socially fluctuated blend of clients, cutting crosswise over station, class and doctrine limits, and the breakdown of conventional qualities bringing about part from substantial scale provincial urban relocation, have added to the ascent in the quantity of medication abusers as of late. Medication misuse negatively affects each part of user's life – physical wellbeing, social and family life, occupation, funds and so on. Accordingly, tranquilize misuse must be seen as a bio-psycho-social issue, which requires a blend of therapeutic treatment and psycho-social intercession in India. Normal utilization of inebriating psychoactive substances prompts reliance, and has genuine general wellbeing outcomes. It bargains both individual and social advancement, ruins the lives of people, wrecks families, and harms the texture of networks. It adds to the weight of sickness and is a main hazard factor for unexpected losses and incapacities in India. A portion of these mixes may prompt neuro-mental scatters and other non-transferable infections, for example, cardiovascular illnesses, mishaps, suicides and viciousness

DEGREE EXAMPLE AND PATTERN OF MEDICATION MISUSE

According to the National Survey of Extent, Pattern and Trend of Drug Abuse in India, supported by the Ministry of Social Justice and Empowerment and by the United Nations Office on Drugs and Crime, Regional Office South Asia (UNODC-ROSA) in 2000-2001 and distributed in 2004, other than liquor, cannabis and sedatives were most usually utilized medications. The pervasiveness of utilization among the people studied inside the former month of the examination was : Cannabis 3.0%, Opiate 0.7%, Any illegal medication 3.6% and Injecting Drug Users (IDU) 0.1%.Based on above information it was anticipated that in India, there were roughly 8.7 million cannabis clients and 2 million sedative clients. It was seen that among current cannabis clients 26% were needy client and 22% of current sedative clients were reliant clients. These figures mean about 2.3 million cannabis-needy and 0.5 million sedative ward people. According to the study and media reports, it was seen that the issue is progressively genuine in the Border States, for example, Punjab, Rajasthan, North-Eastern states and super urban areas like Delhi, Kolkata, and Chennai and so on.

MANDATE PRINCIPLES OF STATE STRATEGY, LEGITIMATE AND DIRECTION ROUTINES STRUCTURE

Developing pattern of Pharmaceuticals infusing in India The Constitution of India under the Article 47 of Directive Principles of State Policy guides the State to respect the raising of the dimension of nourishment and the way of life of its kin and the

enhancement of general wellbeing as among its essential obligations, and, specifically, to attempt to realize denial of utilization, with the exception of therapeutic purposes, of inebriating beverages and medications which are harmful to wellbeing. The Government of India is a signatory to the accompanying three UN Conventions regarding the matter:- a) Single Convention on Narcotic Drugs, 1961, as revised by the Protocol of 1972 on Narcotic Drugs. b) Convention on Psychotropic Substance, 1971, and c) Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substance, 1988. Article 253 of the Constitution enables the Parliament to administer to discharge commitments under worldwide traditions and remote settlements. As needs be, the Narcotics Drugs and Psychotropic Substances Act was ordered in November, 1985, to offer impact to the arrangements of the current UN Conventions. It contains stringent arrangements for the control and direction of opiate drugs and psychotropic substances, and gives a basic system and proper arrangements for regulatory activity. Vital arrangements of the Act are area 27-Punishment for utilization of little amount, segment 39-Power of court to discharge certain guilty parties on post trial supervision, segment 64A-Immunity from arraignment to addicts volunteering for treatment and segment 71-Power of the administration to build up community for ID, treatment and so on other than It accommodate denial on import/fare of arrangements containing opiate drugs/psychotropic substances aside from approved by Narcotics Commissioner, no transshipment aside from with consent of Customs and preclusion on import/send out through a mail station box. Medications and Cosmetic Act 1940 and Rules give: Rule 97 (1): Labeling of meds, (c) If it contains a substance determined in Schedule H, and comes extremely close to the [Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985)] be named with the image NRx which will be in red and obviously shown on the left best corner of the mark, and be likewise named with the accompanying words: Schedule H sedate - "Cautioning: - To be sold by retail on the remedy of a Registered Medical Practitioner as it were." Customs Act 1962 accommodates direction for leeway of messenger committals. The Pharmacy Act 1948 accommodates Pharmacy Councils and Registration of drug specialists. No doubt the present enactments are sufficient in any case; direction of web drug stores is required.

EMERGING TREND OF PHARMACEUTICALS INJECTING IN INDIA

Three examinations distributed in the ongoing past toss some light on utilization of pharmaceutical mixes by the infusing drug clients. Tripathi and Ambekar, 2007, led at Jammu, Patiala, Chandigarh (in Northwest) and Imphal and Kohima (in Northeast). The consider recorded that numerous spots in the nation other than the NE part of India have a sizeable number of IDUs. Ladies and men are contrastingly influenced by HIV and understanding sexual orientation contrasts is basic to create successful reaction. Ambekar and Tripathi, 2008, directed an examination "measure estimation of IDU in Punjab and Haryana" at numerous locales in India to be specific Punjab, Haryana and Chandigarh. An aggregate of 3311 male IDUs were overviewed in network settings crosswise over 17 areas of Punjab and Haryana. Most subjects were between 18 – 30 years old, and had been infusing drugs for 3 to 7 years. Pharmaceutical arrangements infused were buprenorphine, pentazocine and an assortment of tranquilizers (diazepam, promethazine, pheniramine and so on.). Most respondents infused day by day, on various occasions. Ambekar, Tripathi and Dzvichu, 2009, in "HIV weakness among IDUs their life partners and Children" an aggregate of 300 IDUs were met (150 each in northwest and upper east). The mean time of IDUs was around 34 years, and they had been infusing for around (15 years) in upper east and (11years) in northwest. Most basic medications infused in northwest were a mixed drink of different pharmaceutical mixes like heroin, buprenorphine, propoxyphene and so forth., while in upper east a vast extent (34%) revealed infusing proxyvon oral containers. At both the spots dominant part announced infusing day by day, on numerous occasions 59% in upper east and 75% in northwest.

TABLE 1 DRUG PERCENTAGE REVEALING CURRENT (A MONTH AGO) USE

Drugs	Prevalence reporting current (last month) use
Others Opioids*	10.9 - 12.7%
Sedatives/ Hypnotics**	5.4 - 7.2%
Injecting drug User (IDU)***	6.2 - 7.3%
others	0.7 - 10.9%

*Drugs included here are buprenorphine, pentazocine, propoxyphene, morphine and pethidine, codeine containing hack syrups and lopiramide.

** Drugs included here are diazepam, alprazolam and different benzodiazepines

*** Others drugs included here are other medicine mixes like ketamine and muscle relaxants. Maltreatment of Methylphenidate and different stimulants, barbiturates were not revealed

ORDINARILY ABUSED PHARMACEUTICALS INFUSING AND RELATED ISSUES

India has an entirely suitable pharmaceutical industry, and opiate drugs and psychotropic substance are created locally. Be that as it may, the way toward assessing the yearly prerequisites and portion of share for psychotropic substances is loose, such a circumstance makes India defenseless to preoccupation for unlawful use. The simple accessibility of these substances is favorable

position to the abusers. The primary wellspring of pharmaceuticals of maltreatment is local. Abusers acquire pharmaceuticals for the most part from retail drug stores by abuse of doctors' solutions. Agony executioners including Opioids (prescriptions), Codeine containing hack syrups, Sedatives and hypnotics, Anti-histamines and Ketamine are ordinarily utilized in India. The pharmaceuticals medicate are regularly utilized in blend (mixed drinks) and as infusions, which has a few physical damages, for example, transmission of HIV, Hepatitis C, STIs, Skin diseases, Abscess driving physical disable and so on. There is wide local variety of decision of compound (s) by the clients. The wellsprings of these medications is predominantly local and from retail drug stores. Many seem to have moved from opiates to pharmaceuticals and there is proof of poly tranquilize utilization. There are districts in India where pharmaceuticals are favored medications of decision. There are different administrative organizations which cause covering and issues of coordination. The limit of administrative and counteractive action offices to take up undertaking of bio therapeutic mediation is low. The buyer instruction and training of drug specialists is wretchedly low or for all intents and purposes nonexistent. There is a critical need to fortify limit of the state tranquilize control specialists and counteractive action organizations.

ISSUES IDENTIFYING WITH INJECTING DRUG USE AND HIV AVERSION FOR SOCIAL WORK PRACTICE

A far reaching review of endeavors made by the NGOs in part nations who embraced the UN traditions was started with UNODC's bolster (titled „Beyond 2008“) to comprehend future course for medication control. It deduced that the spotlight has to a great extent been on medication supply and authorization and that a parity was required among free market activity decrease approaches. This is valid for the Indian circumstance as well, explicitly while the NDPS Act's arrangements are viewed as stringent, the low conviction rates and the way that treatment choices are seldom practiced is a reason for concern. Also, as people captured for use or ownership of even little amounts remain in jail for quite a while because of procedural deferrals, it bring into center issues of human rights, just as danger of being presented to or enlisted by groups of hoodlums while in jail particularly without jail based mediations. An investigation upheld by UNODC showed that 59% of the indicted detainees met could have issues identified with substance use.

National AIDS control association (NACO) is the nodal office for the anticipation and control of HIV pandemic in the nation and is in charge of the arrangement, usage and observing of national vital arrangement for HIV/AIDS. The HIV scourge in the nation is concentrated among certain powerless populace sub-bunches like female sex specialists (FSWs), men having intercourse with men (MSMs), infusing drug client (IDUs) and extension populace (truckers/transport laborers and transients). NACO's program and exercises are only coordinated towards the board of IDUs. Mediations for infusing drug clients incorporate propelling the subjects to get to treatment built up in government, NGO and private segments. A considerable lot of them following intercession lessen their medication use and are in requirement for further treatment and restoration. Moreover, there are sure focused on intercession ventures TIs which are bolstered by NACO and addresses worry of unique populace subgroups. Intercessions for IDUs would likewise require substitution treatment, referral to detoxification and restoration administrations. As of now, there are around 268 IDU focused on mediations (TI) locales and NACO bolsters 75 OST (4810 customers) focuses covering more than 177,000 IDUs.

Infusing Drug Use (IDU) has risen as a critical course in the HIV transmission elements in India. Through the present number of Injecting drug clients (IDUs) in India is 200,000, the HIV predominance among IDUs is high as is obvious from the ongoing reconnaissance practice by NACO, wherein the HIV commonness among IDUs was >9%. Also, there are nine regions which have revealed > 15% HIV commonness among IDUs in the nation. More up to date locales where IDU plague has been distinguished likewise demonstrate a high commonness of HIV among IDUs. These destinations are situated in states, for example, Punjab, Haryana, Delhi, Orissa and Bihar.

The expanded weight of HIV among IDUs and other blood-borne diseases caused by hepatitis B(HBV) and hepatitis C(HCV) infections is because of hazard practices identified with sharing of polluted needles and syringes just as through high-chance sexual practices, for example, unprotected sex, hazardous sex affected by medications/liquor and sex for trade of drugs. HIV plague, at first begun by the sharing of tainted infusing gear, is spread through sexual transmission from IDUs to others including standard and other sexual accomplices. The interface between medication use and sex work fills in as a fuel to the spread of HIV pandemic from the IDU populace to sex specialists lastly to the overall public. The National AIDS Control Organization (NACO) has received the damage decrease (HR) technique in NACP-III to counteract HIV among the IDUs and scaled up intercessions through focused mediations (TI) by non government associations (NGOs). Proof backings an exhaustive bundle of biomedical and social mediations as the ideal HIV avoidance procedure for ending HIV among IDUs. The administrations by the TIs are given in three levels: level 1 administrations are effort based mediations and needle syringe trade program (NSEP) comprising the foundation of the intercessions. Level 2 is OST based mediations, and level 3 gives linkages to other essential administrations that are not specifically given under TIs, for example, Direct Observation Treatment (DOTS focuses), Integrated Counseling and Testing Centres(ICTC), Anti Retroviral Treatment (ART focuses), conceptive wellbeing administrations and medication use and detoxification and recovery related administrations. There is fast increment in the quantity of TIs overseen by NGOs for IDUs in the nation. Information from reports recommends that onetime inclusion of about 80% has been accomplished. Be that as it may, there is no exact data on the ordinary inclusion and is commonly seen to be low. Needle and syringe appropriation from TI locales have expanded considerably. Anyway in spite of an expansion in dissemination of needles and syringes, low inclusion still remains a test. As of now a normal of 150 syringes for each customer/year is being circulated. The normal prerequisite for syringes is evaluated to be 300 for each customer for each year. This test must be handled

by the NGO functionaries by creating compatibility with customers, understanding the interest of needle and syringes, legitimately arranging the supply through effort and on location dissemination, increasing the effort exercises by method for understanding defenselessness of customers and appropriate guiding. There has been extensive deferral in the scale up of Opioid substitution treatment program. (OST) National AIDS Control Program III (2007-12) had set out an objective of covering 20% of the IDUs on OST. In any case, as of now, just 2-3% of the IDUs are on OST. There is an extraordinary difference in the assets gave to NGO OST and Government OST offices. Customers require a menu of choices to browse drugs, for example, Methadone which is absent. Customer maintenance of OST administrations is low (roughly 30% in 2012-13). Mechanism for following OST customers isn't completely created. As of now data is missing about customers who cease OST all alone before finishing of treatment. Accreditation frameworks are missing both at general wellbeing offices and NGO settings. This test is ascribed to the point of view of helping proficient towards the issue of medication maltreatment at open just as NGO level a large portion of them consider it as a mind boggling issue which is exceptionally hard to be dealt with. The dimension information and abilities is low among the social laborers and restorative experts, along these lines, it is appropriate to create getting the hang of, sharing and learning the executives frameworks through limit building works out.

Alternate needs of IDUs are not met in the present structure of TIs in this manner an arrangement of referral and linkages has been proposed so as to create arrangements noteworthy for HIV counteractive action, for example, ART, ICTC, sustenance, vagrancy, detoxification and recovery administrations. The quantity of IDUs enrolled with ART focuses is excessively low and adherence to ART prescriptions is additionally an issue. Likewise, a few states have performed ineffectively in by and large accomplishment of HIV testing among IDUs. This has been seen as far as number of IDU populace tried for HIV and holes among referrals and genuine testing at ICTCs. Current information demonstrates that change in referral-testing hole ranges from 1.3% to 74%. The linkages with administrations such as nourishment, vagrancy, detoxification and recovery administrations is additionally non-existent. These difficulties can be dealt with by social specialists requesting setting up of more detoxification and recovery focuses from the administration with an arrangement of free treatment and nourishment, organizing with administrations of plans which give sustenance security, start kitchen in a joint effort with religious associations and lodgings which give such administrations in the zone. The issue of low ICTC and ART participation can be taken care of by upgrading the information, frame of mind and abilities of guides and effort staff of NGOs and ICTC and ART staff. IDUs among female populace have been seen in the North Eastern States and vast urban communities of the nation. Consequently limit expanding on sexual orientation issues and delicate treatment administrations are required for the social specialists. Job of different substances especially liquor in spread of HIV disease is very much perceived. Along these lines, treatment for liquor reliance and related issues would be imperative for generally chance decrease and avoiding spread of HIV. A considerable lot of these customers are covered up and difficult to reach because of disgrace and segregation looked by them. NACO emphatically advocates tending to these issues and direct effort program for these networks. At the state level, the endeavors started by the NACO are decentralized and the administrations are conveyed through State AIDS Control Society (SACs) which are semi self-sufficient bodies. In this manner SACs would have a noteworthy task to carry out in actualizing the national arrangement and activity plan in different states. At the nearby dimension, cooperative energy between IDU-TIs and Integrated Rehabilitation Centers for Addicts Scheme is missing for interest decrease program of the Ministry of Social Justice and Empowerment. Ordinary gatherings, sharing of instances of best practices, research and program information can enhance coordination. Consequently NGOs can create solid systems administration among one another.

There are no exhaustive assessments of Female IDU populace in India. About 45% of the IDUs are either hitched or living together with an ordinary sex accomplices. Amazingly low administration take-up among ordinary sex accomplices of IDUs is accounted for and high inspiration rates are accounted for among accomplices in numerous locale require quick consideration on female IDUs and female accomplices of IDUs under the program. It has been seen that condom appropriation is just 33% of the interest. In a few states, same – sex movement among IDU has likewise been watched. Fortifying avoidance of transmission of HIV through sexual course among IDU populaces is fundamental. Along these lines social specialists can advance utilization of condoms by expanding openness, accessibility and evacuating hindrances to condom use among the customers and their accomplices.

The limit building endeavors have not kept pace with extension of the IDU TIs program. This incorporates limit holes crosswise over specialist co-ops, checking and coaching officers just as State AIDS Control Societies, specialized help units (TSUs) and State Training Resource Centers (STRC) set up by NACO. To fortify limit, quality and reach of the mischief decrease administrations for IDUs Global reserve for battle against AIDS, Tuberculosis and Malaria (GFATM) has subsidized Indian government and private foundation to improve limit of staff of NGOs and administration conveyance organizations like OST focuses. The subsidizing under the GFATM underpins foundation of solid administration and checking framework and accommodate one limit building officer to each STRC who is essentially dependable to expand limits of staff of NGOs and different organizations. The program under usage has finished over two years. The discoveries of midterm assessment shows that the program is moving the correct way and will accomplish objectives set by 2015.

CONCLUSION

Social Work proficient are utilized at all dimensions from arrangement making to effort of customers in India. More than 800 Social Workers are utilized in NACP III as program officers and specialized officers with NACO, Capacity building officers with 15 State Training Resource Centers, Technical officers with 11 Technical help Units, District administrators, bosses and

guides with 35 SACs and Project directors, instructors and effort staff with 268 NGOs. Utilized in an assortment of settings, social specialists give individual and family advising just as referrals to administrations in word related, instructive, legitimate, and wellbeing frameworks. There are a few necessities for working with IDUs, First, there must be a promise to self-assurance and treatment modalities that upgrade the client's ideal to settle on decisions, Probing for fundamental causes must be relinquished, as it just serves to square change. Suspicions that direct practice in IDUs at miniaturized scale and mezo level incorporate the accompanying. Arrangement viably with the IDUs monstrous disavowal framework through suitable encounter without at first anticipating that the customer should distinguish and illustrate the issue reasonably.

Instruct the IDU customer and his/her family on the different parts of the infusing and its effect on his or her personal satisfaction. IDUs know practically nothing, on the off chance that anything about the bio socio physical impacts of infusing. An instructive center started by the specialist encourages the customer to rethink the issue and move all the more quickly toward recuperation. Plainly, this requires a natural methodology that thinks about striking ecological factors in getting ready for treatment, release, creating word related aptitudes and limiting pressure and damage. An environmental methodology looks at elements, for example, socio social impacts, age, sexual orientation, the nearness of social help, the clients' learning style, and introduction to change. Encouraging groups of people assume an imperative job in the general accomplishment of mediation programs. At long last, social specialists need to consider customers methods of learning and demeanors towards change. They have to structure intercessions that exploit customers qualities. Furthermore, various impacts for instance, sub-social standards, geographic and money related access to administrations, staff synthesis and the social importance of administrations – customer trusts that treatment elective is useful.

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