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Initiation into Drug Use: India

Killing Time With Enjoyment: A Qualitative Study of Initiation into Injecting Drug Use in North-East India

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Manipur and Nagaland are north-east Indian states characterized by a high prevalence of injecting drug use and HIV in a context of socio-economic underdevelopment and political instability. This qualitative study aims to increase understanding of the contextual factors associated with initiation into injecting drug use in these two states. Forty semi-structured in-depth interviews were conducted among injecting drug users (10 women, 30 men) aged 18–28 years in mid-2006. The interview transcripts were thematically analyzed. All participants were initiated into injecting by another person, most commonly a friend and often in the context of well-established social networks. Most were poly-drug users and unsafe injecting practices were frequently associated with the initiation experience. The subjective reasons for deciding to inject were pleasure-seeking, influence of peers, and economic reasons. We hypothesize that initiation into injecting in this part of the world is also linked to ideas of masculinity, and that young men engage in drug use in order to fill a social vacuum created by limited opportunities to meaningfully engage in adult roles within the community. The findings from this study suggest that harm reduction programs need to target (noninjecting) drug users, and that existing social networks could be creatively used to extend the reach of these programs.

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Keywords injecting drug use; India; HIV; social networks; initiation

Introduction

Manipur and Nagaland are north-east Indian states that share a long porous border with Myanmar and are located close to the Golden Triangle. Both states are characterized by a number of social and political problems. They are home to longstanding, active, and sometimes violent insurgent groups. Conflict exists between insurgent groups and the Indian military, and between certain tribal groups. This complex political landscape shapes everyday life in the region; strikes, known as *bandhs*, are frequently called by the underground groups at short notice, which restrict movement of civilians and industry thereby affecting the delivery of goods and services, including education and health care. The Indian military is active in the region and, according to the Armed Forces (Special Powers) Act 1958, has authority to use lethal force without prosecution. Human rights abuses have been documented and it is estimated that around half a million people have been killed in this conflict since Indian independence in 1947 (Baruah, 2005; Di Natale, 2006). Underdevelopment of the region has resulted in a significant unemployment problem for young people, many of whom are relatively well educated. The predominant source of employment in north-east India is the government sector, but competition for positions is fierce and the selection process is not always transparent, raising concerns about corruption. There are very few alternative local employment opportunities for the many who miss out on government positions.

Many of the people in these states belong to indigenous tribes that are ethnically, culturally, and linguistically distinct from each other and especially from the rest of India. The Naga tribes were previously animist, but are now overwhelmingly Christian (80%) (Census of India, 2001). Manipur has greater ethnic and religious diversity than Nagaland; the largest group consists of the Meitei (46%) who are predominantly Hindu, but there are also diverse tribal communities most of whom converted to Christianity during the last century (Census of India, 2001). As recently as 50 years ago, a large proportion of the population were living in tight-knit, tribally based, village communities isolated from the outside world where men played a central role in providing for and protecting the community as both hunters and warriors. The practice of head-hunting among the Nagas is well documented and was still occurring up until the second half of the last century. The transition from an animist tribally based existence to Christianity and fuller participation in the modern world has been very rapid and accompanied by a substantial reordering of social roles (von Furer-Haimendorf, 1976).

The porous border between Myanmar and several of the north-eastern states facilitates the trafficking of heroin, especially into Manipur and on to Nagaland (and beyond) via National Highway 39. Heroin also enters these two states via other more minor routes (Beyrer et al., 2000; UNODC, 2006). Injecting drug use is a serious public health concern in both states, with approximately 2% of the population engaging in injecting (Chandrasekaran et al., 2006). Heroin and Spasmoproxyvon[1] (SP) are the most commonly injected drugs, and it is widely believed that injecting drug use has fuelled the HIV epidemic in this region (Chandrasekaran et al., 2006). Manipur and Nagaland are two of India's five high HIV prevalence states, where HIV has moved beyond the so-called high-risk groups to the

[1]Spasmoproxyvon is the trade name for a synthetic opioid analgesic that contains dextro-propoxyphene and is commonly referred to as SP. It is taken orally or can be crushed and diluted for injection, which is associated with severe abscess formation.

general population, although the HIV situation in the two states is very different: both the epidemic and the response to it are more mature in Manipur. Earlier studies identified an HIV prevalence among injecting drug users (IDUs) in Manipur approaching 80% (Eicher, Crofts, Benjamin, Deutschmann, and Rodger, 2000; Sharma et al., 2003) but in 2006, HIV prevalence among IDUs was 20% in Manipur and 2.4% in Nagaland (NACO, 2007). Women who inject drugs comprise approximately 10% of IDUs in Manipur (Singh and Sharma, 2000; UNODC, 2002). However, very little is known about their situation, partly because they are only a small proportion of IDUs, but also because they are hard to reach and often subordinate to men in the drug-using subculture (UNODC, 2002). Local responses to the injecting drug use epidemic in Manipur and Nagaland have at times been punitive and coercive, and involved violations of human rights. However, the situation has improved in recent years as a result of vigorous local advocacy that has succeeded in promoting more enlightened approaches including state support for harm reduction interventions such as needle and syringe exchange programs and condom distribution (UNODC, 2006). In fact, the state of Manipur introduced needle and syringe programs as early as 1994, and was the first Indian state to endorse a harm reduction approach in 1996 (Sharma et al., 2003).

A number of studies have looked at the transition from noninjecting drug use to injecting in high-income countries. Reasons given for transitioning to injecting include curiosity, pleasure-seeking, wanting the high, shortage of money, and social persuasion (Crofts, Louie, Rosenthal, and Jolley, 1996; Day, Ross, Dietze, and Dolan, 2005; Frajzyngier, Neaigus, Gyarmathy, Miller, and Friedman, 2007; Giddings, Christo, and Davy, 2003; Roy et al., 2002; Witteveen et al., 2006). However, the transition to injecting is not inevitable and opportunities to interrupt the pathways to injecting exist (Griffiths, Gossop, Powis, and Strang, 1994; Neaigus et al., 2006). In contrast, there has been very little investigation of initiation into injecting in low- and middle-income countries, with the exception of a cross-sectional study in Thailand that involved 2,231 drug users, and found that being $\geq$20 years, being single, having received education, living in an urban area, having a history of smoking or incarceration, having multiple sexual partners, having experienced sexual abuse, using heroin (rather than amphetamines), and younger age of drug initiation were significantly associated with transition to injecting (Cheng et al., 2006).

The aim of this study is to increase understanding of the contextual factors associated with initiation into injecting drug use in Nagaland and Manipur. Understanding the pathways to injecting drug use will facilitate the development of more effectively targeted harm reduction interventions, as well as highlight potential strategies for interrupting the transition to injecting. The findings can be used to inform and enhance social and political advocacy for HIV prevention.

Methods

Study Design

Forty semi-structured in-depth interviews were conducted among IDUs from Imphal (in Manipur) and Dimapur (in Nagaland) between May and July 2006. For the purposes of this study, an IDU was defined as someone who had been initiated into injecting drug use within the last 3 years. This period of time was selected because we felt that it was reasonable to assume that recall for such a seminal event would be stable for at least 3 years. In-depth interviews were used to complement and enrich information gathered via a cross-sectional survey, the findings of which are reported elsewhere (Kermode et al., 2007).

Gathering additional qualitative information facilitated a deeper understanding of several aspects of the initiation experience, especially the subjective reasons why people decided to inject at that particular point in time. The interviews were conducted in collaboration with three local Indian non-governmental organisations (NGOs) involved in advocacy and harm reduction for HIV among IDUs: Social Awareness Service Organisation (SASO; Manipur), Bethesda Youth Welfare Centre (Nagaland), and Community Awareness Development (CAD) Foundation (Nagaland).

Sampling

A total of 40 IDUs who had not participated in the cross-sectional survey were interviewed. The sampling method was purposive and participants were recruited by NGO-based peer and outreach workers in the course of their everyday work using convenience and snowballing approaches. The sample was stratified equally by state, and women who inject drugs were oversampled to comprise one-quarter of participants ($n = 10$) as the situation of female IDUs in north-east India has not been well described.

Development of Interview Guide

The semi-structured interview guide was developed with the literature and the study objectives in mind, and refined and piloted in collaboration with the Indian partner NGOs and local research team members. The interview guide was translated into the local languages (Manipuri and Nagamese) and back-translated into English to ensure equivalence of meaning. A range of topics were covered during the course of the interview including: demographic information (age, ethnicity, religion, and educational and employment status); life situation at the time of initiation (housing, schooling/employment, relationships with family and friends, knowing other IDUs, contact with legal system, knowledge of HIV, etc.); circumstances surrounding the first injection of illicit drugs (drug used, previous use of this drug, other drug use, others present, venue, planning, drug purchase and preparation, injection safety, drug effects, etc.); subjective reasons for injecting; previous and current drug use; and the initiation of others into injecting drug use.

Data Collection

Two local male research officers with experience in the field of harm reduction in north-east India were appointed and trained to conduct the interviews by the principal investigator (MK). The training provided an overview of qualitative research methods, effective interviewing techniques, ethical aspects of research, data management, and thematic coding. The interviews took place either in participants' homes or in the NGO premises. Each interview took approximately an hour to complete. Participants were paid Rs. 100 ($\approx$US$2.54) for their time. All interviews were digitally recorded and subsequently transcribed and translated into English by the local research officers.

Data Analysis

The interview transcripts were thematically analyzed. This involved systematically identifying and manually coding themes based on those covered by the interview guide. Initial themes included circumstances of first injection, life situation at the time of first injection,

drug use prior to the first injection, current drug use, initiation of others, reasons for injecting, and risks for HIV transmission. Following this initial coding of themes, subthemes were inductively identified for each theme, and patterns and contradictions within and between themes and subthemes elucidated using an iterative process.

Rigor of the Study

Criteria for qualitative rigor developed by Lincoln and Guba (1985) include *credibility* (the truthfulness of the data), *transferability* (the extent to which the findings can be applied to other settings), *dependability* (the stability of the data over time), and *confirmability* (neutrality of the data). Lincoln and Guba (1985) proposed a number of strategies for strengthening rigor in qualitative research, many of which were incorporated into the design of this study. The participants were interviewed by well-trained local researchers who were very familiar with the context of injecting drug use in north-east India. Triangulation of data collection methods was evident as this qualitative study was partnered with a cross-sectional survey that sampled 200 IDUs. The interview transcripts were independently coded by three people. Once the data were analyzed, a dissemination workshop was held in each state and this provided opportunity for relevant stakeholders to comment on the findings.

Ethical Issues

The study was funded by the United Kingdom's Department for International Development (DFID) through the Research and Learning Fund. It was approved by the Human Research Ethics Committee at the University of Melbourne, Australia, and the Institutional Review Board of the Emmanuel Hospital Association, New Delhi, India. All participants were provided with information about the study both verbally and in written format, gave informed consent to participate in the study, were free to withdraw at anytime, and confidentiality was assured as no names were ever recorded. While the only direct benefit of the research to those who participated was a small payment in appreciation of their time, it is possible that the opportunity to share their own stories of initiation into injecting with a nonjudgmental listener and to reflect on the experience was appreciated, and may have even been therapeutic for some. Several of the participants expressed regret in relation to their injecting drug use lifestyle and were keen for others not to be similarly initiated. Participation in the study was one way in which they were able to contribute to this goal.

Findings

Demographic Characteristics of Participants

The average age of participants was 25.5 years, and the range was 18–28 years. More than half of the group were Christians (57%) and the rest were Hindus. The Christians were mostly from Nagaland and the Hindus mostly from Manipur. In relation to ethnicity, the majority (53%) were Naga, and 32% were Meitei. Close to one-fifth of the participants had never attended school and 40% had attended but not finished school. Six of the seven who had never attended school were women. Only three of the participants had employment at the time of the interview. Demographic information is summarized in Table 1.

Table 1
Demographic characteristics of participants

Variable	Manipur ($n = 20$)	Nagaland ($n = 20$)	Total ($n = 40$)
Age (mean)	26.4 years	24.7 years	25.5 years
Sex			
Male (%)	75	75	75
Female (%)	25	25	25
Religion			
Christian (%)	30	85	57
Hindu (%)	70	15	43
Ethnicity			
Naga (%)	25	80	53
Meitei (%)	65	—	32
Other[a] (%)	10	20	15
Education			
None (%)	20	15	18
Incomplete (%)	20	60	40
Complete (%)	50	20	35
Graduate (%)	10	5	7

[a]Two Assamese, two Nepali, one Kuki, and one mixed ethnicity.

The First Injection

Circumstances of the First Injection

The average age of participants across both states at the time of their first injection was 20 years (range 14–26 years). The average age at first injection for the men from Manipur (18 years) was somewhat younger than for the men from Nagaland (21 years). The average age at first injection for the women from Manipur was 23 years, which was higher than the male average for that state and higher than for women from Nagaland (20 years).

More than half of the participants reported being initiated into injecting drug use with SP, and the remainder with heroin. However, state and sex differences were observed. Participants from Manipur were more commonly initiated with heroin and those from Nagaland with SP. All but one of the male participants in Nagaland injected SP the first time, but most of the women from this state were initiated with heroin. Heroin was the drug of initiation for almost two-thirds of male and all female participants in Manipur. The majority of participants reported having used the drug via a noninjecting route prior to initiation into injecting (either oral SP or smoking/chasing heroin).

While most participants either paid for the drug themselves or at least contributed to payment for the drug, only a few actually obtained it personally. Generally the drug was obtained by friends and occasionally by “local elders.” The first injection usually took place in a friend’s home or the home of the participant. Other less common settings for the first injection included gardens, prison, hotel, war cemetery, riverside, and the peddler’s place. The drug was nearly always prepared for injection by a person other than the participant.

Initiation into Injecting Is a Shared Experience

All participants were initiated into injecting drug use by another more experienced person who actually administered the injection. This person was most commonly a friend with whom they had a longstanding relationship, often since childhood, but in a few cases participants were initiated by relatives, workmates, and local elders. One participant had been coerced into injecting in prison and another had been introduced to injecting by tenants in his family's house. The women were mostly initiated by men including their own or a friend's boyfriend, or older males who were casual acquaintances. A few of the women were initiated by people they had known for a long time, but generally they were more tenuously connected to those who initiated them. In contrast, most of the men were initiated into injecting drug use through well-established friendship networks. None of the men were initiated by a woman.

> He was my friend from childhood. We are in the same age group . . . We studied in different schools but we used to play together in the evening. We used to talk about our schools and exchange comics, cassettes and other things. He was a good student. I went to Delhi for my eleventh and twelfth [class] and heard that after he started using drugs he dropped out from his studies and had his different friends. But we used to meet once in a while as we were in the same locality. That day, I had gone to his place just to spend my time. (Manipur (M)16 male, 27 years)

Initiation into injecting drug use is a social event. All the participants reported that they were in the presence of at least one other person at the time of their first injection, and the majority injected in groups of two to four people. The largest group size was eight.

> On that day eight people were there at my friend's house in my locality. Out of the total, five of them were my local friends and they were almost the same age as me, but the remaining were local elders. So actually they are all my locality friends. We were all from the same neighbourhood. (M02 male, 27 years)

The women were generally initiated as a part of a small group activity such as a picnic, with a mix of both males and females present, whereas the men were almost always initiated in the company of other men.

Making the Decision to Inject

Most of the participants played an active role in their initiation by either having the idea, planning the injection, paying for the drug, obtaining it, or asking another person to inject them. When asked whose idea it was for them to inject the first time, many said it was their own idea, while others had been encouraged to inject by their friends. Most recalled the decision to inject at that particular point in time as a spontaneous one; a minority had actively planned it. Several participants said that although their first injection was not planned as such, they had been thinking about injecting drugs at some stage, so seized the opportunity when it arose.

> Many people used to tell me that the kick of heroin is very good. So there was always an expectation in my mind that if I got the opportunity, one day I would

> try this drug. So I injected the heroin because I had the opportunity. (M06 male, 27 years)

Deliberately seeking out family and friends who were known IDUs was a common strategy among those who planned to inject. Some willingly paid for the drugs for the experienced injector in return for his or her help with injecting.

> It was planned and we were all excited about it. It was during our summer school vacation. Six of us used to meet daily to practice songs at one of our friend's place . . . We were using grass and pills and we wanted to try out heroin injection. There was a senior in our school who used to mix around with us also. He wasn't addicted at that time but we knew that he was injecting. He used to come and join us during our practice, so we all decided to try out injecting and planned it together with him. (M15 male, 27 years)

In contrast to the situation with many of the young men, some of the women were living in vulnerable circumstances at the time of initiation and were introduced to injecting without really knowing very much about it. In these cases, the idea was not theirs and the event was not planned.

> I had run away from home. My parents died, so we were looked after by our aunty at her place. One day I ran away from home and ended up in the railway station. There I met these new friends. They told me that if I injected the white substance I would feel better—I would be able to forget all my sorrows. So I injected for the first time. (Nagaland (N)09 female, 18 years)

Reasons for Starting to Inject

The reasons why a given individual is initiated into injecting drug use at a given point in time are complex. The event is influenced by a constellation of factors from the personal, socio-economic, and political spheres of the individual's world. Exploring subjective reasons for making the decision to inject informs our understanding of the pathways to injecting, but represents only a portion of the story. A range of other personal and environmental factors not necessarily recognized as important by individuals also contribute to their decisions to inject. For the participants in this study, the explicitly stated reasons for making the decision to inject revolved around three main subthemes: (1) curiosity about and wanting to experience the injecting high, i.e., pleasure-seeking; (2) influence of peers; and (3) economic reasons. In many cases, the decision to inject was influenced by a combination of these factors.

Many participants said that their main reason for injecting was a desire to experience the (anticipated) pleasurable effects of the injecting high that they had often heard about from friends. Most of these participants had been using a range of drugs via noninjecting routes for variable periods of time. A number of participants experienced their first injection during a festival time such as Holi, when drug-taking was integrated into the celebrations.

> It wasn't due to any other reasons such as problems at home. I wanted to enjoy life—I was just looking for fun. (N10 female, 25 years)

> There was nothing wrong in my life at that time. It just happened when I was having fun with friends, I don't blame anyone. I was not frustrated or anything like that—I made a mistake. (N01 male, 26 years)

Other participants identified the influence of friends as their reason for injecting. This influence took two forms. First, some participants had friends who were already injecting and either felt left out as a noninjector or simply made an impulsive decision to join in the shared activity, sometimes out of boredom. Second, friends would tell them about the pleasurable effects of injecting and urge them to experience it.

> It became very hard to be with them without doing drugs. I saw them enjoying drugs and I felt lonely and always left out with my drinks. They told me again to try it out so I said okay to their proposal. (N20 male, 26 years)

> I had been waiting for that moment for quite a long time. My friends often told me about the heroin kick, so I always wanted to try it out. Besides that day was a festival so I wanted to have good time among my friends. (M02 male, 27 years)

Those participants who were dependent on oral SP or chasing heroin mostly provided an economic justification for deciding to inject at that point in time, such as a shortage of money and/or drugs.

> Because I had been using SP orally for quite a long time, I had to spend so much money. In the meantime my family members came to know about my drug habits. My drug user friends told me many times that the SP injection kick is very different from the oral. I thought if I inject the SP it will save the drugs and money. Besides I also wanted to try the kick of injecting. So on that day I decided to inject. And also another reason was on that day I fought with my mother about money. Since they knew about my drug use they became strict with me and stopped giving me money. I thought in my mind once I start injecting I can manage the money. (M04 male, 26 years)

Only a small number of participants said that their decision to inject at that point in time was influenced by adverse circumstances such as unemployment, drug withdrawal, disability, family problems, and poverty. As well as the explicitly stated reasons for making the decision to inject as discussed above, implicit influences on the decision to inject were also evident in the data transcripts. Having injected and knowing how to inject was a source of pride and proof of masculinity for some of the men.

> At the time of my first injection I didn't have any problem with my friends. I felt strong and proud of myself because now I am able to inject. (M01 male, 21 years)

> I felt so strong in myself that now I am able to inject drugs, and I was able to say or do anything to anyone including my girlfriends. On that day for the first time in my life I kissed my girlfriend. (M11 male, 27 years)

> After a year my friends told me to try it out since I am a man. (N20 male, 26 years)

> I started using as I thought that being a male I must know everything. I wanted to feel manly. (M09 male, 26 years)

> At one point of time I was a little nervous about it, but I was angry because of the problem at home and I said to myself that I am a man, I can do it, and I did it. (N03 male, 26 years)

Another subtheme embedded in the data that may be an important factor influencing injecting drug use in this part of the world was boredom. These young people, men in particular, often alluded to the fact that they had a lot of time on their hands, and drug use including injecting drug use was one way of occupying time.

> At that time I had just finished my matric exam—I had nothing else to do, I was feeling bored. I had left school, I was not even self-employed, it was really boring. Some of my friends were already using drugs and I heard lots of stories about "kicks" from them. They told me drugs are a good way of *killing time with enjoyment*. So then I decided to try out drugs just to kill the time, and enjoy the kick. (N10 female, 25 years)

Effects of the First Injection

Participants were asked to describe the subjective experience of the effects of the first injection. The subjective experience of drug-taking is shaped not only by the pharmacological action of the drug but also by the interaction between the individual and the social and environmental context of the event. Mixed reactions to the first injection were noted. Many participants described an overwhelmingly positive effect with the first injection, reporting feeling very light (as if flying), feeling as if they were alone in the world, a heightened sense of well-being and interest in things around them, and an absence of problems and worries. Several likened the experience to being in a dreamlike state or being in heaven.

> I didn't feel pain. It was very peaceful . . . My body felt very light. It was like I didn't care what was happening around me. I felt different even while walking. It was like there were no problems in the world . . . I felt like I was the only person in the world. It was like heaven—it must have been second heaven. (N11 female, 26 years, heroin)

> The moment I fixed, it just went straight to my head, and I felt like I was in second heaven . . . It was like my legs were not touching the ground as I walked, I felt that I was flying. I also felt like I am the only one on earth, I felt like a king and I felt proud of that . . . There was no tension, no fear. (N16 male, 23 years, SP)

In contrast, some participants reported a negative physical and/or psychological reaction to the first injection, and failure to achieve the anticipated pleasurable high. This

was especially the case for those who injected heroin and those who had limited previous exposure to the drug via noninjecting routes.

> I still remember that incident. I was about to overdose as I had a pill hangover from the previous day. Just after the injection I vomited and could not open my eyes. My friends told me to do body exercises so I did sit ups and then they helped me to run for sometime in the park. After that they put lemon in my mouth to reduce the kick. So luckily I was saved from overdose on my first injection . . . My first kick was not good to me . . . I was lucky that day because I would have overdosed if my friends hadn't helped me. They actually saved me. (M02 male, 27 years, heroin)

Most participants, including those who had a negative experience with their first injection, injected again shortly after. The length of time between the first and subsequent injection ranged from 30 min to 2 years. The majority reported using again either the same day or the following day. Some participants did not experience the anticipated "kick" with the first injection, so injected again very soon afterwards with the explicit aim of achieving the desired effect.

> When I injected the drug I felt like vomiting. I didn't really experience the real kick of SP so on that same day I injected once again in the evening . . . I experienced the kick this time. (M11 male, 27 years, SP)

Risks for HIV Transmission

Sharing injecting equipment was a common feature of initiation into injecting drug use. Many of the participants injected with a needle and syringe that had previously been used by someone else. Sometimes a new needle and syringe were used, and sometimes the participant was injected first, but invariably the new injecting equipment was subsequently used by others. Many of the participants described how the needle and syringe was "cleaned" between injections using water, and clearly many (falsely) believed that this was an effective way of preventing HIV transmission.

> At the time of my first injection I had heard about HIV/AIDS. But I didn't know any detail about it. Also, I thought HIV/AIDS had nothing to do with me. I heard that HIV can be spread through sharing syringes but I wasn't concerned about it. I thought as long as I clean the syringe with water nothing will happen to me. So even on that day of my first injection I injected with four friends with one old syringe. And I was the last one who injected the drugs on that day. (M09 male, 26 years)

> On that day we all shared with one new syringe which was brought by that guy who was my friend's boyfriend. And we eight persons got injected with that same syringe. He did wash it after injecting one person. He cleaned it with plain water only. (M18 female, 26 years)

Many participants, particularly those from Manipur, had heard about HIV and AIDS before they started injecting, but often not in sufficient detail to protect themselves from

the risk of infection, and sometimes even participants with sufficient knowledge injected with a needle and syringe knowing that it had previously been used by others. When asked if they were worried about becoming infected with HIV at the time of initiation, most said they were not worried because they had either used a new needle and syringe or had used "cleaned" equipment that they believed to be safe. Other participants were not concerned about HIV infection, either because they had no knowledge of it, believed that the person/people they were sharing with were not infected, or were totally focused on injecting the drug and nothing else.

> I had not heard anything about HIV/AIDS . . . That's why I shared the first injection with my friends. These things I came to know only after I was totally addicted to heroin. So I have shared many times before knowing all these things . . . I wasn't worried at all because I didn't know. (M03 male, 27 years)

Only a few participants did not share injecting equipment or insisted on being injected first because they were aware of the risk of HIV infection and deliberately took precautions to protect themselves.

Life Situation at the Time of the First Injection

Normalization of Drug Use and Injecting

Almost all participants reported that at the time of their first injection they knew other people who injected drugs, with numbers ranging from 1 to more than 30. These people were mainly local and school friends, but also siblings, relatives, neighbors, and older people within the local community. Most participants reported knowing at least five others who injected drugs.

> Yeah, I knew many people who injected—about ten. They were mostly my friends, some of my relatives were also injecting. (N03 male, 26 years)

Socio-economic Circumstances

The majority of participants were living with their immediate family at the time of their first injection, which usually included both parents and at least one sibling. Some of the men noted that their fathers had either died or were employed away from the family home. A few lived at boarding school, or with extended family such as grandparents and aunts. The women were more likely than the men to be disconnected from their natal families at the time of initiation into injecting. They were living in a variety of circumstances including their parents-in-law, other relatives, and friends.

Participants reported that relationships with their families were generally good when their parents had no knowledge of their drug use. However, once family members became aware of participants' drug use, the relationships rapidly deteriorated.

> My life before drugs was good, my parents trusted me, all my requirements were met. They gave me money when I asked for it, but after I began using drugs—when they came to know that I am on drugs, things changed. They

> stopped giving me money, we began to fight. There was no trouble at home prior to that. (N07 male, 25 years)

Similarly, most participants said they had good relationships with their friends at the time of initiation into injecting. In fact, many of their friends were fellow drug users.

Most participants were not attending school at the time of their initiation into injecting drug use, either because they had completed their schooling or had dropped out. Some were still at school but waiting on exam results or on school holidays. Only a small number of participants were employed, mostly working as daily wage laborers. About one-third of the participants said that they had been in trouble with the police prior to initiation into injecting, and a few had been to prison, mostly for drug-related offences.

Drug Use History Prior to First Injection

The majority of participants were poly-drug users prior to their first injection, and drug use often commenced at quite a young age (around 13 years for men and 15 years for women). Almost all began their drug use with local or school friends, or relatives. Only a few had begun using drugs alone. Participants generally commenced drug use with cigarettes, marijuana, pills (such as benzodiazepines and SP), paan, brown sugar, cough syrup, or alcohol. Some were introduced to cigarettes and alcohol during times of celebration such as festivals or family ceremonies and some (secretly) obtained alcohol and cigarettes from their parents or other relatives. Quite a few commented that they enjoyed the effect of pills more than that of alcohol, and that alcohol use was more difficult to conceal from others, so pills were preferred.

> I tried alcohol once in a while but I never used it regularly because I don't like the kick and also my parents can find out very easily that I have used alcohol. (M01 male, 21 years)

Many participants noted that drugs, SP in particular, were easy to obtain and cheap to purchase. They were often able to finance their initial drug use through pocket money given to them by parents, and sometimes drugs were supplied for free by drug-using friends. There was generally no financial impediment to drug use until dependence developed.

> Before my first injection I had started using cigarettes during my 6th standard. I started using cigarettes occasionally with my cousin-brother during ritual ceremonies happening at our home. Then very soon I started using grass occasionally during the school hours. But when I started skipping classes with some of my friends—we had six gang members—I regularly started using grass. That was during my 7th standard. During those days one of our friends used to bring sleeping pills as my friend had a pharmacy shop. So I started using pills occasionally during the school hours. The grass was easily available near our school campus and it was very cheap. I could get one small packet for five rupees and the pills I got free of cost. Later after my 7th standard as my circle of friends become larger I was introduced to and started using SP. (M01 male, 21 years)

Initiation of Others

The initiation of one person by another into injecting drug use can be likened to a model of disease transmission, especially in the context of strongly linked social networks. If one person initiates multiple others, and some of those people go onto initiate multiple others, there is potential for a growing injecting drug use problem. Slightly less than half of the participants had initiated at least one other person into injecting drug use and the number of others initiated ranged from 2 to more than 12. The men were more likely than the women to have initiated others.

> One day while I was at home some local boys who were younger than me came and asked me to inject them. They had the heroin and they really didn't know how to inject the drugs. There were five of them. On that occasion I injected all five of these boys and also injected myself from their drugs. (M10 male, 27 years)

Some of the participants who had never initiated anyone else had deliberately not done so because of the associated risks and because they viewed the decision to inject as misguided. In a sense, they were trying to protect others from the negative consequences of the injecting lifestyle.

> No, until this day I have not taught anyone to inject. There have been incidents when we are injecting and friends would come and see us doing it. Some wanted to try and I told them that it's not worth it because they are fresh and have not spoiled their life as I have spoiled mine. I advised them not to ever make the mistake of trying drugs. That way I have been able to keep someone away from drugs. (N12 female, 22 years)

> No, even if they approached me I didn't (initiate them). There are risks involved—people might overdose. I know that injecting is not good, so I tell them not to inject. (N03 male, 26 years)

Reasons for Continuing to Inject

Participants were also asked about their subjective reasons for continuing to inject, which were quite different from their reasons for starting to inject. The predominant reason for currently injecting drugs was the fear of withdrawal symptoms. Many said they wanted to stop injecting drugs, but were too afraid of the withdrawal.

> One of the things I am most afraid of, being a drug user, is withdrawal—this is the reason why I have kept on using drugs till now. Honestly I thought many times to not inject anymore but it never happens to me. Besides I have been to rehab more than five times but it does not work. Sometimes I think that I may be HIV positive by now, so I may not live very long. I will continue to use it so that I can die first. (M03 male, 27 years)

Other participants continued to inject because they enjoyed the pleasurable effects and a few had no intention of stopping injecting drug use, although this admission was often tinged with regret.

> I can't give up now. I am totally addicted. I had never imagined in my life that I would be like this. I had my dreams. I am afraid of the withdrawal also. I am happy like this. (M16 male, 27 years)

Discussion

This qualitative study investigated initiation into injecting drug use in north-east India, a geo-politically complex, challenging and isolated part of the world with a serious injecting drug use problem. The findings indicate that initiation into injecting drug use for these young people is frequently preceded by a history of poly-drug use often involving the drug that was ultimately injected. The first injection was commonly administered by a close friend located within an established network of friends, many of whom also inject. Even though most of the participants said that the decision to inject the first time was a spontaneous one, many had been contemplating this step for some time, and were actively engaged in the process leading up to the first injection.

This study has a number of limitations that need to be considered when interpreting the findings. First, the sample is not a representative one, so the findings should be generalized with caution. The participants were recruited through NGO programs in urban areas and it may well be the case that IDUs not in contact with NGOs and those from rural areas are different from the participants in this study in ways that are relevant to the experience of initiation into injecting. Finally, as the participants were recruited in association with NGOs working in the area of harm reduction, social acceptability bias may have influenced some of the participant's responses.

The state and sex differences observed in this study are supported by anecdotal information from people working in the field in north-east India. The reasons why women tend to use heroin rather than SP, even in Nagaland where men are much more likely to be SP users, remain unexplained. While the number of women participating in the study was too small to say anything conclusive about them, it certainly appears that there are important differences between the women and the men including education levels, the drugs used, who initiates them, how they are initiated, and their life circumstances. The situation among women who inject drugs in north-east India remains to be well described, and warrants further investigation.

The contexts of north-east India are fairly unique and this has in many respects created a unique epidemic of injecting drug use that varies not only from others in India and elsewhere, but also between and even within north-eastern states. Some differences between IDUs in the north-east and those elsewhere in India are the patterns of drug use, being relatively well educated, rarely being destitute or homeless, and pockets of geographically and linguistically isolated groups of drug users (NACO, 2002). The findings of this study highlight differences between two relatively small neighboring north-eastern states reinforcing the need to describe and understand local drug use contexts, and to develop interventions based on local knowledge and understanding if programs are to be successful.

The explicitly stated reasons for injecting the first time (for pleasure, influence of peers, economic reasons) are consistent with reasons reported in other studies (Crofts et al., 1996; Frajzyngier et al., 2007; Giddings et al., 2003; Roy et al., 2002; Witteveen et al., 2006), and with those reported in the cross-sectional survey that partnered this study (Kermode et al., 2007). It is interesting that very few participants identified a connection between their decision to inject and the social, cultural, political, and economic context of north-east India, which is characterized by unemployment, tribal fighting, and armed insurgency.

Failure on the part of participants to identify such connections does not necessarily mean that these factors are not contributing to young people's decisions to inject drugs.

Almost all the young men were unmarried and living with their families at the time of initiation (who traditionally provide all material and financial needs) and had few commitments in terms of schooling and employment, despite many being well educated. This creates a picture of young men with limited domestic or financial responsibilities, i.e., no adult roles to fulfil despite being adults, and given the disadvantaged socio-economic context of north-east India, little prospect for change in the foreseeable future. This contrasts sharply with the roles of their recent male ancestors who were contributing in important ways to community and family by providing food and protection against enemies (von Furer-Haimendorf, 1976). This dramatic change in the social order over a relatively short period of time has created a social vacuum for young men, which is arguably being filled, at least in part, by activities such as drug use or joining insurgent groups. Strategies for engaging young men in meaningful ways by providing vocationally oriented training and employment opportunities are needed. Addressing development issues such as these requires substantial commitment from government, civil society, and donors.

It is also clear from this study that these young men have strong social networks based on tribal and neighborhood connections and that injecting drug use features in some of these networks, which to a certain extent normalizes it. Thus, the act of injecting becomes a quasi rite of passage that bonds young men with friends, and may be seen as proof of masculinity to both themselves and their peers. Other studies have identified social network factors as playing an important role in facilitating the transition to injecting (Frajzyngier et al., 2007; Neaigus et al., 2006), but the role of drug use generally and injecting drug use in particular in the construction of a masculine identity was not explicitly explored in this study and probably warrants closer attention.

The idea of using existing social networks among community subgroups engaged in HIV-risk behaviors in order to change social norms has been described by others as a possible strategy for harm reduction (Amirkhanian et al., 2005; Friedman et al., 2004; Latkin, Forman, Knowlton, and Sherman, 2003). It may be possible to capitalize on the strong social networks in north-east India to promote interventions using models that are different from the more traditional approaches to harm reduction such as drop-in-center, peer education, and outreach workers. The traditional strategies tend to target more established users, but there is a clear need for harm reduction messages to reach further upstream as initiation into injecting was unsafe for most participants who were often initiated by more experienced users, some of whom would already be infected with HIV or hepatitis C virus. It may indeed be appropriate to develop harm reduction programs targeting non-IDUs. It may also be possible to leverage existing social networks to disseminate messages about the undesirability of initiating others into injecting, as clearly some injectors already subscribe to this view.

The fact that by far the most commonly expressed reason for continuing to inject was to avoid the symptoms of withdrawal suggests that better access to effective oral drug substitution programs may reduce the prevalence of injecting drug use by providing protection from the symptoms of withdrawal, and care and support for those who want to leave injecting. However, addressing important development issues such as the need for employment alongside oral substitution programs will be important for sustained benefit.

Declaration of Interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the article.

RÉSUMÉ

Prendre du plaisir à tuer le temps: une étude qualitative de l'initiation a l'usage de drogues par injection dans le nord-est de l'Inde

Manipur et Nagaland sont des états du nord-est de l'Inde caractérisés par une forte prévalence de l'usage de drogues par injection et du VIH dans un contexte de sous-développement socio-économique et d'instabilité politique. Cette étude qualitative cherche à mieux comprendre les facteurs contextuels associés à l'initiation à l'usage de drogues par injection dans ces deux états. Mi-2006, quarante interviews en profondeur et semi structurés ont été conduites auprès d'utilisateurs de drogue par injection (10 femmes, 30 hommes) âgés de 18 à 28 ans. Les transcrits des interviews ont été analysés par thèmes. Tous les participants ont été initiés à l'injection par une autre personne, le plus souvent un(e) ami(e) et souvent dans le contexte de réseaux sociaux bien établis. La plupart prenaient plusieurs drogues et des pratiques d'injection peu sûres étaient fréquemment associées à l'expérience de l'initiation. Les raisons subjectives pour décider de s'injecter étaient la recherche de plaisir, l'influence de pairs et des raisons économiques. Nous postulons que l'initiation à l'injection dans cette partie du monde est aussi liée aux idées de masculinité, et que les jeunes hommes s'engagent dans l'utilisation de drogues afin de remplir un vide social créé par un nombre limité d'opportunités de s'impliquer clairement dans des rôles d'adulte au sein de la communauté. Les résultats de cette étude suggèrent que les programmes de prévention du SIDA devraient cibler les utilisateurs de drogues (noninjectables), et que les réseaux sociaux existants pourraient être utilisés de façon créative pour étendre la portée de ces programmes.

RESUMEN

Matar el tiempo con goce: un estudio cualitativo de la iniciación en el consumo de drogas inyectadas en el noreste de India

Manipur y Nagaland son estados del Noreste de la India caracterizados por una alta prevalecía de consumo de drogas inyectadas y del VIH en un contexto de subdesarrollo socioeconómico y instabilidad política. Este estudio cualitativo tiene como objetivo aumentar la comprensión de los factores contextuales asociados a la iniciación de drogas inyectadas en estos dos estados. Cuarenta entrevistas en profundidad semi-estructuradas, fueron realizadas entre los consumidores de drogas inyectadas (10 mujeres, 30 hombres) con edades 18–28 años a mediados del 2006. Las transcripciones de las entrevistas fueran analizadas temáticamente. Todos los participantes fueron iniciados en el uso de drogas inyectadas por otra persona, más comúnmente un amigo y a menudo, en el contexto de redes sociales bien establecidas. La mayoría eran consumidores de varias drogas y practicas peligrosas de inyección que estaban asociadas frecuentemente con la experiencia de la iniciación. Las razones subjetivas a la decisión de inyectarse eran la búsqueda de placer, la influencia de compañeros y razones económicas. Nuestra hipótesis es que el inicio a la inyección en esta parte del mundo está también vinculada a ideas de masculinidad, y que los hombres jóvenes participan en el uso de las drogas con el fin de llenar un vació social creado por la escasez de oportunidades, para participar de manera significativa, en papeles de adultos dentro de la comunidad. Las conclusiones de este estudio sugieren que programas de SIDA necesitan

apuntar a los consumidores de drogas no inyectables, y que redes sociales ya existentes podrían ser usadas de una manera creativa para ampliar el alcance de estos programas.

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