

UNIT 7 HIV AND DRUG ADDICTION

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7.1 INTRODUCTION

You must have come across public message such as 'Say No to Drugs', 'Drugs Kill', 'Never Even Try Once'. Drug addiction is a major problem in today's world. Illegal drugs industry has been estimated to be the second largest industry in the world. Drugs destroy human beings, families and societies. Drug addiction no longer remains as isolated problem. After the emergence of HIV/AIDS as a major public health crisis, drug addiction is seen as compounding the AIDS problem. The question is how. Are drug addicts more vulnerable to AIDS? What is the relationship between drugs and HIV infection? In this unit, we will address these questions.

7.2 OBJECTIVES

In this unit, we will discuss the relationship between drug addiction and HIV/AIDS. We can deal with this problem by spreading information and motivating the youth.

After reading this unit, you should be able to:

- explain how drug addiction can transmit HIV infection through:
 - a) Injecting drugs
 - b) Sexual intercourse
 - c) Blood transfusion
- describe the drugs that cause addiction and their relation with HIV transmission.

7.3 WHAT IS DRUG ADDICTION?

What is a drug? It is a chemical substance, which produces distinct physical and/or psychological effects. Usually, physicians prescribe it for treatment purposes. Many drugs become a habit and cause addiction through their effect on brain and

nervous system. The World Health Organisation (WHO) defines drug addiction as the state of periodic and chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Such a drug causes:

- an overpowering desire or need (compulsion) to continue taking the drug and obtain it by any means;
- an inclination to increase the dose;
- a psychological or physical dependence on the effects of the drug; and
- finally, detrimental effects on the individual and society.

7.4 DRUG ADDICTION AND HIV/AIDS AS SOCIAL PROBLEMS

Drug addiction is a big challenge for the society. Addicts do not comply with societal norms and values and act only to fulfil their own interests. Drug addiction in most cases leads to HIV infection. However, an individual does not always become a drug addict all by himself or herself. Many societal processes facilitate this. We can examine the issue of drug trafficking to understand how larger processes in society influence individuals.

After the 1980s, though the Gross National Product (GNP) in our country grew, yet due to inequitable income distribution the labour force and other marginalized sections became more disadvantaged. Their negotiating power got restricted and the unorganized sector grew in primary manufacturing, construction, trade and commerce, transport, storage and communication sectors. Rapid rise in unemployment and growth of slums in urban centres have led unemployed youth to using drugs (Molly, 2001).

Causes of Drug Addiction

The factors that can lead to drug addiction can be psychological, social or physiological. Under psychological causes, an individual resorts to drugs to overcome stress, remove depression or just for the sake of curiosity. Social causes include peer pressure and the need to get the 'high' or having challenged social norms and values. Physiological causes could be to remove pain or to get sleep.

Family and peer group play a significant role in an individual's decision to be initiated into drugs. Usually, drug addicts have lived in abnormal family situations deprived of love and care. If parents smoke or drink, then children are also prone to take up these habits later in life. However, a loving relationship with parents can withhold young people from resorting to drugs.

Effects of Drug Addiction

Drug addiction has various adverse effects on the users as well as the society. First, let us examine the impact on individuals.

Physical and psychological dependence

As discussed already, drugs lead to physical and psychological dependence. In physical dependence, drugs cause certain reactions in the body making it incumbent upon the individual to consume it in order to function normally. Gradually, the individual is unable to live without these drugs. Psychological dependence originates when the mind becomes desperate to consume a particular drug. Since the chemical in the drug produces a feeling of pleasure, the intake of that drug becomes essential

for the addict. For instance, *ganja* causes more psychological dependence than physical dependence. Later on, 'tolerance' increases to such levels that the user has to increase the dose to obtain the same effect as the previous dose. However, when the body is habituated to a drug, 'cross-tolerance' might also occur, whereby tolerance for one drug would cause tolerance for another. Thus, the addict explores new and more powerful drugs.

Withdrawal symptoms

When an individual who is addicted does not take his habitual dose of these drugs, signs of withdrawal appear. These include sweating, shaking, chills, diarrhoea, nausea, abdominal and leg cramps which show the degree of dependence.

Deteriorating health

The harmful effects on health are physical and psychological in nature. The physical harm is in the form of poisonous effects, dependency, communicable diseases, injury, violence, malnutrition neurological disorder and death. The psychological symptoms include depression, psychosis and impaired thinking.

Drug addiction also hampers the functioning of society in *different ways*.

Disruption of family

Drug addiction leads to family breakdown and collapse of the social order. Addicts are unable to earn a livelihood and ignore work to indulge in such activities. They bring stigmatization and marginalization to other family members as well as to themselves. The expenditure on health services later on burdens the family budget. It may lead to divorce between the spouses and abandonment of the addict. A fully functional individual becomes incapacitated to contribute to society.

Impetus to crime-related actions

In order to finance their continued intake of drugs, addicts resort to thefts and other unsocial as well as anti-social activities. Moreover, the demand for these drugs, which are mostly illegal, promotes drug trafficking and criminal activities.

7.5 TYPES OF DRUGS

Drugs can be classified into various categories such as gateway drugs, legal drugs and illegal drugs.

- a) **Gateway drugs:** These lead a person into the world of drugs. These include cigarette, cigars and tobacco products like *gutka*. Those who use these drugs are more prone to drug addiction later.
- b) **Legal drugs:** These are available in the market with permission such as alcohol and narcotics. The government regulates their distribution through licensing and taxation etc. Consumption of alcohol/tobacco is around 100 times more than all other drugs put together (Britto, 1992)
- c) **Illegal drugs:** Law prohibits these drugs and lays down strict action to ensure compliance. For instance, the Narcotic Drug and Psychotropic Substances Act (NDPS Act) 1985 deals strictly with drug peddlers and drug addicts.

Based on origin, drug can be classified as following:

- a) **Natural products:** These exist in nature and are used after minimal processing such as drying. For instance, cannabis products like *ganja*, *charas*, *bhanga*, cocoa leaf and some kinds of mushrooms and opium.

- b) **Derivative products:** These are manufactured from natural commodities with the help of chemicals, for example, heroin from opium, crack and cocaine from cocoa. In India, heroin is emerging as a major problem.
- c) **Synthetic drugs:** Non-organic material is used for their production. Methadone, Barbiturates are some examples.

Drugs are classified based on effects as:

- a) **Narcotics:** These drug relieve pain and make nerves unresponsive. They cause mood alterations. These include opium and opium derivatives, for example marijuana, heroin, *charas*, *ganja* and *bhanga*.
- b) **Stimulants:** These stimulate the central nervous system of the body. Increasing the energy level, they temporarily do away with fatigue and help in keeping awake. For example, amphetamines.
- c) **Depressants:** Opposite of stimulants, the depressants slow down or depress the functioning of the central nervous system. These include alcohol, barbiturates, methaqualone, benzodiazepines, besides tranquilizers like valium, campose.
- d) **Hallucinogens:** Hallucinogens drastically affect the perception, emotions and other mental processes. The user experiences feeling of joy or nightmares. LSD is a well-known hallucinogen. A small overdose of this can lead to sudden death.

Methods of Intake

Ganja plant is grown in many parts of the country. A large proportion of agricultural labourers, rickshaw pullers, porters, truck drivers and daily labourers use it to overcome fatigue. *Ganja* and *charas* are usually mixed with tobacco and then **smoked** through a chillum or hookah. *Bhang* is taken after mixing with milk or sweets.

Opium is used in Kashmir, Uttar Pradesh, Bihar, Punjab, Rajasthan, Madhya Pradesh and Himachal Pradesh. Opium is **orally** taken or mixed with water and **drunk**. In western Rajasthan, opium **liquid** is offered in marriages, births, deaths and other such occasions.

Brown sugar, a crude form of heroin, is derived from opium. It is more addictive than opium. Brown sugar users start by mixing it with tobacco and then go on to inhale the vapours (**chasing**), ultimately going to take **injections**. This progression may not always follow this pattern. Smoking is also a common form of intake of brown sugar, White heroin-heroin in a pure form, is also injected.

Check Your Progress

Notes: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1. Define drug addiction.

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2. Discuss Drug addiction and HIV as social problems.

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3. What are the various types of drugs?

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7.6 MODES OF TRANSMISSION

Generally, AIDS cases have been reported from the productive age group of 15-44 years. The first case of AIDS was detected among heroin drug abusers in West Jersey (U.S.A.) in 1982. India has around 5.7 million adults and children living with HIV in 2005 (UNAIDS, 2006). In fact, of the five South Asian countries that UNODC (United Nations Office on Drugs and Crime) works in, the correlation between drugs and HIV is most significant in India, Nepal and Bangladesh. India requires both intervention and prevention programmes unlike Sri Lanka and Maldives that need to focus on prevention (Pant, 2006).

The first HIV case in India was reported in Chennai in 1986. The nature of HIV spread in country is varied. In some parts of the country, it is transmitted primarily due to intravenous drug use and in other parts, through sexual transmission. The six states of India that constitute 80 percent of all AIDS cases reported consist of Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka, Manipur and Nagaland. In the Southern States, mostly heterosexual transmission is the reason for HIV/AIDS while in North Eastern states of Manipur and Nagaland, injecting drugs is the most common cause. The table below shows the relationships between the commonly abused drugs and HIV transmission.

Table 7.1: Most frequently abused drugs and their relationships with HIV infection

Substance	Desired Effects	Undesired Effects	Relationship with HIV/AIDS
Alcohol	Euphoria, Lightness	Anxiety, Depression, Irritability, Appetite loss	Unsafe Sex, Sexual violence
Opiates	Analgesia, Sense of tranquility, Decreased sense of apprehension	Nausea, Vomiting, Depression of respiration, Changes in neuroendocrine system	Needle-sharing
Cocaine and Crack	Euphoria, Enhanced vigour	Panic attacks, bouts of anxiety and Suspiciousness, Anorexia, Hyperactivity	Unsafe sex, Sexual violence and Needle sharing

Source: Starace et. al, 2005

1) Injecting Drugs

People who inject drugs with the help of needle and syringe are called injecting drug users (IDUs). Drugs like pethidine, morphine, fortwin and buprenorphine are injected into the muscle. HIV spreads due to the use of needle and syringe and subsequent sharing of these between drug addicts. When these drugs are medically prescribed, the medical community uses disposable syringes. It is only due to abuse of these drugs by addicts that the infection spreads.

The first case of HIV infection among intravenous drug users was reported in Manipur. Manipur shares international border with Myanmar and thus heroin is easily available. The 'Golden triangle' of Myanmar, Thailand and Laos gives an impetus to drug trafficking. Among large sections of population in Manipur, Nagaland, Mizoram and Meghalaya, the practice of injecting heroin continues. There are around 25,000 intravenous drug users in Manipur (Thomas, 1995). A UN Office of Drugs and Crimes (UNODC) report titled "Drug use in the North Eastern states of India" says that Manipur and Nagaland show a strong IDU (injectable drug use/user) and HIV link.

Causal users of drugs are more prone to infection since they share equipment in the early phase. Those who consume drugs on a regular basis tend to maintain their own equipment and, therefore, they are at a lower risk. Drug addicts think of buying the drug rather than new injection equipment. Research shows that most of the intravenous drug users have at some point of time, shared their needle and syringe. There are many more factors in addition to lack of new equipment that leads to sharing. These include the kind of relationship between the individuals who share, the cultural norms by which individuals feel obliged to help friends, the undeniable need to inject and an appraisal of limited risk (Me Keganey and Barnard, 1998).

According to World Drug Report, intravenous drug users are increasing in India, especially in cities like Delhi and Chennai. The young city-bred youth get addicted to drugs and even start using 'club-drugs'. It could be because of peer pressure, stress and loneliness. They tend to think that it is the 'in thing' (fashionable) to take drugs and show their rebellious attitude in this manner. "The youth feel it is 'cool' to do drugs, 'I do drugs and I am fine,'" has become a catchphrase among them (Pant, 2006).

2) Sexual Intercourse

Many people are not aware about the link between HIV and drug addiction. Since drugs and alcohol change the way an individual thinks, it leads to unsafe sexual practices which in turn cause transmission of HIV infection. Many studies show how alcohol abuse affects sexual behaviour related to HIV transmission. Alcoholics are likely to have many sex partners than those who do not abuse alcohol. This is because alcohol tends to relax inhibitions on sexual behaviour. The effect of cocaine is much stronger than that of alcohol, valium or heroin. It causes an increase in sexual desire and makes addicts indulge in unprotected sex that they would otherwise not do (Rhodes and Malotte, 1996). The consumption of drugs and alcohol reduces the immunity levels of people and they become prone to HIV infection once they are exposed to it.

HIV is contracted when blood semen or vaginal secretion of an HIV infected person gets in contact with the blood or mucous membrane of a healthy individual. In North Eastern India, the number of young widows of drug addicts is increasing. Many of them are HIV positive and are infected by their husbands. Similarly,

street children are also at risk of drug related HIV/AIDS. These children can be sexually exploited and they may not be able to protect themselves. They also get addicted to *ganja* (cannabis), tobacco, and other addictive liquids. They need to be taken care of so that they do not become gullible to dangerous drugs and then spread AIDS.

Drug addicts frequently contract sexually transmitted diseases (STDs) due to unsafe sexual practices. If a person gets an STD, then it also helps in easy transmission of HIV infection. STDs are transmitted through the same route as HIV infection. Genital ulcers such as syphilis, herpes make a person vulnerable to HIV/AIDS. STDs must be diagnosed early and then only the chance of being infected with HIV/AIDS can be reduced.

A Case Study

Simona, a 25-year-old woman tested HIV positive eight years ago. She faces problems in following the anti-retroviral therapy. When her physician referred her to a psychiatrist, it was found that she had a rebellious behaviour from her childhood and could not accept rules at home or school. At the age of 15, her father died of cancer to whom she was deeply attached. Around this time, she met a man much older than her who introduced her to drugs. Simona gradually increased the dose of drugs after her father passed away. This also led to needle sharing and unsafe sex. She got infected with HIV.

After being diagnosed she began to take treatment for drug addiction yet she was unable to change her ways of living. She could not resist using drugs. She continued to take drugs like heroin, cocaine and benzodiazepines. While following this she is unable to follow her HIV treatment. Though she is aware of the risk pertaining to lack of adequate care and treatment still she is not being able to resist drugs. She asked her mother to lock her at home. However, even this could not continue for more than two days. Simona is also worried about her physical appearance due to progression of the HIV infection. This prevents her from a social life.

On the basis of her clinical assessment, the psychiatrist found that Simona has a personality disorder. She also suffers withdrawal symptoms especially on days when she follows anti-retroviral therapy. These withdrawal symptoms during the anti-retroviral therapy force her to take drugs while drug addiction restricts her from following the anti-retroviral therapy. Let us reflect on the following questions:

1. What is the future of Simona?
2. How did she contract HIV infection?
3. In what manner did she transmit HIV infection?
4. What can society do for people like her?

Source: Starace et.al, 2005.

Blood Transfusion

HIV-infection spreads through blood transfusion when small amount of infected blood remains of the needle and syringe used earlier, transmitting the virus through this infected content. Moreover, any equipment like needles used for piercing ears and nose, or tools used for tattooing etc, which contain contaminated blood can also transmit HIV.

Many blood banks in India are not licensed and it becomes difficult to restrain professional donors. A blood donor has to meet certain requirements to qualify for donation, such as the hemoglobin should be 12.5gm. Though professional donors

do not satisfy this criterion, yet due to unavailability of blood in emergency situations their blood is taken. Many of these donors happen to be drugs addicts or alcoholics who could also indulge in unsafe sex. Thus, they are vulnerable to AIDS. The following example explains it further:

A Case Study

Jagdish Bhardwaj, a professional donor in Delhi, says that he has sold blood 5,649 times in the last 13 years. Once during the Seelampur riots in Delhi in 1992, he donated blood five times in a day that brought his hemoglobin level to 4.2 gm.

Source: Thomas, 1995.

The problem has been compounded by the paucity of blood banks in India. In situations of emergency, strict measures are not followed to ensure that contaminated blood is not transmitted. Often this blood is not checked for Hepatitis B and HIV. India used to have an estimated approximately 50,000 to 2 lakh professional donors. In 1989, 39 of 1000 professional donors tested positive in ELISA test unlike 14.5 per thousand voluntary donors (Thomas, 1995). Now there is a legal ban on professional blood donors and blood banks are stricter about checking blood for HIV.

Role of Medical Community

The spread of intravenous drug addiction can also occur due to negligence of medical practitioners. Use of the same injection for injecting drugs in one or more patients has caused Hepatitis B, C and HIV. A WHO study diagnosed HIV infection among children in a hospital over a period of 3 months in 1996-97. They had been treated for various illnesses simultaneously in October, 1996. Since there had been no blood transfusion or surgery it was concluded that intravenous antibiotics and immunization had exposed them to this risk (Singh, 2002).

7.7 DILEMMAS

International as well as national conventions are categorical that an individual's - fundamental right to life should be protected by state in all cases. Since AIDS is dangerous to human life, it needs to be tackled. We have seen how drug addiction causes HIV and AIDS. However, there are certain dilemmas. Let us examine some of them.

Drug Addiction or AIDS?

The question is whether to deal with drug addiction or HIV on a priority basis. For instance, in Manipur, policy-makers are dealing with this confusion. Drug addiction is an illegal activity that is also responsible for HIV transmission through shared needles. Therefore, the government is trying to provide safe injection equipment through a 'needle exchange programme'. However, this contradicts efforts made to restrict drug addiction.

Human Rights

Some 40 to 50 percent intravenous drug users in Manipur are HIV positive. At times, they are sent to jail even by their own parents. Imprisoning drug addicts and HIV positive people violates their human rights. However, jail authorities have initiated programmes to detoxify and rehabilitate them. Since drug addicts form a part of the high-risk group, they are stigmatized and face victimization in society. This also acts as an impediment in ensuring their co-operation in the fight against AIDS.

Disposable or Sterilised Syringes?

Unsafe injection practices have to be seen in the wider social context. Estimation has to be done regarding the costs involved, practical nature of approach and the degree of misuse of any injection equipment. In India, lack of a wholesome policy along with inadequate monitoring and control machinery for pharmaceutical industry leaves many loopholes. The promotion of 'market friendly' disposable syringes ignores the Indian context where most of the poor are marginalized from health services.

WHO suggests a complete acceptance of disposable syringes in order to avoid AIDS and other deadly diseases like Hepatitis. However, in India reusing of needles and syringes is widely prevalent. The total market demand for disposable syringe should be around 210 million while figures show that about 110 million syringes are either reused or recycled. Many hospitals usually dispose off syringes without destroying them. A large amount of the total injectable dosage in India is given through used and recycled syringes. National and International organizations suggest that disposable syringe is the solution. But it is not so. The problem lies in use of non-sterilised syringes. If properly sterilized, the virus can be contained. HIV is sensitive to heat and can be made inactive in less than 1 second at 100 degree Celsius boiling temperature. It is also susceptible to common disinfectants such as ethanol.

The cost per injection is lowest in the case of sterilisable equipment. The disposable ones are much more expensive. It is a disincentive for poor people to use disposable syringes. The use of sterilized equipment can reduce the cost component and the hazard caused to the environment. Since the public health system is usually short of medical equipment, it may be relevant to go ahead with use of sterilisable syringes.

7.8 ROLE OF SCHOOL IN PREVENTING DRUG ADDICTION AND HIV

At school, teachers should be careful in identifying students who take to addiction. The physical appearance depicts how the student is not careful regarding cleanliness, has cigarette burns, skin rash, needle marks on forearm, sweats, shakes, loses appetite, is restless, drowsy, has dark circles and red eyes. They usually have poor attendance and their academic performance declines. They tend to leave the school in between the school hours and pick up fights with other children.

School acts as a socializing agency and the 'drug addiction' prevention programme must begin here itself. First, habits that encourage personal hygiene must be promoted among students. At the primary level, students can learn to take care of their body. In the higher classes, they can learn about the harmful effects of drugs. Secondly, they should know and learn to respect laws that prohibit drug addiction. Discussion is an effective medium to get their views and guide them. It can be on various topics such as why we need rules in society, what are the social consequences of drug addiction, how are drugs and other crimes related etc. This kind of dialogue can be facilitated depending on the age of the child.

Thirdly, students should be able to assess how peer pressure for drug use builds up. Students can feel the desire to 'test' drugs because they want to be a part of that group and also want to show how independent they are. External factors like media also play an important role. Students should understand the implications of these acts first and should say an emphatic 'No'. Skills like decision-making and resisting peer pressure should be developed in students. The long-term impact of a

'yes' to such things can also be discussed. Fourthly, positive life and the ingredients of a drug-free world should be reinforced in their minds. School activities ought to provide enough space to youngsters to express themselves. Older students should be given leadership roles to campaign for a drug free environment. National Service Scheme and study groups should spread messages related to drug trafficking, crime etc.

7.9 HOW TO INTERVENE

Now we will examine how the menace of drugs and HIV can be controlled through interventions. Here we discuss the role of community in keeping the people away from drug addiction and thus from AIDS. Alongside we also discuss ways in which drug addicts who have tested HIV positive can be helped.

Community-based Intervention

Community-based treatment along with education programmes can help people become aware about the relationship between drug addiction and HIV. Integrated services need to be provided for HIV care and drug/alcohol management. This mechanism should also deal with medical, psychological and social factors that contribute to addiction.

In fact, multidisciplinary interventions have helped alcohol and drug users modify their behaviour. Mental health professionals can coordinate these efforts to help in managing personality, psychological and cognitive problems faced by drug addicts and among those who are diagnosed with HIV.

Ensuring Health

Information-Motivation-Behavioural (1MB) skills model is a valid and reliable framework to understand and modify HIV risk behaviour across various populations. Through this model, caregivers are able to evaluate the significant relationship between information, motivation and behaviour. Preventive behaviour calls for information about HIV. If the patients are aware about the disease, they can prevent it from being transmitted and can follow the treatment. Only information is not sufficient. *Motivation* is also required so that the patients adhere to the treatment and prevent transmission. *Behavioural skills* are also required to prevent HIV transmission. This includes the need to be able to tell the doctor the problems he/she faces in taking medication and to be assertive in refusing risk activities with a potential sexual partner. However, even all these together may not be enough if economic pressures such as in poverty-stricken conditions or frustrations due to economic disparity, unemployment or the cultural environment (such as created by commodification of sex or of women's bodies) shape people's options differently.

Check Your Progress

Notes: a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

4. Suggest ways in which transmission of HIV through drug addiction can be reduced

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7.10 LET US SUM UP

In this Unit, we discussed the relationship between HIV and drug addiction. They are social problems and have to be dealt with at various levels. There are various causes of drug addiction and it affects both the individual and the society. There are various types of drugs. Drug addicts become vulnerable to AIDS through injecting drugs, sexual intercourse with an HIV-positive person or blood transfusion. There are ways to prevent people from becoming drug addicts and thus falling prey to AIDS. We have also discussed how to help the drug addicts who are HIV-positive

7.11 UNIT-END EXERCISES

1. Discuss the role of teacher and school at large in prevention of Drug addiction among students.
2. Suggest some programmes which should be undertaken to rehabilitate drug abusers by the community?

7.12 SUGGESTED READINGS

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7.13 ANSWERS TO CHECK YOUR PROGRESS

1. WHO defines drug addiction as the state of periodic and chronic intoxication produced by repeated consumption of a drug (natural or synthetic). It causes an overpowering desire or compulsion to continue taking the drug and obtain it by any means, a tendency to increase the dose, a psychological or generally a physical dependence on the effects of the drug and causes detrimental effects on the individual and society.
2. Drug addiction and HIV are social problems. The social processes play a significant role in the lives of individuals. Growing unemployment juxtaposed with miniscule welfare benefits make the lives of people insecure. Drug trafficking also increases in places that share international borders making it easier for drugs to be available.
3. The most frequently abused drugs that causes addiction are narcotics, stimulants, depressants, hallucinogens etc.
4. Drug addiction and HIV can be dealt with through a community-based approach. The social, psychological and medical need of individuals should be assessed and then an effective intervention can be made in an integrated manner. Mental health professionals can also help individuals get out of crises. Moreover, those drug addicts who turn out to be HIV positive can be helped through information, motivation and behavioural skills model.

