

A STUDY OF THE CYCLE OF INJECTING DRUG USE: INITIATION, GIVING UP,
RELAPSE AND RISK BEHAVIOURS TO HIV INFECTION

AN ABSTRACT

BY

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Presented in Partial Fulfillment of the Requirements for the
Doctor of Philosophy (Ph.D.) in Applied Behavioral Science Research
at Srinakharinwirot University

October 2008

Montira Inkochasan. (2008). *A Study of the Cycle of Injecting Drug Use: Initiation, Giving up, Relapse and Risk Behaviours to HIV Infection*. Bangkok: Srinakharinwirot University. Advisor Committee: Assoc. Prof. Dr. Dusadee Yoelao, Assoc. Prof. Dr. Orapin Choochom, Acting Sub Lt. Dr. Manat Boonprakob.

This objective of the study was to 1) explore factors related to initiation into injecting drug use and drug relapse after cessation of injecting drug use 2) investigate drug injecting behaviour of injecting drug users (IDUs) by studying the context of drug injecting, frequency of injecting, types of drug injected, social behaviours in injecting, and drug quitting 3) analyze risk behaviours in HIV infection among IDUs.

Criteria for selection in the study was being a current injecting drug user or having ceased injecting not more than five years, aged between 20-40 years old, and lived or worked in Bangkok. Recruitment was done through IDU's networks. There were 15 in depth interviews with IDUs. The researcher had explained the objectives of the study and asked for informed consent to participate in the study and asked for permission to digitally record the interview. Data was analyzed by using Atlas.ti.

The findings indicated that:

1. Initiation to Injecting Drug Use and Drug Relapse

Prior to initiation into injecting drug use, almost all interviewed IDUs had poly drug use. Thirteen out of 15 interviewed IDUs reported starting using drugs from smoking cigarette, smoking marijuana, mixing heroin in cigarettes or on marijuana for smoking, and eventually graduated to injecting heroin. Reasons for injecting drugs were raised in the interviews included emotion (either happy or distressful emotions), curiosity, and supporting situations such as difficulty to find heroin and high price of heroin. IDUs presented different frequency of injecting in life period that depended on price and quantity of heroin available in a period. Types of drugs injected were mostly heroin. But when it was not available or rare, other types of drugs like methamphetamine, sleeping pill (domicum), and methadone would be injected as alternatives. On the other hand, IDUs reported different reasons that they returned to injecting after cessation of injecting drug use. It could be noted that personal factors included wanted to be intoxicated; did not forget heroin flavour; felt fun;

wanted to release tension; felt lonely; and felt bored. Environmental factors included seeing other injecting drug; peer pressure; availability of heroin; returning to familiar social networks where drug use was accepted; feelings of shame from family/society, such as being stigmatized as a drug user; and feeling misunderstood by family or communities who did not trust them.

2. Drug Injecting Behaviours and Quitting Drug

IDUs presented different frequency of injecting in life period that depended on price and quantity of heroin available in a period. Types of drugs injected were mostly heroin. But when it was not available or rare, other types of drugs like methamphetamine, sleeping pill (domicum), and methadone would be injected as alternatives. However, all interviewed IDUs had attempted quitting injecting for "many" times to "countless" times. They had quit injecting both by themselves and at drug treatment centers. One among other who could quit drug the longest could quit injection for 5 years. It was found from the study that drug treatment at treatment centers was not effective in long term because treatment was forced, rather than voluntary. By the way, it was observed that IDUs could stop injecting for longest time when they were in prison due to lack of supply as well as the high risk of injecting in a prison. It was reported that drug quitting was strongly associated with either happy or distressful emotions and need of IDUs themselves.

3. Risk behaviours to HIV Infection among IDUs

Sharing needle which is main cause of HIV transmission among IDUs was indicated as commonly reported among interviewees. Main causes of sharing needles were because feeling withdrawal; lazy to go to get new needle; not prepare a needle before injecting; no enough money to buy a needle; perception that sharing needles with partners and friends was not risky; and injecting in places where clean needles were not available i.e. prison. Importantly, many of interviewees had little knowledge of HIV transmission via sharing injecting equipments. Furthermore, few of IDUs knew how to clean needles with bleach to prevent HIV transmission.

For sexual practices, it was reported that although most sexual partners of IDUs' were regular partners, Some of IDUs also had non-regular partners; included other IDUs, drug dealer by exchanging sex with drug, and transgender (some male IDUs exchanged

sex with money from transgender). In addition to multiple partners, IDUs reported inconsistent condom use. Main reasons for not using a condom were having sex when getting intoxicated; no condom in hands when needed; need to finish as quick as possible; did not want to take time to wear a condom; avoid interrupt from wearing a condom; wearing a condom decreased pleasure; did not like wearing a condom; feeling pain from using a condom; trusting a partner; wanted to please partner; afraid a partner thinking about disgusting him/her; and thought that wearing a condom increases cost and did not want to invest.