The reasons for sharing needle using and syringe among injection drug users in the city of Ahvaz: A qualitative study

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Abstract

Introduction and goals: The prevalence of HIV and hepatitis among injection drug users (IDUs) who shares needle and syringe is by far more than those who do not share syringe. Therefore, the purpose of this qualitative study was to explain the reasons of sharing needle and syringe in Ahvaz IDUs.

Materials and method: This article is a part of qualitative study which has been performed by the content analysis method and purposeful sampling in drop in center (DIC) of Ahvaz city. 39 semi-structured individual depth interviews and two focus group discussions (FGD) were performed in this study. The subjects were asked by the causes of using shared needle, prison background and stricken by disease. After the first interview, the analyzing of data was started and continues up to data saturation.

Result: After coding and analyzing of data, inaccessibility and limitation of provision to sterile syringe, the lack of knowledge about result of sharing needle, disappointment and eagerness to die thought the sharing needle and sharing needle by self-deception were four causes of using sharing syringe.

Discussion: According to the increasing in IDU and incidence of STDs disease in IDUs, it seems increasing of harm reduction programs and distributing of sterile syringe with the perform educational program for IDUs and helping them to quit can be useful for the control of addiction.

Key words: Needle and Syringe Exchange, Injection Drug User, Qualitative Study, Drop in Centers

Introduction

According to United Nations Office on Drugs and Crime (UNODC) report in 2008 about 11-21 million people in the world have injecting addiction. These reports express that 20% of Iranian population, ranging from 15-60 years old attempted to use illegal narcotic drug. In 2008, there was about 250000 IDUs in Iran and 5-20% of them had the HIV virus (Justice Tettey, 2010) and only 7.5 percent of IDU have access to DICs and another centers for given sterile syringe and needle. Survey of three decade trend of addiction in Iran showed that injecting drug use in Iran has 330% growth in three recent decades (an average 10% for every year). (Tanibuchi et al., 2010) Also, In the USA, between 1970–2002, the tendency toward the injecting addiction has been rising and in this country, the number of IDUs was more than 440000 in which male users was more than female ones (Rahimi Movaghar A, 2002). During recent years, the total number of addicted people and the number of IDUs have increased (Rahimi Movaghar A, 2002). Additionally, injecting drug is causing mental and physical problems such as abscess, skin infection and the possibility an increase in depression. It will cause (Anglin MD, 2000) disease such as HIV/AIDS and hepatitis (Hamamoto & Rhodus, 2009; Marcondes, Flynn, Watry, Zandonatti, & Fox, 2010; Semple, Patterson, & Grant, 2002). Another study also has shown that prevalence of HIV+ and hepatitis in IDUs who have used sharing needle is, significantly, more than those who have not used sharing syringe (Abiona TC, 2010; Kheirandish P, 2009; Kolovrat A, 2010; Loue S, 2011). In the fuller
study (Fuller CM, 2002), the results showed that the chance of getting HIV in IDUs is, significantly, more than non IDUs. Neaigus (Gyarmathy VA, 2011) showed that the IDUs have extra problems such as the probability of an increase in becoming homeless, losing jobs, long usage of drug and doing injecting himself. Considering the importance of using the sterile syringe and also the importance of understanding the reasons of using sharing syringe in the IDUs it is possible to solve needle and syringe exchange problem. This study was performed by using qualitative approach in order to achieve first-hand information in explaining the reasons of needle and syringe exchange in Ahvaz city IDUs.

Material and method

This article is a part of a qualitative research that was done on content analysis method participants were selected by purposive sampling. For the implementation of this research, after getting permission from Ahvaz Welfare Organization, the researchers refer to drop in centers (DICs). The participants in the study have been selected from among IDU who were willing to participate in the study to offer their experiences about injection drug phenomenon. After the introduction of the subjects, the participants have been ensured that the data have been anonymous and were collected only through recordings. In order to comply with the ethical issues, all of the participants signed the testimonial form and the research proposal was approved by the Ethics Committee of the University of Tehran’s Medical Sciences (grant No. 91-01-27-16609). Data gathering was performed by purposeful sampling methods and in depth semi-structured individual interviews and focus group discussion (FGD). Polit et al believed that the main source of information on the qualitative study will be in depth interviews between the researchers and the participants (Beck, 2007). In this study, 39 semi-structured interviews and two FGD were done. Due to constant relation between DICs personnel to IDUs an interview took place with two experts in centers where one of them had injection addiction four years of prior. The time of every interview varied according to the situation and procedure of interview and it was between 30 to 70 minutes. The interviews and FGDs were performed in March 2010 until July 2011 in the DIC offices. The interviews started by the introduction of participants and a history of their drug use and then they were asked questions about the reasons for using shared syringe, having a history of imprisonment and stricken by STDs disease. After doing the first interview, the recorded conversations were transcribed word by word and entered into the open code software in order to be analyzed. Constant comparative analysis of data have begun and it continued in three levels of open coding, axial, and selective (Streubert Speziale J.H., 2003). The obtained codes by the method of external check were reviewed and amended by sending them to three professors at Tehran University of Medical Sciences and one professor at Ahwaz University of Medical Sciences. In order to increase the acceptability of credibility, the researcher was, consistently, in relationship with the participants for having a better understanding of their behavior. The triangulation in data collection was used including semi-structured interview, observation and FGD. The data gathering continued up to data saturation (Victoria D. Ojeda, 2011) and until we had a description of the causes of needle and syringe sharing.

Results

Thirty-seven cases out of the 39 interviews have used crystal meth and crack together and only two people used just inject crack. All of them used crack and crystal meth by injecting crack and smoking crystal meth except one person who also injected crystal meth.

Ethnically, 51.4% were Bakhtiarian lor, 34.3% Arab and the rest were from another ethnicity. 62.9% of participants were single, 14.3 married and the rest were separated. Fifty-eight percent of the participants had, at least, one addict in their family, 85.7% had history of prison, 3 subjects had hepatitis type C, 14 subjects had HIV+ and two subjects had both hepatitis C and HIV+. Some of the participants always used sterile syringe, purchased from pharmacy or DICs but some people exchanged syringe and used shared syringe frequently. After analyzing and categorizing, the causes of used shared needle and syringe were classified into 4 following categories:
1. The lack of access and having limitation at supplying sterile syringe
2. The lack of awareness about the dangers of using shared needles
3. Hopelessness and Tendency to die through the use of shared needles
4. The use of shared needle with Justification and self-deception.

1 - The lack of access and limitation at supply sterile syringe

One of the reasons for using shared syringe in IDU was the access to sterile syringe and limitation to supply sterile syringe for injection drugs. These categories consist of five sub-categories including: not to sell syringes by pharmacies, lack of access to sterile syringes due to pharmacies and DICs begin closed on holidays, having no time due to extreme hangover for supplying sterile syringe, and not having enough money and being in prison. Addiction has been considered to be a crime in our country for a long time. Participant NO 7 expressed that “Nowadays community has a view on addicted people as an illness and the people’s view of us has become better”. No selling syringes to IDUs were affected by this attitude and this factor had a lot of influence on the spread of AIDS and hepatitis. Participant No 30 said,” I used many shared syringes and in those days, pharmacies didn’t give us sterile syringes because my hands had tattoo and my appearance showed that I’m an addict” (30 years old man and HIV+). Also, the participant NO 45 stated.” Three people bring one syringe and they inject by that syringe orderly. There were no syringes, previously, and pharmacies did not give syringes either (38 years old, HIV+).

In some cases IDUs people wanted sterile syringe for injection, but they didn’t have enough money to buy syringes. Participant NO 1 said, “You know, sometimes when I have money just enough for buying a drug I had to use non-sterile syringes to inject the drug. Participant NO 43 who was married and had a daughter said, “I myself as an addict couldn’t even buy one bread, how could I spend any money for syringes.”

In some cases, although, the IDUs were aware of the dangers of sharing needles anyway because they did not have enough money. One of the participants in the FGDs said, “I couldn’t work and earn money and I found syringes on the ground and injected, myself despite the fact that I knew...
they might make me sick. Before the harm reduction program in prison, shared syringe was used a lot in the prisons. One of the experts of DIC's said,” Now in the prisons, there are both HIV and drugs. Thirty people injected by one needle and often those who were referred from the prison to start methadone therapy, had HIV. One of participants in FGD said, “I saw ten people in prison that shared one syringe for injection”.

2 - Lack of awareness about the dangers of using shared needles
In some cases people did not have enough knowledge about HIV and other STDs and there were shared syringe in prisons”. At those times, we were not aware about diseases. After three years of using injection drugs, I saw a few of my friends that we shared syringes together died, so I I’ve tested and found that I’m HIV+” (32 years old man and HIV+). In some cases, participants have complained because the community had not given them awareness about HIV/AIDS. Participant NO 35 who got HIV from unprotected sex stated,” In the past they had not trained us about sex and such thing was like a taboo”. In some cases, the subjects was aware about transmitted disease through sharing syringes, but had no choice but using shared syringes. One of the participants in FGD said, “I had hangover. I knew that I would get sick injecting with someone that I knew he had the disease (28 years old man and HIV+).

3 - Hopelessness and Tend to death through the use of shared needles
Disappointment and eagerness to death through sharing syringe. Some of IDUs were eager to become ill by using shared syringes and die sooner because they were tired from injecting drugs and problems associated with injecting.

Participant NO 13 who was an addict and started working for DIC helping drug addicts after quitting drugs said,” Some of young IDUs say to me: I like to die and get HIV, I’m tired from injecting “. Participant no 22 said,” My situation was so bad that I injured my blood vessel in order to die and get rid of the injection drugs”. Participant NO 21 stated, “I injected dense heroin to die, but I didn’t”.

4 - The use of shared needle with Justification and self-deception
In this category we have two categories including: washing syringes of other people and taking syringes from friends. Using of shared syringes by IDUs who were aware of the transition of disease by sharing syringes was accompanied by a series of self deception and justification. In some cases, in which the addict had to use shared syringes, he/she tried to wash the syringe in order to make it clean. One of the participants said,”” We took somebody else’s syringe or picked them up from the ground and then, we washed them and used them at the time of overwhelming pressure of hangover (23 years old man who was suffering from hepatitis C). IDUs that get a syringe from their friends due to the belief they think they are not sick. Participant NO 7 said, “Sometime, it has happened that I had to use shared syringes, but you know, it shouldn’t be contaminated and I would wash it by water and I took it from someone who I knew had no diseases. This person when asked by the researchers: How do you know that he had no illness? He answered, orally, but not quite sure about it.

One of the participants hints to a specific way of supplying syringes by the means of IDUs. He said, “Some addict selling syringes, for example gather 20 dirty and contaminated syringes. He would, then somebody a syringe that did not have one and then said to him, give me some money or some drops of everything that you are using”.

Another participant in FGD also said, “Some participant gather syringe from the ground that it whether has been clean or not for holiday or when there was no access to syringe and they would sell to another IDU.

Discussion and Conclusion
In our study some of the participant said that they had to use shared syringe due to the lack of selling syringes by pharmacies. According to the studies conducted by Chakrapani (Chakrapani V, 2010), Strathdee) Strathdee SA, 2005( and Sendziuk (P, 2007), one of the reasons to use shared syringes was the limitation in access to sterile syringe in drug-stores and needle and syringe programmes (NSPs) centers. The main reason was the obstinacy of drugstore in the distribution of
syringes and the fear of label as being known as an addicted person by addict. Some people weren’t aware about the existence of NSP and those who weren’t receiving syringes sufficiently. In our study, also, DICs being closed causes the lack of access to the sterile syringes and Ahvaz has got just two DICs. Although, the results of Bryant (Bryant J, 2011) and Ngo (Ngo, Schmich, Higgs, & Fischer, 2009) showed that access to centers for the distribution of syringes has no significant relation with the use of sterile syringes. Therefore, it seems that encouraging IDUs to use sterile syringes and training them about the risks of shared syringes can affect the control of needle and syringe exchange problem.

Another reason for sharing syringe in IDUs was time limitation due to the hangover and limitation of payments to supply syringes. In some studies, such as Prat (Prat & Adan, 2011), Gjered (Gjerde H, 2010) and Mahmud (Mahmood OM, 2010) studies, it has been mentioned that IDUs are experiencing pressure and hangover between two drug consumption. According to participants statements about the pressure of hangover in our study, it seems that we need to develop harm reduction centers and further access to sterile syringe by IDUs.

Another limitation for the use of sterile syringe in our country was imprisonment. In the studies by Chu (Chu, 2009) and Afriandi (Afriandi et al., 2009), there has been a reference to the importance of prison in increasing of HIV/AIDS. Although, recently, in most prisons in our country harm reduction and methadone maintenance therapy (MMT) program for HIV/AIDS patients has been implementation but according to uncertainty about the effectiveness of these programs (Takacs & Demetrovic, 2009), it seems that the survey of effectiveness of this program can be a research priority in our country. In our study, some of the participants said that they did not have enough knowledge about the risks of sharing syringes. In different studies, this issue has been verified that many people, specially, those who have see education of a low level have little information about HIV/AIDS transition ways; see Ming (Ming, Liang, Yap, Liu, & Wu, 2002) and Bryant (Bryant J, 2011) studies. It seems that the implementation of educational program for IDUs and another high risk groups can be effective in the control of HIV/AIDS in our country. Another reason for sharing syringes in IDUs was disappointment and eagerness for premature death. In some studies, the act to suicide by IDUs has been mentioned in the study conducted by Backmund (Backmund, Meyer, Schultz, & Reimer, 2011) in which factors like female gender, older age, lack of drug user counseling and emergency treatment were associated with attempted suicide in IDUs. In Sarin (Sarin, Samson, Sweat, & Beyrer, 2011) study, human rights abuses and in Havens (Havens JR, 2006) factors associated with injection drug users’ lifestyles and mental health status have been accounted for the higher prevalence of suicidal ideas in IDUs.

In the present study, emotional problem and effort for getting rid of addiction have been mentioned as factors associated with suicidal ideas but according to researcher’s observation, their bad life conditions and being driven out of DIC in Ahvaz due to summer hot days and finishing DIC time working season and deprivation of human right, it maybe some the other reasons associated with attempted suicide in IDUs in our study.

Some of the participants in our study said that they were aware about the risk of sharing syringes and they have been washing the syringes before use. These results have, also, been confirmed in other studies such as ones by Payne-James (Payne-James JJ, 2005) and Sarang (Sarang A, 2006). In this study, two of the participants have mentioned the special kind of shared syringe selling for money and drug. Sarathdee (Strathdee SA, 2005) hinted there are some hints in regards to the same cases that used syringes were sold for money or in exchange for drugs. It seems by increasing the harm reduction programs and supplying syringe distribution, ways such as self-furbisher machines of syringe, supporting the IDUs and supplying boarding shelter with training IDUs and the use of MMT program can help to reduce the amount of HIV/AIDS and injecting drug use in our country.

Limitations of this study were including

1 – Lack of a private environment for the interview forced to stop the interviews, temporarily, with the entries to the interview room.
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References


13. 10.1111/j.1601-0825.2008.01459.x


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