Global to local: Science and community in the response to HIV in India

SCIENTIFIC SYMPOSIUM

India, 4 December 2019
Youth Perspective on ChemSex

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How I Lost Myself to India's Chemsex Scene and Overdosed, But Survived to Tell the Story

Available at VICE.com

Things which society do not want to talk about?

**CHEM+ SEX**
- Drugs
- Sex
- High/HiFun/HF/MD/MDMA/Slam, etc

- Intersectionality of Queer/LGBTI youths

- Young people from Conflict Zones, Borders & Margins, with disabilities, sex workers,
- Young people with mental health issues, isolation, intergenerational trauma
- Why Young People WUD are untraceable?

The Narcotic Drugs and Psychotropic Substances Act, 1985, commonly referred to as the NDPS Act, is an Act of the Parliament of India that prohibits a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance. (10-20 years)

- PWUD are a heterogeneous population hidden across the socioeconomic spectrum and their numbers are unknown in most countries;

- Stigmatization at Self, Peer, Societal and Judicial, Medical and level

- No segregation of age wise data or no data at all / Need for Evidence Gathering
Global HIV prevalence among people who inject drugs

12 million people inject drugs

1.6 million are living with HIV

What are Drugs we are using?

- A drug is defined as any substance which taken into the living organism, may modify one or more of its functions. (WHO, 1964)

- A *psychoactive drug* is any substance (other than food) that, when consumed, causes changes in our mood or thinking processes. The one that is capable of altering the mental functions.

- **Depressant** drugs have the opposite effect on the Central Nervous System, lower or depress arousal levels and reduce excitability. Eg Alcohol, Heroin, Inhalants, Paint, etc

- **Stimulant** drugs which induce temporary improvements in either mental or physical functions or both. These effects may include enhanced alertness, wakefulness, and locomotion, among others. Gives an “UP” also called “Uppers” Eg Nicotine, Caffeine, Cocaine, Amphetamines

- **Hallucinogenic** drugs are those that alter a person’s perceptions. Eg Cannabis, Ecstasy

- **Opiates**: Natural or Synthetic based on Opium
  - **Morphine**: Main active component of opium. Used in the management of severe pain (e.g. emergencies and cancer treatment)
  - **Heroin**: Obtained from morphine through acetylation; strongest of the natural opiates
  - **Codeine**: Also derived from morphine; present in low concentrations in opium. Used in cough syrups. Illegally diverted for abuse purposes in India.
Why do young people do drugs?
(common answers from the various sources)

- **Availability:** So why not give it a go;
- **Bored:** Nothing better to do – why not have a go, when it might be a fun;
- **Curiosity:** Sounds interesting- why not find out what it makes you feel like...;
- **Pressure:** Everybody else is doing and you don’t want to be odd one out; its good to be ‘one of the crowd’ or part of the ‘in set’
- **Protest:** You know you should not but you want to rebel sometimes, especially doing things parents or teachers would not approve of.
- **Self Loathing , Loneliness, Isolation**
Harm reduction refers to public health interventions that seek to reduce the negative consequences of drug use and drug policies. (International Drug Policy Consortium)

- Composition of the drugs available locally are not monitored since its illegal,
- Chances of health consequences are unpredictable and often lethal

- HIV& Drug Use/ Chemsex

Does Harm reduction conflict with abstinence as a strategy for reducing drug related harm? No instead it gives priority to the more urgent and practical goal of reducing harm for users who cannot be expected to stop using at the present time.

Harm reduction acknowledges the health rights, and broader human rights, of people who use drugs.
• What do we need?

• Substance use disorder Vs Addiction and Stigma: *Character Flaw*
• HIGH and LOW of the drugs - Suicidal
• Understanding the Powerlessness to Quit

• Support Systems & Safe Spaces to Open up
• Affirmative and non-judgmental therapists
• Peer Counseling at Grassroots level

• Policies and Youth Engagements
• Intersectional understanding of Violence, Migration, Sexual Orientation and Gender Identities access to services

• Government Models most of the time limit access to youth and adolescents as it is mostly focused only in Targeted interventions
• Funding Youth Support groups for Grassroots Research and evidence gathering
• Thank You

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