



**Revealing Drug User's Injection
Practice and HIV Risks in Guangdong, China**

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Hispanic Health Council

Project Sociocultural Factors on Syringe Sharing And HIV Risks in Guangdong, China

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Figure 1
High and Low Estimates of Current and Future
HIV/AIDS-Infected Adults in Next-Wave Countries, 2002 and 2010

Millions

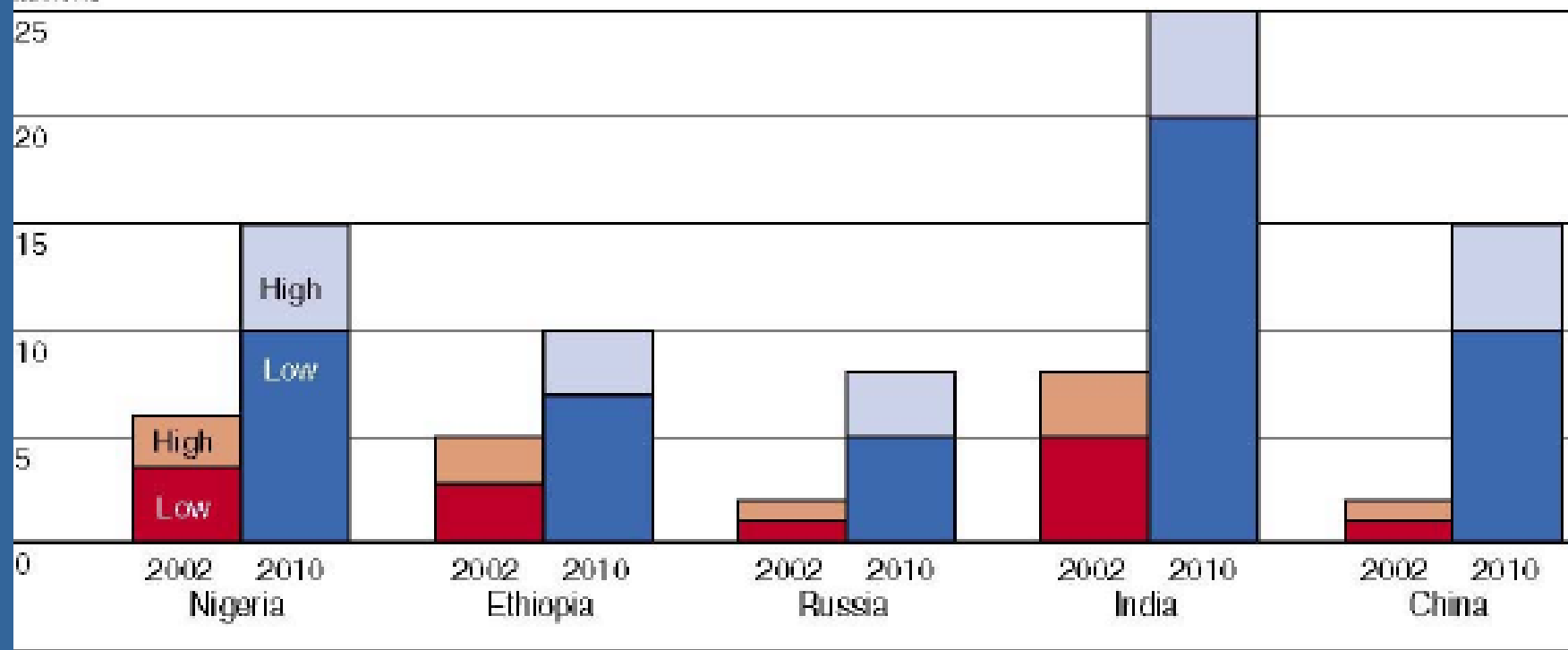
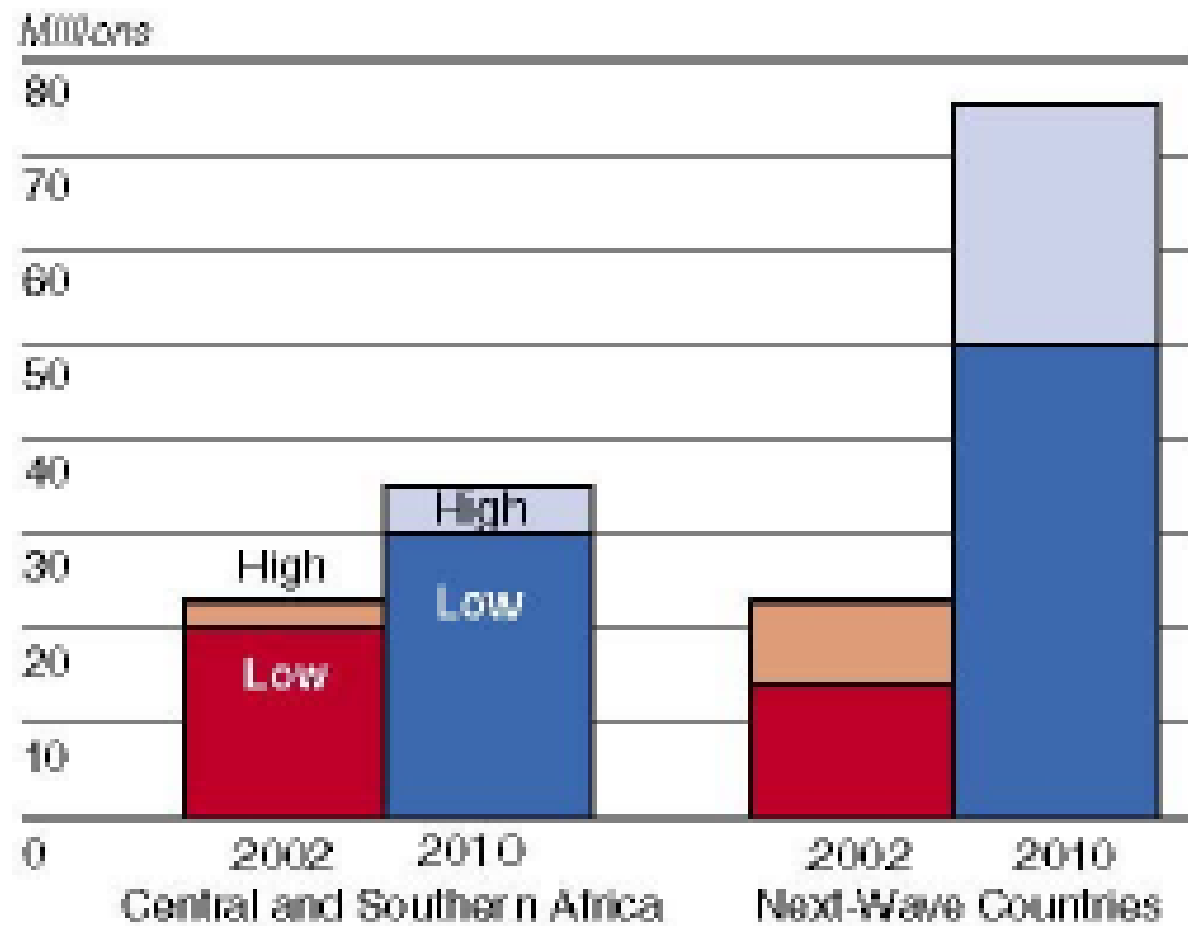
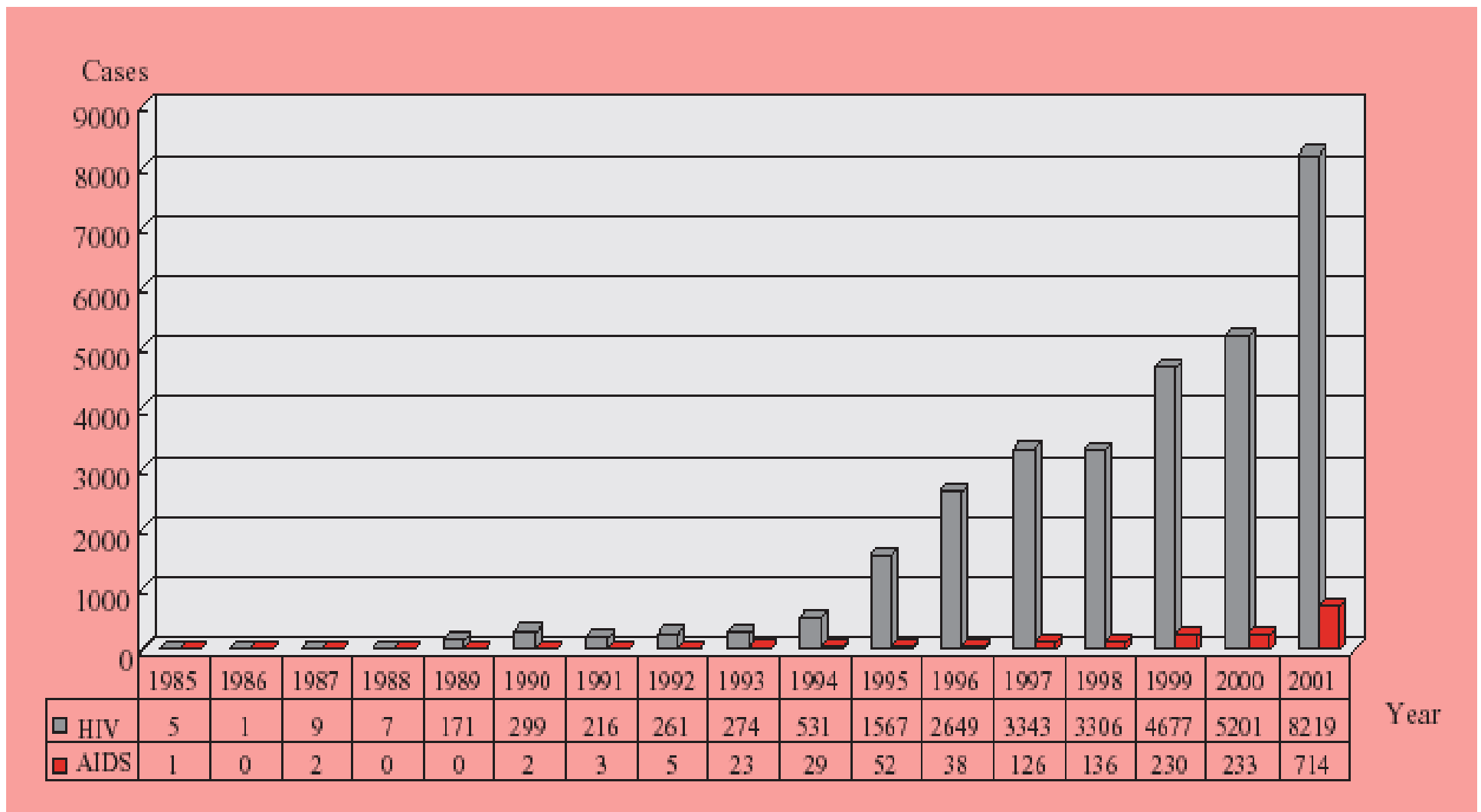


Figure 2
High and Low Estimates of Current and Future HIV/AIDS-Infected Adults in Central and Southern Africa and in Next-Wave Countries



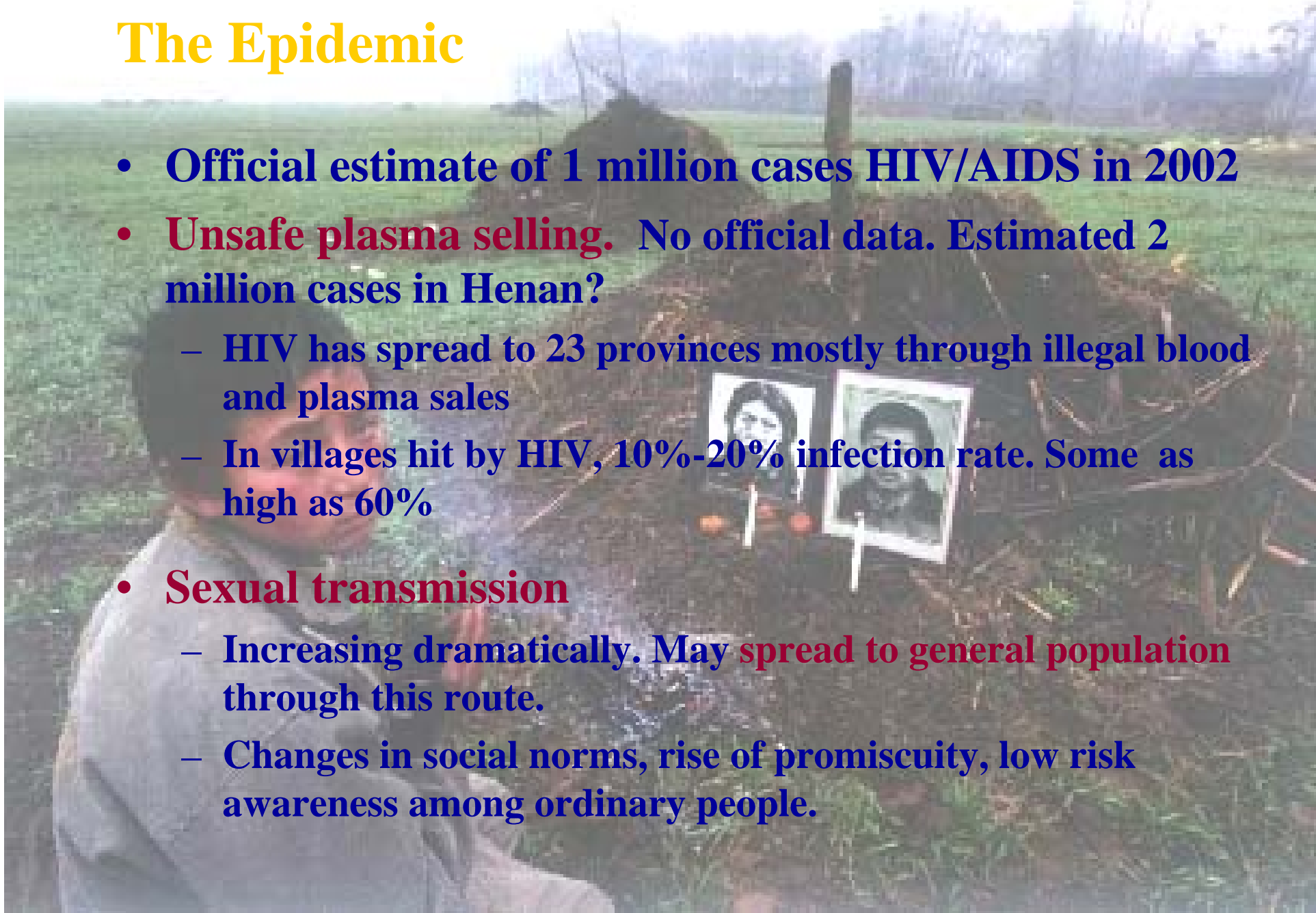
**Chart 1: Annual Reported Cases of HIV/AIDS
in China (1985 - 2001)**



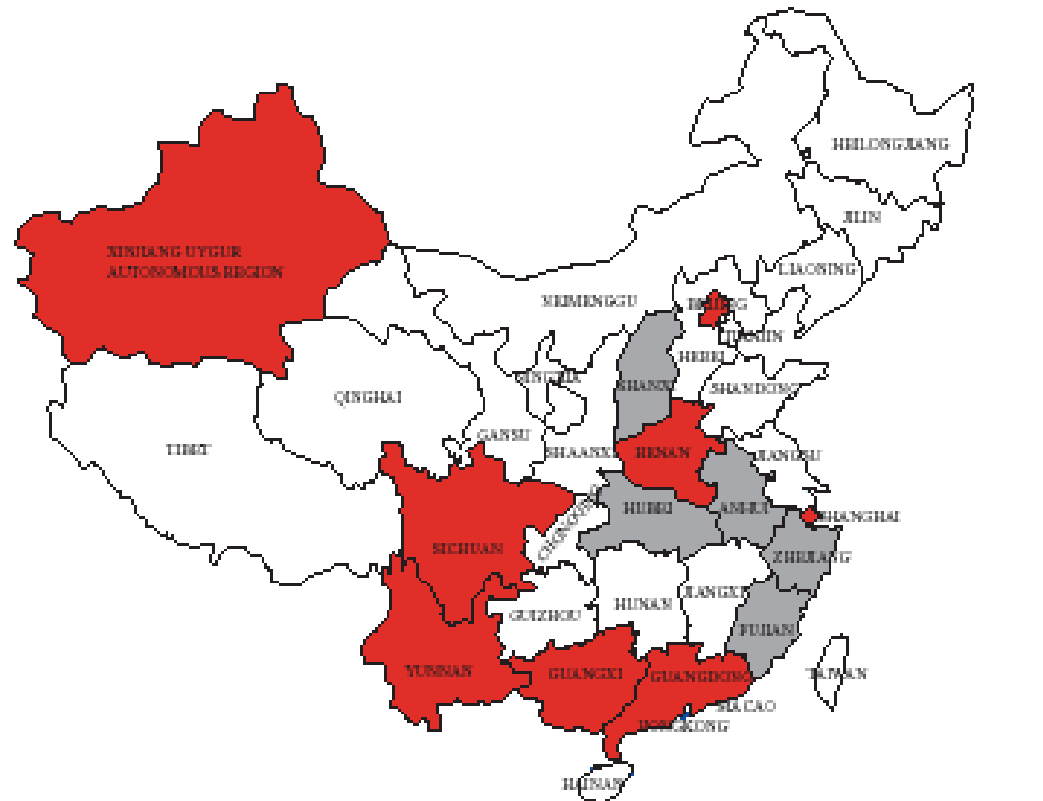
Source: Data are provided by the MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

The Epidemic

- Official estimate of 1 million cases HIV/AIDS in 2002
- **Unsafe plasma selling.** No official data. Estimated 2 million cases in Henan?
 - HIV has spread to 23 provinces mostly through illegal blood and plasma sales
 - In villages hit by HIV, 10%-20% infection rate. Some as high as 60%
- **Sexual transmission**
 - Increasing dramatically. May spread to general population through this route.
 - Changes in social norms, rise of promiscuity, low risk awareness among ordinary people.



The following map shows the differential HIV distribution in Chinese provinces, based on reported HIV infections during 2000.



Number of new reported HIV cases in 2000:

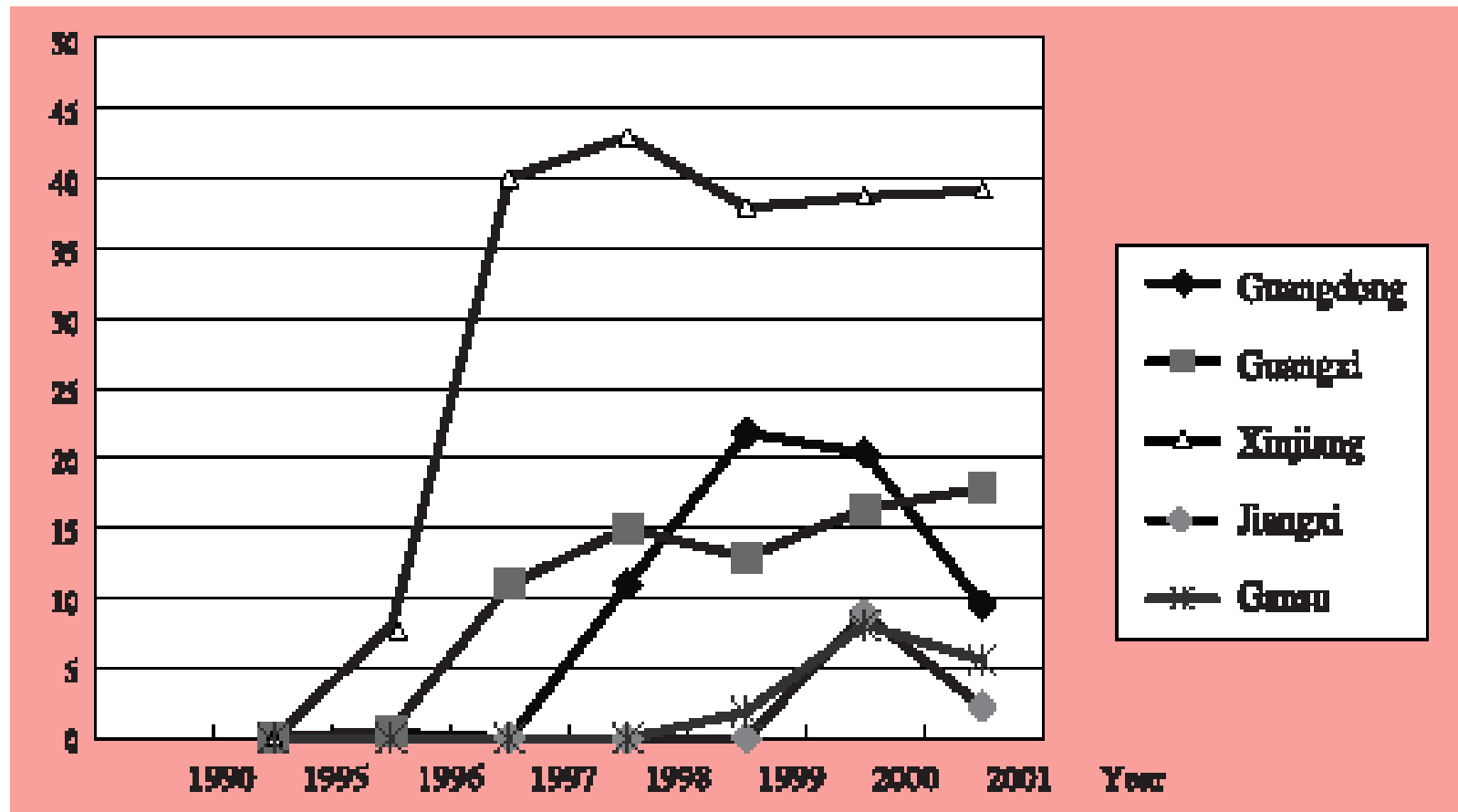
- Red: > 100
- Grey: 51 - 100
- White: < 50



The Epidemic

- **Injection Drug Use.**
 - HIV among injection drug users has always been the highest among all registered cases (70%).
 - Number of drug users is increasing. (49% up from 1999 to 2000; 900,000 registered in 2001)
 - About 60% of drugs produced in the Golden Triangle are trafficked through China, with large amounts of these drugs consumed in the Mainland
 - Increasing number of injectors among drug users
 - Sharing of syringes are generally high and vary in different areas (Guangdong, 50% in 2000)

**Chart 2: HIV Positive Rates Among IDU in
Five Selected Sentinel Sites (1990 - 2001)**



Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 1990, 1995, 1996, 1997, 1998, 1999, 2000, 2001. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

Note: The infection rates for Xinjiang are from the provincial capital of Urumqi.



Jiangmen City, Guangdong

Research Aims

- To examine the full range and relative importance of various factors that may contribute to sharing of syringe and other injection equipment -- Quantitative Survey
- To understand sociocultural beliefs, meanings, and understandings that underlie sharing generally and with specific reference to injection equipment, among study participants -- Qualitative In-depth Interview
- To test the feasibility of recruiting active out-treatment IDUs through network method and community outreach

(NIDA 5 R03 DA14705-02)



Mandatory Detox Center in Jiangmen

Run by police

Cold Turkey

labor work

**No camera allowed
inside**

No foreign visitors

Data Analyzed in this presentation:

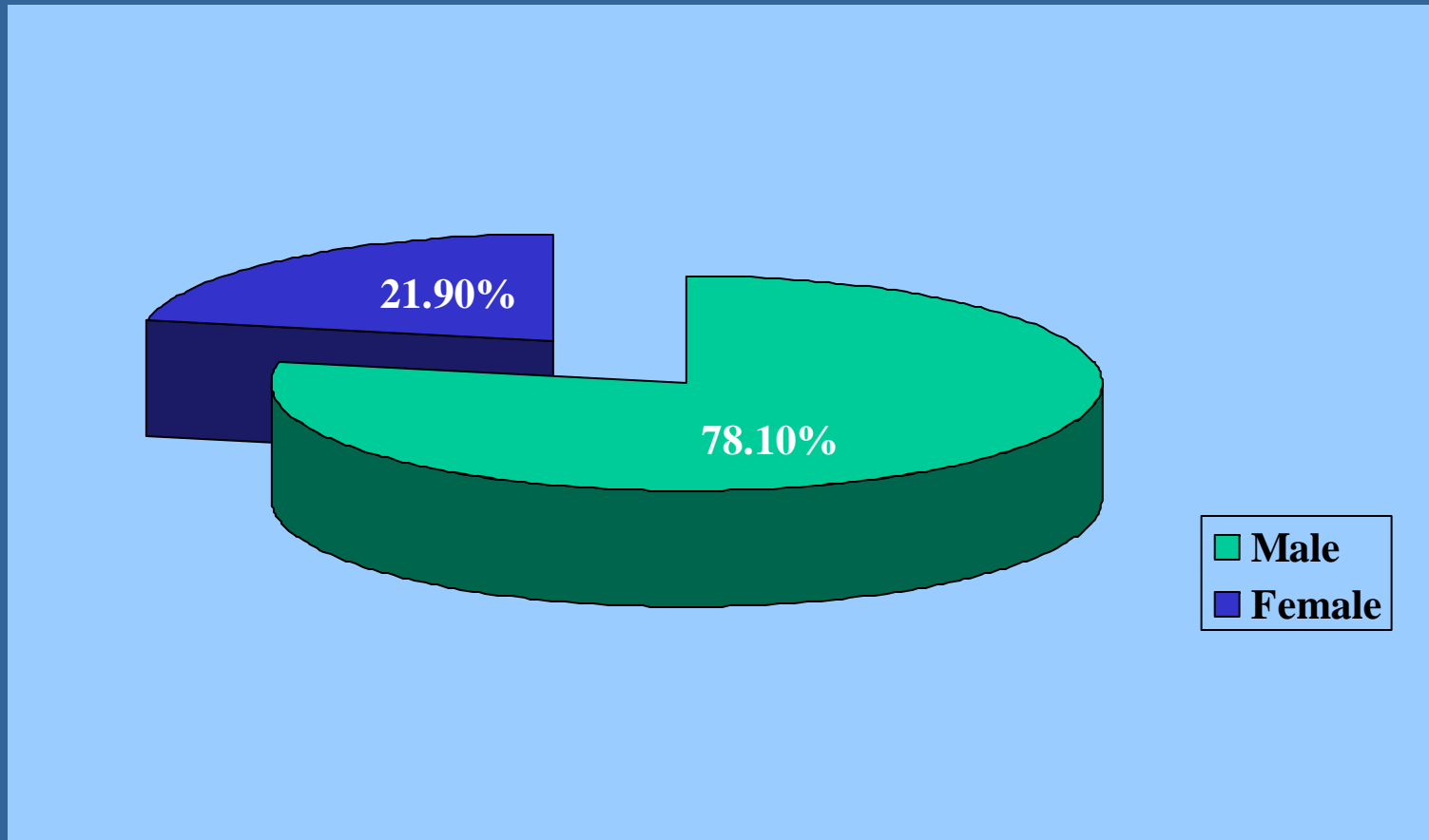
64 survey interviews and 27 in-depth interviews

among in-treatment IDUs

Demographics

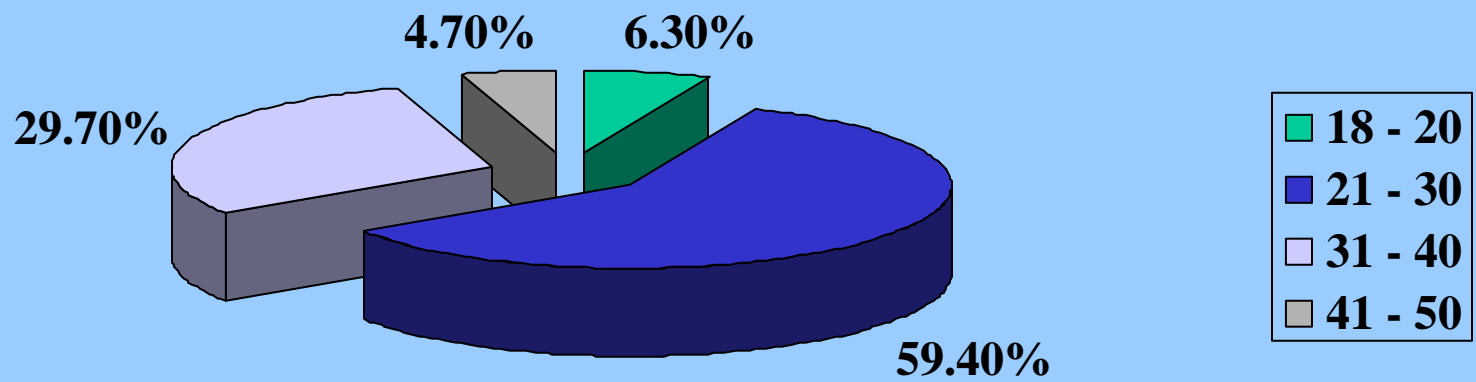
- 83.1% from Guangdong Province, and remainders from Guangxi, Guizhou, Sichuan, and Henan
- 67.7% never tested for HIV, and 3.1% didn't know
- Age started to use drug:
 - 15~35, Mean=22.5, Median=22, SD=5.64

Gender Distribution



Male 92% and Female 8% by Oct. 2000 (Guangdong CDC)

Age Distribution



Income in the last 30 days

	Hustling (Yuan)	Total (Yuan)
N	27	64
Mean	2033.33	4350.78
Median	1000.00	1500.00
Minimum	0	0
Maximum	18000	150000
Std. Deviation	3750.282	18764.255

Drugs Being Used

	Life time (%)	Inject 30 days before treatment(%)		Life time (%)	Inject 30 days before treatment(%)
Heroin	98.4	98.4	Methadone	17.2	1.6
Heroin + diazepam	51.6	39.1	Cocaine	6.3	1.6
diazepam	37.5	39.1	K (Ketamine)	6.3	1.6
triazolam	37.5	14.1	Opium	3.1	0
Ecstasy	20.3	1.6	Ampheta- mine	3.1	0
Nan Jing Ling	17.2	4.7			

Syringe Access

- **No prescription needed to purchase syringe**
- **By law, special licenses are needed to sell syringes, but many places sell them without licenses any way.**
- **Convenient**
 - **number of pharmacies in walking distance**
 - **Also available at department stores, convenience stores, private clinics, even some hair salons**
- **Cheap 1 Yuan (12 ¢) per syringe**



A pharmacy in Jiangmen Suburb

Syringe Access

- **86.2% reported pharmacies as their most frequently used resources**
- **89% bought syringes by themselves the first time they injected, and 86% were from pharmacies**
- **Syringes resource that used within 30 days before treatment**
 - **Pharmacies 90.8%, private clinics 25%, drug user friends 18.8%, hospital workers 7.8%, department stores 3.1%, convenience store 7.8% , syringe sellers on the street 6.3%,**

Do Pharmacists care?

“Did you have any trouble getting syringes (in pharmacy)?” “It’s not that easy. You go to buy syringe, of course people will look at you the way as if... something” ... “Have they ever refused to sell to you?”
“No, no.”

“The way the seller looks at you is strange. They would think why you buy so many, buy couple of dozens. The way they look at you definitely strange, but you just have to ignore them. Buy and leave right away.”

Police interference

- **41.5% carried needle with them**
- **How does police activity influence whether you carry syringes ?**
 - **23.1% does not influence**
 - **18.5% do not carry if there are a lot of police**
 - **9.2% carry less**
 - **9.2% stash syringes before copping**
 - **29.3% don't know**
- **4.6% arrested because of carrying syringes**

Police interference

I: Have you ever gotten in trouble when buying needles?

P: You should keep an eye out for the under-covered police as soon as you step into the pharmacy to avoid being arrested.

I: Under-covered police? Have you ever seen police there?

P: Never, usually it's my friend who buys the needles.

I: Had she ever been arrested when buying needles?

P: No, but she had been noticed, then she pretended to leave without buying and went back later.

If so, would people share syringes?

(last 30 days before entering treatment)

- 46.2% had problem getting brand new syringes
- 29.2% had to postpone injection because lack of access to syringes
- 29.7% used other people's syringes
- 35.4% always inject alone
- How many different people did you get your syringes from? (among those used other's syringe)
1~10, M = 2.7, Median = 2, SD = 2.3
- Reasons: pharmacy sold out, short of small size syringes

Why some did not share syringes?

“Because... first, **syringes are so cheap**. The other person doesn't have the time to say, wait you finish here and then she takes it, washes it and use it herself. Also it's not necessary. Everyone uses their own. You use yours, I use mine, isn't this all right? It's **not necessary wasting time like this**. You use first then I use it later.”

“Why did you stop using other people's syringes?”

“ Because there is more AIDS now. It wasn't that terrible before. Right now you are are hearing more horrible things. It seems a lot of people getting infected. So you have to be careful. **Sharing syringes will spread AIDS**, so I am **afraid**.”

Sharing Drugs

Culturally speaking, people feel that sharing drug is natural

I: ..., if so, who buys the drug?

P: **Who ever is convenient. Not certain, this...** If I have money, I will buy. If he has money, he will buy

I: Do you prefer buy drug alone or buy with others?

P: Of course buying alone.

I: why?

P: **I Don't have to let others draw my drug.** I mean, he will take some (drug) away. If I buy myself, I have it all. If I ask others to buy, he would give me (the amount of) 30 yuan even though I spent 50 yuan. Many people are like this. Buying alone is better.

Indirect Sharing and Injection Equipment Sharing

- **29.7% used a needle that was used by someone else**
- **45% shot up with drug solution portioned out from a syringe belonged to someone else**
- **42.2% used drugs that were mixed, measured, or divided with a syringe that belonged to some else**
- **34.3% used cooker or cotton that had been used by someone else**
- **26.5% used water that had been used to mix drugs**

(last 30 days before entering treatment)

Common practice

D: How do you usually share heroin with others ?

P: I Put powder into syringe, then dissolve heroin with water, then we shared.. two or three persons share it together.

I: Why did you share it with others?

P: Because it's easy to divide when it's dissolved in water, and not so easy to divide when it is dry.

I: What I mean was why you did you buy it with others.

P: Because we lived together, and we both injected together after buying it...

Challenges

- **Reluctance to carry out community outreach**
 - Not confident with the methods
 - Lack of outreach tradition and skills
 - Very limited existing knowledge about drug users, drug practice and its related HIV risks
 - Short of staff
- **Communication difficulty (time difference, language, cultural, managerial style and expectation)**
- **Working with non-researchers**
- **Subcontractors lack of qualitative tradition and experience**
- **Continuous training constraints**

Summary

- **Access to sterile syringes from pharmacies is not difficult for Guangdong drug users, although police interference and occasional syringe availability could be an obstacle .**
- **Recent HIV/AIDS prevention efforts have spread e knowledge on syringe sharing as one the main rout of HIV transmission, and may therefore result in lower rates of reported syringe sharing.**
- **However, collective cultural values still bring drug users together through drug sharing.**

Summary

- **Indirect sharing of syringe (ie. mixing drugs in syringe) and other injection equipment still common and remain a main HIV risk among Guangdong drug users.**
- **Education for IDUs on safe drug mixing and injection is recommended for future intervention**
- **Ethnographic methods are critical for revealing drug using patterns, related HIV risk and factors that contribute to sharing of drug and injection equipment.**
- **Staff training , especially on using qualitative methods, should start at the very early stages and continue throughout the project.**