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The Impact of the Opioid Substitution Therapy Among Injecting Drug Users in Risk Reduction with Special Reference to Ernakulum District

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Abstract: *Individuals who are opioid dependent, and who abuses medicines, constantly witness overdose, with a highthreat of death. Longitudinal studies suggest that roughly 23 of heroin drug addicts die each time. Over 20 to 30 times,further than one- third of heroin dependent people will die, generally as a result of medicine overdoses. The mortality, rate for heroin druggies is between 6 and 20 times that anticipated for those in the general population of the same ageand gender. likewise, morbidity and mortality associated with lawless medicine use most generally occurs at an earlierage than is the case with deaths and ails attributable to alcohol and tobacco use. Anesthetic/ opioid dependence diseasesare one of the most gruelling conditions to treat. Once dependence sets in, abstinence produces characteristic pull-out pattern which is unique for its inflexibility. Lacrimation, rhinorrhea, sweat in, yawning, sneezing, hot or cold flushes,anorexia, nausea, abdominal cramps, diarrhoes, puking etc appear within many hours of the last cure. It may progressto excruciating body pang, agitation, mood changes etc. Tachycardia, hypertension, seizures etc may further complicatethe picture. Death may also do. Withdrawal pattern is most severe in the edging in drug abusers. Severe pining and fearof the pull-out symptoms make treatment of opioid dependence veritably delicate. Relapses are frequent. maturity of thedruggies drops out of their social network and live as rejects, literally on the thoroughfares. OST is Presently available in77 countries; of these, utmost countries use methadone as the OST drug, followed by buprenorphine. In India, OST hasbeen available since the early nineties, when buprenorphine started being used in some Government hospitals as well asin some NGO settings. While the OST was available uninterruptedly in many Government hospitals for both IDU aswell asnon-IDU opioid dependent drug addicts, the vacuity in NGOs was dependent upon funding from patron matesand confined to only IDU population(as a HIV forestalment tool). The NGO OST centres were latterly supportedunder NACP, while the Government centres continued to give OST for opioid dependent individualities throughbacking from the Ministry of Health and Family Welfare. also, there are anecdotal reports of OST being handedthrough private medicine treatment centres. The large-scale expansion of the OST programme began with the transitionof being OST interventions for HIV forestallment by NACP in 2008, after its formal objectification in 2007. originally,the being NGO OST centres were estimated and accredited, and those which were set up eligible were handed supportby DAC. An aggregate of 55 similar centres were handed uninterrupted support for OST perpetration among IDUs. Tofurther expand the OST programme, being government hospitals at quarter and sub-district situations were roped in,and OST was initiated through the cooperative public health care model. therefore, presently there are two models ofOST being enforced under NACP OST is primarily a medical intervention. The OST drugs help the clients to stabilise their chaotic cultures associated with medicine use and assists them toameliorate other areas of functioning, similar as domestic, social and occupational. As the guests settle down in theirfunctioning and are ready, the treatment can be phased in*

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discussion with the guests and their family members. Innumerous cases, the treatment needs to be continued over times to maintain the benefits accrued by the guests.therefore, there's no fixed formula for determining the optimum duration of treatment of OST; the crucial factor indetermining the duration is 'attainment of treatment pretensions' viz., achieving a substance-free life, optimum sickiesocial functioning and reintegration into the society. This work was done in association with the Opioid substitution therapy clinics of government hospitals atErnakulam district (General hospital Muvattupuzha), working in the field of harm reduction among injecting drug users(IDUs). By the mode of Purposive or judgemental sampling (non-Probability sampling method) the data were goingto be collected in limits of 10 respondents. The research design adopted here could be of qualitative study and the casestudy procedure with the opioid treatment index criteria were used, also Sung self-depression scale in studying thepsychological health conditions & WHOQOL in assessing quality of life.

Keywords: OST, IDUs, Risk Reduction, etc.

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