

## ***Background***

The National Drug Dependence Treatment Centre in collaboration with the Ministry of Health and Family Welfare (DDAP) and World Health Organization-India organized a workshop entitled “Control of drug abuse and HIV risk reduction” on 10<sup>th</sup> and 11<sup>th</sup> August, 2006 at the National Drug Dependence Treatment Centre, Ghaziabad. Eminent experts from various governmental and non-governmental organizations from across the country attended the workshop. The main objectives of the workshop were to discuss issues related to (a) drug and alcohol use and HIV vulnerability, (b) risk behaviours related to substance use and (c) risk reduction measures.

## ***Current Situation***

Alcohol/drug abuse was reported as being quite prevalent in the general population and concerns were expressed over the spread of drug abuse to the non-metros, rural areas and high prevalence of HIV among IDUs. Additionally, it was noted that there is inadequate place for Drug de-addiction programme and risks faced by the non-IDUs in NACP-III. It is particularly relevant because drug users are at greater risk of switching to injecting drug use and they keep changing the route of drug administration. The prevalence of injecting among drug users in Northeastern states was particularly high (51-92%). As per latest surveillance data (2005) of NACO, among IDUs 10.16% are HIV positive. The workshop emphasized the fact that although there was a downward trend in prevalence rates of HIV in IDUs in high-prevalence states like Mizoram, Nagaland and Tamil Nadu but increasing trends in Assam, Tripura, West Bengal, Delhi and Andhra Pradesh should be taken as a warning signal.

Risk behaviours for HIV transmission in alcohol/drug users were reported to be both - unsafe injecting practices and unsafe sex behaviour. Unsafe injecting behaviours include using unsafe injecting equipment and sharing injecting equipment. Alcohol/drug use is also risky because it affects individual’s ability to make decisions about safe sexual behaviour. Evidences were presented that alcohol/drug use is common amongst high-risk groups (e.g. FSWs & their clients, Truck drivers). IDUs on the other hand are at risk, not only because of injecting-related but sexual behaviours as well. As per BSS (NACO

2002), IDUs use condoms less than other risk groups. Low/delayed treatment seeking, low utilization of services and gaps in service provided and growing menace of Hepatitis C further compound the problems faced by IDUs.

### ***Interventions***

A major area of focus of the workshop was - prevention of HIV transmission in alcohol/drug abusers. The workshop highlighted that prevention techniques that work include broadening of services i.e. addressing drug related risks, sexually transmitted risks and vertical transmission risks. Often ideal approaches such as those aimed at abstinence may not work in all cases therefore there is a need to focus on harm-reduction approaches such as promoting the use of sterile needles, cleaned/bleached needles and reduction in number of sharers. Similarly, sexual risk reduction techniques that may work are identifying and treating STDs early - reducing the number of casual partners and employing safe sexual practices like condom usage not only with casual partners but also with spouse to prevent spread of HIV to the general population.

The workshop specifically discussed agonist (e.g. buprenorphine) maintenance programme as a risk-reduction intervention that is a cost effective method to reduce high-risk behaviours and crime. In India, buprenorphine maintenance programmes have mainly been implemented at a small-scale level by GOs and NGOs, the results of which are encouraging. Hence there is an urgent need to increase the coverage of these programmes through scaling up. There are other pharmacological and social interventions which could also be employed.

Peer led intervention is yet another cost-effective risk reduction technique. The workshop highlighted the use of recovering drug users as peer outreach workers and current, out-of-treatment drug users as ‘peer volunteers’ to train drug users into risk reduction methodologies. This was reported to result in a reduction in both – injecting related as well as sexual risk behaviours.

It was also discussed that the programme of the National AIDS Control Organization is implemented mainly through the targeted interventions in many identified high-risk groups including IDUs but does not include the non-injecting drug users. It was also emphasized by NACO that it needs to improve on three important areas viz. **Quality, Coverage and Coordination.**

Several NGOs shared their experiences with risk reduction activities among drug users. Linking of the Support networks of NGOs with a continuum of services and measures like IEC for awareness, Condom promotion, Drug substitution, Needle Syringe Exchange Programmes, Peer-education approaches, Home Based Care/support, and PLHA sharing in Community sensitisation program have shown encouraging results.

The workshop highlighted the fact that access to the ART and AIDS care services provides an opportunity to promote safer sex in PLWHA apart from increasing VCTC uptake. Caution should be taken that once the viral load comes down individuals may again resort to High-risk behaviours. The workshop emphasized the issues of adherence to ART regimen. It was pointed out that inconsistent outpatient care services, poor social support and financial problems can lead to non-adherence. Opioid substitution programmes may result in better adherence to ART among drug users. One of the major concerns raised was the professionals who receive training in administering ART do not get training to address the mental health issues. Integrating the service provided by departments of medicine and de-addiction in this regard could be useful. Provision of dispensing of ARTs from DACs by trained doctors should be available. This will also be in-line with improving the access to ARTs.

The workshop also had participation by a representative of network of PLWHA, in line with the principle of GIPA. An important issue discussed during the workshop was - stigma and discrimination faced by HIV positive people at various levels (clinicians, society, and family). If the HIV positive individuals happened to be IDUs as well they suffer 'double stigma'. The workshop helped sensitise the participants regarding problems faced by PLWHAs, such as denial of basic human rights, barriers in

accessing help including affording ART, treatment of Hepatitis C and accessibility of drug abuse treatment/NSEP/ Substitution programmes.

Participants were also introduced to the Database on drug abuse and HIV/AIDS – a major international effort to compile and store all the available data on drugs and HIV from all South-Asian countries. This activity is being carried out by AIIMS through support of UNODC.

### ***Discussions***

In the panel discussion several major issues were raised. Delay in treatment seeking and the fact that the National programmes for substance use & HIV are not linked were of major concern. It was also pointed out that there still are lacunae in our current knowledge regarding the kind of life-style that predisposes to alcohol and drugs and HIV vulnerability. Additionally we need to know more about the ground realities at the community level.

Three areas were highlighted as requiring special focus i.e. (i) Provision of adequate services, (ii) Capacity building to develop and enhance human resources and (iii) Substitution programme i.e. Buprenorphine substitution, or other agonist treatment.

Harm Minimization, sexual and injecting risk reduction should be the corner stone of the alcohol/drug abuse and HIV interface. Integrated community based programmes for drug use treatment and HIV risk reduction are more likely to be effective in HIV prevention. It includes Community outreach programme, Needle syringe exchange, Substitution programme, condom promotion, Bleach programmes, and Training of doctors in De-addiction centres for dispensing ART.

**The importance of this workshop can be seen in the light of the forthcoming 11<sup>th</sup> Five-year plan in which the recommendations of this workshop can be useful. The major recommendations were to address HIV prevention among non-IDUs as well rather than just IDUs, focus on the entire country rather than only on high**

**prevalence states, educational programmes such as IEC to reduce sexual and injecting behaviours among drug users at the community level and treatment centres, Harm Minimization as an important strategy to prevent HIV transmission amongst alcohol/drug users, up-scaling of Opiate substitution (e.g. Buprenorphine), NSEP and Bleach programmes, Condom promotion in specific areas with high IDU prevalence, Community outreach through PLI, Integration and greater coordination between NACO, MSJE and MOH, strengthening of Government De-Addiction Centres and training of doctors at De-Addiction centres in treatment of HIV(Annexure 1). List of participants can be seen in Annexure 2.**

## **Recommendations**

1. The National AIDS Control Programme should focus upon prevention of HIV associated with all categories of substance use (i.e including non-IDU) and not just IDU.
2. Programmes should take into account the needs of the entire country and not just high prevalence states
3. Educational programmes such as IEC to reduce sexual and injecting behaviours among drug users in the community and treatment centres should be undertaken at a national level
4. Harm Minimization is an important strategy to prevent HIV transmission amongst alcohol/drug users
5. Opiate substitution (e.g. Buprenorphine) needs to be up-scaled
6. NSEP and Bleach programmes in specific areas with high IDU prevalence are also required.
7. Condom promotion is also an important strategy.
8. Community outreach through PLI are cost-effective methods and needs to be implemented at a national level
9. Greater co-ordination between NACO, MSJE and MOH&FW is key to resolving the issues highlighted; To start with, counsellors supported by the NACO can be posted at the MOH&FW De-addiction centres
10. Strengthening of Government De-Addiction Centres is of paramount importance as most of them are non-functional and understaffed
11. Medical professionals at the MOH&FW funded De-Addiction centres should be trained in treatment of HIV/AIDS and the medical professionals at the ART Centres should be trained in the behavioural management.

## ANNEXURE 1

### HIGHLIGHTS OF THE DISCUSSION

#### DAY ONE: 10<sup>TH</sup> August 2006

##### INAUGURAL SESSION

Prof B.M. Tripathi delivered the welcome address and extended a warm welcome to all participants. Prof Rajat Ray then outlined the objectives of the workshop which were as follows:

- To discuss issues related to interface between drugs and HIV
- To discuss the need to upscale the programmes for control of drug abuse and HIV risk reduction
- To discuss the need to focus on risk behaviours related to any severity of substance use (both IDU & non-IDU) and feminization of the HIV epidemic

Ms Rita Teatia, Joint Secretary, Ministry of Health & Family Welfare expressed her concerns regarding:

- Changing pattern of drug use: from metros to non-metros, from urban to rural and high prevalence of HIV among IDUs
- Inadequate place for Drug de-addiction programme and problems of Non-IDUs in NACP-III,

However, she was optimistic that the recommendations of the workshop will help in the planning process for the forthcoming 11<sup>th</sup> five-year plan. She pointed that future directions in this regard would be:

- Strengthening of De-addiction Centres by Ministry of Health & Family Welfare
- Collaboration and synergy between various organizations: NACO, MOH, MSJE
- NACO could support counsellors or social workers in MOH DACs

## **SESSION I- EXTENT & PATTERN OF ALCOHOL AND DRUG USE AND HIV INFECTION IN INDIA**

Prof Rajat Ray discussed that National Household Survey carried out in 2001-2002 (report published in 2004) found the current (last one month) prevalence rates of use for various drugs were: 21.4% (alcohol), 3.0% (cannabis), and 0.7% (opiates). He informed that the prevalence of IDU in general population (NHS) was 0.1%, in treatment seekers was 14% (DAMS) and those not in treatment network was 43% (RAS). In thematic studies also IDU could be detected among women, among prisoners, in the rural area and in the border areas of the country. He expressed concerns regarding following issues:

- Young age of initiation of alcohol/drugs
- Low and delayed treatment seeking and gaps in treatment services

Prof B.M. Tripathi presented an overview of risk-behaviour situation in the country:

As per the current estimates, India has the maximum number of HIV infected persons in the world. Current HIV prevalence in the country is 0.9%. Around 5.7 million adults and children are HIV positive

- High-risk behaviours include unsafe injection practices & unsafe sex behaviour which includes sex with extramarital partners/ sex workers, sex under influence of alcohol & unprotected sex
- High risk groups i.e. FSWs & their clients, truck drivers also use alcohol and Drugs
- As per BSS, IDUs have consistent condom use in only one third of cases.

**SESSION II: PRINCIPLES OF INTERVENTIONS TO REDUCE RISK BEHAVIOUR AMONG DRUG USERS- OVERVIEW OF INDIAN AND INTERNATIONAL EXPERIENCE**

- HIV transmission is preventable. The methods employed should be cost effective, comprehensive, involve communities and should be tailored to local/individual needs
- IDU risk reduction includes a hierarchy of options from the safest to the less safe that the drug/alcohol user can choose from (e.g. stop drug use, substitution, reduce use, sterile needles, cleaned needles & reduced number of sharers)
- Sexual risk reduction should include 1) Treating STDs early 2) Restrict number of partners 3) Practice safe sex
- A similar hierarchy of sexual risk reduction from safest to less safe could be offered to reduce the sexual risk

**SESSION III- PHARMACOLOGICAL INTERVENTIONS AND INTERFACE OF DRUG USE AND HIV INFECTION**

- AIDS care and treatment services provide an opportunity to promote safer sex in PLWHA
- ART prevents HIV by increasing VCTC uptake
- Compliance issues are of paramount importance; major reasons for non-compliance being poor social support, continued drug use and gaps in services
- At present there is no provision for ART to be administered through DACs though doctors working at DACs could be trained.

#### **SESSION IV- EXPERIENCE OF NACO WITH TARGETED INTERVENTIONS AND LEARNING FOR HIV RISK REDUCTION AMONG INJECTING DRUG USERS**

Mr Rajesh Nair of National AIDS control Organization made the following observations:

- Targeted Interventions by NACO: The Basic intervention is **behaviour change communication** along with add-ons: e.g. counselling, STI services, abscess management, NSEP, substitution, Condoms
- He emphasized that there is **Need to improve on Quality, Coverage & Coordination**

#### **SESSION V- BURDEN AND RISK REDUCTION AMONG ALCOHOL/DRUG USERS**

Mr Mike Tonsing, Vice-President of Delhi Network of HIV Positive people made the following observations

- Stigmatization and discrimination are prevalent at various levels (clinicians, society, family) which gets doubled if one is HIV + and IDU
- Denial of basic human rights, Affordability of ARV/Hep C drugs, Accessibility of drug abuse treatment, Needle exchange programme are the major problems faced by HIV +ve IDUs.

**DAY TWO: 11<sup>th</sup> August 2006**

**SESSION VI- INDIAN EXPERIENCE WITH RISK REDUCTION AMONG DRUG USERS**

- a) Indian Experience with Agonist Maintenance Treatment (Dr Suresh Kumar)
  - Buprenorphine has been used in India but on a small scale by NGOs and Government Organizations;
  - Effective in reducing drug use, high risk behaviour, crime
  - Need for a scale-up
- b) Indian Experience with HIV Risk Reduction among IDU in North- East (Dr. Rakesh Lal)
  - Trends in Drugs and HIV: Injecting high (51-92%) among drug users
  - Manipur and Nagaland: very high HIV prevalence though now showing sero-stabilization
  - Multiple types of Risk-Reduction interventions undertaken: IEC for awareness, Condom promotion, Drug substitution, NSEP and Peer-education approaches
  - Many treatment centres available but concentrated in capital cities; Substantial effort for training of manpower is going on
- c) High risk behaviour reduction and HIV prevalence- The Andhra Experience
  - Several districts with generalized HIV epidemic
  - Major drug of abuse is alcohol and not opiates
  - High percent of migrant workers; Up to 1/3 of high risk groups have one or more casual partner
  - Alcohol prohibition tried but didn't work. Hence not a feasible option.
- d) Peer-led interventions for reducing HIV risk behaviour among drug users
  - Implemented through NGOs at multiple sites by UNODC

- Training of recovering drug users as peer outreach workers; current, out-of-treatment drug users as ‘peer volunteers’ in risk reduction methodologies
- The findings revealed: Significant majority retained into follow-up, modest reduction in drug use, reduction in sharing of needles / syringes, reduction in number of sex partners, increase in consistent condom use & Increase in awareness of HIV
- Advantages: Cost-effective method, sustainable due to extensive community mobilization

## **SESSION-VII - NGO EXPERIENCE WITH RISK REDUCTION ACTIVITIES AMONG DRUG USERS**

- a) Organizational Experience: SASO, Manipur
  - Support networks can be linked with a continuum of services.
  - Home Based Care/support – enhance HIV prevention.
  - Peer outreach – an effective strategy for making services accessible to the drug users
  - Skills of peers can be updated through training, interaction & group sessions
  - PLWHA sharing in Community sensitization program helps in reducing stigma & Discrimination.
  
- b) Organizational Experience: Calcutta Samaritans, Kolkata
  - An organisation experienced in variety of interventions for different target groups
  - Has been carrying out Peer Led Interventions at multiple sites in projects sponsored by UNODC and DFID
  - Encouraging results in risk-reduction
  - Also has experience of Oral Buprenorphine substitution
  
- c) Experience of ASHRA Project: IIPS, Mumbai
  - Men use alcohol to improve sexual experience

- Ambivalence in use of barrier methods specially with wife is common
- Risk behaviours cluster or sequence in particular geographical locations-target for intervention
- Decisions regarding drinking, sex, and condom use differ under different sets of conditions

**Database on Drug Abuse and HIV infection: Dr. Anju Dhawan**

- The advantages of software used to maintain the database on Drug Abuse and HIV infection was highlighted
- Demonstration of software developed as part of UNODC project

**SESSION-VIII      PANEL DISCUSSION OF WORKSHOP & FORMULATION OF RECOMMENDATIONS**

**Panelists:**      **Chairperson:**      Dr. Rajat Ray;  
**Panel Members:**      Dr. Jacob John, Dr. Ngully, Dr. B.M. Tripathi

**Panel Discussion**

- Delay in treatment seeking a major concern
- National Alcohol/drug abuse and HIV programmes are not linked adequately
- There is a need to focus on 'harm reduction'. Additionally, the harm reduction approaches should target both sexual as well as injecting risks
- The outcome of agonist maintenance (Buprenorphine) is encouraging and needs to up-scaled
- Programmes dealing with sex workers and truckers must deal with drug abuse by these groups as well.
- Community outreach such as PLI needed at a national level
- NSEP/Bleach programmes are also required at areas with high IDU prevalence
- It is feasible to train the doctors working in the area of de-addiction on ART administration.

- GPs should be trained on issues related to drugs and HIV

### **Recommendations (as has been seen above)**

The National AIDS Control Programme should focus upon prevention of HIV associated with all categories of substance use (i.e non-IDU also) and not just IDU.

Programmes should take into account the needs of the entire country and not just high prevalence states.

Educational programmes such as IEC to reduce sexual and injecting behaviours among drug users in the community and treatment centres should be undertaken at a national level.

Harm Minimization is an important strategy to prevent HIV transmission amongst alcohol/drug users.

Opiate substitution (e.g. Buprenorphine) needs to be up-scaled.

NSEP and Bleach programmes in specific areas with high IDU prevalence are also required. Condom promotion is also an important strategy.

Community outreach through PLI is cost-effective method and needs to be implemented at a national level

Greater co-ordination between NACO, MSJE and MOH&FW is key to resolving the issues highlighted; To start with, counsellors supported by the NACO can be posted at the MOH&FW De-addiction centres.

Strengthening of Government De-Addiction Centres is of paramount importance as most of them are non-functional and understaffed.

Doctors at the MOH&FW De-Addiction centres should be trained in treatment of HIV/AIDS.

**ANNEXURE- 2**  
**LIST OF PARTICIPANTS**

**Outstation Participants**

1. Mr. Bankim
2. Dr. Kamla Gupta
3. Dr Jacob John
4. Dr. M Suresh Kumar
5. Mr. Debashis Mukherjee
6. Dr. Ngully
7. Dr. K. John Vijay Sagar

**Local Participants**

1. Ms Rita Teatia
2. Mr. Prabhat Kumar
3. Dr. Bani
4. Dr. Anand Chaudhari
5. Dr Shobini Ranjan
6. Dr KK Ganguly
7. Dr. Rajesh Nair
8. Mr Mike Tonsing
9. Mr. Nand Ram
10. Mr. Rakesh Bisht
11. Mr. Prem Parkash
12. Mr. R.S. Mathur

## **Faculty & Members, NDDTC & Dept. Of Psychiatry AIIMS**

1. Prof. Rajat Ray
2. Prof. B.M. Tripathi
3. Prof. R.K. Chaddha
4. Prof. Manju Mehta
5. Prof. S.K. Khandelwal
6. Dr. Rakesh Lal
7. Dr. Rajesh Sagar
8. Dr. Anju Dhawan
9. Dr. Sonali Jhanjhee
10. Dr. N. Kaw
11. Dr Atul Ambekar
12. Dr. Nand Kumar
13. Dr. Mamta Sood
14. Mr. H.K Sharma
15. Mrs. Anita Chopra
16. Mrs. Hem Sethi
17. Dr. Rakesh Goel
18. Dr. P. Biswas
19. Mr. Brahamprakash
20. Mrs. Seema Yadav
21. Mr. Deepak Yadav
22. Mr. Babu
23. Mr. Roshan Lal
24. Mr. Mahla
25. Mr. Rajesh Khandpal
26. Mr. N.S. Bisht
27. Ms. Tanu Duggal
28. Mr. Vijay Kumar

## **Faculty and Others from AIIMS**

1. Dr. Sarman Singh
2. Dr Sanjeev Sinha
3. Dr R. S Tyagi
4. Dr Naveet Wig
5. Ms. Sandhya Gupta
6. Mrs. Sangeeta Sharma
7. Ms. Vijayeta