TWG Consultations for NACP IV Planning IDU Subgroup 2 – 5 May 2011

Guiding principles

- **‘Nothing for us without us’**
- **Flexibility**
- **Inclusive**
- **Comprehensive package of interventions**
- **Gender responsive services**
- **Services for special populations**

Guiding principles

- **Need based services**
- **Improved quality of services**
- **Appropriate models of service delivery**
- **Creating an enabling environment**
- **Addressing drug use and HIV related stigma**
- **Enhanced capacity**

NACP IV Recommendations

Definition and coverage

CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Definition of IDU – Injecting at least once in 3 months	Not capture who have injected outside the 3 months, but are at risk of HIV	Define current IDU as one who has injected in the last 12 months at least once
Current interventions reach out to 80% of IDUs as per current definition	Currently, major focus on NSEP and (hence) on daily injectors	Coverage should be measured on the basis of provision of comprehensive services out of which focus on NSEP should be on regular injectors whereas focus for irregular injectors should be on other services

TI programme

ISSUES	CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Model of intervention – TI model	Needs of IDU cannot be met through TI alone	Currently all needs are not met	IDU intervention should be holistic and encompass TI and formal linkage
No. of IDUs for initiating IDU TI programme	150 – 400	Appropriate resources not allocated to those with > 400 IDUs	Minimum number of IDUs remain at 150, but maximum number should be based on the mapping data – resource allocation based on no. of IDUs
	Current interventions reach out to 80% of IDUs as per current definition	Currently, major focus on NSEP and (hence) on daily injectors	Coverage to be measured on provision of comprehensive services - focus on NSEP for regular injectors; focus on other services for irregular injectors

TI Programme

ISSUES	CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Outreach strategy	PE is the basic unit of all service delivery	PE being a current injector → not able to function optimally	• PE to be facilitator of outreach; • ORW to be the basic unit of service delivery; • Provision of increased number of ORWs
Staffing norms and emoluments	ANM & counsellor position combined; salary structure	Counselling is an important component in IDU TI -	• Separate post of a staff skilled in drug and HIV related counselling • Salaries to be optimised

TI Programme

ISSUES	CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Services	Not all components are provided	Multiple needs of IDU required to be addressed	Comprehensive package to be provided includes Hep C prevention, naloxone in public health/TI settings, provision of materials for waste disposal – direct as well as through linkages
Referral services	IDUs are reluctant to avail ICTC and ART services	Low ART uptake & adherence	• Explore possibility of testing through DBS at TI DIC • Capacity building of counsellor for pre-post test counselling, ART adherence, positive prevention

Linkages and mainstreaming

CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Linkage with peripheral units exist; central linkages need strengthening	Drug treatment and care mandates of MSJE and DDAP also	• To establish formal linkages centrally – drug use information system, referral – back referrals, and OST • Other services to be provided for through formal linkages – adhaar, antyodaya, BPL, shelter homes, etc.
Law enforcement agencies (LEAs) not engaged systematically	IDUs face harassment from LEAs	• Linkage with NCB, police and prison authorities to be established at central and state level • Capacity building of LEAs on drug treatment and harm reduction
Provision for detoxification not available	Many IDUs want to leave drug use	Provision for detoxification with multiple options – at detox centres, home based and detox camps

Opioid Substitution Therapy (OST)

CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Target of 20% IDUs on OST	Defining which 20% require OST	• OST centres to be established based on geography and clients • Choice of OST in both public health facility & in TI setting • Parity in Staffing norms for both settings
Only buprenorphine is available as OST	Not all IDUs benefit from one type of medication	• OST to include methadone and buprenorphine – naloxone along with BPN • Multiple choices to be available to IDU in a given centre

Special population groups

CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Provision of services for Female IDUs inadequate	Vulnerability of female IDUs greater	Specific interventions and programmes for FIDU – female staff, gender specific services (RCH, female condoms): examine existing models of intervention
Female sex partners of IDUs, including spouses – provision inadequate	Important subgroup to be addressed	Specific interventions and programmes for FIDU – female staff, gender specific services (RCH, female condoms): examine existing models of intervention
Adolescent IDUs – no provision	Equally vulnerable to HIV	• Access to existing IDU TI interventions • Youth friendly services • Other services – education, nutrition support, etc.
Non-IDU population	Vulnerable to shift to injection	• Linkage with other drug treatment services • Emphasis on HIV prevention services (other than NSP) – condoms, testing, STI, counselling, etc.

Stigma and discrimination

CURRENT STATUS	CHALLENGES	PROPOSAL FOR NACP IV
Focus on HIV related stigma	IDUs face greater stigma due to drug use itself → impedes access to HIV prevention services	• Specific messaging on drug use • IEC campaigns to reduce drug use related stigma • Engagement of Drug User Forums
Law enforcement authorities not engaged	IDUs face harassment from LEAs	• Formal engagement with LEAs • Sensitisation programmes at state and central levels • Training programmes and curriculum on drug use as medical disorder and HR
Health care providers not engaged	IDUs face stigma from healthcare providers	• Formal engagement with professional bodies such as IMA, Indian psychiatrist association, etc. • Sensitisation programmes at state and central levels • Training programmes and curriculum on drug use as medical disorder and HR