

ACRONYMS – INDIA

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATS	Amphetamine Type Substance
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communication
CIDA	Canadian International Development Agency
DFID	Department for International Development (United Kingdom)
DIC	Drop-In Centre
DU	Drug User(s)
EU	European Union
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GTZ	Gesellschaft für Technische Zusammenarbeit (Germany)
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDU	Injecting Drug User(s)
IEC	Information, Education, Communication
IHRN	Indian Harm Reduction Network
INGO	International Non-Governmental Organization
INP+	Indian Network of Positive People
LCCD	Low Cost Community Based Care and Support
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSJE	Ministry for Social Justice and Empowerment
NACO	National AIDS Control Organisation
NACP	National AIDS Control Plan

India – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

NCB	Narcotics Control Bureau
NCDAP	National Centre for Drug Abuse Prevention
NDPS Act	Narcotic Drugs and Psychotropic Substances Act, 1985
NEIHRN	North East India Harm Reduction Network
NGO	Non-Governmental Organization
NISD	National Institute of Social Defence
NSP	Needle and Syringe Programs
OST	Opiate Substitution Therapy/Treatment
PITNDPS Act	Prevention of Illicit Trafficking in Narcotic Drugs and Psychotropic Substances Act
PLI	Peer Led Community Outreach Intervention
PLWA	People living with AIDS
PLWHA	People living with HIV/AIDS
PNGO	Partner Non-Governmental Organization
RRTC	Regional Resource Training Centre
RSRA	Rapid Assessment and Response Analysis
SACS	State AIDS Control Society
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
SP	Safer Practices
ST	Substitution Therapy/Treatment
STD	Sexually Transmitted Disease
SW	Sex Worker
TI	Targeted Intervention
TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

WB World Bank
WHO World Health Organization
WFP World Food Programme

Country Name: **INDIA**

1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place (List Relevant Items)	
		Existing	Gaps
Political Commitment	Narcotics Control Bureau (NCB) ¹ Ministry of Social Justice and Empowerment and Ministry of Health (which includes the National AIDS Control Organisation (NACO)) handle drug demand reduction issues ¹ and prevention of HIV among IDUs	<ul style="list-style-type: none"> Under NACP-II (National AIDS Control Project Phase II, 1999), of the 124 targeted interventions (TIs) supported by NACO, the Indian Government has been supporting interventions that focus on high-risk groups appropriate to the epidemiology of HIV in India. The package has five basic elements shown globally to be effective: behaviour change communication/peer education, STD treatment, condom promotion/provision, enabling environment, and community mobilization.³ Drug addiction treatment and rehabilitation are carried out in the 450 centres supported by the MSJE across the country. 	<ul style="list-style-type: none"> 80% of NACO-supported prevention interventions for IDUs are in the three north eastern states (Nagaland, Manipur, Mizoram).³ No official policy for drug ST.⁴ Delivery of services through SACS is limited in the newly identified IDU communities in other States.¹⁰
Donor Commitment	Gates Foundation Bilateral Donors World Bank UN Agencies (especially UNODC for demand reduction activities) Indian Government Global non-government donors AusAID	<ul style="list-style-type: none"> Avahan: the US\$ 258 million HIV prevention program of the Bill & Melinda Gates Foundation in India (launched in 2003) funds community-driven HIV prevention services to those most vulnerable to HIV, including IDUs. UNODC Project H13 provides Comprehensive Package of services comprising RSRA, PLI, SP, LCCS and OST through 31 Partner Agencies (PNGO's and 	<ul style="list-style-type: none"> UNODC needs to mobilize US\$ 3.4 million per year for interventions in India from 2007 onwards.¹⁰

	DFID SIDA CIDA Ministry of Finance	Learning Centres) covering 16 states in Phase 1 from 2003-2006 and 35 Partner Agencies in 18 states in extension of the phase into 2007. Phase II of the project is proposed for 2007-2012 with increased delivery of OST. ¹⁰ <ul style="list-style-type: none"> • NACP-III: NACO & World Bank • National Fund for Control of Drug Abuse, 2006 (to support the expansion of demand reduction programs)⁶ 	
Costed National Strategy			
Legal Environment	Department of Revenue (Ministry of Finance): coordination role as administrators of the NDPS Act and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act ² Agency dealing with drug trafficking: Narcotics Control Bureau (NCB) at the Ministry of Home Affairs ² Also: Officers of the Central Bureau of Narcotics, the Directorate of Revenue Intelligence, Customs, Central Excise, Border Security Force, Coast Guard, Police	Narcotic Drugs and Psychotropic Substances (NDPS) Act (1985), amended 2001 (distinguishing between possession for personal consumption and commercial quantities)	<ul style="list-style-type: none"> • Due to legal issues, condom distribution in prisons is not permitted. • The legality of NSP under the NDPS Act remains an open question, as the provision of drug paraphernalia can be interpreted as facilitating the offence of drug consumption. Experts in the field view the ambiguity in the law as an obstacle to NSP and feel that immunity is required for service providers, particularly outreach workers.

	authorities of State Governments ²		
Policy Environment	<p>India does not have a national drug control policy or an apex organization in respect of drug control.</p> <p>National policy on Narcotic Drugs and Psychotropic Substances is based on Article 47 of the Directive Principles of State Policy, Constitution of India (“...the State shall endeavour to bring about the prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and of drugs which are injurious to health”). The Government’s policy on the subject is also guided by the international conventions on the subject.²</p>	<ul style="list-style-type: none"> • Narcotic Drugs and Psychotropic Substances (NDPS) act allows prevention/treatment work with drug users.¹ • National AIDS Control Policy supports sterile needle and syringe exchange programs and drug ST to contain the spread of HIV amongst IDUs.¹ • India has endorsed buprenorphine substitution policy as part of its national HIV/AIDS strategy defined by NACO. Currently methadone is not available in India • ARV therapy centres have been established.³ 	<ul style="list-style-type: none"> • According to the NDPS act (1985, amended in 2001) any form of drug use remains a criminal offence, and can result in imprisonment for a period of six months. • There is no scope for integrating cultural mechanisms of use management into contemporary legislation, even though research suggests that cultural norms in India are a far more efficient means of drug control than legislation inspired by global norms.⁶ • India classifies methadone as a narcotic like heroin, so no programs use methadone.⁵ • In practice, few people actually receive substitution drugs.⁵ • There is currently no simultaneous treatment component in national policies for people living with HIV/AIDS co-infected with HCV. HCV prevalence among IDUs in Manipur has been reported to be as high as 92%.⁸ • Drug use prevention programs have not been modified to address the changing nature of drug use including the growing practice of injecting and associated health concerns like HIV/AIDS and Hepatitis C.

			<ul style="list-style-type: none"> • Oral Substitution medication is not available to HIV-positive IDUs, who are being provided anti-retroviral drug therapy at specified treatment sites.
M & E Systems/ Research Capacity	Ministry of Social Justice and Empowerment (MSJE)	<ul style="list-style-type: none"> • 2002: UNODC-Sharan: MSJE Rapid Assessment Study (14 study sites)⁶ • 2004: National Survey (UNODC and MSJE) • The Ministry has set up a drug abuse and monitoring system. • The National Centre for Drug Abuse Prevention (NCDAP) set up within the MSJE has emerged as an apex training and research body in the field of substance dependence.¹⁰ • To build and expand local capacity to address drug related problems, 8 Regional Resource Training Centres (RRTCs) have been established.¹⁰ 	<ul style="list-style-type: none"> • Household surveys tend not to access marginalized populations.² • Efforts should be strengthened to understand trends and patterns of drug use within the country, especially in rural areas falling along the drug trading routes and those close to cultivating areas.⁶ • The demand for drug treatment, particularly amongst the urban poor, needs to be assessed.⁶ • Few NGOs have attempted to measure the impact of their HR programs.⁵ • Public-health research output in India is low in general.³
Surveillance Systems	National AIDS Control Organisation (NACO) ²	<p>Data related to the HIV epidemic in India come from: (1) routine sentinel HIV surveillance from antenatal and STD clinics, and from interventions with high-risk groups, including IDUs (393 antenatal clinics and 179 STD sites in 2005) (2) mapping and size estimation exercises of high-risk groups; (3) some behavioural surveys in high-risk groups and the general population; (4) limited biological surveys in high-risk groups and the general population; and (5) facility-based studies.³</p> <p>NACO has been conducting sentinel</p>	<ul style="list-style-type: none"> • Such data cannot be extrapolated on a national basis.² • Program planning and measurement of program effectiveness, mapping and size estimation of high-risk groups, periodic assessment of risk behaviours and biomarker data are crucial. With some exceptions, such data are sparse in India.³ • In some states (e.g. Manipur, Nagaland) surveillance of high-risk groups is limited to one site per group per state.³

India – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

		surveillance annually at sites where HIV prevalence amongst IDUs is above 5%. ²	<ul style="list-style-type: none"> • More understanding is needed of the sexual and injection practice linkages between truckers, female sex workers, and IDUs in the northeast as a potential driver of epidemic spread to other parts of the country. Little is known about injecting drug user overlap with other risk groups in states outside the northeast.³
Multi-sectoral Involvement	<p>National AIDS Prevention and Control Policy¹</p> <p>National Council on AIDS, chaired by the Prime Minister, constituted in 2005</p>	<p>Indian National AIDS Control Project (NACP-II, 1999)</p> <p>TOR of the National Council on AIDS includes “mainstreaming HIV/AIDS in all Ministries and Departments [...]; to lead the multi-sectoral response to HIV/AIDS”⁴</p>	<ul style="list-style-type: none"> • Networking and integration between various sectors and agencies responsible for drug control and HIV prevention is required.⁴ • Few TIs focus on IDUs (outside of the north-east), and NGOs face challenges in project design and implementation which lower intervention coverage and quality for these groups.¹⁰
Law enforcement involvement	<p>Narcotics Control Bureau (NCB)¹</p> <p>State police forces</p>		<p>Although top officials are sympathetic, lower cadre law enforcement require much sensitization for IDUs to find an enabling environment.¹⁰</p>
Involvement of IDUs in Response		<ul style="list-style-type: none"> • A feature common to many NSPs is that staff members are former users. • IDUs who are PLWA are often part of such related GIPA inclusions. 	<p>Need for greater involvement of IDUs in design of programs and raising issues and concerns.⁴</p>
Capacity building	<p>MSJE</p> <p>NCDAP-NISD</p>	<p>RRTC's hold regular training programs aimed at increasing capacity among NGOs</p>	

2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 Rallying political will at the state and district level to address the challenges remains one of the biggest obstacles to a nationwide response. ³	Narcotics Control Bureau (NCB) ¹ Ministry of Social Justice and Empowerment and Ministry of Health (which includes the National AIDS Control Organisation (NACO))	
	1.2 Political instability in the northeast. ⁶		
	1.3 The approach of the Government is to address the issue of drug use on the basis of supply and demand reduction within the framework of the existing NDPS Act. There is no established policy at present on HR. ¹⁰		
2. Community commitment	2.1 Ethical and moral considerations ¹		
	2.2 Widespread stigmatization		
	2.3 Some outdated drug treatment strategies survive. ⁵		
	2.3 Poor acceptance of Drug Demand Reduction programs due to lack of employment security and financial limitations in the private sector. ¹⁰		
3. Legislative / policy	3.1 Policies not always put into practice.	Department of Revenue (Ministry of Finance): coordination role as administrators of the NDPS Act and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act ²	National AIDS Prevention and Control Policy aims to review and reform criminal laws and correctional systems and to strengthen anti-discrimination and other protective laws by Government. ¹
	3.2 Criminalization of drug use makes drug users a marginalized and hidden population and thus hard to reach. ⁴		
	3.3 The law has provision for those arrested under Section 27 of the NDPS Act to seek treatment instead of serving a sentence, but this provision is rarely utilized. ⁶		

	3.4 Traditional attitudes to the use and management of mind-altering substances need to be recognized. ⁶	Agency responsible for drug trafficking: Narcotics Control Bureau (NCB) in the Ministry of Home Affairs ² Also: Officers of the Central Bureau of Narcotics, the Directorate of Revenue Intelligence, Customs, Central Excise, Border Security Force, Coast Guard, Police authorities of State governments ²	
4. Comprehensive Services	4.1 IDU is now spreading further into smaller towns and rural areas. ²	Ministry of Social Justice and Empowerment is responsible for implementing drug demand reduction programs in the country, mainly through support of NGOs. ²	National AIDS Prevention and Control Policy aims to empower State Governments by decentralizing the delivery system to the state and district level, to encourage NGOs providing drug de-addiction services to incorporate risk reduction components, to improve treatment services, to promote the formation of self-help groups for PLWHAs, and to provide bleach and sterile injecting equipment. ¹ NACP-III implementation is scheduled to begin in 2006 and will continue to place appropriate and substantial resources into prevention through focused programs for high-risk populations and bridge groups. ³
	4.2 Long under-trial periods in prisons. ⁶		
	4.3 Affordability of ARV is limited.		
	4.4 No legal aid for poor people		
	4.5 Overall coverage of high-risk groups with targeted interventions is insufficient. There is a need to recognize the mobile character of significant high risk populations, like IDUs, sex workers and migrant labour. ¹⁰		
	4.6 Need for inputs for technical capacity building and improved access to services.		

India – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

5. Resources	5.1 Government STD services and basic HIV care require more resources for training and sensitization of personnel to meet the needs of female sex workers, men who have sex with men, IDUs, and people living with HIV/AIDS. ³	Government of India External donors UN agencies	Arrangements for contiguous funding to be mobilized for maximum impact and facilitating mainstreaming.
	5.2 Ensuring adequate resources and efficient use and flow of funds is critical. ³		
	5.3 Limited Government funding means that drug treatment is not widely available (centres tend to provide services on a fee paying basis; Government hospitals dislike dealing with drug users; remuneration for the services of professionals is minimal). Resources should be refocused. ⁶		
	5.4 Support for successful pilot projects is not always maintained. E.g., support from GTZ for the “Multi-Agency Cooperation to Enhance Services to Drug Users in Delhi” was discontinued ⁷ .		
6. Affected community involvement	6.1 Reducing vulnerability of marginalized groups by addressing structural barriers. ³	UNODC NGOs IHRN NEIHRN INP+ and other positive networks	UNODC has projects, working with vulnerable groups including PLWHA, regular sex partners of IDUs, and female IDUs (Project H13) and incarcerated populations (Project H71) apart from general community (Project G86).
	6.2 There is a need to mobilize and empower vulnerable communities (including IDUs and SWs) to support and take on prevention programming. ¹⁰		
7. Commodities	7.1 Prevention coverage of high-risk populations needs to be increased. ³		
8. Scaling up plans	8.1 Technical and managerial capacity needs to be built. ³	NACO	National AIDS Prevention and Control Policy aims to evolve a strong monitoring mechanism at

	8.2 The HIV/AIDS program needs to be expanded into rural India.		every level, including periodic external evaluation. ¹
	8.3 The pace and approach of scaling up TIs (i.e., high-impact interventions, specifically tailored to the needs of groups at high risk) require adjustment to interrupt the expansion of the concentrated epidemics across the country. ¹⁰		
9. Capacity Building	9.1 There is need to enhance the capacity of service providers. ¹⁰	RRTC's MSJE-NCDAP NISD	
	9.2 Training required on NSP, Opiate Treatment and other health issues for IDUs. ¹⁰		
	9.3 The need to build capacity at State Government and NGO levels is critical to supporting NGO-managed prevention programs. ¹⁰		
	9.4 Need to incorporate the perspectives, and capacity and sustainability of service providers (NGOs), for executing drug intervention services, through overall project planning, capacity building, monitoring and evaluation and quality assurance. ¹⁰		

3. Program Implementation

Estimated IDU Population: 200,000 (lowest estimate), 1,112,500 (midpoint)⁹

Service Coverage:

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach	48% of IDUs reached by the 93 TIs ¹¹ Coverage of all HIV/AIDS programming interventions ³ : - Manipur/ Nagaland: 71-76%, - Maharashtra, Karnataka, Andhra Pradesh, and Tamil Nadu and Delhi, Goa, Gujarat, Kerala, and West Bengal: likely low	Under UNODC Project H13: 26 partners are providing a comprehensive package. 5 partners are providing stand-alone OST. States covered: Manipur/Nagaland Maharashtra, Tamil Nadu, Delhi, Kerala, West Bengal, Orissa, Bihar, Jammu and Kashmir, Chandigarh (Union Territory), Jharkhand.	All H13 project sites are linked with SACS TIs for mutuality.	250 current users and 150 regular sex partners, at each demonstration site (6500 + 3900). 45 current users at each stand-alone OST site (225). Total coverage: 10,625				

India – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

	- Rest of India: coverage numbers unclear							
Drop-in Centres	Coverage of DICs funded through DfID/Challenge Fund: 8868 ¹¹			DfID/Challenge Fund: 8868 ¹¹				
VCT			Officially, 730 VCT sites, of which 650 are in the public health sector (attached to tertiary and district hospitals, microbiology departments of medical colleges and blood banks), and 80 are run within health facilities of state instrumentalities like the Railways, with accessibility limited to their workforce. ¹⁰					
Linkage to HIV Care and Support								
ARV				In Manipur, up to February 2006, 1367 positive DUs were accessing				

India – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

				ART from the three Free ART Centres. ⁸				
Primary Health Care								
Needle and Syringe Programs								
Substitution Programs		OST using sublingual buprenorphine is available through NGO interventions in Delhi, Chennai, Kolkata and Mumbai. OST is in the pipeline in Imphal, Manipur. Of these, projects in Kolkata and Mumbai are supported through Government funds. UNODC supported 5 small scale interventions in Delhi, Kolkata, Mizoram and Imphal in 2005 and proposes to increase this number. ¹⁰						
Linkage to Rehabilitation and Detoxification		There are reportedly 450 de-addiction centres being run across the country through voluntary organisations. There are also 100 Government-run centres designed to provide long-term, intensive medical attention to “hard-core” drug users requiring treatment. These programs are located within Government hospitals, primary health centres, and other sites. The government has also set up specialized de-						

India – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

		addiction centres under the National Drug De-addiction Program.						
Peer education programs								
Targeted IEC								
Plans for Scale Up								

Services in Closed Settings: Coverage of HR interventions is low.¹¹

Estimated Prisoner Population: 29 prisoners per 100,000 inhabitants²

Estimated % of Drug Offenders: ~8% of admissions in Tihar Jail, New Delhi (one of Asia's largest jails)²

Service	# of Clients Accessing Services
Voluntary Counselling and Testing	
Needle and Syringe Programs	
Peer Education Programs	
Substitution Maintenance	
Post-release Follow-up	
Primary Health Care	
Condoms	0*
Total	

*homosexuality is a criminal offence

Workforce

Estimated Required Workforce: **Not available**

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers								
Plans for Scale Up								

4. Gap Analysis

- There is no established policy on Harm Reduction (though NACO policy endorses HM approach).
- Only 20% of NACO supported prevention interventions for IDU are outside Nagaland, Manipur and Mizoram.
- Support for successful pilot projects is not always maintained.
- Drug use remains a criminal offence. Methadone classified as narcotic and not used. Due to legal issues, condom distribution in prisons is not permitted. The legality of NSP under the NDPS Act is unclear.
- No scope for integrating cultural mechanisms of drug use management into contemporary legislation.
- NSP Coverage through TIs suffers from lack of regularity/consistency.
- Oral Substitution medication is not available to HIV-positive IDUs.

5. Recommendations

- Ensure continuity of funding for successful pilot projects.
- Expand NACO-supported prevention interventions in the states outside the northeast.
- Address stigma and discrimination.
- Incorporate IDUs in program design and awareness raising.
- Technical and managerial capacity building for local staff is urgently required, including training and sensitization of personnel in Government services for STDs and basic HIV care.
- Revise legislation to decriminalize drug use, approve the use of methadone and the distribution of condoms in prisons, and incorporate cultural mechanisms of drug use management.
- Investigate the legality of NSP under the NDPS Act.
- Make OST available to HIV-positive IDUs.
- Increase surveillance.
- Encourage NGOs to assess the impact of their programmes.

6. References

¹ UNODC (2007). *Prevention of transmission of HIV among drug users in SAARC countries*. H13 Phase II Project Document (TD/RAS/03/H13). New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.

² Ambekar Ambekar A, Lewis G, Rao S and Sethi H (2005). *South Asia Regional Profile 2005*. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.

³ Chandrasekaran P, Dallabetta G, Loo V, Rao S, Gayle H and Alexander A (2006). Containing HIV/AIDS in India: the unfinished agenda. *The Lancet Infectious Diseases* **6**(8), 508-521.

⁴ National AIDS Control Organisation (2005). *UNGASS India Report*. New Delhi, India: Ministry of Health and Family Welfare, Government of India.

⁵ Cohen J (2004). The Needle and the Damage Done. *Science* **304**, 509-512.

⁶ Charles M, Bewley-Taylor D and Neidpath A (2005). *Drug Policy in India: Compounding Harm?* Briefing Paper Ten, The Beckley Foundation Drug Policy Program, October 2005.

⁷ Asian Harm Reduction Network (2006). *AHRNews* **41**, June-September 2006.

⁸ Asian Harm Reduction Network (2006). *AHRNews* **40**, January-May 2006.

⁹ Aceijas C, Friedman SR, Cooper HL, Wiessing L, Stimson GV and Hickman M (2006). *Estimates of injecting drug users at the national and local level in developing and transitional countries, and gender and age distribution*. Sexually Transmitted Infections **82 (Supplement 3)**, iii10-iii17.

¹⁰ UNODC ROSA, personal communication.

¹¹ Kumar MS and Mortimore G (2006). HIV and injecting drug use in India: Situational Analysis and DFID Response. Paper presented at Conference on Injecting Drug Use of Pharmaceuticals and the HIV epidemic in the South Asian Region, New Delhi, India, 11-12 December 2006.