

Oral Substitution Therapy for Injecting Drug Users Update



National AIDS Control Organisation
Ministry of Health and Family Welfare
Government of India



Objective

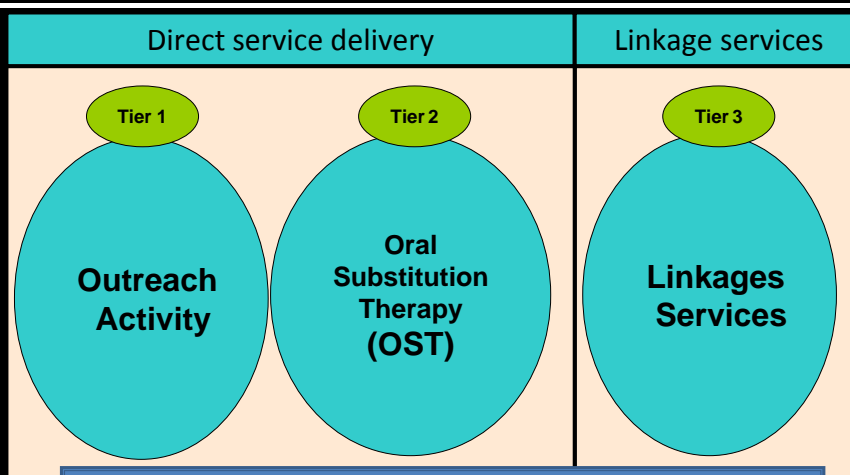
- Inform the National Steering Committee on the progress made by NACO on OST interventions for IDUs
- Specific focus on the partnership with Project H 13



IDU Intervention in NACP III

- **Objective:** *Prevent transmission of HIV*
- **Approach:** *Harm Reduction*
 - Reducing the *harm associated with high risk behaviors*
 - Adopted in the NACP, 2002:
 - includes NSEP along with other comprehensive package of services; does not list OST
- **Service Delivery:**
 - *Targeted Intervention:* Delivery by NGOs working with IDU community
 - Provision of services at the 'doorstep' of IDU with DIC
- **Service recipients:** IDU clients along with their sexual partners

Tiers of Harm Reduction



Direct service delivery in Tier 1 & 2; referral service delivery in Tier 3.



IDU Intervention in NACP III

Tier 2: Oral Substitution Treatment (OST)

- Not included in NAPCP, 2002 – required approval
- A proposal for inclusion of OST in NACP III IDU interventions prepared
- Circulated to relevant departments/ Ministries: MSJE, NCB, DGHS, Planning Commission, Planning Finance
- Feedback incorporated in the proposal
- Deliberation by the Expenditure Finance Committee (EFC) chaired by Secretary (Health)
- Approved by EFC in June 2008

Results from H13 project used: to substantiate the need for OST in the EFC proposal – reduction of high risk behaviour, follow-up rates, evidence of effectiveness in Indian setting



Oral Substitution Therapy (OST)

- Proposal
 - Budget outlay of Rs. 136.93 crores over 5 year period (2007 - 12)
 - 20% coverage in a phase wise manner
 - Initial scale up with Buprenorphine; By year 3 scale up with Methadone
 - Implementation by NGOs running TIs as well as detoxification/ rehabilitation services, & Government centres



OST – Progress

- Pilot projects by DFID funding as well as H13 Project: around 50 OST sites established
- Most of the sites were well developed with training & capacity building
- Request for NACO to takeover after exhaustion of funds
- Evaluation by UNODC: most sites qualified



Build up for scaling OST

- Project takeover by NACO
 - For 9 month period: January – September 2008
 - Covering 33 centres and 3880 clients
 - Implemented through 3 lead agencies: EHA, SHARAN & UNODC
 - Monitoring by NACO through regular reports and site visits
- Currently 44 OST sites covering 6000 clients

It was possible to scale up OST rapidly as a result of sites already prepared under projects such as H13



Build up for scaling OST

- Accreditation
 - A National Accreditation Committee (NAC) has been set up; Meeting of the NAC held
 - A 'Standard Operating Procedure' for OST clinic
 - Assessment tool and application format prepared
 - Accreditation by mid - October 2008
- A practice guideline on OST implementation prepared
- Active consultation with NCB on supply chain and monitoring at ground level



Project H13: Use

- Advocacy tool on the need for OST service in India
- Sites already prepared for takeover and scale-up
- Results from the project: evidence on efficacy in Indian context
- Modules used as resource materials
- Acceptability among the various stakeholders

Thank You