Opioid Substitution Therapy Principles for Scale-up

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National AIDS Control Organization
MOH&FW, Government of India
National AIDS Control Programme

• Structure
  – National level
    • National AIDS Control Organization
  – State / Regional level
    • State AIDS Control Societies
    • Technical Support Units
    • State Training and Resource Centres
    • North-east Regional Office
Phases of the national programme

NACP I (1994-1999)
Initial interventions

NACP II (1999-2006)
Establishment of state units and limited coverage of services

NACP III (2007-2012)
Massive scale up of coverage with quality assurance mechanisms in place

NACP IV (2013+)
Focus on innovations, emerging risk factors, quality assurance, convergence with health system
Prevention

High risk populations
- Targeted interventions
- STI care
- Condom promotion
- Enabling environment

Low risk populations
- Blood safety
- Integrated Counselling and testing including PPTCT
- STI Care
- IEC and social mobilisation
- Mainstreaming

Care & support
- ART
- HIV-TB Co-ordination
- Treatment of Opportunistic Infections
- Community Care Centres
- Post-Exposure Prophylaxis

Care, Support & Treatment

Strategic Information Management
- HIV Sentinel Surveillance
- Behavioural Surveillance
- Monitoring and evaluation
- Operations research

Institutional Strengthening
- DAPCU
- Technical Resource Groups
- Enhanced HR at NACO, SACS and districts
- Enhanced training activities

Capacity Building

Monitoring and Evaluation
- Institutional Strengthening
HIV epidemic concentrated in certain population sub-groups

- ANC
- FSW
- IDU
- MSM

<table>
<thead>
<tr>
<th>Year</th>
<th>ANC</th>
<th>FSW</th>
<th>IDU</th>
<th>MSM</th>
</tr>
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<tbody>
<tr>
<td>2003</td>
<td>13.3</td>
<td>12.1</td>
<td>10.3</td>
<td>0.87</td>
</tr>
<tr>
<td>2004</td>
<td>11.6</td>
<td></td>
<td></td>
<td>0.89</td>
</tr>
<tr>
<td>2005</td>
<td>7.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>7.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>5.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>4.94</td>
<td></td>
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</tbody>
</table>
Significant scale up of National Programme

Number of ART centers

Number of ART centers

Number of people on ART (000's)

Number of people tested annually (m)

Number of people treated for STI annually (m)

Number of TI for HRGs

Number of TI for HRGs

% of core HRGs covered

% of core HRGs covered

Number of STI centers

Number of STI centers

Number of testing centers

Number of testing centers

2007 2011 (as on date)
IDU Programme under NACO
IDU: Extent of the Problem

• National IDU Estimates – 177,000 (NACO, 2009)
  – Males: 96,000-189,000
  – Females: 10,000-30,000

• States with largest IDU population

<table>
<thead>
<tr>
<th>States</th>
<th>Estimates</th>
<th>States</th>
<th>Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manipur</td>
<td>26,324</td>
<td>Uttar Pradesh</td>
<td>13,946</td>
</tr>
<tr>
<td>West Bengal</td>
<td>17,219</td>
<td>Mizoram</td>
<td>13,470</td>
</tr>
<tr>
<td>Delhi</td>
<td>17,173</td>
<td>Maharashtra</td>
<td>2570</td>
</tr>
<tr>
<td>Nagaland</td>
<td>16,398</td>
<td>Madhya Pradesh</td>
<td>7,021</td>
</tr>
<tr>
<td>Punjab</td>
<td>14,855</td>
<td>Kerala</td>
<td>6,365</td>
</tr>
</tbody>
</table>

HIV prevalence among IDU remains high in India

Year | ANC | FSW | IDU | MSM
--- | --- | --- | --- | ---
2003 | 13.3 | 13.3 | 13.3 | 13.3
2004 | 12.1 | 12.1 | 12.1 | 12.1
2005 | 10.3 | 10.3 | 10.3 | 10.3
2006 | 11.6 | 11.6 | 11.6 | 11.6
2007 | 7.23 | 7.23 | 7.23 | 7.23
2008 | 5.06 | 5.06 | 5.06 | 5.06

ANC, FSW, IDU, and MSM represent different surveillance categories.
HIV among IDUs: High HIV prevalence pockets

- Sentinel Surveillance (2008)
  - 15 sites (out of 60) with prevalence >10%
  - Sites with high IDU-HIV prevalence

<table>
<thead>
<tr>
<th>Sites</th>
<th>HIV Prevalence</th>
<th>Sites</th>
<th>HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amritsar</td>
<td>56.8</td>
<td>Jalandhar</td>
<td>15.2</td>
</tr>
<tr>
<td>Ropar</td>
<td>35.6</td>
<td>Chandigarh</td>
<td>13.6</td>
</tr>
<tr>
<td>Bishnupur</td>
<td>34.27</td>
<td>Aizawl</td>
<td>13.6</td>
</tr>
<tr>
<td>Churachandpur</td>
<td>31.6</td>
<td>Orissa</td>
<td>13.6</td>
</tr>
<tr>
<td>Delhi North</td>
<td>30.4</td>
<td>Kaimur, Bihar</td>
<td>10.4</td>
</tr>
</tbody>
</table>

NACO Sentinel Surveillance, 2008
IDU-HIV Epidemic: National Response

• Policy
  – Harm Reduction adopted as strategy (National AIDS Policy, 2002)

• Implementation Strategy
  – NGP-run projects (targeted interventions)
  – Outreach-based services
  – Peer-led services delivery
  – Saturation of coverage by March 2012 (80%)
Harm Reduction Service Structure

- 3 tiers of harm reduction services offered to IDU through TIs
Comprehensive Package for IDU

- Clinical Services
- Provision of commodities
- BCC
- Referrals & Linkages
- Community Mobilization
- IDU

Provided through

Drop-in-Centre and Outreach activities
## Harm Reduction Package for IDUs

<table>
<thead>
<tr>
<th>Services</th>
<th>Responsibility</th>
</tr>
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<tbody>
<tr>
<td>1) NSP</td>
<td>1) Targeted Interventions (TIs)</td>
</tr>
<tr>
<td>2) OST</td>
<td>2) TIs and Government hospitals</td>
</tr>
<tr>
<td>3) VCT</td>
<td>3) ICTC</td>
</tr>
<tr>
<td>4) Anti-Retroviral Therapy (ART)</td>
<td>4) ART centres – Government</td>
</tr>
<tr>
<td>5) STI prevention</td>
<td>5) TIs and Government hospitals</td>
</tr>
<tr>
<td>6) Condom programming for IDUs and partners</td>
<td>6) TIs</td>
</tr>
<tr>
<td>7) Target IEC for IDUs and their sexual partners</td>
<td>7) Tis</td>
</tr>
<tr>
<td>8) Hepatitis diagnosis, treatment (Hepatitis A, B and C) and vaccination (Hepatitis A and B)</td>
<td>8) ---</td>
</tr>
<tr>
<td>9) TB prevention, diagnosis and treatment</td>
<td>9) DOTS - Govt</td>
</tr>
</tbody>
</table>
IDU-HIV Epidemic: National Response

- Considerable scale up in no. of TIs
  - Only 4 states (15 TIs) outside NE had IDU TIs in 2006
  - Major expansion in the non-NE states

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<table>
<thead>
<tr>
<th>Year</th>
<th>No. of IDU TIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>90</td>
</tr>
<tr>
<td>2008</td>
<td>140</td>
</tr>
<tr>
<td>2009</td>
<td>219</td>
</tr>
<tr>
<td>2010</td>
<td>225</td>
</tr>
<tr>
<td>2011</td>
<td>268</td>
</tr>
</tbody>
</table>
```
IDU-HIV Epidemic: National Response

- NACP III Coverage Target: 80%
- Coverage achieved: 80.22%

<table>
<thead>
<tr>
<th>Year</th>
<th>IDUs Covered By TIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>55,000</td>
</tr>
<tr>
<td>2008</td>
<td>75,969</td>
</tr>
<tr>
<td>2009</td>
<td>121,257</td>
</tr>
<tr>
<td>2010</td>
<td>135,587</td>
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<tr>
<td>2011</td>
<td>142,320</td>
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</table>
OST Programme under NACO
Evolution of OST Programme

- 1993: Community based OST services
- 1993: OST initiated at AIIMS
- 1993-2005: projects with support from DFID/UNODC/States
  AIIMS continues OST
- 1999: DCGI approval for BPN 2mg
- 2005: Challenge Fund, DFID
  Supported several OST centres across many states
Evolution of OST Programme

2007: Inclusion of OST in National HIV programme

2007: Decision to evaluate and integrate DFID centres into National programme

2008: Transition of 33 centres after independent evaluation

2007-2008: Development of OST strategy and model, allocation of resources

2009: DCGI approval for use of Methadone
OST under NACP III

• Models
  – NGO run IDU interventions
  – Public Health Institutions

• Pharmacological options
  – Buprenorphine: in both government and NGO settings
  – Methadone (when available): in government settings

• Targets (NACP III)
  – Buprenorphine: 20,000 clients
  – Methadone: 20,000 clients

• Accreditation by independent agency
• Operational guidelines and SOPs
OST under NACP III

Substitution Therapy with Buprenorphine for Opioid Injecting Drug Users

Practice Guidelines

Standard Operating Procedure for Oral Substitution Therapy with Buprenorphine

National AIDS Control Organisation
Ministry of Health and Family Welfare
9th Floor, Chandralok Building, 36, Janpath
New Delhi – 110001
OST under NACP III

• NGO OST Centres
  – Number of centres: 52
  – Coverage: 4810 clients
  – Performance
    • Retention rate: 30-40%
    • Average Dosage: 4-6 mg

• Development of alternate model in Government Hospitals (pilot project)
  – Integration into general health care
  – Launched in October, 2010
  – Number of centres: 5
  – Coverage: 500 clients
Scale-up of OST in India
Target for OST Scale-up

• UN target setting guide
  – Universal access to HIV prevention interventions
  – 40% of estimated IDU population to be covered with OST

• However, different countries may be
  – at different stages of IDU-HIV epidemic
  – At different levels in drug-treatment programmes
Target for OST Scale-up

• Coverage targets in Indian Context
  – Nature of IDU epidemic
    • Opioid dependent Injecting Drug Users
    • Type of opiates injected
  – Nature of IDU-HIV epidemic
    • Geographic variation in concentration of IDUs
    • Geographic variation in HIV prevalence
  – Current OST provision
    • Scale-up with existing OST centres (35 districts)
Target for OST Scale-up

- Defining adequate coverage levels in Indian context?

- NHS (Ray R, 2004)
- UN target setting guide
  - 30-50% of estimated IDUs
  - 54,000 - 90,000 IDUs on OST
  - 10 times the current coverage

Client retention
Individual choice
Access to services

20% of current opioid users dependent
Target for OST Scale-up

• Targets for NACP III
  • 20% of estimated IDU population (40,000)
  • Number of dispensing units (320)

• Recommended targets
  – 40% of IDUs to be put on OST over the next 5 years (with certain conditions)
  – At least 1 OST centre for every 1000 IDUs
  – Satellite centres for scattered populations
Region-wise IDU Estimates and Commonly Injected Drugs

- North-east (Heroin and SP) - 28%
- North-west (BPN) - 14%
- North (Heroin and BPN) - 14%
- Central (BPN and PTZ) - 14%
- East (BPN and Heroin) - 14%
- South (Heroin, BPN and PTZ) - 11%

SP – Dextropropoxyphene
BPN – Buprenorphine
PTZ – Pentazocine

(Ambekar and Tripathi, 2005 and NACO programme data)
Choice of Medication

• Pharmacological options
  • Buprenorphine (implemented)
  • Methadone (not yet implemented)

• Factors
  – Nature of injecting epidemic
  – Availability, cost

• Target coverage when both are available?
  – NACP III – 50% of total target (20,000)

• Model of delivery
  • Exclusive clinics: Methadone for areas with primarily heroin injecting??
  • Available at the same dispensing unit
Planning OST Scale-up at National Level

Based on analysis of the prevailing IDU-HIV epidemic

District level analysis of IDU estimates

Identify districts with significant IDUs

Identify districts without OST services

Prioritize districts based on IDU estimates

Districts with moderate-high IDU-HIV prevalence prioritized further for immediate scale-up
Scale-up beyond numbers...
Managing scaled-up services

• Mechanisms for
  – Regular capacity building
  – Monitoring and evaluation
  – Quality assurance
  – Managing staff attrition
  – Enabling environment
  – Supply Chain Management
  – Community participation
Ensuring Quality of Services

• Evidence-based services
  – Model of services (medical model)
  – Operational guidelines

• Monitoring and Evaluation
  – Standardized reporting format: Quality indicators
  – Accreditation by independent agency
  – Field visits by NACO / SACS officers

• Quality assurance visits by experts
Building capacity for Scale-up

• Capacity required at several levels
  – Experienced Trainers on OST
  – Clinical staff
  – Monitoring and mentoring staff
  – Programme management staff

• Need to develop
  – Technical resource material on OST
  – National pool of trainers
  – Training on psychosocial interventions and communications material
Building capacity for Scale-up
Supply Chain Management

– Prevention of diversion
– Regular supply of medications to dispensing units
– Ensure utilization of medications before expiry date and timely procurement
Community involvement and acceptance

• Community awareness
  – Specific educational material on OST for clients
  – Demand generation activities prior to roll-out – “treatment literacy”

• Community participation
  – Advocacy with local stakeholders
  – Community participation in service delivery
  – Community feedback
Generating local evidence

• Operational Research
  – Models, clinical practices, quality control, capacity building

• Programme Impact
  – Identify mechanisms to assess programme impact after roll-out of services
    – Possible indicators
      • HIV prevalence
      • Injecting frequency
      • Sharing in last injecting act
      • Overdose incidence
Barriers and Challenges

• Lack of trained human resource
• Capacity to deliver OST especially in medical education and public health settings
• More effective linkages outside the HIV programme
• Support from Drug-treatment programmes for OST – recognition as a health service
• Services for Special populations
  – Services for Women
  – Services for Adolescents
OST beyond HIV...

• OST for non-injecting opioid users
  – OST as modality for drug dependence treatment
  – Preventing transition to injecting

• Volume of Work
  – Number of opioid dependent drug users – 0.5 million (Ray R, 2004)
  – If 40% are to be covered by OST – 200,000
OST beyond HIV...

• Ministry of Social Justice and Empowerment
  – Nodal ministry for drug abuse prevention, treatment and rehabilitation
  – Supports approx. 400 detoxification cum rehabilitation centres

• Drug De-addiction Programme, Ministry of Health
  – Established 122 DACs across the country
  – Supports National Drug Dependence Treatment Centre
OST beyond HIV...

• Efforts to ensure sustainability of interventions
  – Integration with general health services – expansion of services in public health sector
  – Support for harm reduction from other programmes (NRHM, MSJE)
  – Specific provisions for clients on OST in welfare schemes – formal linkages
  – Inclusion of OST as part of drug treatment services
OST beyond HIV...

• Multiple services for multiple needs
  – Within HIV programme
    • HIV testing, ART
  – With general health services
    • STI treatment, TB, medical and surgical consultation
    • Detoxification of clients completing treatment – MSJE and DDAP supported centres
  – With Social welfare schemes (supported by MSJE)
    • Shelter especially for women
    • Vocational rehabilitation
Thank You