# GENERATING EVIDENCE THROUGH PRE-HARM REDUCTION SERVICES AMONG ADOLESCENTS WHO USE DRUGS, IN ARMED CONFLICT SITUATION AT, MANIPUR, INDIA

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&

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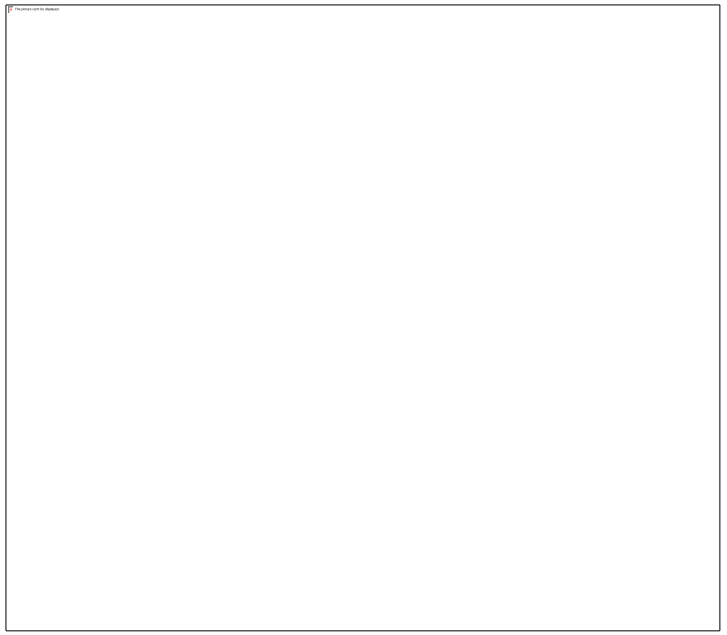
Project ACCELERATE

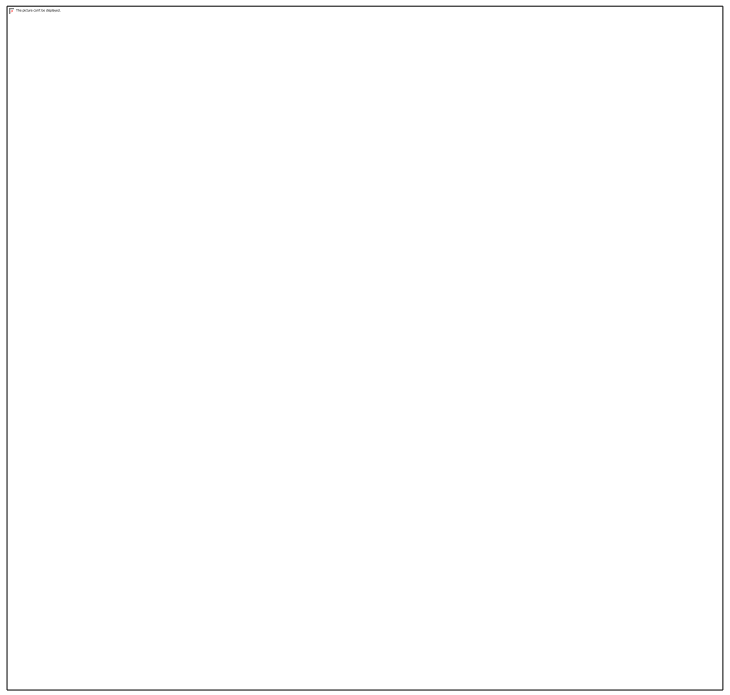

## ARMED CONFLICT & STRUCTURAL BARRIERS IN ACCESSING SERVICES AMONG PUD

1. The state of Manipur as been engulfed by armed conflict and a civil unrest of the state since May 3 2023.

2. 258 people have been killed in the violence and 60,000 people have been displaced

3. The conflict situation and the political situation as led to structural barriers in the forms of increasing anti drug drive, severe punishment, forced drug treatment, and human right violation among People who use drugs in the state.
4. Adolescent and young people wo use drugs became the most vulnerable sub population amongst all PUD and key population.
5. New drug routes, backyard labs, availability of cheap heroin.





# Easy access to cheap drugs among young people

A particularly increasing trend is the wide spread use of a low-cost, highly addictive drug known as Thummorok in Manipur and ‘Sunflower’ (SF)/ other parts of North Eastern India.

Heroin used to cost as high as Rs 3,000 per gram 5 to 10 years ago.

It is now down to Rs 500 per gram. The price of *Thum Morok* in comparison has fallen from as high as Rs 800 to Rs 300 per gram in the same period.

Common onset of drug use among adolescents by injecting drug use with Heroin, directly, as opposed to the traditional route which gradually switch to non-injecting too injecting mode.

Worst affected amongst all in terms of violence, human right violation among the younger people, making them more and more vulnerable, with access to no Harm Reduction services.

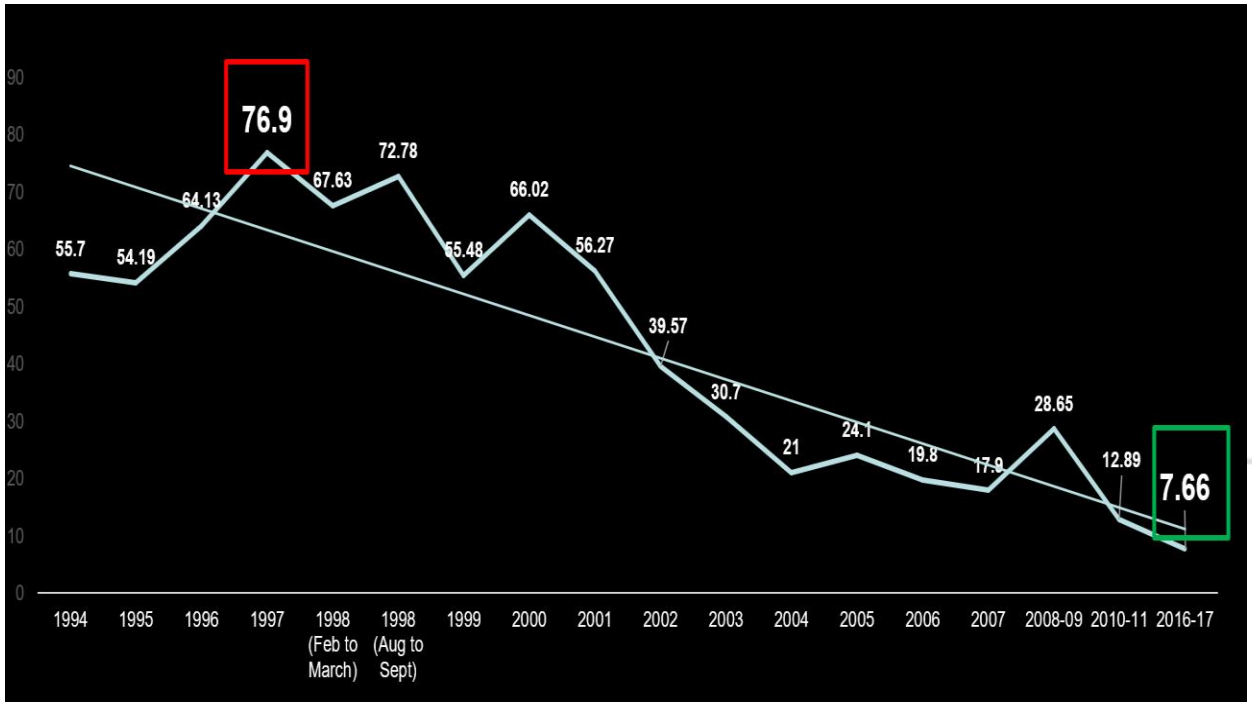
The situation calls for an urgent need for evidence generation the extend and pattern of drug use among young people and their vulnerability to blood born viruses and other harms.

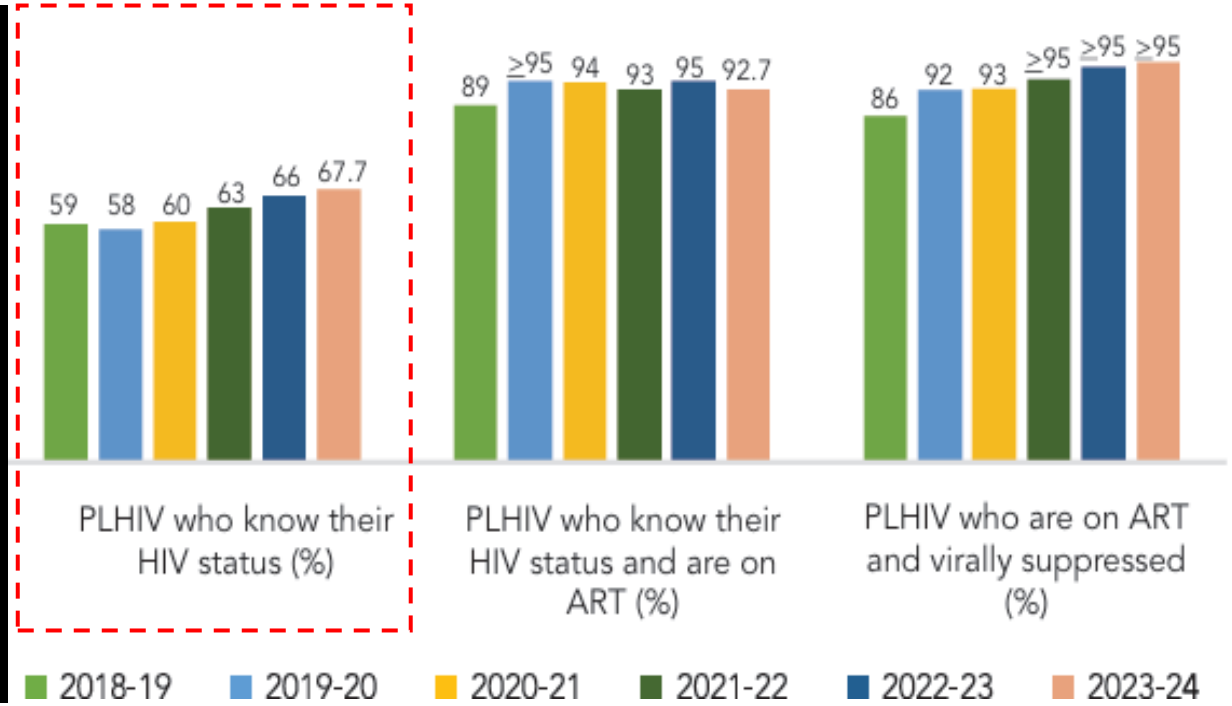
The affordability and easy availability have made it a preferred choice among young users, exacerbating the drug crisis in most north eastern states.

The easy availability of cheap drugs made easy for young people to pool their pocket money in scoring grams of heroin, changing the drug use pattern and associated risk.

The relatively newer Thum Morok entered the market in the last two decades. It is now also produced locally in Manipur in ‘mobile factories or semi-settled drug production units that churn out heroin powder that costs as little as Rs 300 a gram, to 500 max at the moment.

# Background: HIV Epidemiological trend among PWID and status the current process




- 1st case detected among PWID in the year 1990 from the sample of 1989
- In the year 1996 State AIDS Policy 3rd October, adopting Harm reduction as a strategy, for the first time in India
- Significant progress has been made in addressing HIV/AIDS amongst key population (with a sharp decline on the HIV prevalence among PWID 8.84% as on 2023 Reports)
- Substantial challenges to saturate and in reaching out to underserved population, including children, adolescents who use drugs

# Existing Policy Guidance & Advocacy efforts

## ADOLESCENTS

While buprenorphine is now considered safe for use in anyone above the age of 12 years, the use of this medication for OST in population aged less than 18 years has not been as systematically studied as for the adult population. Usually, clients from this age-group have short duration of opioid use and even shorter



duration of injecting drug use. As a result, a view held commonly by experts is that detoxification followed by antagonist treatment should be tried initially, and if this strategy fails, agonist medications should be considered. However, others are of the view that adolescents also have a high risk of sharing, overdose and other opioid-related complications, and hence, agonist treatment with buprenorphine should be considered for this population. Moreover, detoxification and antagonist treatments are not available everywhere, hence, it is not possible to wait for a trial of such treatments in every opioid-dependent adolescent.

If a client falls in the age group of less than 18 years, **OST should not be denied straightaway**. A careful assessment of the client's drug use and associated high risk behaviour should be made. Consideration must be given to the duration of opioid use, associated high risk behaviour, especially sharing of injecting equipment and sex-related behaviour. If there is a long history of opioid use (>2 years) along with injecting drug use and associated high risk behaviour, OST with buprenorphine must be considered. There would be issues around obtaining informed consent, as consent from a person less than 18 years may not be considered valid. Hence, consent from either of the parents, or from a guardian (older than 18 years) may be obtained before initiating OST, besides obtaining the 'assent' from the minor client.

**E-20028/9/2022 -NACO (Prevention)**
**Government of India**
**Ministry of Health & Family Welfare**
**National AIDS Control Organization**
**6th & 9th FloorChandralokBuilding**
**36 Janpath, New Delhi**
**Date: 29th January 2024**

**CORRIGENDUM**

**Subject: Corrigendum to the Office Memorandum No. E-20028/9/2022-NACO(Prevention) dated 10.01.2024-reg.**

Kindly refer to the Record of Discussions (RoD) of the meeting of the Technical Resource Group (TRG) for People Who Inject drugs/Use drugs issued on 10.01.2024, the points pertaining to the minutes of the TRG meeting under serial number 8 and 13 have been amended and may be read as follows:

| Point under serial number 8 | Amendments |
|---|---|
| Clause can be added in the HIV/AIDS Act 2017 under section 22 to offer protection for providing harm reduction services to PWIDs below 18 years | NACO may consider issuing/amending appropriate guidelines to allow young PWID (below 18 years) to access harm reduction services. This will enable such programmes to operate under the legal protection provided by section 22 of the HIV/AIDS Act, 2017. |
| **Point under serial number 13** | |
| NVHCP will work with NIMHANS to understand the increased number HCV cases reported at NIMHAS from the nearby geographies particularly from people ailing from poor socio-economic strata. | NVHCP agreed for linkage and requested Dr. Arun from NIMHANS to provide the line list of those found eligible for treatment and also appraised him about the free diagnostics and treatment for hepatitis B/C provisioned free of cost under the NVHCP program |

Yours Sincerely,

**(Dr. Shobini Rajan)**
**CMO (SAG)**

CHAPTER IX

PROMOTION OF STRATEGIES FOR REDUCTION OF RISK

**22.** Notwithstanding anything contained in any other law for the time being in force any strategy or mechanism or technique adopted or implemented for reducing the risk of HIV transmission, or any act pursuant thereto, as carried out by persons, establishments or organisations in the manner as may be specified in the guidelines issued by the Central Government shall not be restricted or prohibited in any manner, and shall not amount to a criminal offence or attract civil liability.

*Explanation.*—For the purpose of this section, strategies for reducing risk of HIV transmission means promoting actions or practices that minimise a person's risk of exposure to HIV or mitigate the adverse impacts related to HIV or AIDS including—

(*i*) the provisions of information, education and counselling services relating to prevention of HIV and safe practices;

(*ii*) the provisions and use of safer sex tools, including condoms;

(*iii*) drug substitution and drug maintenance; and

(*iv*) provision of comprehensive injection safety requirements.



*Illustrations*

(*a*) A supplies condoms to B who is a sex worker or to C, who is a client of B. Neither A nor B nor C can be held criminally or civilly liable for such actions or be prohibited, impeded, restricted or prevented from implementing or using the strategy.

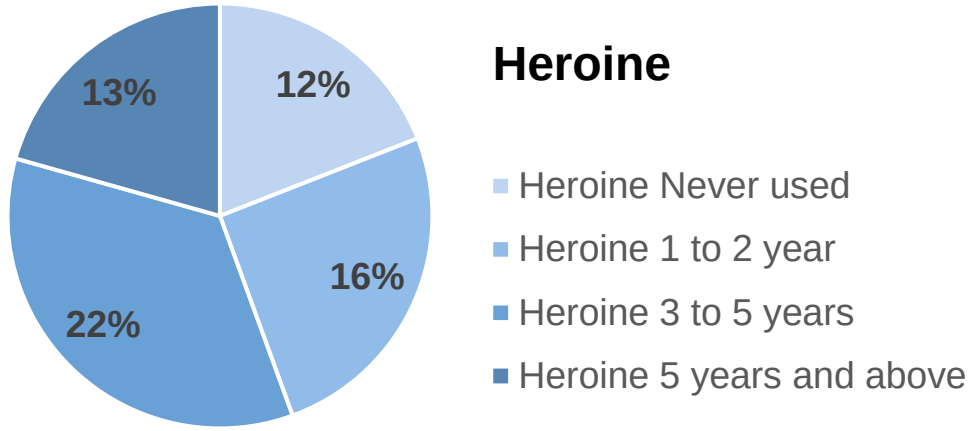
(*b*) M carries on an intervention project on HIV or AIDS and sexual health information, education and counselling for men, who have sex with men, provides safer sex information, material and condoms to N, who has sex with other men. Neither M nor N can be held criminally or civilly liable for such actions or be prohibited, impeded, restricted or prevented from implementing or using the intervention.

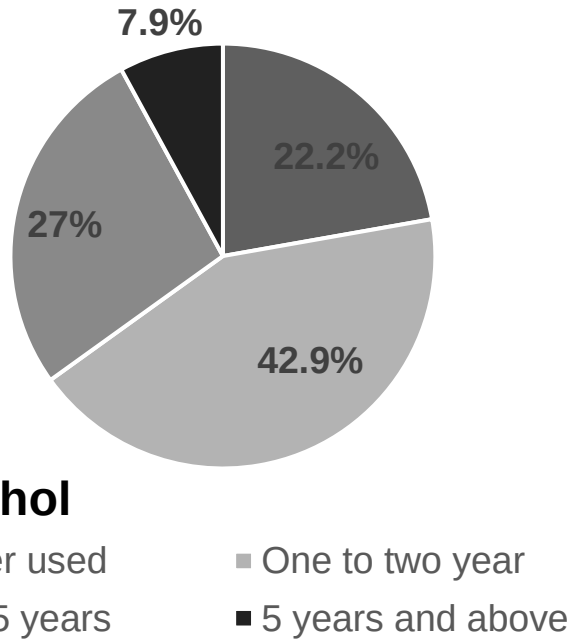
(*c*) X, who undertakes an intervention providing registered needle exchange programme services to injecting drug users, supplies a clean needle to Y, an injecting drug user who exchanges the same for a used needle. Neither X nor Y can be held criminally or civilly liable for such actions or be prohibited, impeded, restricted or prevented from implementing or using the intervention.

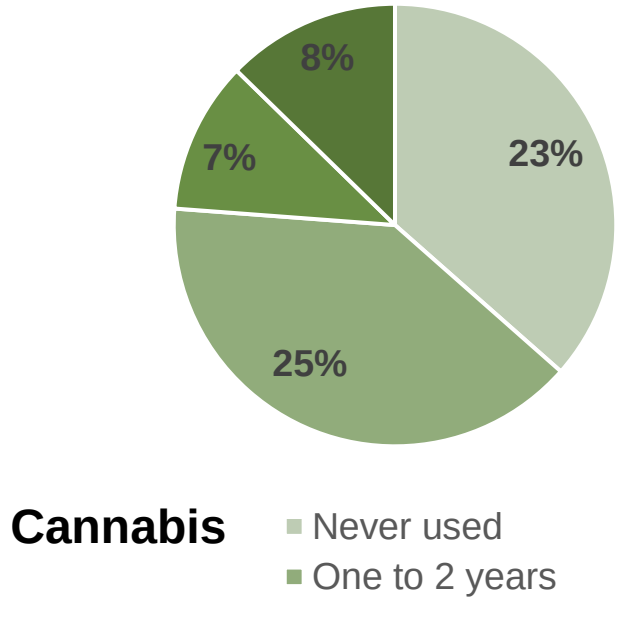
(*d*) D, who carries on an intervention programme providing Opioid Substitution Treatment (OST), administers OST to E, an injecting drug user. Neither D nor E can be held criminally or civilly liable for such actions or be prohibited, impeded, restricted or prevented from implementing or using the intervention.

# Common Types of drugs used among Adolescents who inject drugs

N = 63

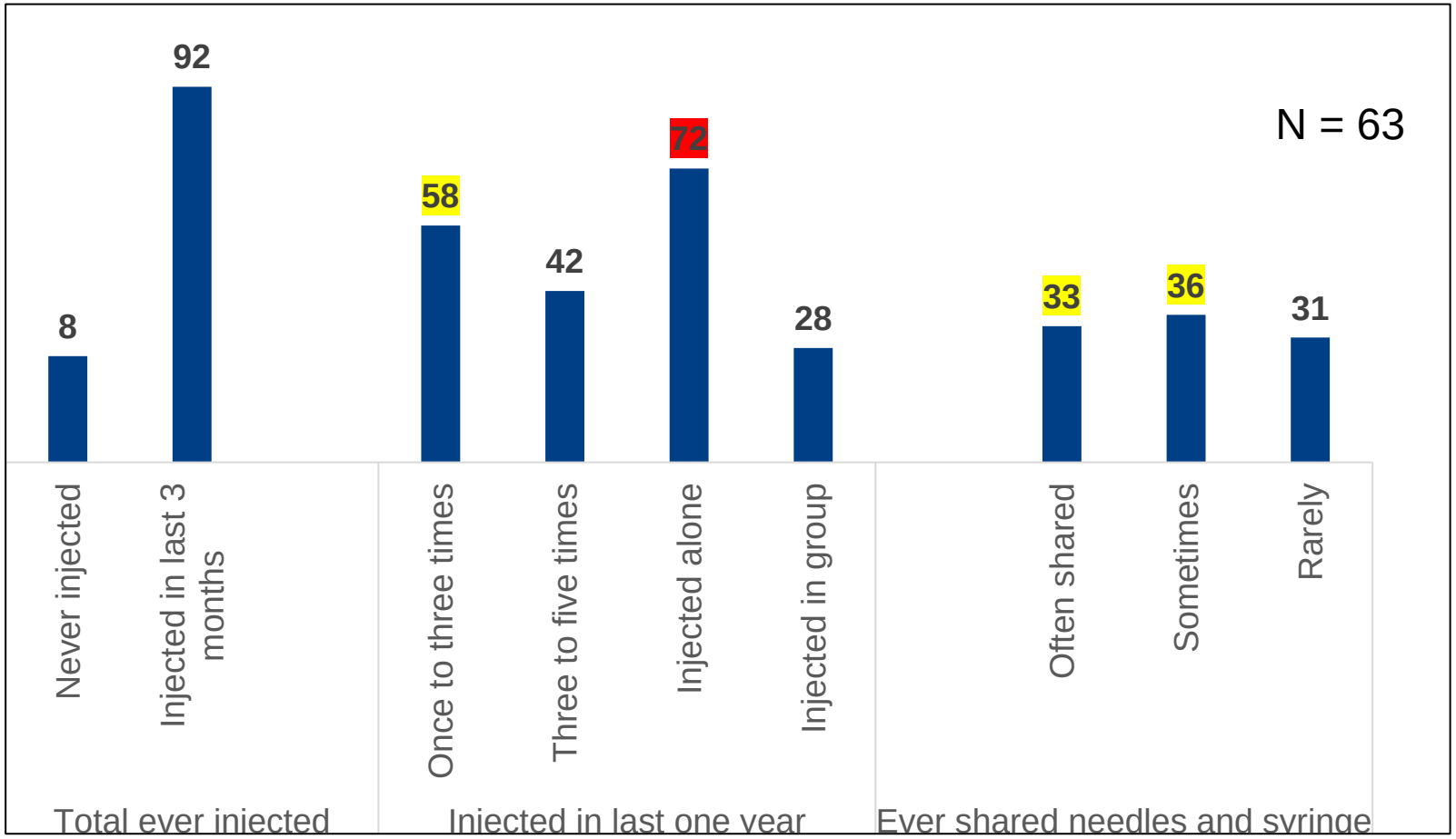



- Among young people who use drugs more than 50% have used Heroine for more than 2 years.
- Poly drug use is common among young people who use drugs, cannabis and alcohol most commonly used together.
- Scope for provisioning young people friendly acute withdrawal management and extended home based services may be explored for collaborative implementation

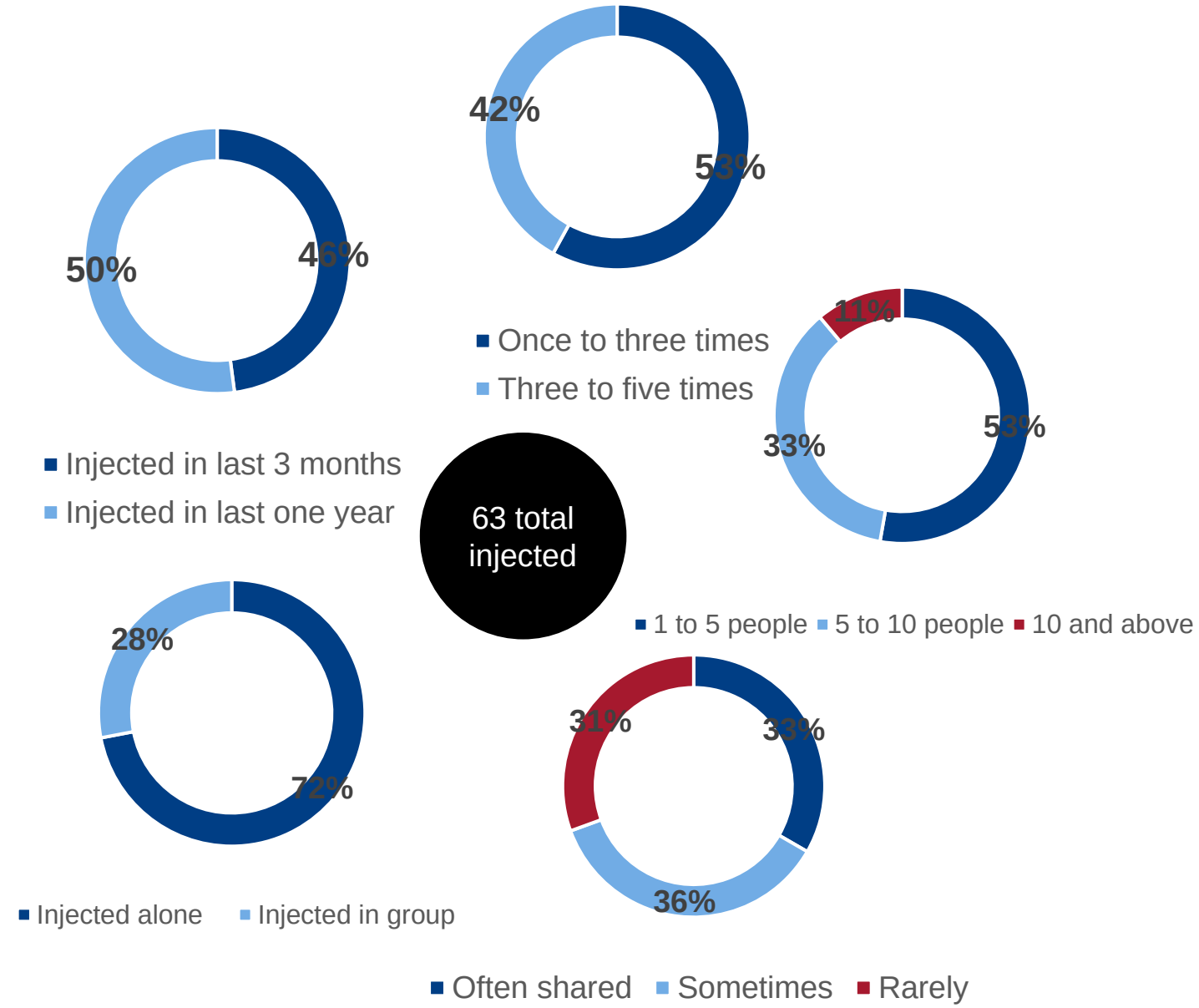
## Injecting Practices among Adolescent who inject Drugs




a) The injecting frequency are high among young people among who use drugs **more than 50% inject more than 3 times a day**. Exposure to blood borne viruses is higher and vulnerable among young people.

b) More than 72% inject alone however 33% have often shared needles and syringe, due to the unpredictable ode of scoring drugs and the structural barriers

# Injecting practices among young people who use drugs

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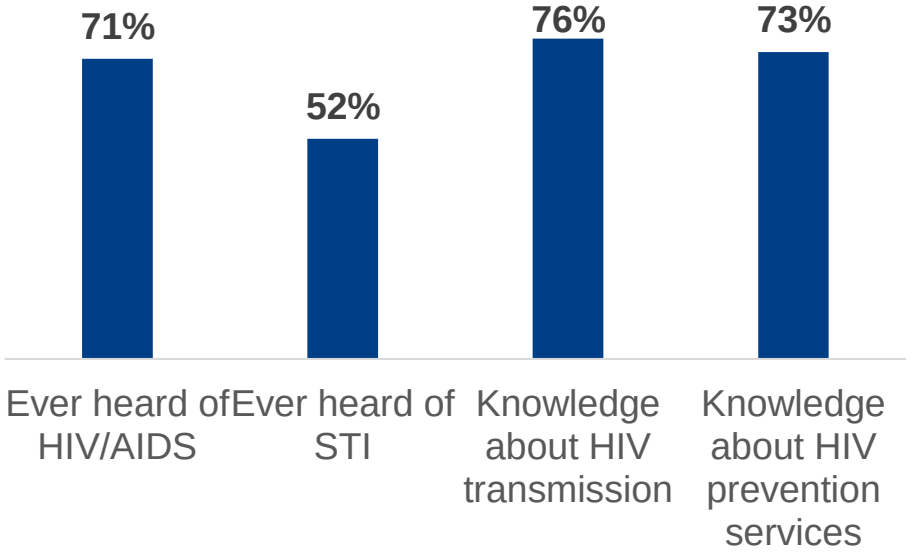
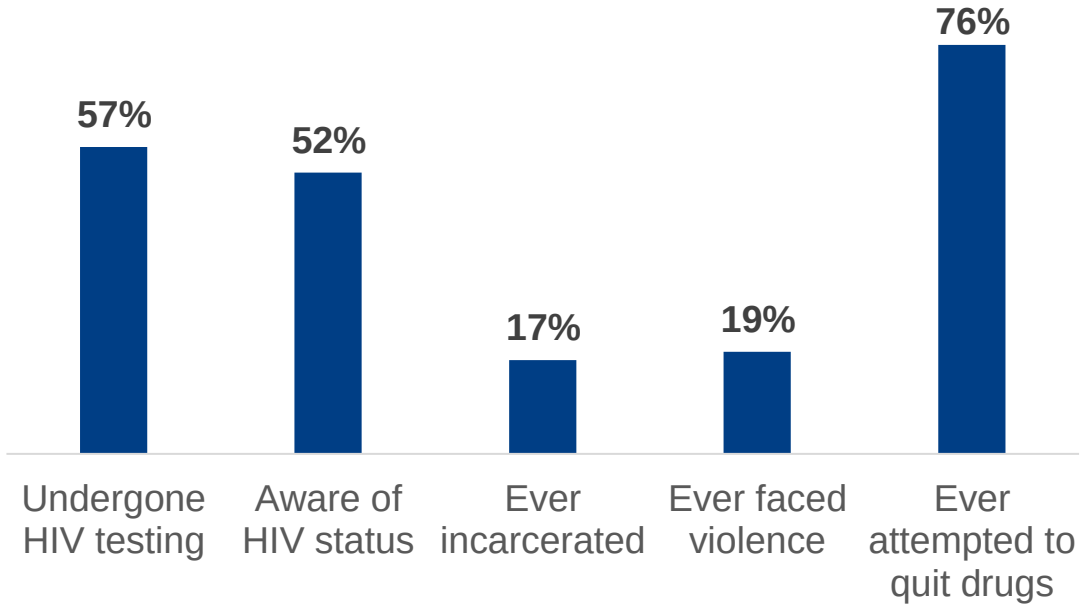
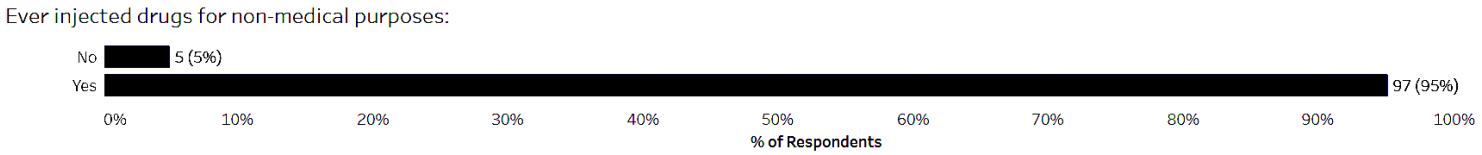
# Knowledge about HIV and access to services among young people who use drugs

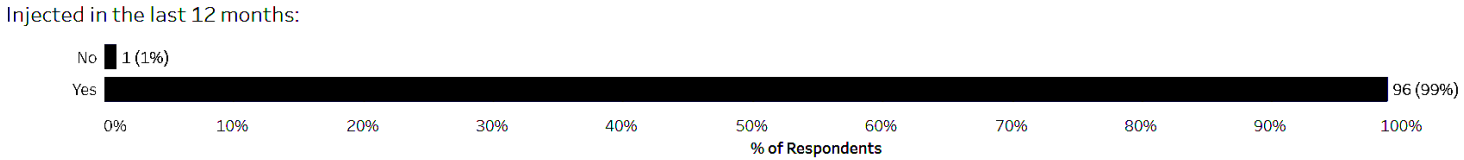


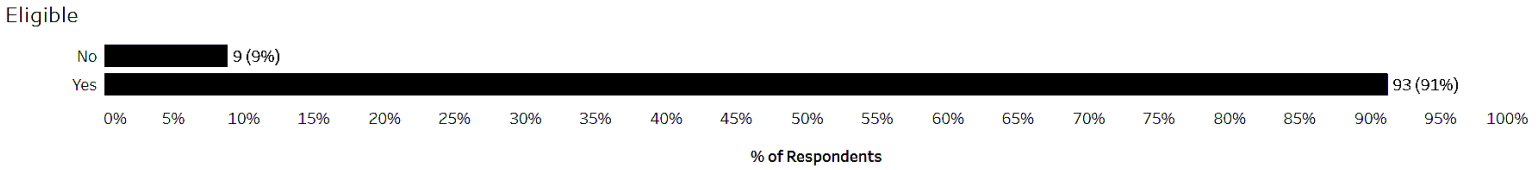




1. More than **20% of young people who use drug have not heard of HIV/AIDS** and **more than 40% have not heard about STI.**
2. More than 20% know about HIV prevention services and more than **90% are not willing to associate with traditional service delivery meant for all Drug users**.
3. Need for exploring differentiated service delivery models collaboratively
4. **76% have attempted to quit drugs however have failed**, appropriate and service friendly to young people need to be explored.

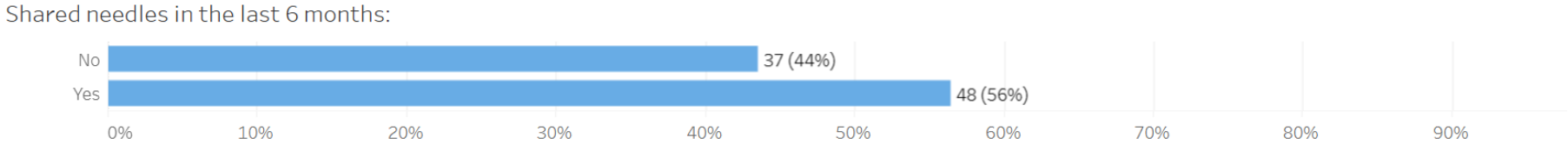
# Preliminary findings from the readiness assessment on Virtual Intervention among young people

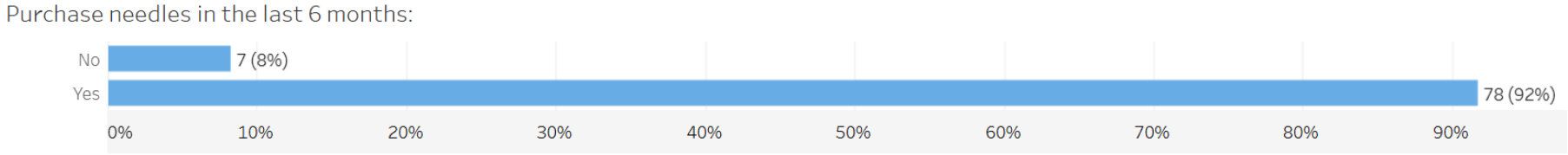



Among respondents who injected in the last 6 months:




a) 97% of the total participants ever injected drugs for non-medical purpose
b) 99% injected in the last six months of the total 102 participants interviewed 93 (91%) were eligible to be part of the assessment.
c) It was found the median age of first injection was at 16 to 17 years of age.
d) 67% of the participants had injected in the last month and 28% within the last 6 months.
**e) Amongst the participants who injected in the last six months 56% shared needles and syringe and 92 % purchased needles and syringe. Only 43% received a HIV test in the last six months**

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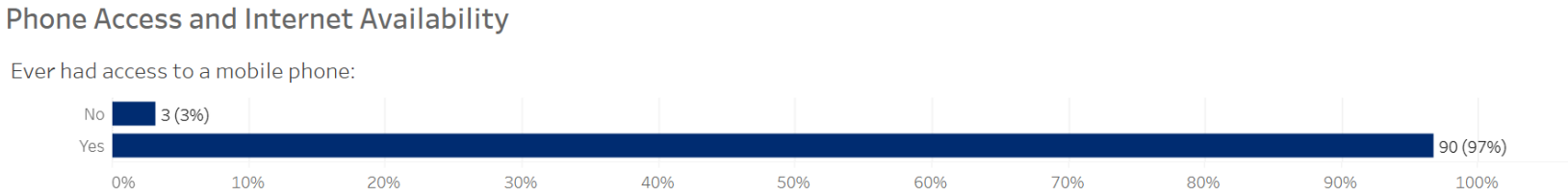
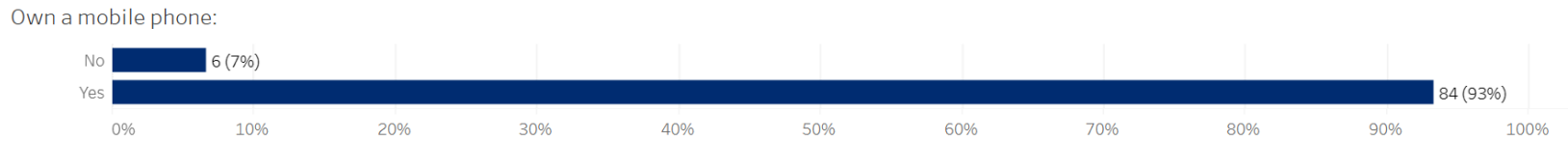
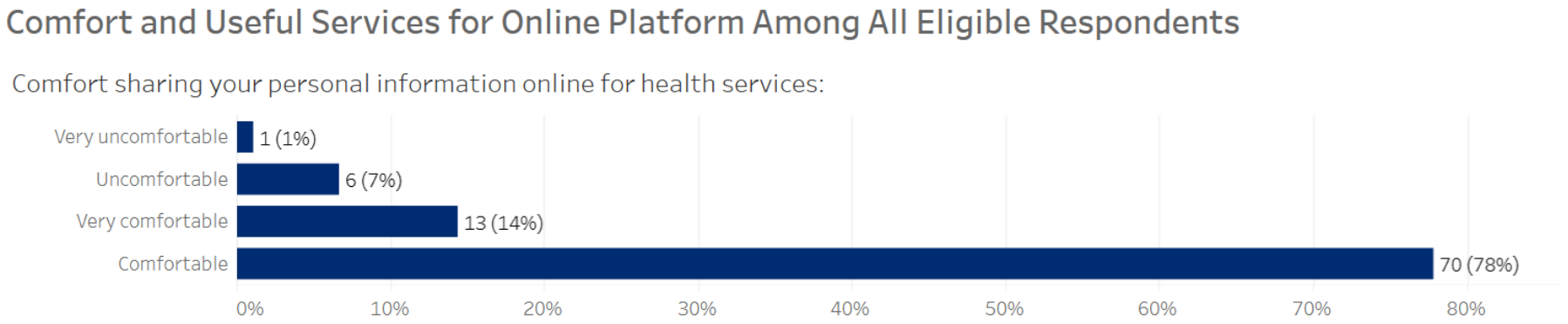
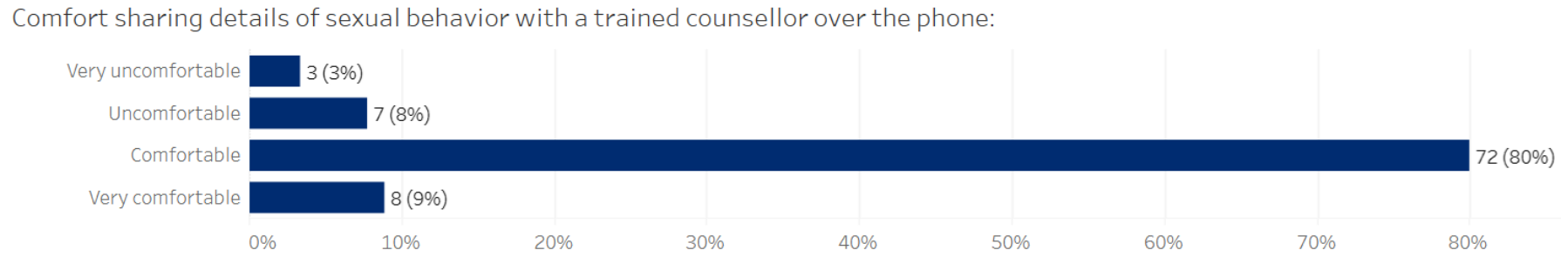



a) **97% of the total participants ever access to a mobile phone**
b) **93% own a mobile phone.**
c) **62% of the total who owns a mobile phone had the mobile phone for more than one year**
d) **52% with the current phone number for more than one year. 98% currently owns a mobile phone.**

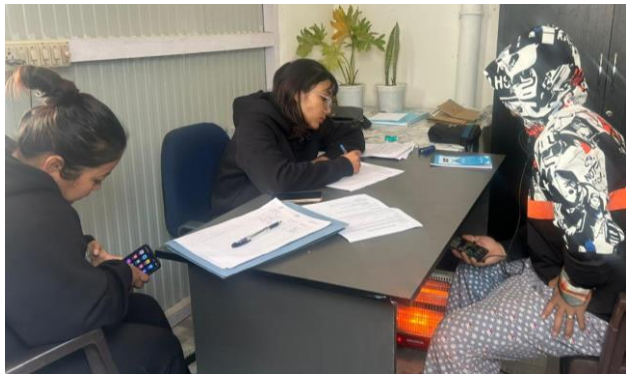
a) **More 80% are comfortable sharing personal details for online services and also sharing of sexual behaviour with a trained counsellor over phone.**

b) **And more than 90% of the participants are comfortable sharing details of drug use with trained counsellor over phone.**

# Adolescent-friendly DIC: An exploratory and collaborative initiative by MSACS, ACCELERATE & JNIMS

September 2022:
Focus Group discussions with ALHIV through OVC program

Opioid dependence emerge as a concern among adolescent



December 2022:
Initiated scoping exercise and community consultation

1. Tools developed
2. Staffs oriented
3. SOA initiated though SNM
4. Peer led outreach initiated
5. Collaboration with drug TX centers
6. 68 Adolescent who inject drugs registered
7. Baseline established
8. Situational assessment conducted
9. HIV testing provisioned through FICTC specific for adolescents
10. Provisioning harm reduction services in process

a) To demonstrate implementation of person-centric adolescent friendly site in public health settings.

b) To understand and define an adolescent friendly service package

c) To develop a standard operating procedure and essential package of services for adolescents who use drugs

Inclusion in the AAP Fy 2023 2024 and approval by NACO


Collaboration with JNIMS established and AFDIC launched

# Learnings:

a) **Hotspot based service delivery is not feasible** in reaching out and providing services among Adolescents who use drugs. (Network models and peer led models along with value added services).

b) **Current drug source is through peers or delivery services,** congregation at hotspot is almost negligible.

c) **Adolescents rely on older drug users** for scoring drugs or to prepare and to administer the drugs. (Older drug users are key stakeholders to address the vulnerability and covering the risk occasion during the initial drug using phase among adolescents).

d) **Addressing Structural barriers, integrated within harm reduction programs as a core component are essential.**

e) **Routine evidence collection** as part of the harm reduction program as a core component of arm reduction to adapt the ever-changing drug use situation, in efficiently guiding the service delivery

f) **Current Harm reduction services pose a threat to adolescents,** with the fear of unintended disclosure of their current behaviour and practices. (Adolescent specific service outlets manned by service providers friendly to adolescents (peers) through flexible approaches e.g. timing, mode of delivery, value added services, ***extended services*** etc.)

g) **Generalized demand generation activities** led by peers are suggested.

h) **Short term acute withdrawal management** among adolescent who use drugs was a priority service

i) **Adolescents have attempted to quit drugs on their own** and have failed and they are not able to get appropriate help.

j) **Reluctance to access N/S through TI -** Common sources of paraphernalia for using drugs is through chemist shop or peers, as many are reluctant to visit/register in the existing Drop-in centers.

k) **Sexually active population relying on peers for information:** Evidences of exposure to adult content on websites and social media platform is common and engagement on sexual practices. Reliable information source for safer practices and information on Sexual reproductive health is only through peers currently.

# Thank you