



# NATIONAL CONSULTATION ON HEALTH INTERVENTIONS FOR SUBSTANCE USE DISORDERS

5<sup>th</sup> & 6<sup>th</sup> September, 2024

Guwahati, Assam

## RECORD OF DISCUSSION

# NATIONAL CONSULTATION ON HEALTH INTERVENTIONS FOR SUBSTANCE USE DISORDERS 5<sup>TH</sup> & 6<sup>TH</sup> SEPTEMBER 2024, GUWAHATI, ASSAM



## 1. BACKGROUND

The UN SDG goal 3.5 specifies to strengthen the prevention and treatment of substance use, including narcotic drug abuse and harmful use of alcohol as one of the key areas within an overarching SDG goal 3 to “ensure healthy lives and promote well-being for all the ages”. People suffering from Substance Use Disorders (SUDs) contribute in large part to morbidity and mortality through overdose, or through communicable diseases due to unsafe injection and sexual practices like HIV and hepatitis, other medical conditions like tuberculosis, mental health disorders as well as due to other social issues like accidents, violence, crimes etc. In India, the HIV and HCV prevalence for instance among injecting drug users has been reported to be as high as 9.03% and 33.3% respectively (HSS/HSS Plus 2021).

Currently individuals with SUDs have to deal with multiple challenges in accessing these services including navigating complex and non-linear referral pathways for referrals in the health system. Response to the varying needs of individuals with SUDs is delivered through multiple governance structures (ministries) which have different mandates in the country. In order to re-invigorate the national response with a clearer policy framework and with a higher level of coordination for enhanced referral and linkages with the core intent of providing comprehensive health interventions to people

with substance use disorders, a two-day National Consultation on Health Interventions for Substance Use Disorders was organized from 5<sup>th</sup> to 6<sup>th</sup> September 2024 at Guwahati, Assam.

The National Consultation brought together ninety nine (99) participants including various government agencies like key health officials from State and Central Governments including MD NHM, senior officials from National TB Elimination Program, National AIDS Control Program, National Tobacco Control Program, National Mental Health Program, Drug De-Addiction Program, National Program for Non Communicable Diseases (NPCDCS), Heads of NDDTC/ AIIMS, NIMHANS, Senior Psychiatrists, key officials from Narcotics Control Bureau, Ministry of Home Affairs, key bilateral partners like UNODC, UNAIDS and WHO, global and national technical experts, representatives from civil society organization and community members. During the two days' event, the participants deliberated on the global trends of substance use disorders, the current global policies, strategies, models and best practices for providing a comprehensive health intervention for substance use disorders. The consultation concluded with a call to action for developing a clear strategic direction and evolve a framework for addressing the health needs of people who use drugs and for strengthening the national response for health interventions to address substance use disorders and related comorbidities in coordination with all key stakeholders.

## **2. OBJECTIVES OF THE CONSULTATION**

- To share global, national, and regional policies, programs and best practices on health interventions for substance use disorders
- To identify key areas for collaboration, active referral and linkage services between different interventions/ programs
- Develop a national policy and implementation framework document on integrated and comprehensive health interventions for substance use disorders

## **3. PROCEEDINGS OF THE CONSULTATION MEETING**

### **a. INAUGURAL SESSION**

Additional Secretary and Director General, MoHFW, Ms. V Hekali Zhimomi IAS inaugurated the two day's National Consultation on Health Interventions for Substance Use Disorders on 5th September 2024, at Guwahati, Assam. In her inaugural address, V. Hekali Zhimomi, AS & DG, MoHFW highlighted that substance use disorder is a

serious public health concern adversely affecting the physical and mental health, socio-economic well-being and productivity of the country. She remarked on the rising trend of substance use with newer pockets of high vulnerability particularly in the north-eastern, northern and central parts of the country and reiterated the need for a comprehensive response from the health system in collaboration with other key ministries and stakeholders. She emphasized that a basket of choices should be provided to each individual client across a continuum of care to address substance use disorders in a holistic manner. The basket of choices of the prevention services to be provided to the person with SUD to be coupled with effective counselling enabling the person to make the informed decision and choices.

Shri Siddarth Singh, Commissioner and Secretary, Medical Education and Research Department, Government of Assam commended the organizers for conducting this important consultation. He spoke of the need for creating synergy across the different departments and ministries to address the issue of substance use disorders in a holistic and comprehensive manner. He highlighted particularly the importance of Social and Behaviour Change Communication (SBCC) in the efforts against substance use disorders citing the successful example of the Swachh Bharat campaign.

Shri Sudhanshu Kumar Singh, Zonal Director, Narcotics Control Bureau, in his inaugural address welcomed the national level consultation to discuss an important and topical issue that is currently affecting the country and shared that the Ministry of Home Affairs has a significant role to play in supply and demand reduction and assured to extend all possible support.

## **SESSION II-MAGNITUDE OF SUBSTANCE USE DISORDERS**

Chair: Ms. V. Hekali Zhimomi, AS & DG, NACO, MoHFW

Moderator: Dr L Swasticharan, Addl. DDG NCD and Director, EMR, DGHS



Mr Marco, Teixeira, Regional Representative, UNODC presented the recent trends and estimates in drug demand and supply as per the World Drug Report 2024 and the implications for policy maker and program implementers. He had highlighted that men make up the large majority of 29 million people who use drugs but women who use drugs face greater harms and more barriers to entering treatment. He said cocaine use is at an all - time record high level with increase in global cultivation of coca bush, and production. An alarming five-fold increase was noted in new psychoactive drugs (15%) as a percentage of total synthetic drugs in the global market compared to low levels of 3% in 2015. The use of stimulant drugs such as Amphetamine Type Stimulants (ATS) and cocaine is on the rise globally especially after the Covid pandemic contrasting with the use of opioids, which has remained stable over the past five years. He emphasized that new means of drug delivery (e.g. home deliveries and social media) are negatively impacting young people. Notably, he mentioned that in Asia, only 5.1 % of people with SUDs are in treatment and criminal justice system is the most common pathway of referral showcasing poor referral from other sources including the health care systems.

Dr Anju Dhawan, Chief, NDDTC, AIIMS presented the findings from the Survey on Extent of Substance Use in India findings which estimate that 5.7 crore Indians will need help for alcohol use disorders. Cannabis use was the second highest with 3.1 crore people, followed by an estimated 2.1 crore opioid users. One in 8 persons has received any treatment for alcohol dependence while one in 38 persons had received any treatment for drug dependence, reflecting a huge treatment gap. The number of people who inject drugs was estimated to be 8.5 lakhs. Dr Anju Dhawan mentioned

that initiatives taken by MoHFW over the years capped the operational gaps that exist across various interventions and programs implemented by a range of stakeholders.

Ms. V. Hekali Zhimomi in her closing remarks highlighted that various department of MoHFW will have to work together and in close collaboration with other relevant Ministries with drug related mandates to enhance access to the full spectrum of prevention and treatment services with a basket of choices for people with SUDs.

**Key recommendations from the session:**

- Differentiated SBCC strategy and campaign for general public on the theme of SUDs taking learnings from the Swach Bharat Abhiyan
- Provision of specialised Interventions for women who use drugs near their locations
- Strategies to respond to the increasing use of darknet and courier based transactions and delivery of illicit substances
- Scientific evidence-based treatment needs to be made available for people with substance use disorders at the required scale for alcohol, cannabis and opioid use disorders starting with scaling up of Drug Treatment Centers (DTC)s
- Referral pathways for treatment of SUDs (SBIRT) need to be established from the health, social welfare, educational and criminal justice system
- Need to collaborate and work in close coordination with other departments and relevant ministries for estimation of quantum of work and to provide the full continuum of services with a basket of choices.

**SESSION III-POLICIES AND PROGRAMMES IN INDIA**

Chair: Dr. Lakshmanan S, MD, National Health Mission, Govt. of Assam

Moderator: Dr. Pratima Murthy, Director &Senior Professor, NIMHANS



Shri Sudhanshu Kumar Singh, Nodal Officer, North-Eastern Zonal office, NCB presented the responses to the rising trend of illicit drugs and drug trafficking in India highlighting the supply reduction, demand reduction and harm reduction strategies. He underlined that an opioid use crisis was already in the making and the higher opioid use in the region required an expansion of drug de-addiction and treatment canthers. India's geographical location with Afghanistan and Myanmar as neighbours has uniquely positioned it on the drug trafficking route. It was noted that Tripura has the highest number of people using cannabis and is also one of the two states with highest cultivation of cannabis. Heroin trafficking also peaked in 2020 which seems to align with the epidemics currently observed in some north-eastern states. He said post-covid surge in the use of darknet/courier postal services and crypto currencies for drug trafficking was notably high across the region. He also highlighted some of the campaigns undertaken by NCB and other stakeholders including Mission Drug free campus started in 2023, e-pledge campaign and the joint action plan with NCPCR. Following the presentation made by NCB, a panel discussion was conducted, the deliberations held in the session are provided below:

- Dr Urvashi Singh, DDG, CTD, MoHFW spoke on how substance use, HIV, can pre-dispose people to Tuberculosis as the people had more immune-compromised response. NACP and NTEP collaboration was cited as a model for bidirectional exchange. She said NTEP is keen to offer advanced diagnostic tools at the first point of entry into the health system for screening for substance use disorders.
- Dr..L. Swasticharan, Addl DDG NCD and Director EMR shared the key learnings of the NCD indicating that once a person enters the health system, we need

to maximize the opportunity to test and treat for various NCDs. He elaborated on the National Tobacco Control Program and remarked that Tobacco is a gateway product to other substances and Tobacco Cessation Clinics can play a role in primary prevention and preventive education in the context of substance use disorders. He spoke of the experience of the NTCP in launching a youth centric initiative called Tobacco Free Youth Campaign from 31st May to 31st July 2023 across all states and UTs. He shared that this year as one of the 100-day goals under the VIKSIT BHARAT @2027 it is proposed that Tobacco Free Youth Campaign 2.0 may be launched. Dr Swasticharan shared about the toxicity such as in the case of nicotine pouches and e-cigarettes. He discussed briefly about the DDAP program and pointed out that currently the NTCP was a structured programme and had a wider reach than the DTCs under DDAP, which are currently limited to institutions and people with SUDs were unlikely to live or stay near the DTC facilities. As such there is a need to expand the DTCs to all vulnerable districts to improve access and coverage.

- Dr Shobini Rajan, in her discussion, pointed out the higher prevalence of HIV (9 %) and HCV (33.4 %) among PWIDs. Dr Rajan outlined that under the National AIDS Control Program (NACP) HIV prevention services offered through 1557 TI and 289 OST centres. She mentioned that NACP closely works with the community to deliver various interventions using outreach workers and peer educators. Dr Shobini highlighted that while the NACP had a good footprint, the programme needs more resources to scale up HIV service package for PWIDs. She said OST is a critical service that aims to cater to more than 50 % of PWID registered at the TI.
- Dr Anju Dhawan, AIIMS spoke about the Drug De-Addiction Program (DDAP) under the MoHFW. She shared about the six institutions providing specialized drug dependence treatment facilities under the DDAP namely NDDTC AIIMS, Delhi, NIMHANS Bangalore, PGIMER Chandigarh, RML Delhi, AIIMS Bhubaneswar and CIP, Ranchi. She said 27 Drug Treatment Centres (DTC) are currently operating under the DDAP and the need of the hour is to expand the DTCs to every vulnerable district across the country. She highlighted that the NACP model of appointing a nodal person at state level was worth emulating for coordination. She discussed about the mandate of the six institutions which include provision of services, demonstration of innovative models of care, capacity building, education, research and inputs for policy formulation. She highlighted the successful implementation of inpatient treatment models and the outpatient community-based

treatment services at the DTCs under NDDTC. Dr Dhawan also shared about the provision of self-paced online trainings for medical and non-medical staff and also flagged the need to pay immediate attention to overdose prevention and management.

- Dr Bhavuk Garg shared that the National Mental Health Programme (NMHP) was initiated in 1982 with the goal to ensure availability & accessibility of minimum mental healthcare for all, particularly to the vulnerable and those in remote areas. He stated that the District Mental Health Programme (DMHP) was included in 1996 to give further impetus starting with 27 districts in 1996 to 767 districts approved at PHC, CHC and DH levels. Dr Bhavuk Garg indicated that SUDs are part of the national mental health programme and outlined two schemes under the umbrella for strengthening centers of excellence and strengthening PG training departments in mental health specialities. He also reiterated the need to provide services related to mental, neurological and substance use disorders (MNSU) at Ayushman Aarogya Mandirs.

Dr Pratima Murthy, in her closing remarks, mentioned that the medical colleges and general hospitals are places where training of medical and non-medical staff on substance use disorders can be initiated. Treatment for SUDs would need to be integrated into the medical education curriculum to address the huge gap in availability of psychiatrists. Dr Pratima Murthy summed up the session highlighting the risk within the country of the opioid epidemic and the surge in cases with new psychoactive substances.

#### **Key recommendations from the session:**

- Need to utilize the health system at all levels i.e. primary, secondary and tertiary levels for screening of SUDs, to provide brief intervention and referral to treatment services
- Need for integration of treatment for SUDs in the medical curriculum
- Two schemes under the NMHP i.e. Centers of excellence and PG training departments to be leveraged for expanding trained human resource and facilities for screening and treatment of SUDs
- Leveraging the Mental, Neurological, Substance Use Disorders (MNS) package at Ayushman Aarogya Mandirs for screening and referral to treatment for SUDs. The Community Based Assessment Checklist (CBAC) for early detection of NCDs to incorporate screening questions for substance use.

- Inclusion of Screening, Brief Intervention, and referral for treatment (SBIRT) under for school children for early detection.
- Leverage advanced diagnostic tools at NTEP as the first point of entry into the health system for screening for SUDs
- Need to engage the different health programmes through an inter-divisional collaboration approach to provide comprehensive package of services

## **SESSION IV-GLOBAL AND INDIAN MODELS FOR HEALTH INTERVENTIONS FOR PEOPLE WHO USE DRUGS**

Chair: Dr David Bridger, UNAIDS Country Coordinator

Moderator: Dr. Shikha Vardhan, Assistant Director General, NP-NCD



- Dr Reshu Agarwal, Technical lead, Hepatitis/HIV/STI, WHO India Country Office, presented how substance use has the highest impact on health and is multidimensional in nature. In her presentation, she mentioned that there is a 17% increase in Disability adjusted years (DALYs) and 25% increase in mortality among people with substance use disorders. Globally, every eighth person injecting drugs is HIV positive and every second person who injects drugs is infected with HCV, given the bidirectional relationship. Dr Agarwal highlighted that WHO recommends the five key components to address SUDs integrated into a comprehensive approach: Screening, Brief Intervention and Referral to Treatment (SBIRT), Psychosocial; Physiological; Treatment of co-morbidities and recovery management. She further expanded on each intervention and stressed on the need to adopt a person-centric approach, whole-person recovery and minimised harm.
- Dr Trena Mukherjee, Prevention Advisor, HIV/AIDS, USAID PEPFAR presented the global evidence on Medically Assisted Treatment (MAT) and how PEPFAR funding has been utilized in Kenya, Nigeria and Myanmar to provide treatment for

IDUs. Based on the analysis of the three models, Dr Mukherjee enumerated the factors that led to the establishment of a successful delivery of comprehensive package of services to the injecting drug users. The factors included: (1) establishment of a policy framework; (2) collaborative nature of the health programmes; (3) providing harm reduction services at the community outside the health care settings; (4) scaling MAT services at clinic, community and in prison settings; (5) flexible dosing including takeaway dosing. At the community level, key learning from Nigeria included: PWID led-design, peer mechanisms for service delivery and a combination of facility, community based mobile prevention services to support the continuum of care and establishing low threshold models. She said, in India, Adolescent Friendly drop-in centres (AFDICs) for psychosocial support had been established in Imphal (Manipur). Noting that chemsex was a universal phenomenon, Dr Mukherjee pointed out for the need to have a differentiated approach to carry out a national level media campaign.

- Dr. Molly Evans, presented the global experiences on treatment for Substance Use Disorders from two countries namely the US and Philippines. She spoke of the increasing trends on opioid drug overdose from 48 to 76 percent since 2002 and the rise in fentanyl abuse in the US. She spoke of the three types of medical treatments for opioid use disorders using a full agonist methadone, partial agonist buprenorphine and the antagonist naltrexone. She highlighted the Buprenorphine dispensing trends with nearly 16 million buprenorphine prescriptions dispensed to over 1.5 million unique patients in 2023 alone. She shared the modalities for in-office and home based inductions for opioid use disorders and highlighted the value of home based inductions in increasing access to treatment. She also shared about the diversion realities and the steps that can be taken to minimise diversion such as frequent follow ups, treatment agreements between patient and provider, unannounced pill counts, urine drug screens, directly observed ingestions. She also spoke of the Prescription Drug Monitoring Program (PDMP) review at every visit. She then shared about the importance of a support network when working in remote locations. This included a regional network of Buprenorphine prescribers, technical experts and mentors, Project ECHO that offered a forum to discuss cases and the DEA waiver that allowed for prescription of Buprenorphine by physicians after completing an eight (8) hour course. Lastly she shared the experience of the HIV outbreak in Indiana and how the governor Mike Pence change the state law to allow a needle syringe exchange program through a One Stop shop model and

where law enforcement agents cooperated with public health officials for a successful program.

Following the presentation made by the above experts, a panel discussion was conducted, the deliberations held in the session are provided below:



- Dr. Harpal Singh. Nodal officer, Mental health, Directorate of health services, Govt. of Punjab outlined that the state government was providing affordable counselling, de-addiction and rehabilitation interventions including outpatient treatment. Approximately 990,000 drug users were registered for Outpatient Opioid Assisted Treatment at 529 centres and dedicated rehabilitation centres were made available. He highlighted that the state government of Punjab funded the low threshold model of OAAT to improve the social and psychosocial outcomes for people with substance use disorders.
- Ms Betty, Joint Director Prevention, Mizoram State AIDS Control Society shared that Mizoram has 30 PWID TIs including FIDU TI and close to 14858 PWIDs and 350 FIDUs are registered respectively. There are also 17 full-fledged OST centres with 53 satellite centres as well as 1 One Stop Centre for PWIDs/PWUDs. These facilities provide harm reduction services for prevention of HIV and co-morbidities under the National AIDS Control Program. Often, SACS face field level challenges in implementing needle syringe exchange services as it is often seen as abetting the use of drugs requiring regular sensitization and advocacy with the general public and local pressure groups. She said the state witnesses large number of mobile PWIDs and therefore, MSACS rolled out community outreach during early morning times to provide required services for people who inject drugs. Ms Betty pointed out that the state shares the international border with Myanmar and

internally it has porous border with Assam and Manipur which allows for frequent movement of PWIDs and drug trafficking.

- Dr Prabhat Kumar Chand, Professor and Head Centre for Addiction Medicine, NIMHANS spoke on importance of developing the concept of patient centric approach. He said that a customized plan has to be developed by a small team as people with substance use disorders often has multi- morbidities. The plan is often a combination of pharmacological and psychosocial interventions which can be delivered either in an outpatient or inpatient mode. Under NIMHANS, the significant role of aftercare counsellors for bridging the gap between follow-up/ relapsed clients in the community and the treatment team was highlighted. Dr Prabhat shared that the NIMHANS team has developed a hub-and-spoke model approach for capacitating the MBBS doctors with a Rx Treatment app and it is being leveraged to fit into the larger model of capacity building to address substance use disorders at the primary levels.
- Dr R.K. Lenin, Professor, Department of Psychiatry, RIMS, Manipur shared experience of the institution in reaching out to 60,000 people with substance use disorders in relief camps in response to the internal strife in the state. He shared that the institution has extensive experience in providing addiction treatment services and is often compelled to deal with SUDs beyond the institution and respond to frequent capacity building needs of IRCAs and private rehabilitation centres at the ground level. The success in enabling flexibility in providing treatment services at the community level was one of the key learnings highlighted.
- Mr Rajesh Kumar, Executive Director, SPYM shared that they have been working with children with substance use disorders and dependence for the past many decades. SPYM also works with young people in the age group of 18-21 years in Tihar prison and indicated that prevention among the children and adolescents should be given high priority. Dr Kumar shared that SPYM has developed training modules for children in middle and high school and is engaged with the school health mission. The national policy would provide such as opportunity to include interventions for this population. He placed a request to the authorities of NACO to include a section on drug use and HIV in the curriculum developed for school children by SPYM in collaboration with MoE. Stigma and discrimination faced by children and adolescents was cited as the most significant challenge for reintegration into a productive life.

- Mr Diganta Mike Baruah, Manager Kripa Foundation shared that the organization is one of the largest NGOs with 21 canthers in country and 9 canthers based outside India. He shared that the unique feature of the Kripa model was the promotion of abstinence as one of the treatment options and the blend of psycho-somatic treatment, psychosocial, psycho-spiritual intervention, service towards suffering, family anonymous, family counselling provided at the rehabilitation centres. He also shared that for early prevention of substance use among adolescents, there should be a combination approach starting with identification and sensitization, training for peer led intervention, behavioural change communication, individual, group and family counselling referral and linkages to service centres.

Dr. David Bridger, Country Coordinator, UNAIDS India summarized the key leanings from the panel discussion. The experience of person-centred approach in clinical practice at NIMHANS, one stop centre in Mizoram for FIDUs and PWIDs: capacity building of private providers by RIMS, Manipur, prevention programme for children and adolescents by SPYM and abstinence-based models of KRIPA Foundation.

#### **Key recommendations from the session:**

- Policy to include five key components to address SUDs i.e. Screening, Brief Intervention and Referral to Treatment (SBIRT), Psychosocial; Physiological; Treatment of co-morbidities and recovery management.
- The need to adopt the key concepts of a person-centric approach, whole-person recovery and harm minimisation in designing the comprehensive package of services.
- Policy should make provisions for prevention, treatment and rehabilitation for children and adolescents
- The basket of services should include abstinence as one of the treatment options
- Provision of community psychiatric services as a modality for increasing access to treatment for SUDs can be included as a low threshold model.

#### **SESSION V-PANEL DISCUSSION PATIENT CENTRIC SPECTRUM OF SERVICES**

Chair: Dr Bhavuk Garg, Associate Professor, LHMC & Dte. GHS, NMHP



Dr. Shobini Rajan began the session by informing that this panel discussion will provide key insights for the group work scheduled on Day-II of the consultation. She then requested each panel member to share their thoughts on a patient-centric approach and continuum of care for people with substance use disorders.

- Mr KP Ezung (ex-drug user) shared about his personal experience as a drug user: He shared that he started to use drugs due to low self-esteem and loneliness during early years, and his experience as beneficiary of the harm reduction and demand reduction programs of NACO and MoSJE. He said he has been a beneficiary of needle syringe exchange in terms of being able to protect himself from HIV, then able to recover from drug addiction through detoxification and rehabilitation services. In this light, he shared that prevention should involve mental health counselling and screening at school levels especially the young and adolescents who are vulnerable for drug addiction due to various reasons. He commented on the continuum of care stating that assistance for harm minimization, treatment and rehabilitation for recovery should be made critical interventions as part of the overall package delivered by the national health programs.
- Mr. Marco Teixeira, Regional Representative, UNODC stressed on the importance of using scientific and evidence-based approaches for developing policy framework and addressing substance use disorders. Mr Teixeira mentioned that both WHO and UNODC advocate for two key principles for a patient-centric approach which include customized treatment plan and a commitment to quality service delivery using the comprehensive approach. The patient should be given choices including abstinence and the patient's value system and context needs to be taken into account while designing the treatment plan.

- Dr Reshu Agarwal, WHO reiterated the adoption of the comprehensive approach which includes Screening, Brief Intervention and Referral to Treatment (SBIRT), Psychosocial; Physiological; Treatment of co-morbidities and recovery management. She discussed that self-care for people with SUDs at the bottom of the pyramid would translate into community outreach which can be operationalised through Ayushman Arogya Mandirs at the primary health care level which could serve as entry points for screening persons with SUDs.
- Dr David Bridger, UNAIDS shared his preference for the term person-led approach which requires flexible service timing, locations and clients having a control on their life, treatment and recovery process. He said the person-led approach recognizes that clients have support systems such as families which needs to be engaged in the prevention to care continuum.
- Dr Jain, Tobacco Control Programme, Chhattisgarh articulated that integrating the health services for SUDs through Tobacco Control programme, Drug De-Addiction Program and National AIDS Control Program would pave the way for the patient-centric approach to be realized in implementation. He urged for the need of developing a detailed operational plan before the implementation is rolled out at the field level.
- Dr Pratima Murthy, NIMHANS stated that there is often a 10-12 years' delay between the onset/initiation of the SUDs and PWUDs seeking treatment. Hence the need to fill the gap by building capacity of medical professional and integrating relevant content in the curriculum. There is lack of acute services for SUDs for managing deliriums, seizures, overdose coupled with diagnostic drugs/toxicology diagnostics and hence there is a need to capacitate the health care system. SUDs are to be treated similar to hypertension and there is a need to reduce stigma by ensuring a cadre of aftercare counsellors. Aftercare counsellors play a powerful role in reaching out to people who relapse and deliver a strong message that such people can come back to treatment. This also reinforces the underlying message that PWUDs are a resource to the society. She also shared the need for occupational and vocational guidance for PWUDs who recover from SUDs. She shared the need to strengthen engagement with families and provide early intervention with at risk and vulnerable children and adolescents to prevent the onset of SUDs. Any programme for SUDs must provide support to the families and the partners of people with SUDs. Many women do not access treatment due to distance, stigma etc. Specialised treatment services for women with SUDs must be provided closer to home. She further shared that the need to have broader and

flexible interventions and the learnings and experience from Tele-Manas has shown that that digital technology is effective and efficient to deliver these broad set of interventions. Lastly, she highlighted that supporting research should be a critical part of the policy.

**Key recommendations from the session:**

- Provision of mental health services at the school level including use of SBIRT as an intervention for early detection should be made available
- Rehabilitation and reintegration in society for people with SUDs needs to be included in the continuum of care at the policy level. Occupational and vocational guidance for PWUDs who recover from SUDs should be made available.
- There should be a provision of aftercare counsellors as a critical link between the health system and the person treated for SUDs at the community level for relapse prevention, re-entry into treatment and overall retention
- Integration of all programmes under the coordination and management of National Tobacco Control Programme can be an option
- Use of digital technology can be another modality to increase access to treatment services. The learnings from Tele-MANAS to be leveraged

## **SESSION VI-GROUP WORK FOR COLLATING INPUTS FOR POLICY**

The participants were divided into five groups based on their expertise and area of interest, each group was provided with a specific topic for discussion and discussion guide to the facilitators to moderate the group work. The outcome of the group work was presented by the rapporteur for a larger discussion.

### **Group A: Policy Preamble, Vision, Goals, objectives for National Policy**

**Moderator:** Dr. Bhavuk Garg, Associate Professor, Dept. of Psychiatry, LHMC & Dte.GHS



#### **Group A Composition:**

1. Shri Virendra Kr Sharma
2. Shri. Sudhanshu Kumar Singh
3. Shri Rajiv Kumar
4. Dr Saiprasad Bhavsar
5. Dr. Rajesh Kumar
6. Dr Bitra George
7. Dr Pradeep Kumar
8. Dr. Maitreye Mukherjee
9. Ms. Betty
10. Mr. Ramesh Shrivastav
11. Ms. Jyotiee Mehraa
12. Mr. Diganta Mike Baruah
13. Mr. Biman Natung
14. Mr. Bhaskar
15. Mr. Manzoor Ahmed Gassi

**Outcome of the Group Exercise:** The group A members deliberated on the given topic and had come out with the following recommendation to draft the policy preamble, vision and goals.

- **Preamble:** Substance Use Disorders affect individuals, families, and communities across urban and rural settings, requiring a comprehensive approach by leveraging the technology that addresses unique regional needs. The policy envisions providing tailored, gender-inclusive, quality, accessible services for healthy behaviour promotion, prevention, early detection, treatment, and recovery, including sustained support in an ecosystem free of stigma and discrimination. The Policy envisions a conducive environment for policy implementation with active engagement of the community, law enforcement, judiciary and education system while continuously evolving based on evidence meeting the evolving needs of substance users.
- **Vision:** A future where every individual (regardless of age, gender and geography) has access to prevention, early detection, treatment and recovery services including post recovery support for substance use disorders empowering them to lead healthy, fulfilling lives and realize their potential.
- **Goals:** Strengthen the multi sectoral and person centric national response for SUDs through an integrated and comprehensive approach to healthy life promotion, prevention, early detection, treatment, recovery and sustained post-recovery support

The group proposed that specific objectives of the policy should cover the following areas: 1) Prevention; 2) Spectrum of Clinical services; 3) Recovery and Support; 4) Steering mechanism; and 5) Community Engagement

**Group B: Approaches and comprehensive implementation strategies for primary, secondary and tertiary level health interventions for SUDs**

**Moderator:** Dr. Anju Dhawan, Professor, Department of Psychiatry and Chief, NDDTC, AIIMS, New Delhi



**Group B Composition:**

1. Dr. Anju Dhawan
2. Dr Urvashi Singh
3. Dr Prabhat Kumar Chand
4. Dr. Harpal Singh
5. Dr Avinash Sunthalia
6. Dr. Reshu Agarwal
7. Dr Mukesh Matanhelia
8. Dr. Abdul Rouf
9. Dr Parveen Kumar
10. Dr. Beth D Cruz
11. Ms. Seema Arya Joshi
12. Mr. Shreenivas
13. Mr. Hedvees Christopher
14. Mr. Suman Chandra Nath
15. Mr. Abou Mere
16. Mr. Ginlianmung Ngaihte
17. Ms. Lalramhluni
18. Mr. Wilson Dohling

**Outcome of the Group Exercise:** The group B members discussed on various components for designing a comprehensive approach:

- Comprehensive approach will include prevention, screening, diagnosis, treatment and rehabilitation. Screening will be conducted at all levels using SBIRT approach
- DDAP will be in a position to develop hub and spoke model in close collaboration with other national health programs (NMHP, NACP, NVHCP, NTEP, NTCP, NCD) to implement primary, secondary and tertiary level health interventions for SUDs by leveraging the existing health infrastructure.
- Proposed to develop a minimum of one centre of excellence (Coe HUB) per state and briefly brought out the specific roles of each stakeholder in ensuring the continuum of care.
- Skill building should be a critical component in the policy framework. The team highlighted the following health and allied health workers should be included for capacity building initiatives: ASHA, AAM: CHO, PHC Medical Officer and nurses, counsellors (to be supplemented with self-paced Addiction Rx app and NAAT), DH: NMHP, DDAP-MO, nurses, counsellors and tele ECHO case discussions for complex cases with COEs were some of the suggestions proposed by the group B.

Following were some of the recommendations proposed by the team under different headings for the continuum of care:

<b>Primary Health Intervention: Screening and Treatment</b>		
<b>Primary Health Intervention: Screening and Treatment</b>	<b>Ayushman Arogya Mandir(AAM)</b>	<b>Primary Health Center (PHC)</b>
<ul style="list-style-type: none"> <li>• CBAC screening by ASHA workers to include substance use disorders</li> <li>• Inclusion of Agenda points on SUDs regularly on Village Health Sanitation and Nutrition Committee (VHNSC)</li> <li>• Resolution to be passed in the gram panchayat for discouraging substance use</li> <li>• Community outreach and peer network</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Officer: verification and screening tool, counselling based on screening, referral to treatment if indicated to Health and wellness canter providing comprehensive primary health care (CPHC) under National mental Health Program</li> </ul>	<ul style="list-style-type: none"> <li>• Initiation of medical treatment for alcohol and cannabis, similar activities as being done by CHO.</li> </ul> <p>Community Health care canter</p> <ul style="list-style-type: none"> <li>• Initiation of medical treatment for alcohol and cannabis similar to the activities being done by Primary Health</li> <li>• Referral to district health if needed</li> </ul>

Secondary and Tertiary Health Interventions: Screening and Treatment			
District Hospital	DDAP/NMHP infrastructure to be utilized	Adolescent Health	Prisons/ closed settings
<ul style="list-style-type: none"> <li>• Universal screening for SUDs</li> <li>• Inpatient treatment for co-morbidities in clients where there is failure of outpatient treatment</li> <li>• Treatment for all SUDs including opioids</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Care for SUDs(Outpatient, Inpatient and linkages)</li> <li>• Capacity Building and monitoring</li> <li>• Strengthening of DDAP</li> <li>• PIP under DDAP</li> </ul>	<ul style="list-style-type: none"> <li>• School Mental Health as a preventive strategy</li> <li>• Screening through Rashtriya Bal Swasth Karyakaram and Rashtriya Kishore Swasth Karyakaram, counseling in schools and referral to treatment when indicated</li> <li>• Treatment referrals to Adolescent Friendly Health Clinics, nearest treatment facility</li> <li>• Capacity building of AFHC manpower for screening and interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Screening by health professionals at entry</li> <li>• Capacity building of existing medical and paramedical staff to provide, treatment, care and support</li> </ul>

### Team-C: Patient centric Continuum of care including harm reduction

**Moderator:** Dr. Arun Kandasamy, Professor & Head, Centre for Addiction Medicine, NIMHANS

#### Group C composition:

- |                            |                          |
|----------------------------|--------------------------|
| 1. Dr. Arun Kandasamy      | 11. Mr. Anupam Rohit     |
| 2. Dr. Samarpita Dutta     | 12. Mr. Abraham Lincoln  |
| 3. Dr. Molly Evans         | 13. Mr. Dew Stanely      |
| 4. Dr. Trena Mukherjee     | 14. Mr. K.P Ezung        |
| 5. Dr. Ahuo Sekhose        | 15. Dr. Shantanu Purohit |
| 6. Dr. Lalit Mahendru      | 16. Nissar Ahmed         |
| 7. Mr. Diganta Mike Baruah |                          |
| 8. Ms. Rosenara            |                          |
| 9. Mr. Srikrishnan         |                          |
| 10. Mr Jamshir Bagwadia    |                          |



**Outcome of the Group exercise:** The group C members had proposed the package of essential services for patient centric approach as follows:

#### **Medical**

- Pharmacological-Detoxification/Agonist therapy/withdrawal management
- Management of medical morbidities- Hepatitis C, TB, STI, HIV, psychiatric disorders, NCDs and nutritional support

#### **Psychosocial**

- assessment and treatment of psychological needs of patient and family, motivational interviewing/relapse prevention

#### **Recovery Management & Rehabilitation**

- Social assistance/ referral for skilling to widen the livelihood options, legal assistance, rehabilitation and re-integration, peer support provision (including Alcoholics Anonymous and Narcotic Anonymous)
- Alternative and complimentary approaches such as yoga

#### **Designing interventions for continuum of care**

- Mixing and matching treatment options in the essential package of services for customization
- Prioritizing family care model in the interventions
- Digital Interventions
- Mapping services/stakeholders available at the community level and at institutional level (proposed that this task be considered for inclusion in the forthcoming national drug survey)

**Package of essential services for patient centric approach at non-specialized treatment settings (NMHP, NACP, NVHCP, NTEP, NTCP)**

- Provision of SBIRT (screening, brief intervention and referral to treatment)
- Screening for SUDs and active referrals and linkages to Specialized treatment settings(DDAP)
- Specialized settings with limited capacity can conduct comprehensive assessment

**Group D: Mechanisms for steering monitoring and supervision within the department of Health (coordination and resource management)**

**Moderator:** Dr. L. Swasticharan. Addl DDG & Director, EMR, DGHS



**Group D composition:**

1. Dr. L. Swasticharan
2. Dr Shikha Vardhan
3. Dr Gunjan Nath
4. Mr. Marco Texeira
5. Mr. Simone Delicati
6. Dr Marbam Basar
7. Dr Deki Wangmu Phempu
8. Dr Abdul Rouf Bhat
9. Mr. Sanjay Rudropal
10. Dr. Rajesh Rana
11. Mr. Alok Mohan
12. Mr. Jahangir Ansari
13. Mr. Samresh Kumar

**Outcome of the Group exercise:** The group D members proposed the following mechanisms for steering monitoring and supervision within the department of Health to ensure effective coordination and resource management

**I. National Steering Mechanism:**

- Committee chaired by Health Secretary and member secretary role being proposed for Joint Secretary(NACO).
- Membership proposed:
  - Additional Secretary overseeing the vertical health programs (NMHP, NACP, NVHCP, NTEP,NTCP)
  - Dte.GHS/DDG of all vertical programs experts from centres of excellence (NIMHANS, NDDCP, AIIMS, etc.)
  - Representation from MoSJE
  - Representation from non-state actors
  - International donor/ technical partner
  - Any member as suggested by Chairman

**II. Frequency of meeting to be held**

- Twice a year

**III. Terms of Reference**

- To advice national policies on substance use
- Promote intra, inter- sectoral coordination
- Promote synergies with other drug related policies and initiatives
- Emphasize person centric interventions on patient centric care
- Constitute Technical Expert Group(TEG) on identified specified areas
- Ensure that TEG has mechanisms for evidence based early warning system to identify patterns and trends on SUDs and effect on health
- To advocate for quality of treatment within the rehabilitation canters
- To monitor state level activities

Similar structures have been proposed for State /District levels:

State level	District level
<p>Committee chaired by Health Secretary and member secretary role being proposed for PD, SACS.</p> <p>Members:</p> <ul style="list-style-type: none"> <li>▪ Mission Director, NHM</li> <li>▪ Director of Health services/ DGHS/Director of Medical Education</li> <li>▪ State Nodal officers from all vertical programmes</li> <li>▪ Experts from Medical colleges</li> <li>▪ Director level representation from Department of Social Justice</li> <li>▪ Representation from non-state actors</li> <li>▪ Any member as suggested by Chairman</li> </ul> <p>Frequency of meeting: Twice a year</p> <p>Terms of Reference</p> <ul style="list-style-type: none"> <li>▪ Ensure implementation of national policies on substance use as directed by National Steering committee</li> <li>▪ Promote intra, intersectoral coordination</li> <li>▪ Promote synergies with other drug related policies and initiatives</li> <li>▪ Emphasize person centric interventions on patient centric care</li> <li>▪ Constitute Technical Expert Group(TEG) on identified specified areas</li> <li>▪ Ensure that TEG has mechanisms for evidence based early warning system to identify patterns and trends on SUDs and effect on health</li> <li>▪ To advocate for quality of treatment within the rehabilitation canter</li> <li>▪ To monitor district level activities</li> </ul>	<p>Committee chaired by District Magistrate; Vice chairman proposed to be Chief medical officer/Joint Director of Health with District AIDS Control Officer/ District TB officer as member secretary.</p> <p>Members:</p> <ul style="list-style-type: none"> <li>▪ District Nodal officer of concerned vertical programs</li> <li>▪ Representative from Department of Social Welfare</li> <li>▪ Representative from Panchayat Raj Institution</li> <li>▪ Representative from Education department</li> <li>▪ Representation from non-state actors</li> <li>▪ Any member as suggested by Chairman</li> </ul> <p>Frequency of meeting: Twice a year</p> <p>Terms of Reference</p> <ul style="list-style-type: none"> <li>▪ To ensure the implementation of national programs related with SUDs and co- morbidities</li> <li>▪ To monitor and supervise the intra and intersectoral coordination and work</li> <li>▪ To review the activities as advised by State Steering Committee</li> <li>▪ To ensure capacity building of all stakeholders</li> <li>▪ To advocate for quality of treatment within the rehabilitation canter</li> <li>▪ To promote awareness generation activities</li> <li>▪ Any other activity as advised by Chairman</li> </ul>

The team proposed that repository of the national database of PWUDs/PWIDs should be maintained at all levels

- Complete database of user to be maintained in an existing national portal (eg. SOCH portal or any national portal with confidentiality)
- Data entry to be done at PHC level and any other level where the service is being delivered
- Suggested Data points include Demographic data (may use ABHA id);Details of substance used; Treatment/ Management provided; Follow up details; and Improvement in signs/symptoms observed

### **Group E: Community engagement: role of community and civil society and stakeholders**

**Moderator:** Dr Shobini Rajan, HoD, Prevention, NACO



#### **Group E Composition:**

1. Dr. Shobini Rajan
2. Dr David Bridger
3. Dr. Indranoshee Das
4. Dr. R K Lenin
5. Dr. Sangita Pandey
6. Mr. Pinaki Das Gupta
7. Mr. Hiramba Kumar  
Bhattacharya
8. Mr. Aditya Singh
9. Dr Sudhir Chawla
10. Mr. Rahul Ahuja
11. Mr. Sanjay Verma
12. Dr. Joyson
13. Mr. Somnath Naskar

**Outcome of the Group exercise:** The group E members deliberated on the expectations from the community, the essential package of services and the roles of stakeholders.

I. Expectations from the community for the policy:

- Person-centred continuum of care should align with health and non-health needs
- Client-friendly modalities e.g. flexible timings, enabling environment
- Legal Literacy
- Safe spaces
- Standards in quality of care for people with SUDs across MoHFW, NHM, NACO, MoSJE
- Age, gender, geography sensitive agonist policy

II. Expectations of Essential Package of Services

- Harm reduction package including NSEP, OST, condoms, HIV counselling and testing, management of TB, STI, OD, Abscess, Hep C
- Supplemented by services / interventions related to non –communicable diseases, mental health, SRH, RCH, Nutrition, De addiction, rehabilitation and reintegration
- Linking with non-health services/ interventions including legal aid and literacy, awareness in school health and education, management of crisis situations, addressing issues related to stigma, criminalization, incarceration, homelessness and food security.

III. Key stakeholders to be engaged

- Community groups, IDUF, NA, AA, local networks, NACP PEs, IRCA volunteers,
- General community and governance (service providers across health and non-health services)
- Law enforcement entities such as National legal services Authority, Department of Justice (NALSA), legal aid and literacy
- NHM, MoSJE, NCB, ministry of Women and Child development, Ministry of Education
- Faith based organizations and SHGs

IV. The group presented that continuum of care should include demand generation, outreach and primary prevention, quality counselling and navigation, screening for SUDs, referral and linkage and after care services. The group presented that SUDs requires a collaborative execution of Advocacy by various stakeholders (NHM, NACP and MSJE, WCD & Panchayati Raj, SHG, NTCP, Private sector- CBO and

NGO based Clinics), Capacity building on regular basis of training modules and SOPs and mandatory registration of private rehabilitation and de-addiction canthers under MoSJE and MoHFW.

- V. Gaps in content and resources need to be addressed as priority activity in policy:
- Endorsing SUDs as Health condition and not only as a law enforcement issue
  - Leveraging HIV, NON-HIV and non-health resources
  - Comprehensive and updated training curriculum for all cadres of counsellors
  - Uniform content endorsed by MoH FW for general community sensitization on types of substances, harms, treatment and management
  - Capacity and skill building of SUD community collectives
  - MoHFW endorsed legal literacy package on SUDs for all key stakeholders

## VALEDICTORY SESSION



The valedictory session was chaired by Ms Hekali Zhimomi, Additional Secretary and Director General, NACO, and Shri. Siddarth Singh, Commissioner and Secretary, Medical Education and Research Department, Govt. of Assam.

In her concluding remarks, Additional Secretary and Director General, NACO, Ms. Hekali Zhimomi, shared that the goal of the policy should be to empower a life with dignity by placing the person with substance use disorders at the heart of care and that the consultation has shown the need for provisioning of consultative and patient led basket of choices, and engagement of the support system for after care services. She stated that

the future course of action will involve formation of technical groups to work on the draft policy, engagement with other key stakeholders and further meetings and discussions at various levels. She also stressed for an evaluation of the Drug De-Addiction Program under the MoHFW in its current context and form, with the objective and vision to adequately capacitate the program to take lead in steering the national response in addressing the health related issues pertaining to SUDs. Finally, as a way forward she guided for the formation of a smaller core group to develop the first draft national policy and implementation framework document on integrated and comprehensive health interventions for substance use disorders within a timeline of three months.

Commissioner and Secretary, Medical Education and Research Department, Govt. of Assam Shri. Siddarth Singh congratulated all the participants for the successful completion of the national consultation. He shared his commitment to provide support for the next course of action that would be taken up in future. He also highlighted the need to use simple language in policy drafting rather than complex technical terminologies. Further, he remarked that India is at the forefront in terms of data collection and using data portals for various health and non health programmes. He advised that the need of the hour is less creation of more data portals but to conduct more data analysis and better utilization of the existing data bases that are already available within the different health programmes.

The national consultation ended with vote of thanks by Dr. Indranoshee Das, Project Director, Assam State AIDS Control Society.

## Annexure-I AGENDA

TIME	SESSION	FACILITATOR
DAY-I (05/09/2024)		
SESSION I: INAUGURAL SESSION		
09.00-09.30	Registration	Assam State AIDS Control Society
09.30-10:30	Welcome and Context setting	Dr. Indranoshee Das, Project Director, Assam State AIDS Control Society
	Address	Shri.Sudhanshu Kumar Singh, Zonal Director, Narcotics Control Bureau, MHA, Gol
	Address	Dr. Lakshmanan S, MD, National Health Mission, Govt. of Assam
	Address	Ms. Amrita Soni, Project Director, Uttar Pradesh State AIDS Control Society
	Address	Shri. Siddharth Singh, Commissioner & Secretary, Medical Education & Research Departments
	Key note address	Ms. V. Hekali Zhimomi, Additional Secretary and Director General, National AIDS Control Organization, MoHFW, Gol
	Vote of Thanks	Dr L Swasticharan, Addl. DDG NCD and Director, EMR, DGHS, Gol
SESSION II: MAGNITUDE OF SUBSTANCE USE DISORDER CHAIR: Ms. V. Hekali Zhimomi, Additional Secretary and Director General, National AIDS Control Organization, MoHFW, Gol Moderator: Dr L Swasticharan, Addl. DDG NCD and Director, EMR, DGHS, Gol		
10:30-10.45	Presentation: World Drug Report 2024: The recent trends and its implications	Mr. Marco Teixeira, Regional Representative, UNODC
10.45-11.00	Presentation: National Survey on Extent and Pattern of Substance Use Disorder in India- 2019	Prof. Anju Dhawan, Professor and Chief, NDDTC, AIIMS, New Delhi
11.00-11.45	Discussions /Followed by Group Photo and Tea Break	
SESSION III: POLICIES AND PROGRAMMES IN INDIA CHAIR: Dr. Lakshmanan S, MD, National Health Mission, Govt. of Assam Moderator: Dr. Pratima Murthy, Director & Senior Professor of Psychiatry, NIMHANS		
11:45-12.05	Presentation: Responses to the rising trend of illicit drugs and drug trafficking in India	Shri.Sudhanshu Kumar Singh, Zonal Director, Narcotics Control Bureau, MHA, Gol
12:05-13:30	Moderated Panel Discussion on various health interventions for people with Substance Use Disorder	Dr Urvashi Singh, DDG, CTD, MoHFW Gol
		Dr L. Swasticharan, Addl DDG NCD and Director EMR DGHS, Gol
		Dr Shobini Rajan, Chief Medical officer (SAG), NACP, MoHFW Gol

TIME	SESSION	FACILITATOR
	National TB Elimination programme National Tobacco Control Programme National AIDS Control Programme Drug De-addiction programme National Mental Health programme	Prof. Anju Dhawan, Professor and Chief, NDDTC, AIIMS, New Delhi  Dr. Bhavuk Garg, Associate Professor, Dept. of Psychiatry, LHMC & Dte.GHS
13:30- 14:30	LUNCH	
<p align="center"><b>SESSION IV: GLOBAL AND INDIAN MODELS FOR HEALTH INTERVENTIONS FOR PEOPLE WHO USE DRUGS: APPROACHES &amp; EXPERIENCES</b></p> <p align="center">CHAIR: Dr. David Bridger Country Director, UNAIDS Moderator: Dr. Shikha Vardhan, Assistant Director General, NP-NCD</p>		
14:30-14:50	Presentation: Health dimensions of substance use in global context	Dr. Reshu Agarwal, Technical lead Hepatitis/HIV/STI, WHO
14:50-15:10	Presentation: Global models / experiences on Harm Reduction & Prevention of diseases in the context of People who Use Drugs	Dr. Treena Mukherjee, Prevention Advisor Division of Prevention, Care and Treatment, Office of HIV/AIDS, USAID PEPFAR
15:10-15:30	Presentation: Global models/ experiences on Medically Assisted Treatment of Substance Use Disorders	Dr. Molly Evans, Senior Advisor for HIV prevention and Treatment Centers for Disease Control and Prevention, Philippines, CDC/India
15.30-16 30	Moderated Panel discussion on Interventions by State Government, Institutes and Civil society organizations in treatment and psycho-social counselling for substance use disorders	
	1. Punjab	Dr.Harpal Singh, Nodal Officer, Mental Health, Directorate of Health Services, Govt. of Punjab
	2. Mizoram	Ms. Betty, Joint Director, Prevention, Mizoram State AIDS Control Society
	3. NIMHANS, Bangalore	Dr. Prabhat Kumar Chand, Professor, Dept of Psychiatry, NIMHANS, Bangalore
	4. RIMS Imphal	Dr. R.K. Lenin, Professor, Dept. of Psychiatry, RIMS, Manipur
	5. Civil Society Organizations	Dr. Rajesh Kumar, Executive Director, SPYM
	6. Civil Society Organizations	Mr. Diganta Mike Baruah, Manager KRIPA Foundation
16:30-16:45	TEA BREAK	

TIME	SESSION	FACILITATOR
<b>SESSION V: PANEL DISCUSSION ON PATIENT CENTRIC SPECTRUM OF SERVICES FOR SUBSTANCE USE DISORDERS</b> CHAIR: Dr. Bhavuk Garg, Associate Professor, Dept. of Psychiatry, LHMC & Dte.GHS MODERATOR: Dr Shobini Rajan, Chief Medical officer (SAG), NACP, MoHFW, GoI		
16:45-17:45	Moderated Panel Discussion on holistic and patient centric approach to address the continuum of care and harm reduction covering full spectrum of health services needed for People who Use Drugs/ People who Inject Drugs	Dr Pratima Murthy NIMHANS/ Dr Anju Dhawan, NDDTC
		Representatives from different programmes from States
		Dr David Bridger, UNAIDS India
		Dr Marco Teixeira, UNODC India
		Dr Reshu Agarwal, WHO India
		Representative of PWUD/PWID
DAY-II (06/09/2024)		
09:00-09:30	Recap of Day 1 covering Gaps and opportunities across different health interventions and strengthening referral and linkages	Dr. Saiprasad P Bhavsar, Deputy Director, Prevention, BSD & STI, NACO Dr. Avinash Suntala, Deputy Assistant Director General, NTCP Dr. Shikha Vardhan, Assistant Director General, NP-NCD
<b>SESSION VI: GROUP WORK FOR COLLATING INPUTS FOR POLICY</b>		
09.30-09.45	Orientation on Group work	Dr. Shantanu Purohit, National Consultant, Prevention, National AIDS Control Program
09:45-13:00	Group Work: Develop a national policy and implementation framework document on integrated and comprehensive health interventions for substance use disorders	<ul style="list-style-type: none"> <li>▪ <u>Breakout session A</u>: Policy Preamble, Vision, Goals, Objectives               <ul style="list-style-type: none"> <li>▪ <i>Moderator</i>: Dr. Bhavuk Garg, Associate Professor, Dept. of Psychiatry, LHMC &amp; Dte.GHS</li> </ul> </li> <li>▪ <u>Breakout session B</u>: Approaches and comprehensive implementation strategies for primary, secondary and tertiary level health interventions for substance use disorders  <i>Moderator</i>: Prof. Anju Dhawan, Professor and Chief, NDDTC, AIIMS, New Delhi</li> <li>▪ <u>Breakout Session C</u>: Patient-Centric Continuum of Care including Harm Reduction <i>Moderators</i>: Dr.Arun Kandasamy, Professor &amp; Head, Centre for Addiction Medicine, NIMHANS</li> <li>▪ <u>Breakout session D</u>: Mechanisms for steering monitoring and supervision within the</li> </ul>

TIME	SESSION	FACILITATOR
		Department of Health (Coordination and resource management) <i>Moderators: Dr. L. Swasticharan. Addl DDG &amp; Director, EMR, DGHS</i>
		<ul style="list-style-type: none"> <li>▪ <u>Breakout session E</u>: Community engagement: role of community and civil society and stakeholders  <i>Moderators: Dr Shobini Rajan, HoD, Prevention, NACO</i></li> </ul>
13:00-14:00	LUNCH	
SESSION VII: VALEDICTORY		
	Facilitators: Dr L Swasticharan, <i>Addl DDG &amp; Director, EMR, DGHS &amp; Dr Shobini Rajan CMO (SAG), Prevention, Basic Services &amp; STI, NACO</i>	
	Presentations from all five Group Work followed by discussion	20 mins for presentation and discussion for each group
	Remarks	Community Representative
	Remarks	Dr. Reshu Agarwal, Technical lead, Hepatitis/HIV/STI, WHO India Country Office
	Remarks	Dr. Lakshmanan S, MD, National Health Mission, Govt. of Assam
	Remarks	Shri. Siddharth Singh, Commissioner & Secretary, Medical Education & Research Departments, Govt. of Assam
	Guiding remarks	Ms. V Hekali Zhimomi Additional Secretary & Director General, NACO Ministry of Health and Family Welfare Govt. of India
	Vote of Thanks	Dr. Indranoshee Das, Project Director, Assam SACS