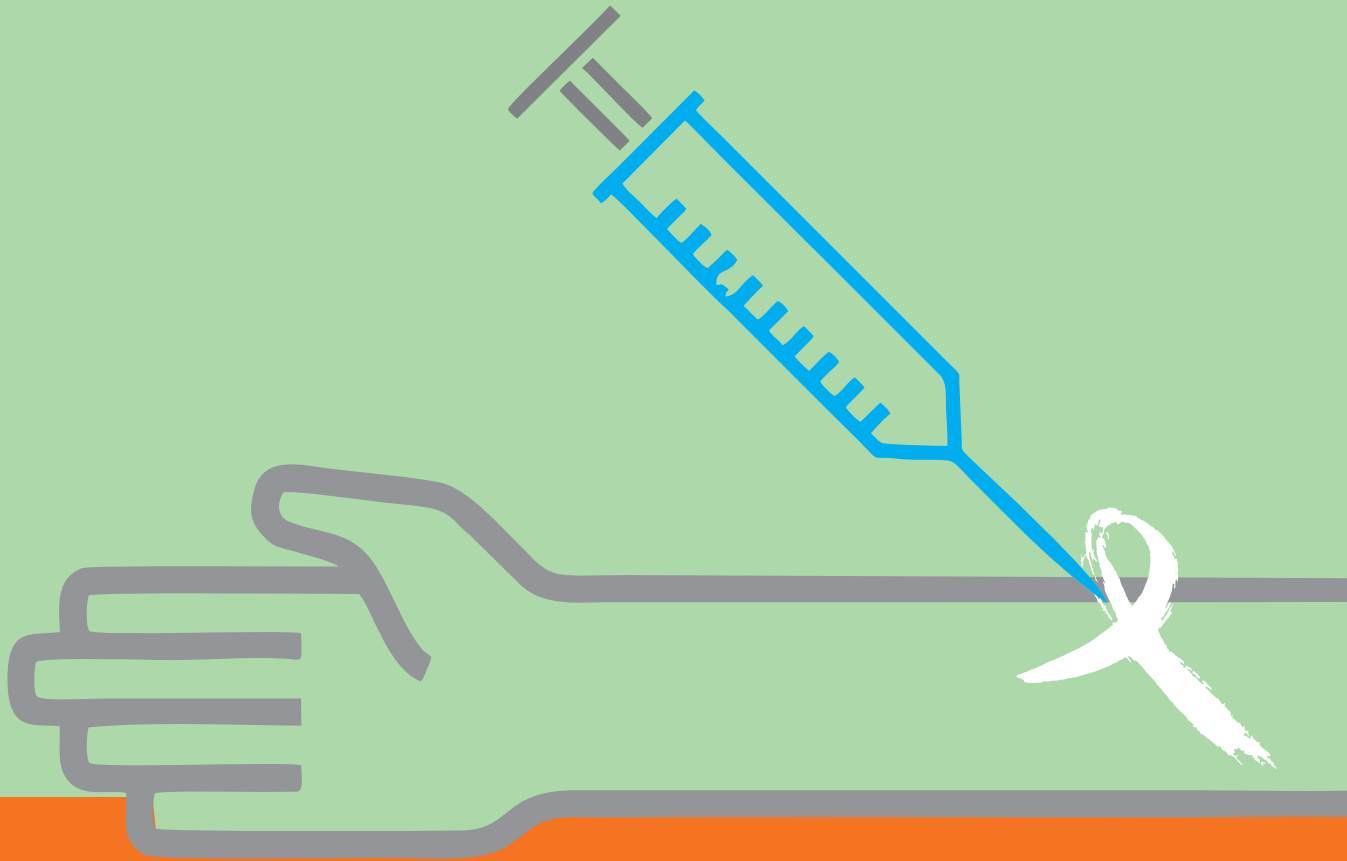




Centers for Disease Control and Prevention



National Harm Reduction Workshop

4 December, 2017



संजीव कुमार, भा.प्र.से.
अपर सचिव एवं महानिदेशक, नाको
SANJEEVA KUMAR, IAS
Additional Secretary & Director General, NACO



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
राष्ट्रीय एड्स नियंत्रण संगठन
Government of India
Ministry of Health & Family Welfare
National AIDS Control Organisation

Foreword

National AIDS Control Organization (NACO) through its National AIDS Control Programme (NACP) aims at halting and reversing HIV epidemic in India. Considering the concentrated nature of the HIV epidemic in the country, NACO has targeted its preventive efforts towards the high risk group identified to be at high risk of acquiring HIV infection.

Injecting Drug Users (IDUs) are on one of the High Risk Group population considered to be the drivers of concentrated HIV epidemic in India. As per the HIV Sentinel Surveillance (HSS) 2016-2017 estimates, HIV prevalence among IDU remains the highest amongst the High Risks Groups at is 6.3% in comparison to 1.56% among Female Sex Workers (FSW) and 2.69% among Men having Sex with Men (MSM). As the HIV epidemic continues to be concentrated, prevention through targeted interventions among IDU is core component of controlling HIV epidemic in India. With an estimated population of 1.77lakhs, IDU are third largest HRG in India, after FSW (8.68lakhs) and MSM (3.13 lakhs), covered under National AIDS control Programme.

India has adopted the Harm Reduction Strategy to combat HIV/AIDS transmission among the IDUs (National AIDS Prevention and Control Policy, 2002). The services are being implemented by the NGOs known as IDU targeted intervention (IDU- TI) through the State AIDS Control Societies. It is a peer led intervention program and the services under the policy include Needles Syringe Exchange programme, Condom distribution, abscess prevention & management, HIV testing, STI testing and treatment, Opioid Substitution Therapy (OST), linkage services (ART, TB treatment, Detoxification, medical and surgical consultation), Behavioural Change Communication (BCC) and waste disposal. Under the National AIDS Control Programme, Opioid Substitution Therapy (OST) was initiated for the first time in NACP III as was planned in the strategy-cum-implementation document for NACP III.

The Harm Reduction programme implemented as part of the National AIDS Control Programme (NACP) has shown major achievements in terms of scaling up services over the last decade. However, more efforts are required to strengthen harm reduction services. IDU prevalence remains the highest in India among key populations/high risk groups. Program experiences have revealed that there are concerns of programme quality including human resource, capacity, policy and infrastructure issues. Global experience and field level learnings from the past decade can contribute to enhancing the quality of the harm reduction leading to improved coverage and improved quality. With a high HIV prevalence among IDU, the harm reduction programme needs to be re-invigorated through innovative approaches and systematic engagement of service providers and community members. This national workshop aimed to build consensus among key stakeholders on key technical areas in Harm Reduction for the future course of action.


(Sanjeeva Kumar)

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

Message

At the outset, I would like to thank NACO for organising the National Workshop on Harm Reduction. This is an important initiative to bring together experts, programme managers, programme implementers and the community to deliberate on the lessons and challenges and make appropriate recommendations to scale up and improve the quality of harm reduction services. NACO is making bold departures of doing things differently, adopting innovations to rapidly scale up the harm reduction services. Secondary distribution of needles and syringes is being piloted and scaled up in North East. Very recently, satellite OST centers have been rolled out in Manipur and Nagaland. These initiatives are taking services to the door steps of injecting drug use community and will help improve coverage. During this workshop, critical areas on opioid substitution therapy such as improving access, adequate dosing, flexible dosing strategies including duration of OST and counseling quality were discussed and recommendations were drawn. Clearly, these will bolster the efforts of the harm reduction programme in the country and will help achieve epidemic control among IDU population.

I would like to congratulate NACO for successfully conducting this workshop and look forward to the implementation of the recommendations.

Dr. Timothy Hotlz
Country Director, CDC India

Message

Let me congratulate India for hosting a workshop on Harm Reduction for Injecting Drug Users which is indeed an important topic of high priority. Indeed, Harm Reduction is the best public health intervention around the world which has shown success in reducing incidence of HIV and other diseases among people who inject drugs.

DG-NACO and I have had first-hand experience during our trainings in the Netherlands regarding the methadone programmes, those days these programmes were called too liberal, but finally they were found the most result oriented interventions for the people who inject drugs.

Ladies and gentlemen, let us remember that the noble aim of this workshop is to enhance the implementation of HIV and Harm Reduction interventions in the country. As we already know in the Asia Pacific region, it is estimated that 1 person who injects drugs (PWIDs) gets infected with HIV every 4 minutes. According to UNAIDS, new HIV infections among PWIDs rose by 33% 2011 to 2015. Data shows that of the estimated 4.1 million PWIDs, 13% are currently living with HIV whereas on average only 30% PWIDs have accessed HIV testing services.

I wish you a very successful workshop and look forward to strategies and recommendation which will be beneficial for people who inject drugs.

Thank you.

Dr. Bilali Camara
Medical Epidemiologist
UNAIDS Country Director for India



Senior officers in inaugural function attending Harm Reduction Workshop

Background

The Harm Reduction programme implemented as part of the National AIDS Control Programme (NACP) has shown major achievements in terms of scaling up services over the last decade. However, more efforts are required to strengthen harm reduction services. IDU prevalence remains the highest in India among key populations/high risk groups. Programme experiences have revealed that there are concerns of programme quality including human resource, capacity, policy and infrastructure issues. Global experience and field level learnings from the past decade can contribute to enhancing the quality of the harm reduction leading to improved coverage and improved quality. With a high HIV prevalence among IDU, the harm reduction programme needs to be re-invigorated through innovative approaches and systematic engagement of service providers and community members. This national workshop aimed to build consensus among key stakeholders on key technical areas in Harm Reduction for the future course of action. The workshop was held on 4 December 2017 in New Delhi, jointly organised by NACO, CDC and FHI360.

The participants of the workshop included representatives from community members, service providers, subject experts, Project Directors and representatives from State AIDS Control Societies of high IDU burden States and Technical Support Units, bilateral partners, civil societies, implementing partners and senior officials and officers of NACO attended the meeting. Altogether, the workshop was attended by 75 participants.

Objectives of the Workshop

1. To provide a platform for sharing of global, national, regional and local work on harm reduction
2. To disseminate the successes and challenges in harm reduction programmes in India
3. To develop short term (2018-2020) and long term (2020 onwards) recommendations for scaling up harm reduction services, innovations, capacity building, demand generation and community engagement
4. Launching of NACO Practice Guidelines on Methadone (2017)

III. Chairpersons and Participants

The sessions were chaired by –

1. Shri Sanjeeva Kumar, Additional Secretary & Director General (AS & DG), NACO
2. Dr. S.Venkatesh, Deputy Director General, NACO
3. Dr. Doug Bruce, Professor, Yale University
4. Ms. Sasha Mital, Prevention Specialist, CDC Atlanta
5. Dr. Bitra George, Country Director, FHI360 India
6. Dr. Bilali Camara, Country Director, UNAIDS India
7. Dr. Atul Ambekar, Professor, AIIMS Delhi
8. Dr. Suresh Mohammed, World Bank, India
9. Dr. Manpreet Chhatwal, Additional Project Director, Punjab SACS

IV. Key points from respective sessions/presentations

Current scenario: Global Harm Reduction Programmes and OST/MAT

Presenter: Dr. (Prof) Doug Bruce, International Harm Reduction Expert (Yale University)

1. HIV epidemics have been documented to decline with the introduction and scale up of harm reduction and OST services e.g., Taiwan
2. The unavailability of harm reduction services at crucial periods can lead to generalised HIV epidemics e.g. Ukraine
3. A “low threshold and high volume” approach will effectively enroll more OST clients and hence reduce injecting behavior and related risks
4. India may explore options such as take home dosing, alternate day dosing and flexible timings in order to enroll more clients
5. Scientific research shows that adequate dosing of Buprenorphine and Methadone will lead to higher retention to OST programmes
6. Making Buprenorphine more readily available and accessible through the programme will reduce issues of diversion (of medication)
7. Overdoses linked to Buprenorphine are usually due to the abuse of other substances for e.g. Alprazolam
8. The programme should explore the options to make Needles/Syringes accessible to OST clients

Community perspective by OST client

Presenter: Mr. Chaman, OST client from Delhi

1. The client shared his long history of injecting drugs and criminal behaviour
2. After hitting a “personal rock bottom” and being counseled effectively he registered in the OST programme
3. Within a few months of being on OST, his mental and physical health improved and he was motivated to earn an “honest livelihood”
4. As of today, he runs his own business and lives happily with his wife and children.

Based on his positive experience on OST, he now motivates other drug users to stop injecting and plan for treatment and “getting their life back

Epidemiological findings specific to IDU

Presenter: Dr. Pradeep Kumar, Consultant (Surveillance), NACO

1. Provision findings from HSS 2017 indicate that the prevalence of IDU has reduced from 9.9% (2015) to 6.26% (2017)
2. The HIV prevalence among IDU (6.26%) is still the highest compared to other key populations – 2.69% (MSM), FSW (1.56%), and Transgender (3.14%).
3. The HIV epidemic in northeastern States have shown a stable trend with documented new incidence of HIV.
4. As per IBBS, 65% of IDU have “ever tested” for HIV

5. For IDU, stigma at health facilities is still a concern and a barrier to access services

An early warning system for addressing IDU outbreaks needs to be established by NACO/SACS/TSU.

Status of Harm Reduction Programme in India

Presenter: Ms. H. Manngai Kim, Associate Consultant, NACO

1. The coverage of IDU TI has reduced while comparing 2016 with 2017
2. The estimate IDU population is 1,77,000
3. Needle/Syringe distribution as per demand is close to 90%
4. As per NACO data (2017), 784 IDU have been detected HIV positive out of 84000 tests conducted (approximately 1% positivity)
5. There are 215 OST centers with close to 47000 clients ever registered. The retention rate is 70%, nationally. Active clients are 24,000.
6. The average Buprenorphine dosing on an average is 6 mg in the country which is a concern (8-12 mg is recommended dosing).
7. OST demand generation and tracking lost to follow ups needs a more focused approach.

Role of community in Strengthening Harm Reduction Programme

Presenter: Mr. Abou Mere, Community representative, Nagaland

1. Community involvement is included in programme design but a stronger effort is required to ensure that it translates into action
2. Programme should aim to empower communities

Experience Sharing in Harm Reduction Programme Implementation in Manipur & Nagaland

Presenter: Mr. Khychamo Ezung, Technical Specialist, NETSU

1. Manipur and Nagaland are behind on their targets for OST
2. This can be attributed in some cases to difficult terrain and the inability of clients to visit OST centers every day

With necessary approval of NACO, it will be beneficial to have a systematic and strongly monitored roll out of take home dosing.

Uttar Pradesh experience

Presenter: Mr. Lalit Kharayat, Team Leader, UPTSU

1. UP is piloting OST in prisons (Jalon Jail)
2. There is an interest to scale up innovations such as secondary distribution of needles and syringes and satellite OST centers
3. In certain areas, transportation is being provided to OST clients to come to the centers on a daily basis

Optimum utilisation of resources for better coverage and yield in Harm Reduction intervention in Punjab

Presenter: Dr. Meenu Singh, Deputy Director, TI, Punjab SACS

1. Punjab has demonstrated a resource mobilisation scheme within OST centers; clients pay Rs.10 per month which goes into to “resource pool” for the benefit of the center and strengthening facilities
2. With the “resource pool” the centres have managed to install CCTV for security, employ guards and provide drinking water for clients and service providers
3. Ownership of clients is strong and has led to improved retention rates
4. For IDU TI, needles and syringes are centrally procured
5. Co-location of TI within government OST facilities has been implemented in Punjab

Operational aspects of correct dosing in OST Programme

Presenter: Dr. Ranbir Singh Rana, Govt. OST center, Punjab

1. OST dosing should be categorised in terms of induction, maintenance/stabilisation and special conditions/co-morbidities
2. B Adequate dosing helps in addressing withdrawals and reducing cravings
3. “Optimal dosing” will result in the desired effect with least likelihood of undesirable symptoms. This also means that high Buprenorphine doses may suppress further use of psychotropic substances

Successes and limitations of OST in NGO/community settings

Presenter: Dr. Chawnga, Project Director, SHALOM, Mizoram

1. The presentation highlighted the need for a stronger demand generation with IDU
2. Buprenorphine is often seen as an “un-preferred” medication due to myths and misconceptions within the community
3. Adequate efforts are needed in Mizoram to address poly-drug use so that OST enrolment and retention can be strengthened.

Harm Reduction implementation in Public Health Setting

Presenter: Ms. Kiran, Team Leader, TSU, West Bengal

1. West Bengal SACS has taken initiative of providing Harm Reduction Package of services such as Needle Syringe, OST, etc.,
2. This is being done in National Medical College and Hospital in Park circus, Kolkata and there is a plan to implement the same in Kalimpong and Kurseong,

Demand Generation and follow up of “lost to follow up” cases

Presenter: Mr. Aditya Singh, Team Leader, Project Sunrise, FHI 360

1. In the north east, innovations such as OST support groups, talks by OST role models and accompanied visits for new clients gave good results between April – September 2017 (1200 new clients). These models should be replicated.

2. SACS and TSU should implement NACO quality assurance protocols for Harm Reduction.
3. NACO may explore developing module on motivational interviewing, counselling techniques as well as standardised IEC for local adaptation.
4. It is recommended that NACO develop LFU tracking SoP, early warning systems and tools for assessment of drop out reasons

For addressing loss to follow up there should be systematic coordination between TI and OST centers for time-bound problem solving before clients are out of touch for 7 days or more

Quality Assurance Protocol (QAP) for Harm Reduction Programme: Enhancing quality service delivery among HRG

Presenter: Mr. Manish Kumar, Team Leader, TSU, Punjab

1. The detailed processes outlined in NACO QAP was shared, a quarterly report for the same to be done by the concern PO, TSU and the same to be shared with TI Division, NACO.

Following the steps and indicators by TSUs and SACS can lead to an improvement in programme quality.

V. Highlights of points emerging during discussion:

Opioid Substitution Therapy (OST)

Discussion points:

1. Retention rate in OST needs to improve in specific States like Ahmedabad, Assam, Jharkhand, Nagaland, Mizoram, Uttarakhand, Uttar Pradesh, and Madhya Pradesh.
2. New initiatives/innovations may be piloted for better coverage and increase in uptake of services in Harm Reduction Programme.
3. Psychosocial counselling for OST clients is an area that requires focus. Drop-out rates can be addressed by capacity building and quality assurance in this area.
4. Capacity building of service providers such as ART, STI, etc., on OST and vice versa, can lead to strengthening of the overall services.
5. States are encouraged to try innovative models for OST service provision if the budget permits. For eg. In UP, vans are provided to OST clients as pick and drop facility.
6. Punjab Health Department has initiated Out Patient Opioid Assisted Centers (OOAT) in health settings wherein all opioid dependence patient can receive buprenorphine and naloxone combination medicine in the OPD

Co-location of ART and OST center in a TI has also been initiated in selected sites for eg. Mizoram

Differential Approach

Discussion points:

1. Prioritised districts with high HIV positivity should have differential approach based on recently developed risk and vulnerability tool.
2. A differential approach will facilitate development of customised strategies and optimal use of resources based on prioritisation of IDU and OST clients

Key recommendations during the workshop are:

1. NACO in collaboration to develop LFU tracking SoP, early warning systems and tools for assessment of drop out reasons.
2. For addressing loss to follow up there is a need for systematic coordination between TI and OST centers for time-bound problem solving before clients are out of touch for 3 days or more.
3. SACS and TSU to implement NACO quality assurance protocols for Harm Reduction on a quarterly basis and report for the same to be sent to TI Division, NACO.
4. IEC and IPC material to be developed by FHI-360 in collaboration with TI & IEC, Division NACO.
5. Regarding Low Threshold strategy on OST such as take home dosing and task shifting, the proposed activities may be on hold until further notice from the programme division, NACO until the TRG meeting is held and the same is agreed upon by the TRG members.
6. Innovations or pilot initiatives for programme enhancement which has been piloted by the States to be shared with TI Division, NACO with lessons learnt and how budget allocated has been utilised to the optimum.

Valedictory:

The Clinical Practice Guidelines on Methadone was launched by Shri. Sanjeeva Kumar, AS & DG, NACO.

The meeting concluded with a remarks from AS & DG, he emphasised on the need for a multi-faceted strategy that involved working closely with the community in order to achieve the overall target by 2030.

Dr S. Venkatesh, on behalf of NACO and the organisers, thanked the participants and partners for their support. He made a commitment to consolidate the recommendations and see how the deliberations and proposed actions could be taken forward.

Annexure-I

National Workshop on Harm Reduction for Injecting Drug Users in India Mantra Hall, Park Hotel

4 December, 2017 Programme

Time	Session	Facilitation
8:00-9:00 am	Registration	FHI360
Chairs: Dr. S. Venkatesh, NACO, Dr. Bilali Camara, Country Director, UNAIDS, Dr. Samiran Panda, NARI & Dr. Bitra George, FHI 360		
9:00-9:05 am	Welcome	Dr. S. Venkatesh, Deputy Director General, NACO
9:05-9:35 am	Epidemiological findings with specific to IDU	Dr. Pradeep Kumar, NACO
09:35-10:00 am	Status of Harm Reduction Programme in India	Ms. Kim Hauzel, NACO
10:00-10:30 am	Discussions: Questions and answers	
10:30-11:00 am	Tea	
Chairs: Dr. Bilali Camara, Country Director, UNAIDS, Dr. Suresh Mohammed, World Bank, India & Dr. Bitra George, FHI 360		
11:00-11:30 am	Current scenario: Global harm reduction programmes and OST/MAT	Dr. Doug Bruce, International Harm Reduction Expert, USA
11:30-11:40 am	Community perspective	Mr. Chaman
11:40-11:55 am	Role of community in Strengthening Harm Reduction Programme	Mr. Abou Mere, Community representative
11:55-12:15 pm	Experience Sharing in Harm Reduction Programme Implementation in Manipur & Nagaland	Mr. Khychamo Ezung Technical Specialist, North East, TSU
12:15-1:00 pm	Discussions: Questions and answers	
1:00-2:00 pm	Lunch	
Chairs: Dr. Manpreet Chhatwal, APD, Punjab SACS, Prof. Atul Ambekar, AIIMS & Dr. Sasha Mital, CDC, Atlanta		
2:00-2:20 pm	Uttar Pradesh experience	Mr. Lalit Kharayat Team Leader, TI-TSU, UP, SACS
2:20-2:40 pm	Harm Reduction Implementation in Public Health Setting	Ms. Kiran, Team Leader-TSU, West Bengal SACS
2:40-3:00 pm	Optimum utilisation of resources for better coverage and yield in Harm Reduction intervention in Punjab	Dr. Meenu Singh Deputy Director-TI, Punjab SACS

3:00-3:20 pm	Operational aspects of correct dosing in OST programme	Dr. Rana, Nodal Officer Tarn Taran OST center, Punjab
3:20-3:40 pm	Demand Generation and follow up of LFU	Mr. Aditya Singh Programme Specialist, FHI 360
3:40-4:00 pm	Successes and limitations of OST in NGO/ community settings	Dr. Chungwa, SHALOM, Mizoram
4:00- 4:20 pm	Quality Assurance Protocol for Harm Reduction Programme: Enhancing quality service delivery among HRG	Mr. Manish Kumar Team leader, TSU, Punjab, SACS
4:20-5:00 pm	Discussions: Questions and answers	
Valedictory		
05:00-5:20 pm	Summary of the proceedings	Ms. Sophia Khumukcham NACO
05:20-05:50	Release of Methadone Maintenance Therapy Practice Guideline	Shri. Sanjeeva Kumar AS & DG, NACO
	Address	
05:50- 6:00	Vote of Thanks	Dr. S. Venkatesh, Deputy Director General, NACO



Group Photograph

Annexure-II

Participants List

1. Dr. Chawnga, SHALOM (Mizoram)
2. Manoj Gill, Technical Support Unit (Uttarakhand)
3. Temjen Jamir, NETSU/FHI360 (Nagaland)
4. Gary Reid, SPYM (Delhi)
5. Dr. Radheshyam, OST Centre (Manipur)
6. Lalit Singh, Technical Support Unit (Uttar Pradesh)
7. Anita Guliyani, NACO (Delhi)
8. Surjit Kaur, NACO (Delhi)
9. Lalita Pant, NACO (Delhi)
10. B. Sathyan, TANSACS (Tamil Nadu)
11. Shane Diekman, CDC-Headquarters (USA)
12. Rezzaque Hussain, NETSU (Assam/Arunachal Pradesh/Meghalaya)
13. Manash Gogoi, NETSU/FHI360 (Assam & Arunachal Pradesh)
14. Robert Lalrempuia, NETSU/FHI360 (Mizoram)
15. Lalmalsawma Pachuau, NETSU/FHI360 (Meghalaya)
16. Barry Kharmalki, Community Representative (Meghalaya)
17. Ashique Ahmed, NETSU/FHI360 (Tripura and Sikkim)
18. Dr. VKezo, OST Centre (Nagaland)

19. Alan Lalmuanpuia, NETSU (Mizoram, Tripura and Sikkim)
20. Dr. J. K. Mishra, Delhi SACS (Delhi)
21. Deepak Ksh, NETSU (Manipur)
22. K. Nisha, LFAT (Delhi)
23. Nafees, Community Representative (Delhi)
24. Samresh Kumar, Technical Support Unit (Delhi)
25. K. Shivakumar, Technical Support Unit (Chennai)
26. Yanchen Yanthung, NETSU (Nagaland)
27. Abou Mere, Community Representative (Nagaland)
28. Sophia Khumukcham, NACO (Delhi)
29. Manish Kumar, Technical Support Unit (Punjab)
30. Dr. Samiran Panda, NICED-ICMR (West Bengal)
31. Dr. D. N. Goswami, West Bengal SACS (West Bengal)
32. Kiran Misra, Technical Support Unit (West Bengal)
33. Dr. Christina, OST Centre (Mizoram)
34. Dr. Meenu, Punjab SACS (Punjab)
35. Dr. Niti, OST Centre (Uttar Pradesh)
36. Ranjeet, Delhi SACS (Delhi)
37. Sanjib Chakraborty, NETSU (Assam)
38. Betty Lalthantluangi, Mizoram SACS (Mizoram)
39. Lalnunhlimi, Community Representative (Mizoram)

40. Dr. Bernice, Nagaland SACS (Nagaland)
41. T. Kailash Ditya, NETSU/FHI360 (Assam)
42. A. K. Shrikrishnan, YRG-Care (Chennai)
43. Sasha Mital, CDC-Headquarters (USA)
44. Abhijit De, NETSU/FHI360 (Guwahati)
45. Dr. Parveen Kumar, Delhi SACS (Delhi)
46. Dr. Sampath Kumar, CDC-India (Delhi)
47. Aditya Singh, Project Sunrise/FHI360 (Delhi)
48. Dr. Robert Douglas Bruce, Yale University (USA)
49. K. P. Ezung, NETSU (Assam)
50. Dr. Sachdeva, NACO (Delhi)
51. Suresh K. Mohammed, World Bank (Delhi)
52. Dr. Venkatesh, NACO (Delhi)
53. Dr. N. Goel, NACO (Delhi)
54. Arjun Chhetri, FHI360 (Delhi)
55. Dr. Vivek, Tihar Jail (Delhi)
56. Simon Beddoe, India HIV/AIDS Alliance (Delhi)
57. Dr. Mohan, Kerala SACS (Kerala)
58. Sutirtha Dutta, India HIV/AIDS Alliance (Delhi)
59. Dr. Manpreet Chhatwal, Punjab SACS (Punjab)
60. K. Jimreeves, FHI360 (Delhi)

61. Vinod, EHA (Delhi)
62. Abraham Lincoln, NACO (Delhi)
63. Shajan Mathew, FHI360 (Delhi/Bangalore)
64. Dr. Bhawani, NACO (Delhi)
65. Abhiram Mongjam, Manipur SACS (Manipur)
66. Nandini Dhingra, UNAIDS (Delhi)
67. Deepak, NACO (Delhi)
68. Jyotee Mehra, UNODC (Delhi)
69. Dr. Bitra George, FHI360 (Delhi)
70. Dr. Bilali Camara, UNAIDS (Delhi)
71. Dr. Atul Ambekar, AIIMS (Delhi)
72. Prabuddhagopal Goswami, FHI360 (Delhi)

“

A collaborative approach between implementers, community and policy makers is required to make harm reduction a successful programme.

”

— Sanjeeva Kumar IAS, Additional Secretary NACO

The national harm reduction workshop was conducted to provide a platform for sharing of global, national, regional and local work on harm reduction and to disseminate the successes and challenges in harm reduction programmes in India. In addition, short term (2018-2020) and long term (2020 onwards) recommendations for scaling up harm reduction services, innovations, capacity building, demand generation and community engagement were discussed.