

Asoka Panel  
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Eldred Tellis

Eldred Tellis has been working closely with the drug abuse problem for over a decade. His experiences have helped him develop targeted and sustained interventions for the drug user community on the streets of Mumbai. His programs help staunch the spread of AIDS, provide better healthcare and treatment facilities, offer counselling and assistance for recovery and livelihood building opportunities for the users.

### **The new idea**

Eldred's new idea lies in the design and implementation of a program that uses the harm reduction approach to offer a complete treatment package for drug users. His program also builds skills and earning capabilities of the user community.

The treatment package includes drop-in centres, shelters, outreach, drug substitution, needle & syringe exchange program, detox programs, jail programs as well as motivational counselling for users. While 'harm reduction' has been an accepted approach to tackling the drugs problem elsewhere in the world, the concept was new to India when Eldred started propagating it. Its acceptance is higher today and this is partly due to the demonstrated success of the early centres set up by Eldred and his team of volunteers.

The impact of these programs are better hygiene and health for the drug user community. It helps prevent the spread and incidence of AIDS and offers medical assistance to a community that is neglected by the mainstream health agencies.

The programs also help wean the users off drugs. For example, a 'Needle & Syringe exchange' program reduces the chances of IDU related HIV+ cases by giving street users the opportunity to access fresh needles instead of sharing used ones. Once he enters the system, he is tracked, counselled, motivated to enter detox or drug substitution and hand held through the process of conversion.

Eldred is now working on a livelihoods package for his community of drug users so that they can find appropriate work opportunities after they are clean. He is setting up a waste recovery and recycling service in Mumbai and is in the process of tying up the local municipal authorities for the same.

### **The problem**

Drug abuse has been central to the spread of AIDS in most parts of the world. So too in India where drug abuse victims are at risk not only on account of their own behaviour, but also by that of healthcare institutions which, prefer to look the other way when they turn HIV positive and gradually succumb to the disease.

The problem builds up to catastrophic proportions in cities such as Mumbai. Home to a huge migrant population that lives in slums, drug use in the city often coexists with crime and prostitution. This makes for a vicious circle where the drug abusers feed their addiction through crime which, in turn denies them access to regular health care facilities. Drug abuse also encourages risky behaviour that puts both user and acquaintances at risk to AIDS and they become outcasts for the mainstream health care systems.

According to government statistics, nearly 50 per cent of the city's population lives in slums or on its pavements. Low income levels drive them to using the cheapest possible route to drugs which, in most cases, is via injections. A study shows that: *"Intravenous drug use accounts for about one-third of all AIDS cases and one-half of hepatitis C cases."*... (Saraswathi K, Dutta A. Study of Human Immunodeficiency Virus and HCV infections in intravenous drug users in Mumbai. Indian J Med Microbiol 2007;25:174-175).

The number of such users is on the rise as Mumbai (already 13 billion plus population) attracts scores of migrants every day. They fall easy prey to the crime and drug culture prevalent in the slums and soon join the silent army of AIDS victims in the city.

Among drug abusers, HIV transmission takes place when they share needles and other things such as cotton swabs, rinse water, etc. Many are also at risk through the sheer act of taking drugs as it can interfere with judgment and lead to risky behaviour that puts them in danger of contracting or transmitting HIV.

In India, the problem adds on a third dimension. The unhygienic conditions in which most drug abusers live doubles the risk of infection and spread of the HIV virus and their low income levels deny them swift and sustained medical help.

Currently, the problem of drug abuse is being addressed through narcotics control and the legal/enforcement measures. The focus is on nabbing drug peddlers and punishing drug users. There are but a handful of health care and prevention agencies that go into care and AIDS prevention issues for the community. And those that do have limited capacity and are unaffordable for the low income, drug abusing slum dweller in Mumbai.

Mumbai today has a total of 8 de-addiction centres and 7 rehabilitation centres which can cater to approximately 400 clients at any given time. This is inadequate since the number of drug users, according to UNESCO, (Rapid Situation Assessment of Drug Use), is about 45,000 with up to 15% of them being Injecting Drug Users (IDUs). Of this, 39 per cent are HIV positive according to a survey carried out by Eldred Tellis' group Sankalp. They also suffer from diseases such as TB (Tuberculosis) and Hepatitis, untreated abscesses and wounds.

Also conventional treatment centres typically cater to those who have family support or a steady income, whereas a large percentage of drug users are migrant street dwellers. Surveys and studies in the past have indicated that drug users are low on health seeking

behaviour. Naturally without a family to push them into treatment, the street dwelling drug user does not voluntarily access existing facilities.

### **The strategy**

Eldred has targeted the problem of AIDS within the street dwelling drug user community. By keeping a sharp focus, he is able to develop targeted interventions, create a loyal support base for his programs, livelihood opportunities for those who want a new life and to architect a model that can be easily replicated across cities with large numbers of homeless migrants.

His interventions are delivered through drop in centres and they follow the harm reduction approach towards drug abuse and AIDS. Each centre provides drug users with cleaning agents such as bleach for needles and syringes, exchanges old needles for new and offers substitutes like Buprenorphine. The 'harm reduction' approach allows Eldred to deal with two problems – hygiene of IDUs (injected drug users) and the spread of HIV and Hepatitis B & C.

The centres are located within the slums and one is inside a prison located in Mumbai. The drop in centres are easy to access for street drug users and offer help to those who are turned away by hospitals and institutions.

Proximity to the users and an approach that reflects care and concern rather than control and reprimand has helped the program grow manifold since its inception. Current estimates show that close to 3000 drug users benefit from the interventions every year. This is more than double the number of people who access conventional treatment centres in the city.

Importantly, many of those who come to the centres for the exchange or substitution programs intend to be drug free but have no skills to earn their living and kick the habit. This led Eldred to look at business opportunities. He drew inspiration from a venture by Resiclarazo in Sao Paulo, Brazil and has set up a waste recovery and recycling service in the city. This helps provide employment to the drug user community and generates funds for the Harm Reduction work.

The approach also builds trust among the user community and this allows Eldred to develop programs that are specific to their needs. For instance, the Needle & Syringe Exchange Programme (NSEP) was initiated in September 2000 as a strategy for harm reduction among IDUs who did not access the substitution programme at the drop-in centre. The drug abusers also helped him identify areas with larger concentration of IDUs.

The centres track the pattern of recovery and the failure rates very closely among the users and it has been seen that most of the IDUs who come to them have reduced their direct and indirect sharing. There has also been a reduction in risk behaviour and

adoption of safe sexual practices by regular condom use due to regular counselling at the centres.

The success of the approach and the delivery model has had a number of organizations following suit. The Government has also recognised the need to adopt a more humane approach and is working with similar intervention activities. Eldred has also managed to take up issues on behalf of his clients with the hospitals in Mumbai and is working on changing the attitudes of the doctors and administration staff. He is also collaborating with 'The Lawyers Collective' in an effort to amend the Narcotic Drugs and Psychotropic Substances (NDPS) Act.

The model has been adopted outside India as well. Eldred has been a consultant to the UN and to the German based organisation DO International. As a result, assessments and strategies have been undertaken in Kazakhstan, the Caribbean and are currently ongoing in Afghanistan. He is also encouraging more community based groups to join up and work with the training and setting up of new centres, in India and abroad. He expects these efforts will help him benefit an additional 4000 people a year.

### **The person**

Eldred is driven by his personal experiences as a drug user who managed to kick the habit and stay clean. Having seen the trauma and neglect faced by the users up close, he is deeply motivated to develop programs that care and deliver on promises.

His first experience with IDUs and HIV was through a project he undertook in the north eastern states of India in 1992, for OXFAM and the Delhi based organisation Sharan. This was a powerful learning experience for him and helped him design his future model of interventional services that aim at harm reduction.

Eldred's work began in the early 90's – with the setting up of the network called FORUM, of which he was a core member and coordinator for 6 years. FORUM offered the different groups working with drug abuse a platform for sharing their experiences, for lobbying for changes in policy and for designing effective solutions.

He first introduced the concept of harm reduction for drug abusers through FORUM. It took a lot of persuasion for people to first accept this idea even though it was well known in the developed world. The Government in India favoured abstinence as the only treatment option and it was only when there was a rapid increase (0 to 50% in 6 months) in the HIV prevalence among IDUs in Manipur in 1990, that it was thought possible to experiment with harm reduction. Eldred was part of the program in Manipur where he saw the suffering among drug abuse victims and the difficulties they faced in their treatment. He also realised that the same situation held in the streets of Mumbai where drug use is as rampant and help as scarce.

After he came back to Mumbai, he decided to set up his own team of workers and volunteers and thus began his journey into the creation of a long term, targeted health and recovery program for the drug user community.