

"Deterioration in the global human rights climate could place our own hard-won progress in India at risk."



**# 24
June 2019**

Sankalp protests the deadly drug war in Philippines

On Sunday, 24th February 2019, human rights defenders in different countries held a "Global Day of Action for the Philippines" to raise attention to the seriousness of the Philippine drug war and the need for international intervention. On this day, groups from around the world held demonstrations aimed at increasing the international pressure on the Duterte government over the extra-judicial killings in the Philippine drug war.

Sankalp Rehabilitation Trust, did a protest at Azad Maidan on the 24th of February 2019, to call for urgent measures against reported human rights violations under President Rodrigo Duterte's violent war on drugs and his administration's aggressive efforts to silence its critics. The day will mark two years since the incarceration of Duterte's critic Senator Leila de Lima.

Since President Rodrigo Duterte took office two and a half years ago, Philippine National Police have acknowledged killing 5,000 in anti-drug operations and have reported another 22,000 "homicides under investigation." Philippine and international human rights organizations believe the 5,000 are extrajudicial killings by police, and that many of the 22,000 killings were ordinary drug users who needed help.

President Duterte has repeatedly promised to engage in mass killings in the drug war, bragged about doing so, and promised protection from prosecution to police who engaged in such killings. The president's words may constitute incitement to commit crimes against humanity, even in the absence of verified direct orders. The lack of prosecutions in turn suggests the Philippine judicial system under President Duterte lacks a credible process for responding to these killings. Tragically, a "Duterte effect" is having international ramifications. The governments in Indonesia and Bangladesh have begun to engage in extrajudicial drug war killings, and leaders in Sri Lanka and Brazil have raised the possibility of following President Duterte's example.

Following the International Criminal Court's (ICC) announcing a preliminary investigation into the Philippines drug war killings in March of last year, President Duterte transmitted notification of the Philippines' withdrawal from the Rome Treaty that authorized the ICC. However, the Philippines' obligations under the treaty will remain even after the one-year effective date, for any and all matters under the Court's jurisdiction occurring through that time. But contrary to such obligations, the Duterte administration has declined to cooperate with the Court's preliminary investigation. The administration has also not allowed investigation by the UN human rights bodies.

Deterioration in the global human rights climate could place our own hard-won progress in India at risk. The world is at a moment when we can move forward in addressing these challenges but could also fall back. This is a time for leadership – a time to stand up for what's right. We express our solidarity with "Stand with Human Rights: Global Campaign for the Philippines," and with people everywhere in the struggle for peace and freedom.

Clients and supporters of Sankalp Rehabilitation Trust were joined the Executive Director, Mr. Eldred Tellis to press on the message that such Human Rights violations are totally unacceptable.



Client Story : Salim Shaikh

Salim was born in Mumbai and lived with his parents and two siblings. During his childhood, he saw his parents having an abusive relationship and as a young boy, he felt helpless, unable to help the family situation. All he wanted to do was escape from this reality and find happiness. Growing up he had friends who did brown sugar. He was intrigued by the idea of forgetting reality and finding joy, even if it was transient. The desire to do brown sugar began at the age of 11; his friend didn't want him to be trapped in this addiction and was vehemently against Salim doing it and explain the consequences to Salim. At the age of 16, Salim finally succumbed into drugs and used Heroin for the first time.

The experience was exactly as he imagined it to be. The naïve age made him believe that brown sugar was the solution to all his problems. using brown sugar in his locality was a regular view. He couldn't understand why would anyone advice against it. The only reason he could contemplate was that people advise you to not do it is as they didn't want to share the secret of bliss. Before he could realize, he soon became addicted to it. There wasn't a day when he didn't do it. Drugs are expensive and to afford them he opted the path of stealing, pickpocketing in trains along with his other companions as it seemed like the quickest way to earn money. This practice went along for years. He started with chasing, until one day he was with someone who was using needles. Fortunately, he knew that sharing needles could spread HIV so he always insisted on using a new one. For the longest time drugs were his friend, they allowed him to live in a delusional world. He was encouraged by his friends to use weed, MD and whitener solvent to accentuate his high.

With the lifestyle he chose, he started facing the repercussion. He was caught for stealing and theft which resulted in him ending up in jail and serving his time. Even while he was in jail he could get access to drugs, the only problem was that it was more expensive than outside. He begged his mother to smuggle money so that he could purchase drugs from inside the prison. His family cooperated for a while but for their son's wellbeing decided to stop. However, he found his way and did odd jobs in jail only for the purpose of being able to purchase the drugs inside. After being released he observed that his addiction has aggravated. For 13 years until the age of 29 he was on drugs for almost every day of his life. His body's pernicious deterioration hit him that this is not how he wanted to live his life. He understood he had fallen low and wanted a better life for himself this time.

In the beginning he attempted to fix his addiction on his own. With all the multiple attempts he made he was unsuccessful as he needed guidance. One day he saw one of his friends who he used to do drugs with. He noticed that his friends had cleaned up and had their life together. This was hope for him, his friend told him about Sankalp Rehabilitation Trust and urged him to join it. When he approached Sankalp the staffs at Sankalp were prompt in helping him but he hadn't left his old habits. While on the program he still continued to occasionally consume Brown sugar. He was put under OST treatment. OST along with drugs consumed together played an adverse effect. The ultimate outcome was depression. Drugs no longer gave him the euphoria it once did and he constantly felt threat around him.

Once again he visited Sankalp with the determination of maintaining abstinence from drugs. Tenaciously staying away from drugs and hoped Sankalp would magically aid his recovery. According to his perception, he was convinced, Sankalp would perform magic and he one fine day would be a clean man. It was only after staying through the entire program involving detox and rehab, he learned that it was him alone who could fight against his addiction. The changes he wanted to see within himself were slow. In the beginning, his journey was onerous, but he kept faith. After successfully completing his stay at the rehab for 5 months he is still continuing on the path of sobriety. He realizes the time he has lost in drugs and wishes to now live in the societal code. He has learned to drive and hopes to earn money doing that. He promises to himself on never returning to stealing or doing drugs. He wants to give back to the society. Even though he thinks it will never be enough he wants to take one step at a time to make a difference.



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4. Sedatives and Inhalants: About 1.08% of 10-75 year old Indians (approximately 1.18 crore people) are current users of sedatives that are non-medical and for non-prescription use. States with the highest prevalence of current Sedative use are Sikkim, Nagaland, Manipur and Mizoram. However, Uttar Pradesh, Maharashtra, Punjab, Andhra Pradesh and Gujarat are the top five states which house the largest populations of people using sedatives. Inhalants are the only category of substances for which the prevalence of current use among children and adolescents is higher (1.17%) than adults (0.58%).

5. Cocaine (0.10%) Amphetamine Type Stimulants (0.18%) and Hallucinogens (0.12%) are the categories with lowest prevalence of current use in India.

6. Nationally, it is estimated that there are about 8.5 Lakh People Who Inject Drugs (PWID). High numbers of PWID are estimated in Uttar Pradesh, Punjab, Delhi, Andhra Pradesh, Telangana, Haryana, Karnataka, Maharashtra, Manipur and Nagaland. Opioid group of drugs are predominantly injected by PWID (Heroin – 46% and Pharmaceutical Opioids – 46%). A substantial proportion of PWID report risky injecting practices.

In general, access to treatment services for people affected by substance use disorders is grossly inadequate. Just about one in 38 people with alcohol

dependence report getting *any* treatment. Only about one in 180 people with alcohol dependence report getting inpatient treatment /hospitalization for help with alcohol problems. Among people suffering from dependence on illicit drugs, one among 20 people has ever received inpatient treatment/ hospitalization for help with drug problems.

A few recommendations of the report are as follows:

1. Scientific evidence-based treatment needs to be made available for people with Substance use disorders – at the required scale. Considering the large numbers of people who need treatment and the poor availability of treatment services, India needs massive investments in enhancing the avenues for treatment.

2. Evidence-based substance use prevention programmes are needed to protect the young people.

OUR TAKE:

It is an opinion that many of the figures may not be realistic as this is a household survey and numbers can be influenced. Independent size estimation through scientific protocols may be necessary before inflicting any interventions.

- Event and Highlights -



David Weinreb, our past volunteer from AJWS visits Sankap - 5th July 2018



Alcohol & ART Adherence Among HIV + Men in India - 14th Feb 2019



Spreading Awareness & raising funds through Tata Mumbai Marathon 19 - 20th Jan 2019



Meeting on India's Response to Viral Hepatitis - 24th Feb 2019

Challenges faced by the new long acting drug for HIV and TB

A meeting was held on the 13th of April 2019 in the Lawyers Collective Office in New Delhi on the challenges and the future course of action on the **new long acting drugs for HIV and TB**. The key points were addressed in a few sessions that are explored in this article.

The first session to be taken up was the patent oppositions and access to the medication by the patients. It was discussed that under the TRIPS Agreement, the Indian government should utilise the licensing for process and product patents on drugs. Sankalp Rehabilitation Trust was identified as the person interested in the purpose of patent opposition.

Session Two and Three were on Long acting (LA) technologies and long acting ARV's. It is yet to be observed whether LA technology is profitable and how are the MNCs planning on making them profitable. Indian companies will have to realign their manufacturing lines to develop these technologies. The issue of clinical trials and patent grants is to be kept separate. On discussing the patent applications for the drugs, Dolutegravir and Cabotegravir, it was noted that there were five and three pre-grant oppositions filed for these drugs respectively. The persons of interested were to be identified for the drug Rilpivirine which has five patents granted as of today

Session four was on new TB drugs and their potential to simplify regimens for DR-TB.

Session Five was a discussion on the conditional access to drugs and challenges to them. There is a need for improved access to Bedaquiline and Delamanid. The WHO guidelines state that these two drugs are to be given for 6 months for pre-XDR and XDR cases, **but MSF has found out that these need to be given for 24 months, to avoid reconversion**. As more reconversions are seen by following these guidelines, the centre needs to increase the period of dosage.

The session ended with a summary on what was discussed and the future actions to be taken. Cabotegravir, as a long acting drug needs to be properly understood before demands of its usage and application are made. On the topic of Pretomanid, TB Alliance needs to be roped in to know the rollout plan and pricing. Patients (DR-TB) should be educated about their rights to access the drug Delamanid, so that they can go to court in case of inaccessibility. The Government needs to be pushed to come up with an independent policy on donations including medical devices. Access to Bedaquiline and Delamanid should not be dependent on donation and issuing a tender for them is the right way to obtain the correct rations.



Linkages project in collaboration with Humsafar Trust & FHI 360



Sankalp Rehabilitation Trust was selected as the implementing partners for LINKAGES India funded project in collaboration with Humsafar Trust, FHI 360 and USAID / PEPFAR. LINKAGES in India aims to accelerate the ability of organizations working with most at risk populations to collaboratively plan, deliver and optimize services that reduce HIV transmission among the Key Population and extend life for those who are HIV positive.

Under the Linkages project, Sankalp Rehabilitation Trust appointed Peer Navigators - Mr. Rajesh Kolita and Mr. Joseph Brooks, to carry out a range of activities that enhanced the HIV prevention and care cascade by increasing reach to key populations, promoting routine HIV testing and counselling, and actively enrolling those with HIV into care and support interventions that enable them to remain in care. The Peer navigators were responsible for planning and implementing services that reduce HIV transmission among the People Who Inject Drugs community and their sexual partners and extend the lives of those already living with HIV.

With this added service we were able to provide a more customized, higher quality and desirable services to meet the differentiated needs and preferences needs of those who would otherwise be “left behind” in order to close the treatment gap and reach the ambitious 90-90-90 target set by UNAIDS.

What LINKAGES means for our beneficiaries:

- Access to better quality, more integrated HIV prevention, care and treatment services closer to home in welcoming settings that protect their privacy
- Support from trained peers who can help them access HIV testing and counselling and other HIV services, as well as legal aid, psychosocial and nutrition support, and economic opportunities
- Health care workers who understand and address their needs in a non-stigmatizing way
- Safer communities with stronger crisis response systems and reduced gender-based and other forms of violence
- Meaningful opportunities to have their voices heard in how services are delivered, improved and evaluated
- Evidence-based information that empowers them to make decisions that lead to better health
- Reduced threat of criminal prosecution under discriminatory laws

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