

Drug use and HIV/AIDS in Thailand

2

This is one of a series of six info sheets on legal and ethical issues related to drug use and HIV/AIDS in Thailand.

1. HIV and HCV in Thailand: implications for national drug policy
- 2. Harm reduction: lessons from the region**
3. Sterile syringe programs
4. Opioid substitution treatment
5. Outreach and information programs
6. Harm reduction in prison and detention facilities

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida



Harm reduction: lessons from the region

What is harm reduction?

“Harm reduction” is a term that refers to measures that aim to prevent or reduce negative consequences of certain behaviours, without necessarily eliminating those behaviours. In the case of illegal drugs, harm reduction is a pragmatic and humanistic approach to preventing or reducing the individual and social harms associated with illegal drug use. Harm reduction measures aim to lessen the problems associated with illegal drug use while safeguarding the dignity, humanity and human rights of people who use drugs.

The defining feature of harm reduction is its pragmatism. For those people who are unable or unwilling to stop using drugs, the primary objective is to limit negative health consequences of such use, with overdose and blood-borne infections such as HIV and HCV being the most serious immediate harms. Harm reduction programs targeting people who use drugs pragmatically recognize that some people will use drugs for various reasons (even if the drugs are illegal) and that steps need to be taken to reduce the immediate risks of harm, including HIV and HCV infection. Because of its emphasis on minimizing harms associated with an activity, rather than eliminating the activity itself, harm reduction has been likened to other everyday risk management strategies such as speed limits, seat belts and helmet laws that

accept that there are always some risks associated with driving.

What is the situation in some other Asian countries?

China

- According to official figures, at the end of 2005, people who use drugs accounted for 44.3 percent of the total estimated HIV cases.¹
- China’s Action Plan (2006–2010) for Reducing and Preventing the Spread of HIV/AIDS calls for increased coverage of opioid substitution therapy (OST) and sterile syringe programs (SSPs). By 2010, drug maintenance treatment clinics should be set up to provide services for no less than 70 percent of opioid users (mainly heroin users) in counties and cities with more than 500 registered drug users. No less than 50 percent of people who inject drugs in the areas implementing SSPs should be provided with clean needles and syringes. China has almost 800 SSPs.²
- China’s roll-out of OST has been unprecedented. The country went from having no OST clinics in 2002 to over 500 clinics by the end of 2007.³

Vietnam

- According to official figures, the national HIV prevalence among people who inject drugs is 28.6 percent, although some studies have shown HIV rates of up to 75 percent among people who inject drugs in Vietnam.⁴
- In June 2006, Vietnam passed an HIV law that provides the legal foundation for expanded harm reduction efforts, including SSPs, outreach and information programs, and OST. An implementing decree was adopted in 2007.⁵
- During 2007, expansion of all projects led to the distribution by government health services of more than 11 million sterile syringes and more than 100 million condoms — predominantly through the activities of more than one thousand peer outreach workers.⁶
- Pilot OST programs were to begin in 2007 for 1500 patients.⁷

Malaysia

- According to official figures, 73.7 percent of HIV infections occur among people who inject drugs.⁸
- Methadone has been scaled up continuously since its introduction in 2005, with programs reaching over

4000 patients by the end of 2007. Furthermore, OST is being expanded by making it available through general practitioners.⁹

- A pilot project providing OST in prison began in 2008.¹⁰
- Pilot SSPs began in 2006 and have been expanded since. Malaysia now has six SSPs coordinated by the Malaysian AIDS Council. At the end of 2007, 3600 people who inject drugs had been reached by SSPs. The Minister of Health has set a target of reaching 20 000 people by 2010.¹¹

Indonesia

- According to official figures, over 52 percent of people who inject drugs in Indonesia are living with HIV.¹²
- In July 2006, the government's National AIDS Commission declared one of its goals "to prevent having one million infected by HIV," and has set a target of reaching 50 000 people who use drugs with methadone by 2010.¹³
- Indonesia began providing OST in prison in 2005.¹⁴ The National AIDS Commission has called for harm reduction programs to be established in 95 of the country's 396 prisons by 2010.¹⁵
- A memorandum of understanding was signed between the National Narcotics Agency and the National AIDS Commission, and this was followed by the "Decision of the Coordinating Minister for Peoples Welfare Number 2/2007 regarding the Reduction of Harm Caused by Drug Use (National Action Plan, 2007–2010)."¹⁶
- By October 2007, each month 7000 people who inject drugs were visiting 75 government-run community health care centres across the country to access free sterile syringes.¹⁷

What is the situation in Thailand?

There is no national harm reduction policy. Thailand has provided methadone — primarily for detoxification — since the 1970s. According to the government policy, in 2008 methadone maintenance treatment will be available under Thailand's universal health care scheme. The government eschews SSPs. Despite promising to provide access to antiretroviral therapy to *all* who need it, the government has failed to systematically extend antiretroviral therapy to drug users.¹⁸

In February 2004, UNODC estimated that one percent of people who inject drugs were receiving harm reduction services.¹⁹ In July 2006, a study by the U.S. Agency for International Development (USAID) reported that harm reduction services reached one percent of injection drug users in Bangkok.²⁰

In 2004, Thailand's *UNGASS Country Progress Report* noted that:

Thailand should act quickly to scale up outreach and related harm reduction programmes particularly in urban areas where drug supply and use was most likely to continue. Such interventions had been shown to reduce risk of HIV transmission and do not result in more people using drugs.²¹

However, four years later this recommendation had been largely ignored. Thailand's *UNGASS Country Progress Report* in 2008 noted that "[t]he prevention work among IDUs is extremely inadequate with limited coverage."²²

Recommendations

- The Thai government should take concrete measures to respect, protect and fulfill the human rights of people who use drugs, including the right to health. This includes using harm reduction measures as part of a comprehensive response to harmful drug use.
- The Thai government should adopt a national plan with concrete and time-bound targets for scaling up access to essential harm reduction services.

References

- ¹ Z.M. Liu et al., “Drug Use and HIV/AIDS in China,” *Drug and Alcohol Review* 25(2) (2006): 173–175.
- ² Open Society Institute, *Harm Reduction Developments*, 2008, p. 53; F. Mesquita, personal communication, 10 December 2008.
- ³ F. Mesquita, “Accelerating harm reduction interventions to confront the HIV epidemic in the Western Pacific and Asia: the role of WHO (WPRO),” *Harm Reduction Journal* 5 (2008): 26; L. Wang, “Overview of the HIV/AIDS epidemic, scientific research and government responses in China,” *AIDS* 21 (Suppl. 8) (2007): S3–S7.
- ⁴ Ministry of Health [Vietnam], *HIV/AIDS Estimates and Projections 2005–2010*, 2005.
- ⁵ Vietnam, *Law on the Prevention and Control of HIV/AIDS*, 2006; Vietnam, *Government Decree No. 108/2007/Nd-Cp of June 26, 2007, Detailing The Implementation of a Number of Articles of the Law on HIV/AIDS Prevention and Control*, 2007.
- ⁶ Vietnam, *HIV/AIDS Prevention Project, Annual Report 2007*, 2008.
- ⁷ Vietnam, *UNGASS: Country Progress Report: Vietnam, 2008*.
- ⁸ Malaysia, *UNGASS: Country Progress Report: Malaysia, 2008*.
- ⁹ G. Reid et al., “Malaysia and harm reduction: the challenges and responses,” *International Journal of Drug Policy* 18 (2007): 136–140; F. Mesquita, “Accelerating harm reduction interventions”: 26.
- ¹⁰ F. Mesquita, “Accelerating harm reduction interventions”: 26.
- ¹¹ Open Society Institute, *Harm Reduction Developments*, 2008, p. 53.
- ¹² Indonesia, *UNGASS: Country Report, Indonesia, 2008*, pp. 19–21.
- ¹³ Open Society Institute, p. 52.
- ¹⁴ I. Irawati et al., “Indonesia sets up prison methadone maintenance treatment,” *Addiction* 101 (2006): 1525.
- ¹⁵ Open Society Institute, p. 52.
- ¹⁶ Indonesia, *UNGASS: Country Report, Indonesia*, p. 32.
- ¹⁷ Mesquita F et al, “Public health: the leading force of the Indonesian response to HIV/AIDS crises among people who inject drugs,” *Harm Reduction Journal* 4 (2007): 9. Open Society Institute, p. 52.
- ¹⁸ See Human Rights Watch, Thai AIDS Treatment Action Group, *Deadly Denial: Barriers to HIV/AIDS Treatment for People Who Use Drugs in Thailand*, 2007.
- ¹⁹ UNODC, *Drugs and HIV/AIDS in South East Asia: A Review of Critical Geographic Areas of HIV/AIDS Infection among Injecting Drug Users and of National Program Responses in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam*, 2004, p. 15.
- ²⁰ USAID, *Mapping HIV/AIDS Service Provision for Most At-Risk and Vulnerable Populations in the Greater Mekong Sub-Region*, July 2006, pp. 46-47. Available online: www.unaids.org.vn/facts/docs/MappingHIVAIDS.pdf.
- ²¹ [Thailand] National AIDS Prevention and Alleviation Committee, *UNGASS Country Progress Report: Thailand, 2004*, available via www.ua2010.org.
- ²² [Thailand] National AIDS Prevention and Alleviation Committee, *UNGASS Country Progress Report: Thailand, 2008*, available via <http://data.unaids.org>.

2


This publication contains general information. It does not constitute legal advice, and should not be relied upon as legal advice.

Copies of these info sheets are available on the website of the Canadian HIV/AIDS Legal Network at www.aidslaw.ca/drugpolicy. Reproduction is encouraged, but copies may not be sold, and the Canadian HIV/AIDS Legal Network must be cited as the source of the information. For further information, contact the Legal Network at info@aidslaw.ca.

This info sheet is also available in Thai.

Funding for this publication was provided by the Levi Strauss Foundation.

© Canadian HIV/AIDS Legal Network, 2009.



Canadian
HIV/AIDS
Legal
Network | Réseau
juridique
canadien
VIH/sida