

Drug use and HIV/AIDS in Thailand

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

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Sterile syringe programs

What are sterile syringe programs (SSPs)?

Programs that furnish sterile syringes and other injection equipment to people who inject drugs are widely recognized as a crucial part of efforts to reduce risks associated with injection drug use, including preventing HIV and other blood-borne infections.¹ If people who inject drugs are provided with sterile syringes and other safer injection equipment, this will reduce the sharing of drug use equipment and thus decrease the transmission of blood-borne infections such as HIV and HCV.

Do SSPs work?

Numerous studies around the world have concluded that SSPs are effective in reducing the spread of HIV and HCV. According to the World Health Organization (WHO), “there is compelling evidence that increasing the availability and utilization of sterile injecting equipment to IDUs reduces HIV infection substantially.”²

In addition to reducing HIV infection among people who inject drugs, SSPs have other benefits. SSPs are a useful means of getting in touch with people who inject drugs in order to provide education and counselling and to connect them to health-care services and drug treatment programs.³

The view advanced by some people that SSPs encourage or facilitate illegal drug use is unsubstantiated. WHO has concluded that “there is still no persuasive evidence that needle syringe programs increase the initiation, duration or frequency of illegal drug use or drug injecting.”⁴

For these reasons, SSPs have received widespread endorsement. The *Declaration of Commitment on HIV/AIDS*, adopted unanimously in 2001 by the U.N. General Assembly, recognizes the importance of furnishing sterile injecting equipment to people who use drugs as a central element of HIV prevention.⁵ Sterile syringe programs have been endorsed by a wide range of scientific and medical organizations, including UNAIDS, WHO and UNODC.⁶

Making sterile syringe programs effective

Fixed or mobile sites, focused specifically on outreach activities to distribute sterile syringes and do HIV prevention and other health promotion education, are critical. Distribution through pharmacies is also an important venue for increasing the availability of sterile syringes. As noted by WHO, UNODC and UNAIDS:

[N]eedle and syringe programs involving face-to-face contact have benefits additional to that of reducing the rate of HIV infection among injecting drug users, including an

increase in recruitment into drug-dependence treatment and primary care services. Pharmacists are often not trained to provide additional information and HIV/AIDS prevention services.⁷

For those who access their services, SSPs are both non-threatening and non-judgmental, as well as concrete proof that other people care about them.

It is also worth noting that a lack of clarity regarding the legal status of needles and syringes may undermine the effective operation of SSPs. Legislation that penalizes people who inject drugs for possession of sterile injecting equipment, as well as legislation that penalizes health workers who make such equipment available, “can be an important barrier to HIV control among injecting drug users.”⁸

What is the situation in Thailand?

There have been few attempts to establish SSPs in Thailand. The government eschews them. Currently, there is fewer than half a dozen SSPs throughout Thailand. All are implemented through peer-driven initiatives by people who use drugs. One of the first SSPs was established in northern Thailand in 1993. Research into this program concluded that SSPs were feasible in Thailand and that “they are the best means of limiting

HIV/AIDS transmission amongst injecting drug users and the wider community.”⁹

The legality of syringes in Thailand is insufficiently clear. According to the *Narcotics Control Act B.E. 2519 (1976)*, possession of syringes may be considered as “reasonable grounds” to test someone for use of a controlled substance.¹⁰ Further, the Act gives authorized officials the power to “enter and search any dwelling place or premises on a reasonable ground to believe ... there is property the possession of which ... used or intended to be used in the commission of the offence relating to narcotics....”¹¹ On the other hand, needles can be purchased from a pharmacy in Thailand without a prescription. The National Police Office has issued a memorandum instructing that possession of injecting equipment is not grounds for arrest.¹²

Recommendations

- The Thai government should ensure that SSPs are easily accessible to people who inject drugs in all parts of Thailand, through a variety of means, including the public health system, dedicated sites or centres, pharmacies, NGOs and peer-driven groups of people who use drugs.
- The Thai government should repeal or amend criminal laws that might expose people who use drugs and the staff or volunteers of SSPs to criminal liability for having in their possession equipment for consuming drugs, whether clean or used.
- The Thai government should raise awareness among the public that SSPs are a key component of an effective public health strategy to reduce harms for people who inject drugs.

References

- ¹ See WHO, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users*, 2004. Available online: www.who.int/hiv/pub/idu/pubidu/en. For a review of the studies specifically evaluating the effectiveness of needle and syringe exchange programs, see D. Gibson et al, “Effectiveness of syringe exchange programs in reducing HIV risk behaviour and HIV seroconversion among injecting drug users,” *AIDS* 15(11) (2001): 1329–1341.
- ² See WHO, *Effectiveness of Sterile Needle...*, p. 28.
- ³ Ibid.
- ⁴ Ibid.
- ⁵ *Declaration of Commitment on HIV/AIDS*. Paragraph 23 states that “effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development...” Paragraph 52 similarly calls for the accessibility of sterile injecting equipment as an important preventative measure in reducing the transmission of HIV/AIDS.
- ⁶ WHO, UNAIDS, UNODC, *Policy Brief: Provision of Sterile Injecting Equipment To Reduce HIV Transmission*, 2004, available via www.who.int/hiv/pub/advocacy/idupolicybriefs/en/.
- ⁷ Ibid., p.2
- ⁸ Ibid.
- ⁹ See J. Gray, “Harm Reduction in the Hills of Northern Thailand,” *Substance Use and Misuse* 33 (1998): 1075.
- ¹⁰ Section 14(2)
- ¹¹ Section 14.
- ¹² Letter number Taw Chaw 0031212/1468 from Lieutenant General Chanwut Wacharapuk, acting deputy commander in chief, National Police Office, February 27, 2006, in reference to letter number #0424.4/4/350 from Department of Disease Control, Ministry of Public Health, January 30, 2006. See Human Rights Watch, Thai AIDS Treatment Action Group, *Deadly Denial: Barriers to HIV/AIDS Treatment for People Who Use Drugs in Thailand*, 2007.

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This info sheet is also available in Thai.

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