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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Opioid substitution treatment

What is opioid substitution treatment (OST)?

Research has shown that drug dependence is not a failure of will or strength of character but a chronic, relapsing medical condition with a physiological and genetic basis.[1] Treatment for drug dependence plays a key role in reducing the risk of HIV and hepatitis C virus (HCV) transmission because of its capacity to diminish illegal drug use in general, to reduce the frequency of drug injecting and to reduce risk-taking behaviour associated with drug use (e.g., unsafe sex).[2]

One type of drug dependence treatment that is an essential part of a comprehensive response to HIV in countries with significant prevalence of opioid addiction is opioid substitution treatment (OST). It most commonly involves provision of the medications such as methadone or buprenorphine. These are "opioid agonists" that can prevent opioid withdrawal syndrome (including cravings) and also block the euphoria from the use of opioids, thereby allowing patients to stabilize. As of 2008, there are no widely-accepted substitution treatments available for amphetamine-type substances (such as ecstasy and methamphetamines.)

Does OST work?

There is consistent evidence that OST is one of the most effective therapies for drug dependence.[3] In particular:

- OST helps to reduce the use of illegal opioids when administered in appropriate doses.
- OST stabilizes the cravings of people who use opioids, thus promoting improved physical and emotional well-being.
- OST reduces the risk of transmission of HIV, and other blood-borne diseases through sharing drug injection equipment, since it is usually administered orally.
- OST provides the opportunity to refer people who use drugs to other services, such as psychological support, diagnostic services, rehabilitation, HIV counselling and other care.

Social benefits include:

- OST helps reduce criminal activity associated with obtaining illegal drugs.
- OST reduces costs to the health, law enforcement and criminal justice systems by helping people who use drugs avoid lengthy hospital stays, criminal investigations and convictions, and imprisonment.
- OST plays an important role in community-based approaches to treatment, as the treatment can be provided on an out-patient basis, achieving high rates of retention and increasing the time and opportunity for individuals to tackle major health, psychological, family, housing, employment, financial and legal issues.
- OST promotes community integration and improved quality of life of people who use drugs and their families.

OST has been recognized by WHO, UNODC and UNAIDS and many national medical associations as an effective, safe and cost-effective means of managing opioid dependence and as an essential HIV/AIDS prevention measure.[4] WHO has included methadone and buprenorphine on its Model List of Essential Medicines.[5]

There is broad recognition that OST may need to be continued over a long period and should not be thought of as having a predetermined duration. WHO, UNODC and UNAIDS emphasize that

> excessive restrictive regulations regarding criteria for placement in substitution maintenance therapy and its provision, that have no significant effect on quality of provided treatment, are counterproductive with regard to access to treatment and HIV/AIDS prevention. Issues such as the maximum dose or maximum

length of treatment should be left to the practitioner's clinical judgement, based on the assessment of the individual patient.[6]

It is impossible to determine the ideal dose without thorough and unthreatening consultation with the person taking the opioid substitutes. A key principle of OST best practice is that the adjustment of dosages, especially the reduction of the dose, should never be used as punishment or inducement for behavioural change.

What is the situation in Thailand?

Thailand has provided methadone — primarily for detoxification — since the 1970s. For most of that time, methadone therapy has been available only in Bangkok Metropolitan Administration clinics and a few regional drug treatment centres.[7] According to government policy, in 2008 methadone maintenance treatment will be available under Thailand's universal health care scheme.

A study of a cohort of people who inject drugs in Bangkok indicated an association between being in methadone maintenance treatment and stable, low rates of injection risk behaviour.[8] Research from Thailand has shown that methadone maintenance programs were more successful in retaining patients in care, and more successful in reducing opioid use, than programs which tapered patients off methadone (over a period of up to 45 days in this particular study).[9]

Recommendations

- The Thai government should take measures to ensure that OST programs are more accessible to opioid-dependent persons across Thailand. In particular, issues such as the maximum dose or maximum length of treatment should be left to the practitioner's clinical judgment, based on the assessment of the individual patient.
- The Thai government should ensure that comprehensive services are available to persons who participate in OST programs, including primary health care, counselling, education and support services.

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