

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.

1. HIV and HCV in Thailand: implications for national drug policy
2. Harm reduction: lessons from the region
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Outreach and information programs

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Why are outreach and information programs important?

Health care provided by mainstream health systems may not reach large numbers of people who use drugs because those people are often socially marginalized and fear persecution from authorities. Outreach and information programs aim to make contact with people who use drugs and provide them with the information and services they need to reduce the harms associated with illegal drug use. They also provide referrals to drug dependence treatment, health care services (including HIV testing and counselling and antiretroviral treatment) and social care (including legal support services).¹ In some countries, outreach program workers have been trained to administer opioid antagonists, such as naloxone, in emergency situations in order to rapidly reverse the effects of an opioid overdose.

Do outreach programs work?

Research and evaluations have demonstrated that outreach programs are consistently effective at reducing the risk of HIV and other health risks associated with injection drug use. The benefits of outreach programs include:

- greater access to underserved or marginalized groups of people who inject drugs and who are at high-risk for HIV, making it easier to provide harm reduction services and education, as well as services such as HIV testing and counselling;²
- reduced sharing of equipment among people who inject drugs, reduced frequency of drug injection and, in some cases, an end to injection drug use;
- increased safer sex practices, such as condom use, among people who use drugs; and
- facilitated entry into drug dependence treatment, and higher rates of people staying in treatment.³

Peers may be more effective in recruiting and educating other people who use drugs because they are more likely to listen to people who have lived through the challenges associated with illegal drug use. Peer-driven outreach involves people who currently use or previously used illegal drugs working with or running outreach programs in their communities. Research has confirmed the effectiveness of peer-run outreach compared to outreach conducted by social workers or health professionals.⁴

What is the situation in Thailand?

Outreach and information projects have been successfully implemented in Thailand.⁵ There are currently a limited number of outreach and information programs throughout the country, primarily run by NGOs. Often, outreach workers conduct essential harm reduction outreach and service provision at great personal risk.

People who inject drugs in Thailand remain reluctant to seek health and social services due to fear of disclosure of their drug using status. Such fear is due, in part, to the fact that drug use is a criminal offence in Thailand and to the widespread marginalization and stigmatization of people who use drugs. This environment makes outreach a particularly important strategy for reaching out to people who use drugs with prevention, care and treatment services.

Recommendations

- Thai health officials should provide funding for the development and wide distribution of accurate, unbiased and non-judgmental information on illegal drugs for health care providers, people who use drugs and members of the public.
- Thai government agencies and community-based organizations should provide funding for peer-based outreach and information programs based on harm reduction principles.
- Thai government agencies should create mechanisms for ensuring that outreach workers can effectively do their job.

References

- ¹ Other examples of social care might include job training, assistance with housing, financial guidance, support from social workers and participation in peer support groups.
- ² See WHO, *Evidence for Action: Effectiveness of Community-Based Outreach in Preventing HIV/AIDS Among Injecting Drug Users*, 2004, available via www.who.int/hiv/pub/idu/en; P. Tinsman et al., “Factors affecting client response to HIV outreach efforts,” *Journal of Substance Abuse* 13 (2001): 201–214.
- ³ WHO, UNODC, UNAIDS, *Policy Brief: Reduction of HIV Transmission Through Outreach — Evidence for Action on HIV/AIDS and Injecting Drug Use*, 2004, available via www.who.int/hiv/pub/idu/en.
- ⁴ See, for example, H. Madray and Y. van Hulst, “Reducing HIV/AIDS high risk behaviour among injection drug users: peers vs. education,” *Journal of Drug Education* 30(2) (2000): 205–211; WHO, *Evidence for Action: Effectiveness of Community-Based Outreach*.
- ⁵ See, for example, W. Sittrai, “Outreach to bar workers in Bangkok,” *Hygiene* 9(4) (1990): 25–28.

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This info sheet is also available in Thai.

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