

# 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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## Harm reduction in prison and detention facilities

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### Why are harm reduction programs needed in prisons and detention facilities?

In virtually all countries for which data has been collected, the prevalence of HIV, as well as hepatitis C (HCV) and other blood-borne infections, is higher among prisoners than among the non-prison population. Prisoners may be exposed to high-risk activities such as sharing drug injection equipment and consensual or non-consensual unprotected sex. Since the great majority of prisoners return to their communities after serving their sentences, and since many prisoners move repeatedly between prisons and the general community, large segments of the population are affected by the presence and spread of HIV and HCV in prisons, as are personnel working in prisons.<sup>1</sup>

In many countries, the prevalence and transmission of HIV in prisons are linked to the incarceration of people who use drugs and unsafe drug use in prisons. In a growing number of countries, there is evidence that HIV transmission occurs in prison to a significant degree.<sup>2</sup> But efforts to reduce such harms are impeded in some countries by the official policy of denying the existence of illegal drug use. Research and experience show that no country has succeeded in completely eradicating illegal drug use in prisons.<sup>3</sup> Many prisoners have a history of illegal drug use, or use drugs during their

imprisonment. In addition to those who enter prison with a history of drug use, some prisoners begin using drugs while in prison as a means to cope with living in an overcrowded, hostile and often violent environment. Similarly, despite its prohibition in many prison systems, sexual activity (both consensual and non-consensual) also occurs within prisons and often without adequate access to condoms.

A harm reduction approach to addressing HIV and other health consequences in prisons involves implementing a number of programs and services designed to minimize high-risk activities, to facilitate counselling, to facilitate access to testing, and to respect the human rights of prisoners. The World Health Organization (WHO), UNAIDS and United Nations Office on Drugs and Crime (UNODC) recognize the urgent need to introduce comprehensive programs in prisons, including sterile syringe programs (SSPs), drug dependence treatment, including opioid substitution treatment (OST), counselling, therapy, provision of condoms and other harm reduction initiatives.<sup>4</sup>

### Do harm reduction programs work?

The four harm reduction interventions in prisons that have been most closely evaluated are:

- the provision of condoms;
- OST;
- the provision of bleach for cleaning needles and syringes; and
- SSPs.

Consistent with the long-established human rights principle that prisoners should have the same access to health care and treatment as people outside prisons (the “principle of equivalence”), WHO, UNAIDS and UNODC have recommended that condoms should be made available to prisoners throughout the span of their detention.<sup>5</sup> They note:

Studies have revealed low levels of harassment of users of the machines by other inmates and few incidents of improper condom disposal. The reported level of safer sex was high among those who had sex and there was no evidence of any unintended consequences as a result of condoms being available.<sup>6</sup>

OST has also been widely recognized as an effective means of stabilizing opioid dependence and thereby reducing illegal drug use in prison, including by injection and hence also syringe-sharing.<sup>7</sup>

Regarding the provision of bleach to prisoners who inject, WHO, UNODC and UNAIDS note that “[d]isinfection and decontamination schemes [i.e. the provision of bleach] in the community

outside prisons are not supported by evidence of effectiveness. In prisons, effectiveness may be reduced even further.”<sup>8</sup> Prison conditions work against the ability of prisoners to follow the full routine of disinfecting injecting equipment using bleach. While bleach has been shown to be effective at eliminating HIV viral particles (if properly used), it has also been shown that bleach is not fully effective at destroying HCV.<sup>9</sup> Thus WHO, UNAIDS and UNODC have clearly stated that, while bleach should be accessible to prisoners, it is “sub-optimal” and is not sufficient as a means of addressing the risks of HIV infection through shared drug injection equipment in prisons.<sup>10</sup>

Consequently, SSPs have been implemented in prisons in a growing number of countries. Such programs have been successfully implemented in both developed and developing countries, in men’s and women’s prisons, and in prisons of varying security levels.<sup>11</sup> These programs have been effective in decreasing syringe-sharing among prisoners injecting drugs. According to WHO, UNODC and UNAIDS, as a result of such programs

[d]rug consumption by inmates participating in such programs was stable or decreased over time. Reported sharing of needles and syringes declined dramatically and was virtually non-existent at the conclusion of most pilot studies. No cases of inmates acquiring HIV, hepatitis B or hepatitis C were reported in any prison with a functioning needle and syringe program. No serious unintended negative consequences were reported.<sup>12</sup>

## What is the situation in Thailand?

Many people who use drugs in Thailand are incarcerated at some point in their lives. From 1992 to 2000, the number of persons jailed for drug use and drug possession only (i.e., not trafficking) more than doubled.<sup>13</sup> UNODC reported that as of 2004, Thailand had over 100 000 people in prison on “drug-related cases”, over one-fifth of which were cases of drug consumption (as opposed to drug trafficking or other drug-related offences).<sup>14</sup>

Incarceration has been a known risk factor for HIV infection among injecting drug users in Thailand for more than a decade.<sup>15</sup> There is evidence that illegal drugs continue to be available in some Thai correctional facilities, indicating continued illegal drug use while incarcerated.<sup>16</sup> Research has revealed HIV prevalence rates as high as 40 percent among injectors who had been jailed.<sup>17</sup> Research has also found significant risks of HIV infection in pre-trial detention facilities.<sup>18</sup>

People in custody also face a risk of exposure to other infectious diseases. For example, tuberculosis prevalence in prisons is several times that in the population as a whole.<sup>19</sup> High rates of incarceration among young methamphetamine users in Thailand have been associated with a range of HIV risk behaviours, including injecting drug use.<sup>20</sup>

While some prisons in Thailand provide some forms of drug treatment, such programs are scarce. Where it does exist, drug treatment in prison usually consists of the operation of therapeutic communities. Opioid substitution therapy for those dependent on opioids does not exist in the prisons. As of the end of 2008, there is no access to the HIV prevention materials in Thai prisons and there is limited access into prisons by community-based HIV education groups. According to the finding of one study of incarceration rates and injection drug use in Thailand, “HIV prevention and drug

treatment are urgently needed in Thai prisons.”<sup>21</sup> According to another study:

The main HIV risk factors of Bangkok inmates were those related to drug injection. Harm reduction measures and HIV intervention strategies should be implemented to prevent more spread of HIV among the inmates and into the community.<sup>22</sup>

Following the introduction of the *Narcotic Addict Rehabilitation Act, B.E. 2545 (2002)*, Thailand has increased the number of people in compulsory drug treatment programs. In 2008, around 40 000 people passed through Thailand’s compulsory drug treatment system, with some 10 000 of these detained in treatment centres.<sup>23</sup> Under this approach, large numbers of people are diverted from prisons into either in-patient or out-patient treatment programs. In-patient treatment programs take place in centres run by government agencies such as the Thai military forces, the Ministry of Public Health and the Ministry of the Interior.

Diverting people away from prisons and into drug treatment centres may reduce the HIV risks associated with imprisonment. However, it is worth noting that before treatment programs commence, people are routinely held for up to 45 days in prison while their cases are being assessed. The HIV risks associated with being held in compulsory drug treatment centres have not been studied. An independent assessment of this aspect of these centres, as well as their methods and effectiveness overall in assisting detainees address their drug dependence, is needed as part of an effort to ensure Thailand implements evidence-based initiatives consistent with human rights requirements.

## Recommendations

- Thai health authorities and correctional systems should promote HIV education in all closed settings, including building pre-release linkages to HIV services (such as harm reduction services) in the community.
- Thai health authorities and correctional systems should ensure that prisoners and those in pre-trial detention facilities, including those held for assessment under the *Narcotic Addict Rehabilitation Act B.E. 2545 (2002)*, have access to condoms, bleach and sterile injection equipment.
- Thai health authorities and correctional systems should ensure that prisoners and those in pre-trial detention facilities, including those held for assessment under the *Narcotic Addict Rehabilitation Act, B.E. 2545 (2002)*, who were on opioid substitution treatment (e.g., methadone maintenance) before incarceration are able to *continue* their treatment while incarcerated or detained; and that prisoners and detainees are able to *start* such treatment in prison or detention whenever they would have been eligible for it outside.
- Thai health authorities and correctional systems should ensure access to voluntary counselling and testing and HIV treatment for those who need it, and should ensure continuous access to antiretroviral therapy for those taking it prior to incarceration.
- Thai health authorities and correctional systems should ensure all prison staff are educated in HIV transmission, prevention and treatment (including basic harm reduction education.)
- Thai health authorities and correctional systems should undertake further evaluation of compulsory drug treatment with a view to standardizing approaches to treatment against accepted international scientific and human rights standards.

## References

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