HIV and HCV in Thailand: implications for national drug policy

Introduction

In countries the world over, the epidemics of HIV and hepatitis C virus (HCV) highlight how international and national policies on illegal drugs have major implications for public health and human rights. Thailand is no exception. The intertwined health challenges of illegal drug use and infectious disease make a powerful case for ensuring that national drug policy is soundly based on evidence and best practices, so as to protect both public health and human rights.

In broad terms, effective drug policy will involve a pragmatic mix of prevention, treatment, law enforcement and harm reduction. According to a report from the United Nations Office on Drugs and Crime (UNODC):

Improving the performance of the drug control system … requires four things simultaneously: enforcement of the laws; prevention of drug-related behaviour; treatment of those who are neither deterred or prevented from entering into illegal drug use; and mitigation of the negative consequences of drugs, both for those who are caught in the web of addiction, as well as for society at large. The last of those four is what is normally called “harm reduction.”

Getting the balance right is important in order to ensure effectiveness. Traditionally, policies on illegal drugs have focused on reducing the supply of drugs and the demand for drugs. These are clearly elements of illegal drug policy wherever use of a particular drug poses a serious threat to public health. But when the goals of supply and demand reduction are primarily pursued through law enforcement, there is often a negative impact on the health and human rights of people who use drugs and on public health more broadly. This is especially the case if the law enforcement component of national drug policy is implemented in ways that largely exclude or seriously undermine the other three components: prevention, treatment and harm reduction.

Illegal drug use in Thailand

It is important to note that attempts to study the nature of illegal drug use in Thailand are compromised by widespread marginalization and stigmatization of people who use drugs. Most data regarding the prevalence and nature of drug use are based on individuals who voluntarily present themselves to drug treatment services, or individuals who are arrested or detained by law enforcement agencies.

Since the mid-1990s, the use of drugs in Thailand has widened from opium, heroin and cannabis to include amphetamine-type stimulants (ATS). One particularly common drug is methamphetamine, commonly known as ya ba or ya ma. Between 1993 and 2001, methamphetamine use in Thailand rose an estimated 1000 percent and methamphetamine overtook heroin as the drug of choice in the country. Thailand has among the highest rates of methamphetamine consumption in Southeast Asia, most frequently smoked but also injected, with some indications of decreased use of methamphetamine pills but increased use of crystallized methamphetamine powder.

Estimates of the number of people who inject drugs in Thailand vary widely. Some recently published estimates put the number at between 160 000 and 270 000.

There are recent reports of increased use of midazolam, a short-acting benzodiazepine available on prescription (or without prescription from corrupt clinics or doctors). Midazolam use has been associated with HIV risk behaviours and serious health problems such as abscesses and vein degradation. Reports also indicate an increasing use of inhalants.

HIV and HCV among people who use injection drugs in Thailand

The HIV prevalence among Thailand’s injection drug users has been reported at between 30–50 percent since 1989. It is estimated that around one-quarter of...
all new HIV infections in Thailand occur through contaminated injection equipment and this figure may rise to 40 percent in the next few years. Some studies have shown that as many as 68 percent of people who inject drugs in Thailand share contaminated needles.

Hepatitis C virus (HCV) is endemic among people who inject drugs in Thailand. Studies have shown a HCV prevalence rate among Thai injection drug users greater than 90 percent. Due to overlapping modes of transmission, HCV is highly prevalent among HIV-positive injection drug users. Some studies have found extremely high HIV/HCV co-infection prevalence among injection drug users, including co-infection levels as high as 99 percent among injection drug users in prison.

The sustained high prevalence of blood-borne diseases such as HIV and HCV among people who use drugs in Thailand signals a clear need for a range of evidence-based interventions that will help prevent HIV transmission through shared injection equipment and help ensure access to care, treatment and support for people who are living with HIV. How the law treats illegal drug use and people who use drugs, and how the law is enforced, will affect how successful such efforts will be in Thailand.

Drug laws in Thailand

Thailand is a party to the three United Nations drug control conventions. Those treaties require states to impose controls on various substances, including the use of criminal law in some instances. However, they also stress the importance of ensuring access to health services for treatment, rehabilitation and reintegration of people with drug dependence, and contain various flexibilities such as allowing for alternatives to conviction and incarceration for drug offences in many instances.

Historically, Thai drug policy has prioritized the criminalization and imprisonment of people who use drugs in attempts to make the country “drug free.” There are a number of laws governing drug use currently in force in Thailand.

The most important acts are the Psychotropic Substances Act, B.E. 2518 (1975) and the Narcotics Act, B.E. 2522 (1979). These two Acts concentrate on banning the unauthorized production, consumption, possession and sale of a wide range of drugs. Controlled psychotropic substances are listed in Schedules I-IV of the Psychotropic Substances Act. Controlled narcotic substances are enumerated in Categories I-V of the Narcotics Act. Both Acts create criminal offences for both personal use and personal possession of controlled substances. Production, importation or exportation of narcotics listed in Category I, when “for the purposes of disposal,” is punishable with the death penalty.

These Acts, as well as the Narcotics Control Act, B.E. 2519 (1976), give police and other competent officials wide powers of search, seizure and arrest, and authorize police to conduct drug testing.

The Narcotic Addict Rehabilitation Act, B.E. 2545 (2002) incorporates a different approach to drug use by creating a legal regime to provide alternatives to incarceration for some drug offences. In the year 2008, around 40 000 people passed through Thailand’s compulsory drug treatment system, with some 10 000 of these detained in treatment centres.

As with any other aspect of the law, such programs need to be evaluated in light of their effectiveness and how they comply with human rights requirements under Thailand’s domestic law and the international law by which Thailand has agreed to be bound.

Health and human rights laws in Thailand

Thailand is a party to many of the primary international human rights treaties, which provide important guidance for ensuring Thai drug policy supports effective measures to respond to HIV and HCV among people who inject drugs.

For example, Thailand is a party to the International Covenant on Civil and Political Rights (ICCPR), which prohibits such things as arbitrary arrest or detention (Article 9), the death penalty, except for the most serious crimes (Article 6), and torture or other cruel, inhuman or degrading treatment (Article 7); and which guarantees various due process rights in legal proceedings (Article 14).

Thailand is also a party to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Such treaties need to be respected in any enforcement of drug laws, including in prisons and any other settings (e.g., compulsory treatment centres) within the control of the government.

Thailand is also a party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which guarantees all individuals the right to the “highest attainable standard of physical and mental health” (Article 12).

The Thai Constitution also includes a basic right to receive health services. Ensuring access to evidence-based services to protect and promote the health of people who use drugs, including those with drug dependence, is a key element of realizing these rights. International agencies have identified a range of best practices and recommendations for responding to HIV, including among injection drug users, that are effective in part because they respect and protect the human rights of those who are marginalized and hence more vulnerable to poor health, including the risk of HIV infection.
Recommendations

• The Thai government must ensure that the nature and implementation of policies to reduce the supply of, and demand for, illegal drugs do not have a negative impact on the health or human rights of people who use drugs or on those who provide services to them.

• The Thai government needs to ensure that its national drug policy includes harm reduction as a key component, and that harm reduction is implemented through a range of evidence-based services and programs to protect and promote the health of people who use drugs.

References

2 Ya ba means, literally, “crazy drug.”
8 See, for example, UNODC, 2008 World Drug Report, p. 283.
15 Narcotics Act, B.E. 2522 (1979), s. 65.
16 See Narcotics Control Act, B.E. 2519 (1976), s. 14. The Narcotics Act, B.E. 2522 (1979) also permits searching (s. 49) and drug testing (s. 58(1)), while the Psychotropic Substances Act B.E. 2518 (1975) contains broad powers of search in s. 49.
17 Department of Probation, Department of Probation & the Compulsory Drug Treatment System in Thailand, undated.
19 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, entered into force June 26, 1987, 1465 U.N.T.S. 85.
21 Constitution of the Kingdom of Thailand, B.E. 2550 (2007), s. 51.
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 2008.9
- 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

13. Open Society Institute, p. 52.
15. Open Society Institute, p. 52.

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This info sheet is also available in Thai.

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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. 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.”

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. Sterile syringe programs have been endorsed by a wide range of scientific and medical organizations, including UNAIDS, WHO and UNODC.

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.

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.”

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.”

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. 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...” 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.

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

2. Ibid.
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.
7. Ibid., p.2
8. Ibid.
10. Section 14(2)
11. Section 14.
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. 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. 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. 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).

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.

References

5 The Model List of Essential Medicines is meant to guide health policy-makers in knowing what medicines are necessary to ensure the health of their populations. See WHO, WHO Model List of Essential Medicines, last revised March 2007, at www.who.int/medicines/publications/essentialmedicines/en/.
Outreach and information programs

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). 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;
- 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.

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.

What is the situation in Thailand?

Outreach and information projects have been successfully implemented in Thailand. 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.


Harm reduction in prison and detention facilities

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.1

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.2 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.3 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.4

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.5 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.6

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.7

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.10 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.11 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.10

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.11 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.13

**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.13 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).14

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

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.19 High rates of incarceration among young methamphetamine users in Thailand have been associated with a range of HIV risk behaviours, including injecting drug use.20

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.”21 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.22

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.23 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

16. Ibid.


22 H. Thaisri et al.

23 Department of Probation, *Department of Probation & the Compulsory Drug Treatment System in Thailand*, undated.