



HARM REDUCTION PROGRAMME IN THAILAND

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ABSTRACT

This article is specifically on the harm reduction programme that has been in practise in Thailand in the past as well as the present on-going project. The Thai government's initiative in declaring war against drugs has greatly helped in this programme. The working group on HIV and Drug Risk Reduction have outlined six projects, from public awareness right up to the prevention of HIV in prisons. Careful implementation and coordination would be the key success factors in order to make these projects successful.

ABSTRAK

Artikel ini adalah berkenaan program "harm reduction" yang dijalankan di Thailand. Dalam usaha memerangi dadah, kerajaan Thai telah pun mengisytiharkan program antidadahnya pada peringkat nasional. Enam projek telah dikenal pasti oleh jawatankuasa HIV dan "Drug Risk Reduction". Ianya meliputi program kesedaran awam sehingga kepada usaha mengelak jangkitan HIV di penjara. Program-program ini memerlukan perancangan yang rapi dan dijalankan secara teratur untuk memastikan ikejayaannya.

Epidemiology of Drug Use in Thailand

Among the many drugs used in Thailand, opium has its longest history of usage dating back to the year 1857. This was when it was legalized and by the 20th century, opium dens were common. After the closure of many opium dens over the past 40 years, in 1959, opium smoking and selling were finally banned. This change of policy resulted in a shift to

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the usage of heroin, and consequently, heavy importing of the substance. (Poshyachinda 1982)². In the 1970's, injecting heroin and smoking cannabis, opium, morphine and methamphetamine (yaba) increased tremendously. It wasn't until the mid 1990's that heroin's popularity weakened, and the drug trend towards amphetamine-type-stimulants (ATS) amplified, which in turn has driven the price increase of heroin. (Office of the Narcotics Control Board (ONCB), Thailand 1996³; Farrell et al 2002⁴).

The most common method used for heroin is by injecting of which the rate of users rose from about 50% in 1994 to nearly 80% by the end of that decade. By 2001, heroin accounted for only approximately 10% of the illicit drug market; however, in Bangkok there were still 40,000 heroin users of whom 90% were injecting themselves (ESCAP/UNODC/UNAIDS 2001)⁵. The age range of heroin users is older than that of ATS users. In 2002, an estimated 0.5% of the general population abused opiates (UNODC 2004a)⁶.

The first stimulant abuse epidemic occurred in the late 1970s, concurrent with the second wave of the heroin epidemic. Since then, local manufacturing of ATS increased dramatically, with methamphetamine, ephedrine, and caffeine being common ingredients in ATS tablets. As indicated by law enforcement statistics, the ATS retail market expanded extensively and women over the age of 40 were assuming a progressively greater role in the retail distribution of ATS (Poshyachinda et al 2000)⁷. ATS is most commonly smoked or ingested, though there have been reports of injecting. The transition to ATS in Thailand is described in several reports.

² Poshyachinda V 1982, Heroin in Thailand. Bangkok: Drug Dependence Research Center, Institute of Health Research, Chulalongkorn University

³ Office of the Narcotics Control Board 1996, A Rapid Survey of Impact from Heroin Price Escalation on Illicit Retail Distribution and the Users. Bangkok

⁴ Farrell M, Ali R, Ling W, Marsden J 2002,

The Practices and Context of Pharmacotherapy of Opioid Dependence in South-East Asia and Western Pacific Regions. Department of Mental Health and Substance Dependence, World Health Organization. Geneva

⁵ ESCAP/ UNODC/ UNAIDS 2001, Injecting Drug Use and HIV Vulnerability: Choices and Consequences in Asia and the Pacific. Report to the Secretary General for the Special Session of the General Assembly on HIV/AIDS. Bangkok

⁶ UNODC 2004a, World Drug Report. Volume 2: Statistics. Vienna

⁷ Poshyachinda V, Perngparn U and Danthumrongkul V 2000, The Amphetamine-Type-Stimulants Epidemic in Thailand: A Case Study of the Treatment, Student, and Wage Laborer Populations. CEWG Community Epidemiology Work Group, National Institute on Drug Abuse



From 1990 to 2002, heroin users being arrested and treated were decreasing, ATS users were markedly increasing and reached its peak in 2002. Nevertheless, the “War on Drugs” policy in Thailand has affected the reduction of ATS usage. The comparison of the 2001 and 2003 national household surveys on drug abuse also confirmed the decreasing trend of ATS usage but the trend of club drugs and kratom (*mitragynine* or *biak/ketum* – a term commonly used by Malaysians) have also increased (Poshyachinda et al 2005)⁸. Although, the data on heroin users showed minimal decreases, the sample size was too small to indicate a definite interpretation (The Administrative Committee of Substance Abuse Academic Network, ONCB, Thailand 2004)⁹. However, ATS was still the most prominent drug used in 2003. According to recent reports assessing the impact on drug users who inject themselves in Chiang Mai, northern Thailand (Vongchak et al 2005)¹⁰, most of them who could not obtain heroin turned to alcohol, ATS and sleeping pills as substitutes. Subsequently, the use of cannabis increased in Mookdaharn, Nakornpanom and Sakonakorn. In addition, volatile substances are particularly used by the younger population.

Epidemiology of HIV/AIDS in Thailand

Two decades have passed since the first case of acquired immunodeficiency syndrome (AIDS) was reported in 1984.^{11,12,13} The rapid outbreak among high risk groups of which the best known were the intravenous injection drug users (IDU) and the female commercial sex worker (CSW), has changed considerably mainly due to strong national responses.

⁸ Poshyachinda V, Sirivongse ANA, Aramrattana A, Kanato M, Assanangkornchai S, Jitpiromsri S 2005, Illicit Substance Supply and Abuse in 2000-2004: An Approach to Assess the Outcome of the War on Drug Operation. *Drug and Alcohol Review* (September), 24, 461-466.

⁹ The Administrative Committee of Substance Abuse Academic Network, Office of Narcotic Control Board 2004, 2003 National Household Survey on Drug Abuse. Bangkok

¹⁰ Vongchak T, Kawichai S, Sherman S, Celentano DD, Sirisanthana T, Latkin C, Wiboonnatakul K, Srirak N., Jittiwutikarn J and Aramrattana A. 2005. The influence of Thailand’s 2003 ‘war on Drugs’ Policy on Self-reported Drug Use among Injection Drug Users in Chiang Mai, Thailand. *International Journal of Drug Policy* 16: 115-121

¹¹ Bureau of Epidemiology, Ministry of Public Health 1984 .Weekly Epidemiological Surveillance Report,15(39): 509-512

¹² Phanuphak P, Lochareernkul C, Panmuong W and Wide H 1985. A Report of Three Case of AIDS in Thailand, *Asian Pacific J. Allerg Immun*, 3: 195-199

¹³ Limsuwan A, Kanapa S. and Siristonapun Y 1986. Acquired Immune Deficiency Syndrome in Thailand. A report of Two Cases, *J Med Assoc Thai*, 69(3): 164-165



Sentinel surveillance was introduced in June 1989. Henceforth, the HIV epidemic in Thailand can be presented in four categories, i.e. firstly in IDUs, secondly among sex workers, thirdly among the male partners of sex workers and finally the general population (World Bank 2000)¹⁴. In 2003, approximately 1.7% of the 36 million population, between the ages of 15-49 years, were reported to be HIV positive (UNAIDS 2004b)¹⁵, predominantly through male-female sexual activity and drug abuse by way of injecting.

The national HIV prevalence among injecting drug users remains high at 45% in 2004 despite its reduction from its peak in the late 1990s. The high HIV prevalence among IDUs was reported in Bangkok and in the southern region in recent years, rising from 40% in 1995 to 57% in 2002 (MOPH Thailand 2000/2001)¹⁶. In addition, HIV incidence among IDUs was shown to range from 5.8 /100 (person-years) in central Thailand to about 8.5 /100 (person-years) in northern Thailand at the turn of the century (Vanichseni et al 2001¹⁷; Celentano et al 1999¹⁸).

HIV prevalence among ATS users was about 2.4% in 2001 (Vongsheree et al 2001)¹⁹: i.e., significantly higher than the national adult HIV prevalence (1.7%). There is also a report revealing 3.7-11.4% infection among non-intravenous drug users who received treatment in Thanyarak Hospitals, and 0.9-3.9% infection among non-intravenous drug users who received treatment at the Drug Treatment Center in Chiang Mai (Perngparn et al 2005)²⁰.

¹⁴ World Bank 2000. Thailand's Response to AIDS; Building on Success, Confronting the Future. Bangkok

¹⁵ UNAIDS 2004b. Epidemiological Fact Sheet on HIV and STIs: Thailand. Geneva

¹⁶ MOPH (Ministry of Public Health Thailand) 2000/ 2001. HIV/AIDS Prevalence. Division of Epidemiology. Bangkok

¹⁷ Vanichseni S, Choopanya K, Des Jarlais D, Sakuntanga P, Kityaporn D et al 2001. HIV among Injecting Drug Users in Bangkok: The First Decade. *J AIDS* : 397-405.

¹⁸ Celentano D, Hodge M, Razak M, Beyrer C, Kawichai S, et al 1999. HIV-1 Incidence among Opiate Users in Northern Thailand. *American Journal of Epidemiology*. 149(6): 558-564

¹⁹ Vongsheree et al 2001. High HIV-1 Prevalence among Methamphetamine Users in Central Thailand, 1999-2000. *J Med Assoc Thai* :Sep; 84(9)1263-7.

²⁰ Perngparn U and Sirinirand P 2005. Mid-term Review on National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006: Drug Dependents, Bangkok



HIV and Drug Risk Reduction

Thailand has implemented three major HIV prevention strategies for IDUs, i.e. psychosocial services including the outreach programme, sterile needle and syringe access, and the drug dependence treatment. The Ministry of Public Health has used media campaigns to disseminate information on HIV transmission as part of the psychosocial services since the early 1990s. Needle exchange and syringe distribution trials started on a pilot basis in Bangkok and some areas of the northern region (Gray 1995²¹; Vanichseni et al 2004²²). In southern Thailand, while no needle and syringe exchange exist, IDUs can purchase equipment legally and at very low cost from local pharmacies (Perngmark et al 2003)²³. District hospitals nationwide continuously offer short-term, tapered methadone treatment, although many addicts eventually resume drug use and return to the clinic (Saelim et al 1998)²⁴. Nevertheless, there are a few clinics, most of them in Bangkok, which offer long-term maintenance therapy (Choopanya et al 2003)²⁵.

According to the National policy, the Working Group on HIV and Drug Risk Reduction has categorized its operations into the following three periods.

The 1st Period Under Task Force on IDU in 2000 to Mid-2003 :

The Taskforce on IDU in Thailand was formed in accordance with the recommendations of the 2000 World Bank's Social Monitor report. In 2000, it was affirmed that Thailand should continue its prevention and care efforts through three taskforces including the taskforce on condom promotion, on IDU and opportunistic infection (OI). The taskforces on condoms and OI functioned for two years and were

²¹ Gray J. 1995. Operating Needle Exchange Programmes in the Hills of Thailand. *AIDS Care*. 7(4):489-499.

²² Vanichseni S, Des Jarlais DC, Choopanya K, et al. 2004 . Sexual Risk Reduction in a Cohort of Injecting Drug Users in Bangkok, Thailand. *J Acquir Immune Defic Syndro*. 37(1):1170-1179.

²³ Perngmark P, Celentano DD, and Kawichai S. 2003. Needle Sharing among Southern Thai Drug Injectors. *Addiction*. 98:1153-1161.

²⁴ Saelim A, Geater A, Chongsuvivatwong V, Rodkla A, Bechtel GA 1998. Needle Sharing and High-Risk Sexual Behaviors among IV Drug Users in Southern Thailand. *AIDS Patient Care and STDs*. 12:707-713.

²⁵ Choopanya K, Des Jarlais DC, Vanichseni S, Mock PA, Kitayaporn D, Sangkhum U, Prasithiphol B, Hiranrus K, van Griensven F, Tappero JW, Mastro TD 2003. HIV Risk Reduction in a Cohort of Injecting Drug Users in Bangkok, Thailand. *J AIDS*. 33(1):88-95.



abolished. This is due to the shift in focus on social marketing by promoting condom vending machines in public institutions, whereas OI was merged into the early national health insurance scheme. Under international pressures on Thailand's drug situation and policy, the taskforce on IDU was in a dilemma, fighting unstably in putting IDU as a social agenda within the movement of HIV/AIDS national response. More difficulties mound from the rigid mandatory roles among the concerned government bodies and there is a lack of coordination especially when the issue became more complicated. This period ended when the changing atmosphere led to more acceptance on the harm reduction approach before the world AIDS Conference took place in Thailand.

The 2nd Period Under Harm Reduction Working Group - Mid 2003 - Mid 2005 : Under this period, the taskforce changed its name to Harm Reduction Working Group. In July 2004 the group was active in hosting the XV International AIDS Conference. At the opening of the Conference, the Prime Minister emphasized harm reduction among IDUs and urged it as a national policy.

The 3rd Period Under Thai Working Group on HIV and Drug Risk Reduction - Mid 2005 - Present : From mid 2005, while the ongoing outreach project was being implemented under the 1st joint plan and was gaining momentum of partnership among key organizations including Department Medical Services by Thanyarak Institute, NGOs, Universities and TDN, more members and partners were interested in participating in the Harm Reduction Group especially the planning meeting to develop the 2nd Joint Plan of Action for 2006-2007. The draft plan is currently under technical review and will be finalized soon.

By 2007, Thailand ensured increased access to the utilization of effective, comprehensive and holistic prevention, treatment, care and support services for HIV/AIDS and IDUs. It is a prominent challenge for Thailand to implement this joint plan with a more-harmonized working process among partners under the supervision of the Thai HIV/AIDS and Drug Risk Reduction group. The draft plan is outlined as follows:



Joint Plan of Action on HIV/AIDS and Drug Risk Reduction in Thailand for 2006-2007²⁶

Project Title	Objectives	Major Activities	Key Outputs
1. Public awareness advocacy on stigma and discrimination, law and policy	1. a) Stigma & discrimination reduced b) Community participation & public awareness/ positive perception increased c) Policy related Information developed and shared consistently d) Policy related activities are continuously implemented e) Policy and law harmonized at appropriate levels f) Campaigning publications developed and utilized.	1.a) Organise a national event (Conference/ seminar) b) Organise community forums and workshops c) Develop policy implementation Guidelines d) Develop campaigning publications	1.a) Increased participation of drug users and partners, b) Policy involvement activities and resource included in the national plan to support activities under the plan c) Legal documents and policy guidelines introduced. d) Public coverage with good quality materials through campaigning and distribution.
2. Finding evidence based and concerning issues related to drugs and HIV/AIDS	2.1 Evidence based and evaluative Information provided to decision makers and the public	2.1 Research/ Survey/on evidence concerned such as: a) To address public attitude b) Access to MMT policy and technical documents, ART Guidelines, VCT for IDUs guidelines etc. c) TB guideline	2. a) Evidence based and evaluative reports on each issue b) Policy document on MMT, technical guidelines on ART-IDUs and VCT. c) TB document

²⁶ With complement from Mr. Sompong Chareonsuk, UNAIDS, Thailand



Project Title	Objectives	Major Activities	Key Outputs
	2.2. a) HIV/AIDS and Drugs situation updated b) Existing services documented and shared. c) A national workshop attended by policy makers, technical officers and practitioners	2.2 a) Mapping of recent studies and results. b) Mapping of existing services c) National Workshop to present each map	2.2. a) Study reports presented and submitted b) Two maps c) Numbers of decision makers, national experts/ academics and practitioners attending the national workshop
3. Drug and HIV/AIDS outreach programme (on-going)	3.1 Access to information and service increased	3.1. a) Building outreach teams composed of existing treatment center personnel and partners, including peer educators and outreach workers through recruitment and training b) Set up VCT and organize related training on VCT for IDUs c) NSP	3.1. a) Number of service providers and partners trained b) Peer to peer outreach coverage in major provinces (Bangkok, Chiang Mai and Songkla) is achieved. c) Two best practices are documented



Project Title	Objectives	Major Activities	Key Outputs
4. Comprehensive care and treatment services	<p>4. a) Comprehensive capacity of service providers strengthened with active participation of drug users and partners</p> <p>b) Comprehensive Health care services system consistently and completely developed with active participation from the community</p>	<p>4. a) Workshop for health providers and care givers on how to provide HIV/AIDS patients and TB on effective ART</p> <p>b) Develop one-stop service for holistic care in hospitals, drugs treatment centers and health centers (MMT, CBT, ART, TB, Alternative treatment)</p> <p>c) Activities to encourage networking of IDUs with HIV/AIDS and families</p> <p>d) Integration of key drop-in centers in major regions into existing health care</p>	<p>4. a) More DUs to receive quality services</p> <p>b) Increased satisfaction of clients - effective referral system in place for friendly continuous services - more PWAs with HIV/AIDS TB & BBD receive services</p> <p>c) Number of networks</p>
5. Comprehensive HIV prevention in prison	<p>5. HIV prevalence among IDUs in prisons is reduced</p>	<p>5.a) Training of officers, prisoners and NGO staffs on VCT / education / counseling / access to condom</p> <p>b) Conduct regular briefings and meetings with key officers on VCT and IEC</p>	<p>5. a) Number of officers, prisoners and NGO staff trained .</p> <p>b) Number of condoms distributed in targeted prisons.</p> <p>c) Appropriate IEC materials developed and used specifically for prisoners and partners.</p>



Project Title	Objectives	Major Activities	Key Outputs
6. Programme coordination and management	6. Programme coordination effectiveness under the joint plan is increased.	6. a) Recruit a programme coordinator b) Set up a programme management system with the budget plan and monitoring activities	6. a) Programme coordinator is contracted and tasks and responsibilities are completed b) Work plan is done by the Coordinator

**REFERENCES**

1. Administrative Committee of Substance Abuse Academic Network, Office of Narcotic Control Board, Thailand. 2004. *2003 National Household Survey on Drug Abuse*. Bangkok
2. Bureau of Epidemiology, Ministry of Public Health. 1984 Weekly Epidemiological Surveillance Report, 15 (39): 509-512.
3. Celentano D, Hodge M, Razak M, Beyrer C, Kawichai S, et al. 1999 HIV-1 Incidence among Opiate Users in Northern Thailand. *American Journal of Epidemiology*, 149(6): 558-564.
4. Choopanya K, Des Jarlais DC, Vanichseni S, Mock PA, Kitayaporn D, Sangkhum U, Prasithiphol B, Hiranrus K, van Griensven F, Tappero JW, Mastro TD. 2003
HIV risk reduction in a cohort of injecting drug users in Bangkok, Thailand. *J AIDS*, 33(1): 88-95.
5. ESCAP/ UNODC/ UNAIDS. 2001 *Injecting drug use and HIV vulnerability : choices and consequences in Asia and the Pacific*. Report to the Secretary General for the Special Session of the General Assembly on HIV/AIDS. Bangkok
6. Farrell M, Ali R, Ling W, Marsden J. 2002 *The practices and context of pharmacotherapy of opioid dependence in South-East Asia and Western Pacific Regions*. Department of Mental Health and Substance Dependence, World Health Organization. Geneva
7. Gray J. 1995. Operating needle exchange programmes in the hills of Thailand. *AIDS Care*, 7(4):489-499.
8. Limsuwan A, Kanapa S. and Siristonapun Y. 1986. Acquired immune deficiency syndrome in Thailand. A report of two cases, *J Med Assoc Thai*, 69(3): 164-165.
9. MOPH (Ministry of Public Health Thailand. 2000/ 2001 *HIV/AIDS prevalence*. Division of Epidemiology. Bangkok
10. Office of the Narcotics Control Board, Thailand. 1996 *A rapid survey of impact from heroin price escalation on illicit retail distribution and the users*. Bangkok.
11. Perngmark P, Celentano DD, and Kawichai S. 2003 Needle sharing among southern Thai drug injectors. *Addiction*, 98: 1153-1161



12. Perngparn U and Sirinirand P. 2005 *Mid-term review on national plan for the prevention and alleviation of HIV/AIDS in Thailand 2002-2006: Drug dependents*. Bangkok
13. Phanuphak P, Locharernkul C, Panmuong W and Wide H. 1985 A report of three case of AIDS in Thailand, *Asian Pacific J Allerg Immun*, 3: 195-199
14. Poshyachinda V. 1982 *Heroin in Thailand*. Bangkok: Drug Dependence Research Center, Institute of Health Research, Chulalongkorn University
15. Poshyachinda V, Perngparn U and Danthumrongkul V. 2000 The amphetamine-type stimulants epidemic in Thailand: A case study of the Treatment, student, and wage laborer populations. *CEWG community epidemiology work group*, National Institute on Drug Abuse.
16. Poshyachinda V, Sirivongse ANA, Aramrattana A, Kanato M, Assanangkornchai S, Jitpiromsri S. 2005 Illicit substance supply and abuse in 2000-2004: An approach to assess the outcome of the War on Drug operation. *Drug and Alcohol Review* (September), 24, 461-466.
17. Saelim A, Geater A, Chongsuvivatwong V, Rodkla A, Bechtel GA. 1998 Needle sharing and high-risk sexual behaviors among IV drug users in southern Thailand. *AIDS Patient Care and STDs*. 12:707-713.
18. UNODC. 2004 a *World Drug Report*. Volume 2: statistics. Vienna
19. UNAIDS. 2004b Epidemiological fact sheet on HIV and STIs : Thailand. Geneva
20. Vanichseni S, Choopanya K, Des Jarlais D, Sakuntanga P, Kityaporn D et al. 2001 HIV among injecting drug users in Bangkok : the first decade. *J AIDS*: 397-405.
21. Vanichseni S, Des Jarlais DC, Choopanya K, et al. 2004 Sexual risk reduction in a cohort of injecting drug users in Bangkok, Thailand. *J Acquir Immune Defic Syndro*. 37(1): 1170-1179.
22. Vongchak T, Kawichai S, Sherman S, Celentano DD, Sirisanthana T, Latkin C, Wiboonnatakul K, Srirak N, Jittiwutikarn J and Aramrattana A. 2005 The influence of Thailand's 2003 'War on Drugs' policy on self-reported drug use among injection drug users in Chiang Mai, Thailand. *International Journal of Drug Policy* 16: 115-121.
23. Vongsheree et al. 2001 Thailand, 1999-2000. *J Med Assoc Thai* : Sep; 84(9): 1263-7.
24. World Bank. 2000 Thailand's response to AIDS; building on success, confronting the future. Bangkok