

Thailand – United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Baseline Assessment Dec 2006

ACRONYMS – THAILAND

AIDS	Acquired Immunodeficiency Syndrome
ARHP	Asia Regional HIV/AIDS Project
ARV	Antiretroviral
ATS	Amphetamine Type Substance
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Agency for International Development
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CHR	Centre for Harm Reduction, Burnet Institute
DU	Drug User(s)
FHI	Family Health International
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDI	Illicit Drugs Initiative
IDU	Injecting Drug User(s)
IEC	Information, Education, Communication
M&E	Monitoring and Evaluation
mgs	milligrams
MOPH	Ministry of Public Health
MOU	Memorandum of Understanding
MMT	Methadone Maintenance Treatment
NAC	National AIDS Committee
NAPHA	National Access to Antiretroviral Program for People living with HIV/AIDS
NGO	Non-Governmental Organization
NIH	National Institutes of Health
NSP	Needle and Syringe Program
ONCB	Office of Narcotics Control Board
PSI	Population Services International
TDN	Thai Drug User Network
TTAG	Thailand Treatment Action Group
UN	United Nations
UNICEF	United Nations Children's Fund
UNODC	United Nations Office for Drugs and Crime
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place (List Relevant Items)	
		Existing	Gaps
Political Commitment	New Government following military intervention MOPH, National AIDS Committee and Justice Department	Political commitment exists to the provision of ARV free to all people under NAPHA program. Ministry of Public Health provides methadone.	<ul style="list-style-type: none"> • No concrete political commitment to harm reduction strategies. • Frequent vocal government opposition to NSP. • No ARV provision for those without citizenship, and unknown coverage for people who use drugs or to IDU in prison settings (ARV only provided in Klong Prem prison hospital to former users). • No drug treatment in prison settings. • The loose framework of Thai NGOs receives virtually no support from Government.
Donor Commitment	Global Fund round 3 – Thai Drug User Network, Thai AIDS Treatment Action Group, Alden House and Raks Thai Foundation (CARE Thailand) PSI CARE Thailand NIH (research with IDU)		Coverage not adequate IDU hard to access.
Costed National Strategy			
Legal Environment	Office of Narcotics Control Board has ultimate power in relation to all drug matters. Ministry of Justice oversees the incarceration, forced drug treatment and probation for drug users.	<ul style="list-style-type: none"> • 1961, 1971, 1988 UN Drug Conventions • Member of ASEAN and signatory to ACCORD ‘drug-free ASEAN by 2015’ strategy • Signatory to “Strengthening of Judicial and Prosecutorial Drug Control Capacity East Asia” 	Broad National Strategy of joint collaboration between public health and law enforcement is needed. Difficult to evaluate effectiveness of drug treatment centres. Substitution therapies are not available and the “cold turkey” methodology remains the method of choice of the Department of Corrections.

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	<p>MOPH through Thanyarak Institute oversees the implementation of drug treatment outside of closed settings.</p> <p>The Medical Health Division of Department of Corrections monitors health of people inside the Compulsory Drug Treatment Centers.</p>	<ul style="list-style-type: none"> • UNODC MOU regarding controlling precursor substances in the Mekong Sub Region • 1976 Thailand National Narcotic Control Act drives most illicit drug policies. Aims to reduce supply through law enforcement and reduce availability of precursors used for ATS and heroin production. • 2002 Thailand implements “Drug User Rehabilitation Act” which is set up to introduce a diversion process away from the judicial system into compulsory treatment. The act recognizes that drug users are patients who have full rights to medical, social and psychological treatment rather than being prosecuted as criminals. 	<p>Despite the implementation of the 2002 Act, many drug users are treated as criminals in reality.</p>
Policy Environment	MOPH Ministry of Justice	Incarceration for drugs possession over 100 mgs of heroin and 5 ATS tablets.	Harm Reduction Policy required
M & E Systems/Research Capacity	Office of Narcotics Control Board funds National Substance Abuse Working Group	<ul style="list-style-type: none"> • Drug research is ongoing and quite strong. • Thailand has produced 2 National Household Drug Use Surveys conducted by the academic network on Substance Abuse. • Academic network meet to discuss drug research and trends. • Research capacity is good. 	<p>The actual number of IDUs is hard to ascertain because the legal and political environment has forced many of them underground.</p> <p>Initiation of injection of methamphetamines and midazolam, methadone and other drugs is a concern. The population of people who use drugs increases with the availability of cheap methamphetamine etc.</p>
Surveillance Systems	ONCB, National Substance Abuse Research Network conducts National Household Drug Survey every two years.	<p>Majority of surveillance data is on seizure and arrest.</p> <p>UN Reference Group estimates IDU numbers.</p>	Data from countrywide IDU surveillance required.

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Multi-sectoral Involvement	(minimal)	Chiang Mai University Research Institute works closely with Law Enforcement for collaboration and understanding.	Outside of academia, limited multi-sectoral involvement.
Law enforcement involvement	(minimal)	ARHP has conducted some seminars and some Thai police have attended these.	A comprehensive effort to design and train police in aspects of harm reduction management of IDU is required.
Involvement of IDUs in Response	(some)	Thai Drug User Network (TDN) operates drop in centres. TDN has in the past been quite involved in advocacy at UN and Government level. Raks Thai Foundation run drop in centres	Ongoing involvement at the national level. TDN at the local level needs more technical assistance to ensure that its final year of Global Fund grant is successful.
Capacity building	Research capacity high. Capacity of service providers to work with IDU low	NGO community carries out trainings for a variety of topics – outreach, ARV provision to IDU	Across the health system, generally low capacity to work with IDU Low capacity for provision of ARV for people on substitution therapy.

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2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 Political environment	New Government post military intervention. Direction unclear. MOPH, National AIDS Committee and Justice Department would be key players in any response but nothing is currently forthcoming from Government level.	Unclear with new Government, recent global fund application allowed for NGOs to take lead on services for IDU but application not successful at this stage.
	1.2 Technical capacity		
	1.3 Fund allocation		
2. Community commitment	2.1 Stigma	Thai AIDS Treatment Action Group, PSI, Care Thailand, TDN, FHI, Substance Abuse Research Network, Johns Hopkins University, CDC	Ongoing work of NGOs continue to reach out as far as possible to IDU but the political and social environment creates obstacles.
	2.2 Technical capacity of community NGOs for adequate coverage		
3. Legislative / policy	3.1 Legal framework	Ministry of Justice, MOPH, NAC, ONCB	Unknown, but it seems highly unlikely that legislation is in process of change regarding harm reduction
4. Comprehensive Services	4.1 Methadone (only free in Bangkok at the moment)	MOPH	Government funding for methadone and community health abstinence models. Most services either nonexistent or on small scale. User advocates want Universal Health Care Coverage to pay for methadone and drug treatment.
	4.2 Matrix Program for ATS		
	4.3 Drug treatment outside of closed settings, methadone and ATS symptomatic management of withdrawal and psychosis		
	4.4 Sexual health service provision to IDU needs scaling up.		
5. Resources	5.1 Ongoing technical support and funding for programs/equipment/materials is an ongoing concern.	PSI, CARE Thailand, TDN, Academic Network	
	5.2 Major need for targeted VCT and harm reduction counselling training		
6. Affected community involvement	6.1 Coverage and extent of involvement are inadequate at Government level	TDN, Chiang Mai University community advisory board TTAG Raks Thai Foundation	Efforts made by TTAG and TDN in advocacy, especially during “drug war”. Chiang Mai university research institute has enlisted several IDU to sit on community advisory boards that input into drug use research projects. Drugs and HIV/AIDS Network started by PSI.

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7. Commodities	7.1 IEC	NGOs	<p>NGOs working with IDU have IEC, training guides and some surreptitious provision of needles – though very insubstantial, due to lack of resources.</p> <p>Constant efforts made to secure further commitment, funds, and commodities to run programs. Massive need for full-scale coverage.</p>
	7.2 Needles /syringes		
8. Scaling up plans	8.1 Expansion of current programs	NGOs working with IDU	<p>A National Harm Reduction meeting convened to discuss scale up in all areas. Success is difficult to ascertain.</p> <p>Some interest in MOPH, less in other ministries. Mostly CBO-driven effort.</p>
	8.2 Very little government commitment or coordination		
9. Capacity Building	9.1 Huge need for technical capacity building especially by users for users. No plan in place.	NGOs, international donors	<p>Technical capacity trainings conducted with NGOs by local NGO (TDN) and CHR with CARE Thailand UN/CDC will offer support to recipients of GFATM IDU project to build capacity.</p> <p>AusAID funded IDI projects including substitution network project. Drug use research training beginning.</p>

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3. Program Implementation¹

Estimated IDU Population: 90080 (Aceijas et al., 2006⁵)

Service Coverage:

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach	10%	PSI Chiang Rai	NONE	200 in Chiangmai/ ChiangRai province, Bangkok unknown, Southern Thailand unknown		Of programs with outreach, condoms distributed to IDU across the board, number hard to ascertain		Unknown as it does not really exist at a national level. The NSP that does occur is targeted (but not country-wide) and remains legally difficult to publicize. It can be safely estimated, however, that around 10% of the IDU across the country are getting

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Drop-in Centres	5%	PSI Chiang Mai TDN Chiang Mai Care (just out of Bangkok)	NONE	For drug use in general (including non-injecting drug use, for which some of the DICs have been set up) – no more than 2000 in total in Chiang Mai. Country- wide unknown.		Unknown		access to cheap/free/clean needles. There is not much information on what is happening outside of Chiang Mai, Chiang Rai and Bangkok, which leaves a lot of people without services.
VCT	5%		Available through national program but not specific for IDU	Through research Trials – 440 in Chiang Mai				
Linkage to HIV Care and Support	NA		Under national program of ARV	National Program, estimates unknown as many IDU in closed settings or ethnic minority without access to national ARV program				
ARV	Technically 100% as is national program		As above	No documented DU/IDU on ARV, because it's practically impossible for a user to discuss use with clinician - may be punished by not receiving ARV ¹				

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Primary Health Care	NA		None					
Needle and Syringe Programs	Programs conducted undercover from some NGOs, most provinces not covered, only just outside of Bangkok.	Undercover outside of CARE Thailand Bangkok. Unknown coverage of what is a dicey service given the illicit nature of the operation	None	Unknown, thought to be not more than a 1000	In Bangkok, two organizations with limited resources provide about 700/month total, and one in Samut Prakhon provides about 500/month			
Substitution Programs	Methadone technically available through all community health centres but in reality coverage probably very low. Methadone available from some hospital or drug treatment centres.	NONE	Continued detoxification rather than substitution operated mainly out of two hospitals in Chiang Mai, a satellite drug detoxification clinic in Chiang Mai and Tanyurak Hospital in Bangkok. Methadone available through community health services around the country, but coverage unknown and technical capacity of	Detoxification programs in Chiang Mai: no more than 200 at any one time				

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			providers also unknown. Chiang Mai University to commence “Suboxone” maintenance/ detoxification trial in early 2007 pending provision of drug and last minute agreements under the auspices of the HIV Prevention Trial Network.					
Linkage to Rehabilitation and Detoxification	NA							
Peer education programmes	5%	Several from the NGOs	None specific for IDU but generalised peer outreach research (ATS Chiang Mai) and school-based and community-based drug demand reduction programs. Mass media plays role in dissemination.					
Targeted IEC	5%		Yes					
Plans for Scale Up	Unknown	Plans exist but extent and means unknown	Unknown					Yes but the ways in which that will happen are unknown and underfunded

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Services in Closed Settings:

Estimated Prisoner Population: 168,264⁴

Estimated % of Drug Offenders: NA

Service	# of Clients Accessing Services
Voluntary Counselling and Testing	HIV testing is available in prisons, although the exact nature of VCT is questionable
Needle and Syringe Programs	No
Peer Education Programs	2
Substitution Maintenance	No
Post-release Follow-up	Minimal
Primary Health Care	Closed setting health service provides minimal primary health care to all
Condoms	Only one pilot in Bang Kwang – unknown progress or evaluation
Total	

Workforce¹

Estimated Required Workforce: **3000 people.**

Including closed settings, scaled up drop in and outreach, medical service providers (*personal assessment given background knowledge*).

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	UNAVAILABLE – to estimate is difficult							
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers							NONE	LOW
Plans for Scale Up								MEDIUM CAPACITY FOR SCALE UP BUT REQUIRES SHIFT IN POLICY.

4. Gap Analysis

1. Harm reduction for IDU is very underdeveloped. There is not sufficient access or data to really determine what the needs of the IDU community in Thailand are.
2. A focus of harm reduction to include the HIV risk associated with ATS use through both sexual and injecting risk could further expand the reach of harm reduction in the field of health promotion. A new Government and political landscape provides fresh advocacy opportunities.

5. Recommendations

1. Urgent need for pro-harm reduction policies.
2. Need to scale up comprehensive harm reduction initiatives with low, medium and high threshold services.

6. References

¹ Karyn Kaplan, personal communication.

² Devaney, M., Reid, G., & Baldwin, S. (2006). *Situational Analysis of Illicit Drug Issues and Responses in the Asia-Pacific Region*. Canberra: Australian National Council on Drugs.

³ Karyn Kaplan, personal insights from the field

⁴ Walmsley R (2005). *World Prison Population List*, sixth edition. London: International Centre for Prison Studies, King's College London.

⁵ Aceijas, C., Friedman, S. R., et al. on behalf of the Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries, *Sex. Transm. Inf.* 2006; **82**; 10-17.