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Time for a Sensible Needle and Syringe Policy in Thailand

By ASIAN, HARM REDUCTION NETWORK & Partners

Despite an overwhelming increase in drug trafficking and problems of drug addiction, including HIV (42.5%)¹ and Hepatitis C (89.8 %)² prevalence amongst PWID (people who inject drugs), the government of Thailand has yet to develop a coherent policy, based on harm reduction, to reduce such dangerously high prevalence of blood borne pathogens. The government estimates that 1.2 million Thais - nearly 2% of the population - use drugs and are in need of treatment. Some estimates put the number of PWUD (people who use drugs) even higher, at between 2 and 3 million.³ Yet despite the magnitude of the problem,

the government has so far adopted strategies that emphasized more on supply and demand reduction, where law enforcement rather than public health, plays a key role. The strategies, which aims to achieve a drug free society, tilts the environment towards total abstinence. Harm reduction and its key components are not mentioned in the recently announced national narcotics control policy under the title 'Kingdom's Unity for Victory over Drugs Strategy'⁴. This leaves little room for those implementing harm reduction programs within the country.

¹ Cook, C (ed). (2010). Global state of harm reduction report. *International Harm Reduction Association*: London, 16.
² Nelson PK, Mathers BM, Cowie B, Hagan H, Des Jarlais D, Horyniak D, Degenhardt L (2011) Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews *Lancet* 378(9791): 571 – 583.
³ Pandey, I. and Burris, S. (2008). *Unkept promises: 'Law on the books' and high risk populations in Thailand*. Rapid Policy Assessment and Response.
⁴ Prime Minister Yingluck Shinawatra announced on 11 September 2011 at the Government House.

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⁵Section 93/1 & Section 94/1 of Narcotic Act, 1979, & Section 6 of Act on Measures for Suppression of Offenders in an Offense Relating to Narcotics, 1991.

⁶ Interview with dr. apinun aramrattana, 16 May 2012

⁷Deadly Denial p. 24 (Letter number Tav Chaw 0031212/1468 from Lieutenant General Chamwut Wacharapuk, acting deputy commander in chief, National Police Office, February 27, 2006, in reference to letter number #0424.4/4/350 from Department of Disease Control, Ministry of Public Health, January 30, 2006.)

⁸ Bangkok Post, 17 August 2012. "Government war on drugs hailed a success".

⁹ Interview with dr. Apinun Aramrattana, 16 May 2012

An overwhelmingly populist approach to drug issues, exacerbated by sensationalization in the media, has made government officials reluctant to adopt approaches likely to meet popular resistance, regardless of its effectiveness. While the Thai government has made enormous strides in halting and reversing the HIV/AIDS epidemic, particularly among sex workers, such advancements are far from the reality among the drug user community. The current rigid policy on narcotics does not support proven interventions, such as needle and syringe distribution. According to the Narcotics Control Act, clean needles, syringes, and other lifesaving equipment are considered paraphernalia for injecting drugs and hence those providing these paraphernalia, without valid permission or license as prescribed under the Narcotics Act, are liable to arrest⁵. This has serious implications for harm reduction service providers and recipients, who can be charged with narcotics offenses under the narcotics acts as mentioned above.

Fear of harassment and arrest at drop-in centers prevents many PWID from having access to harm reduction services that would most benefit them. For this reason, outreach programs are essential to ensure the drug user communities are adequately reached with provision of quality services. Yet outreach workers and peer educators, who are mostly current-injecting drug users, often face harassments from law enforcement officials on the pretext of abetting or encouraging others to inject drugs. "Police never surrender to NSP," says Dr. Apinun Aramrattana, one of the foremost authorities on harm reduction in

Thailand. "When they want to make an arrest, they know where to go. They'll set up a checkpoint and find syringes. Working for needle-syringe outreach programs means outreach workers and peer educators have to expose their status [as PWID]. It is very difficult, because police always 'have their reasons' for their arrests."⁶ While a memorandum from the National Police Office makes clear that the possession of needles and other equipment for injection cannot form the basis for arrest, its instructions are rarely being honored, in favor of the more restrictive Narcotics Control Act.⁷

The harsh criminalization approach adopted recently by the government, has created fear amongst many harm reduction implementers and activists that this would repeat the infamous "war on drugs" taken up during the then Prime Minister Thaksin Shinawatra's tenure in 2003 and 2004. The Bangkok Post recently noted that in 2012 alone, 450,000 people who use drugs were sent to compulsory drug treatment, a substantial increase compared to the 300,000 sent to similar facilities under Prime Minister Shinawatra⁸. The present measures have already impacted harm reduction services in the field, substantially. Problems of law enforcement have caused the ad-hoc NSP programs in the northern province of Chiang Rai to shut down. This has further made expansion of NSP services, already so precarious due to their legal status, more difficult and questionable.⁹

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Why now?

Thailand's drug epidemic reflects new realities in drug use - the vast majority of users are now addicted to methamphetamine or other amphetamine-type substances (ATS), a substantial shift from more 'traditional' addiction trends, where heroin and other opioids were responsible for the brunt of addiction. Yet the HIV rate amongst PWID remains, at 42.5%, unconscionably high – higher indeed, than any other country in the Asia region.¹⁰ Nearly 90% of PWID also test positive for Hepatitis C (HCV).¹¹ At present, about 10% of current methamphetamine users are estimated to be IDU and their number continues to grow.

[*Infact, the 2010 national IBBS (Integrated Biological and Behavioral Surveillance) data collected by the Bureau of Epidemiology, shows between 18.1% and 30.3% of PWID in Thailand are injecting ATS.*] With an increasing chronic methamphetamine use problem, the number of PWUD needing higher dosages also increases, pushing some smokers towards injection, which requires a smaller dose to achieve a higher and long lasting high. The country's high HIV and HCV rates among people who inject drugs, combined with an increasing injecting population, risks reigniting a destructive epidemic with exponential transmissions.

WHO recommends implementation of a comprehensive package of services to prevent HIV transmission among people who inject drugs¹². The package includes opioid substitution therapy (OST) as an effective, cost-effective and safe medication to eliminate cravings for drugs and withdrawal symptoms while stabilizing drug users. Unfortunately, OST with methadone or buprenorphine does not provide relief to

people who are dependent on amphetamine-type stimulants which implies that provision of sterile needles and syringes becomes all the more important to reduce HIV transmission.

As recent drug seizures along the Thai-Myanmar border demonstrate, methamphetamine and ATS continues to flood the Thai market with no signs of decline. Between 2009 and 2010, the quantity of methamphetamine tablets (yaba/WY) seized nearly doubled, from 26.85 to 51.6 million tablets.¹³ The increase in crystal methamphetamine seizures, from 210 to 726 kg, was even more dramatic.¹⁴ With the flow of drugs to Thailand continuing to increase, it is both naive and irresponsible to continue blocking the very services that can help halt epidemics spread through injecting drug use.

Drug use, abuse, and addiction cannot be fought only through prison sentences and short-term compulsory drug treatment and detoxification. Thailand's record on reducing disease transmission amongst PWUD is embarrassing for a country lauded for its HIV initiatives amongst sex workers and other high risk groups. Even now, most harm reduction services continue to be run by NGOs/non governmental organizations receiving external funding.¹⁵ The time is long overdue for Thailand to recognize the role harm reduction services have, particularly NSP, in halting a health epidemic that affects the entire population. The government must amend its policies to reflect support for NSP programs and to build an enabling and friendly environment for those most vulnerable groups in the society. Otherwise it may soon be too late for any genuine efforts to bear fruit.

¹⁰ Harm Reduction International - Global State on Harm Reduction 2012, forthcoming.

¹¹ *ibid*

¹² 'A strategy to halt and reverse the HIV epidemic among people who inject drugs in Asia and the Pacific 2010-2015' - WHO Publication; 'Treatment and Care for HIV-Positive Injecting Drug Users, 2007' - A Joint Publication by WHO, FHI and ASEAN Secretariat

¹³ Thailand narcotics control annual report 2010 p. 16

¹⁴ *ibid*

¹⁵ Dr. Apinun interview - 16 May 2012 on Global Fund

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