Reducing Drug-Related Harm in Thailand

Evidence and Recommendations
from the
Mitsampan Community Research Project

Report prepared by the
Urban Health Research Initiative of the
British Columbia Centre for Excellence in HIV/AIDS and
Thai AIDS Treatment Action Group (TTAG)

September 2011, 1st revision February 2012

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EXECUTIVE SUMMARY

For decades, Thailand has experienced high rates of illicit drug use and HIV/AIDS among people who inject drugs (PWID). In response to the drug problem, the Royal Thai Government has relied primarily on criminal justice approaches such as policing, incarceration, and mandatory drug detention centers. Despite these efforts, illicit drugs remain easily accessible, drug use is widespread, and the epidemic of HIV/AIDS among PWID continues.

The Mitsampan Community Research Project was launched as a collaborative research effort by Thai AIDS Treatment Action Group (TTAG), the Mitsampan Harm Reduction Center, the Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS (Vancouver, Canada), and Chulalongkorn University (Bangkok, Thailand). This project sought to investigate patterns of drug use, health services use, criminal justice interactions, and health-related harms among PWID in Bangkok. The Project reached 468 local PWID in Bangkok over two cycles of surveying conducted in 2008 and 2009.

The purpose of this report is to summarize the research findings and provide evidence-based recommendations. All research findings presented here have been subjected to independent scientific review and published in peer-reviewed journals. These findings are summarized below in plain language in order to make this research accessible to a broad stakeholder audience.

Research Findings

Drug Use Patterns and Drug-related Harms

1. 30% of study participants reported **syringe borrowing** in the previous six months. These participants were more likely to report difficulty accessing sterile syringes. The main reasons people gave for having difficulty accessing syringes included being too far from syringe outlets, pharmacies being closed, and being refused syringes at pharmacies.
2. 37% of study participants reported injecting **methamphetamine (*yaba*)** twice or more per week in the previous six months. Frequent methamphetamine injectors were almost three times more likely to report sharing syringes than those who did not report frequent methamphetamine injection.
3. 57% of study participants reported injecting **midazolam** on a daily basis during the previous six months. People who had injected midazolam were more likely to engage in binge drug use and to use various drugs in combination.

4. 30% of study participants reported a history of **overdose**. These participants were more likely to use various drugs in combination and to have spent time in prison. While most participants had responded to an overdose, almost half reported an incorrect response, such as injecting overdose victims with salt water. Half of the participants said they did not have enough information to effectively manage an overdose.

Experiences with Drug Law Enforcement

5. 78% of study participants reported a history of **imprisonment**. These participants were more likely to have been through compulsory drug treatment and to have shared syringes. Almost 30% of those who had been in prison said they used drugs while in prison, and 81% also shared syringes while incarcerated.
6. 32% of participants reported that they had been through **compulsory drug treatment**.* These participants were more likely to report that they had experienced police abuse and that they used drugs as frequently as those who had not been through compulsory drug treatment. This suggests that compulsory drug treatment centers may not be helping to reduce drug use.
7. 48% of study participants reported **having drugs planted on them by police**. These participants were more likely to report a history of overdose, syringe sharing, and to have been through compulsory drug treatment. Almost half of these individuals paid money to police to avoid arrest.
8. 54% of study participants reported **an increase in police presence** where they obtained or used drugs in the previous six months. However, levels of drug use were the same among those who did and did not report observing an increase in police presence. These findings suggest that police presence alone is not helping to reduce drug use.

* Throughout this report, we directly translate the Thai legal term *bangkap bambat* as "compulsory treatment" when referring to the court-mandated referral of people who use drugs to programs under the *Narcotic Addict Rehabilitation Act* (2002). However, we take issue with the use of the word "treatment" in this context, acknowledging the lack of scientific evidence informing the methods used in such programs, and prefer for its accuracy the term used by the UN and others: "compulsory centers for drug users / CCDUs."

Access to Health Care and Harm Reduction Services

9. 52% of study participants who reported opiate use had received **methadone treatment** in the previous six months. Almost all (99%) of these participants also used other illicit drugs while receiving methadone, and 15% reported having been harassed by police near a methadone clinic.
10. Only 52% of the HIV-positive study participants reported that they had been tested for hepatitis C virus (**HCV**). 66% of participants who did not know their HCV status said that they had never heard of HCV, and 38% reported sharing used syringes in the previous six months.
11. 30% of study participants reported that they had been to the **Mitsampan Harm Reduction Center (MSHRC)** previously. These participants were more likely to have experienced difficulty accessing sterile syringes. Forms of support most commonly accessed at the MSHRC included obtaining sterile syringes (100%), food and a place to rest (84%), and information about HIV (76%) and safer injecting (66%). The primary reason given for not previously attending the MSHRC was: "Didn't know it existed."

Recommendations

The findings from this research project have implications for policy and program development, and reforms to the criminal justice system. Below are a number of key recommendations for the Royal Thai Government and the United Nations.

To the Royal Thai Government:

1. Consistent with Thai law promoting the treatment of people who use drugs as patients, not criminals, the Royal Thai Government should explore alternative regulatory frameworks for illicit drugs, including models of decriminalization.
2. Phase out compulsory drug treatment centers and increase access to voluntary, evidence-based drug treatment and harm reduction services within community settings.
3. Implement effective measures addressing police abuse against people who use drugs.
   - Provide harm reduction and human rights training for all law enforcement officers and prosecutors.

- Establish an independent, civilian-led complaint mechanism for victims of police abuse.
- Promote systems of accountability for law enforcement officials charged with abuses against people who use drugs and ensure their timely prosecution.

4. Provide the full range of evidence-based harm reduction services* at public health centers as well as in police detention facilities and prisons.
5. Support the integration of overdose prevention and management training, including the provision of naloxone, into services for people who use drugs in various settings: public health centers, community settings, police detention facilities, and prisons.
6. Promote HCV awareness and access to affordable diagnostics and treatment for PWID.
7. Ensure the meaningful involvement of people who use drugs in the design and evaluation of relevant policies and programs, and directly fund peer-led harm reduction activities.

To the United Nations:

1. The United Nations Office on Drugs and Crime (UNODC) should conduct an impact assessment of Thai drug laws and policies on the health and human rights of people who use drugs.
2. UNODC should provide technical support to the Royal Thai Government to harmonize public health and public security laws and policies to ensure they conform to human rights norms and principles.
3. UNODC should provide the Royal Thai Government with alternative regulatory frameworks for illicit drugs, including options for decriminalizing drugs for personal use and developing models for the legal regulation of drug production and supply.
4. The World Health Organization (WHO) should establish standards for the provision of HCV diagnostics and treatment, and undertake efforts to promote access to affordable HCV medicines at the global level.
5. All UN agencies and bodies should promote the meaningful involvement of people who use drugs in Thailand—in developing, monitoring, implementing, and evaluating services and policies that affect their lives.

* Harm reduction programs include: needle and syringe distribution; drug substitution or replacement therapy using substances such as methadone; health and drug education; HIV and sexually transmitted disease screening; psychological counseling; overdose prevention and management, including the use of naloxone; and medical care.

BACKGROUND

Thailand has experienced longstanding epidemics of illicit drug use and human immunodeficiency virus (HIV) [1, 2]. In response to these challenges, the Royal Thai Government has relied heavily on criminal justice approaches in an effort to control the supply and use of drugs [3]. However, despite these efforts, illicit drugs remain accessible, and drug use remains widespread. Further, although Thailand has experienced some success in reducing the sexual transmission of HIV among certain affected populations [4], HIV rates remain high among people who inject drugs (PWID) [2].

In light of ongoing health problems associated with drug use and HIV/AIDS in Thailand, concerns remain regarding the lack of availability of effective public health programs for PWID—in particular, harm reduction services endorsed by the United Nations (UN) such as needle and syringe programs, methadone maintenance therapy, and access to antiretroviral therapies [5].

In 2002, Thailand enacted the Narcotic Addict Rehabilitation Act B. E. 2545, which classifies people who use drugs as "patients" instead of "criminals." Yet, in practice, Thailand continues to support aggressive policing approaches and the expansion of compulsory drug treatment centers [6, 7]. Few if any health care settings provide appropriate, evidence-based health services to PWID. To date, the impact of a punitive public security approach on the drug use patterns and health status of people who use drugs has not been thoroughly evaluated. Likewise, little is known about the coverage, quality, and effectiveness of other public health programs for people who use drugs in community settings.

METHODOLOGY

The Mitsampan Community Research Project (MSCRP) is a collaborative research effort involving the Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS (Vancouver, Canada) and Thai AIDS Treatment Action Group (TTAG), the Mitsampan Harm Reduction Center (MSHRC), and Chulalongkorn University (Bangkok, Thailand).

The specific methods employed in this study have been described in detail elsewhere [8]. In brief, the study participants were all active PWID, defined as individuals who injected drugs in the previous six months. In 2008 and again in 2009, potential study participants were contacted through outreach and word-of-mouth, and were invited to the MSHRC to learn more about the study. After providing informed consent, study participants completed an interviewer-administered questionnaire covering a range of topics such as demographic data, information on drug use patterns, HIV risk behavior, health problems, access to health care, and experiences with the criminal justice system. The study was approved by research ethics boards at Chulalongkorn University and the University of British Columbia.

SUMMARIES OF RESEARCH FINDINGS

Drug-Related Harm

Difficulty Accessing Sterile Syringes

Kerr T, Fairbairn N, Hayashi K, Suwannawong P, Kaplan K, Zhang R, Wood E. **Difficulty accessing syringes and syringe borrowing among injection drug users in Bangkok, Thailand.** *Drug and Alcohol Review*, 2010; 29: 157-161.

The sharing of used syringes is a primary cause of HIV infection among PWID. In order to better understand the relationship between access to sterile syringes and HIV risk behavior, MSCRP researchers talked to PWID in Bangkok about syringe sharing.

Among individuals who participated in our study in August 2008, 30% reported borrowing a used syringe in the past six months. These participants were more likely to have had difficulty accessing syringes and to inject with other people. The main reasons people gave for having difficulty accessing syringes included being too far from syringe outlets, pharmacies being closed, and being refused syringes at pharmacies.

This study reveals high rates of syringe sharing among PWID in Bangkok. The study also suggests that this HIV risk behavior is linked to problems accessing sterile syringes. Immediate action should be taken to ensure widespread access to sterile syringes throughout Thailand. Syringe exchange is effective in reducing the spread of HIV infection and is considered to be a "best practice" by various authorities, including the World Health Organization (WHO).

Methamphetamine Injection

Hayashi K, Wood E, Suwannawong P, Kaplan K, Qi J, Kerr T. **Methamphetamine injection and syringe sharing among a community-recruited sample of injection drug users in Bangkok, Thailand.** *Drug and Alcohol Dependence*, 2011; 115(1-2): 145-149.

Methamphetamine use is increasing in many countries, including Thailand. While previous studies raised concerns about HIV infection among methamphetamine users, the risks associated with methamphetamine injection have not been fully explored. Therefore, in 2009, MSCRP researchers examined potential links between methamphetamine injection and syringe sharing among PWID in Bangkok.

In total, 37% of the PWID who participated in that study reported having injected methamphetamine (*yaba*) twice or more per week in the previous six months. These individuals were nearly three times more likely to share syringes with others, compared to those who did not inject methamphetamine or who injected methamphetamine less frequently.

The study suggests that methamphetamine injectors have been increasing in number and are more likely to share syringes with others. Essential HIV prevention services targeting PWID, such as needle and syringe programs and evidence-based addiction treatment, should be included in efforts to address methamphetamine use in Thailand.

Midazolam Injection

Kerr T, Kiatying-Angsulee N, Fairbairn N, Hayashi K, Suwannawong P, Kaplan K, Lai C, Wood E. **High rates of midazolam injection among drug users in Bangkok, Thailand.** *Harm Reduction Journal*, 2010; 7: 7.

Reports from Thailand suggest that a growing number of PWID are now injecting midazolam, a benzodiazepine legally available from private clinics. During August of 2008, MSCRP researchers asked PWID about the use of midazolam.

67% of study participants reported previously injecting midazolam, and 57% reported having injected midazolam on a daily basis in the previous six months. People who injected midazolam were almost six times more likely to have used various drugs

in combination, three times more likely to have received methadone treatment, and two times more likely to engage in binge drug use.

These findings indicate that midazolam injection has become increasingly common among PWID in Bangkok. Further research is needed to identify the harms arising from midazolam injecting and to inform the development of related harm reduction approaches.

Non-Fatal Overdose

Milloy MJ, Fairbairn N, Hayashi K, Suwannawong P, Kaplan K, Wood E, Kerr T. **Overdose experiences among injection drug users in Bangkok, Thailand.** *Harm Reduction Journal*, 2010; 7: 9.

Globally, drug-related overdose is the primary cause of morbidity and mortality among PWID. During August of 2008, MSCRP researchers examined overdose patterns and responses to overdose among PWID in Bangkok.

The study found that 30% of participants had experienced an overdose, and these individuals were almost four times more likely to have spent time in prison. The majority of participants (68%) had responded to an overdose. While many reported correct responses, almost half reported an incorrect response, such as injecting the individual with salt water. Only half of the participants said they had enough information to manage an overdose.

This study suggests that PWID in Bangkok suffer from high rates of overdose, and also highlights the need to expand overdose prevention and management programs, including naloxone distribution. These findings also point to the need to balance public health approaches with criminal justice approaches, and to ensure appropriate post-release support for individuals leaving prison.

Experiences with Drug Law Enforcement

Incarceration

Hayashi K, Milloy MJ, Fairbairn N, Kaplan K, Lai C, Wood E, Kerr T. **Incarceration experiences among a community-based sample of injection drug users in Bangkok, Thailand.** *BMC Public Health*, 2009; 9: 492.

In many countries, including Thailand, the dominant response to drug use is arrest and imprisonment. Unfortunately, it is well known that incarceration has many negative health impacts for PWID. During August of 2008, MSCRP researchers investigated the experiences of incarceration among PWID in Bangkok.

Among study participants, 78% had ever been imprisoned. Compared to those without a history of incarceration, those ever incarcerated were almost five times more likely to report having been through compulsory drug treatment and twice as likely to have shared used syringes. Almost 30% of PWID with a history of imprisonment reported using drugs while in prison, and 81% of these individuals also shared used syringes while incarcerated.

This study highlights how drug policies based on law enforcement have the potential to fuel the HIV epidemic among PWID in Thailand by imprisoning people who use drugs but failing to provide appropriate HIV prevention measures in prison. The Thai government should implement syringe exchange in prisons, as well as a more health-focused response to the harms of drug use.

A sign on a detainee transportation bus says: "A place for drug users, pranksters, and gangsters."

Compulsory Drug Treatment

Csete J, Kaplan K, Hayashi K, Fairbairn N, Suwannawong P, Zhang R, Wood E, Kerr T. **Compulsory drug detention center experiences among a community-recruited sample of injection drug users in Bangkok, Thailand.** *BMC International Health and Human Rights,* 2011; 11: 12.

Although addiction is a health issue, Thailand, like many other countries, has continued to rely on enforcement and coercion when dealing with PWID. The Thai government has implemented compulsory drug treatment centers throughout the country, which are typically run like military "boot camps" and offer little in the way of evidence-based drug treatment programming. During August of 2008, MSCRP researchers examined experiences with compulsory drug treatment among PWID in Bangkok.

32% of study participants had been through compulsory drug treatment. When compared to other participants, these individuals spent more money on drugs each day and were more likely to have had drugs planted on them by police. 96% of these participants reported having injected drugs in the past week. Current levels of drug use were the same among those who had and had not been enrolled in compulsory drug treatment.

This study suggests that the system of compulsory drug treatment in Thailand is associated with police abuse. As well, these findings suggest that compulsory drug treatment centers may not be helping to reduce drug use among PWID.

Police Misconduct

Fairbairn N, Kaplan K, Hayashi K, Lai C, Wood E, Kerr T. **Evidence planting by police among a community-based sample of injection drug users in Bangkok, Thailand.** *BMC International Health and Human Rights*, 2009; 4: 29.

Drug law enforcement practices that target PWID have been associated with human rights violations and health-related harms. There have been persistent concerns regarding police abuse against PWID in Thailand. During August of 2008, MSCRP researchers examined "evidence planting" by police among PWID in Bangkok.

Among study participants, 48% reported having drugs planted on them by police. These individuals were more likely to report midazolam use, as well as a history of overdose and syringe sharing. As well, these participants were also more likely to have been in compulsory drug treatment, and almost half paid money to police in an effort to avoid arrest.

The findings of this study suggest that Thai police are violating the human rights of PWID by engaging in drug planting. This practice is associated with various risk behaviors. Immediate action should be taken to address this form of abuse of power by Thai police.

Perceived Increase in Police Presence

Werb D, Hayashi K, Fairbairn N, Kaplan K, Suwannawong P, Lai C, Kerr T. **Drug use patterns among Thai illicit drug users amidst increased police presence.** *Substance Abuse Treatment, Prevention, and Policy*, 2009; 4: 16.

Thailand has routinely implemented police crackdowns on drug use in an effort to make the country "drug-free." In 2008, shortly before the Mitsampan Community Research Project was launched, the Thai government had implemented a three-month police crackdown campaign. Later in 2008, researchers working with the Project asked PWID in Bangkok about their drug use patterns and encounters with police.

Among the study participants, 62% reported heroin injection, 52% reported midazolam injection, and 34% reported injection of *yaba* and *ice* (crystal methamphetamine) on a daily basis in the previous six months. 54% reported observing an increase in police presence where they obtained or used drugs in the previous six months. However, current levels of drug use were the same among participants who did and did not observe an increase in police presence.

This study suggests that people continue to inject drugs on a frequent basis even though they notice the increased police presence in places where they buy and use drugs. Findings of this study raise questions regarding the benefits of increasing policing presence to reduce drug use.

Access to Health Care and Harm Reduction Services

Methadone Treatment

Fairbairn N, Hayashi K, Kaplan K, Suwannawong P, Qi J, Wood E, Kerr T. **Factors associated with methadone treatment among injection drug users in Bangkok, Thailand**. *Journal of Substance Abuse Treatment*, 2011 Dec 5 [Epub ahead of print].

Methadone maintenance therapy has been shown to reduce opiate use and HIV risk behavior, and to improve access to HIV treatment. However, there are concerns regarding how methadone treatment is provided in Thailand. In many places in Thailand, methadone is provided as a short detoxification program. In 2009, MSCRP researchers asked PWID in Bangkok about the use of methadone treatment.

A sign in front of a methadone clinic says: "If you're addicted to drugs, get voluntary treatment. It's better than getting arrested."

52% of study participants who had used opiates reported receiving methadone treatment in the previous six months. These individuals were more likely to inject midazolam on a frequent basis when compared to those who were not receiving methadone treatment. Current levels of opiate use were the same among participants who had and had not been enrolled in methadone treatment. Almost all (99%) of the methadone recipients relapsed into drug use while on treatment, and 15% reported police harassment near a methadone clinic.

Although many PWID in Bangkok have accessed methadone treatment, high rates of ongoing drug use among methadone users raises concerns about how methadone treatment is being provided. Efforts should be made to ensure that providers are following best practice guidelines for methadone treatment, and measures are needed to reduce police harassment near clinics.

Hepatitis C Testing

Hayashi K, Montaner J, Kaplan K, Suwannawong P, Wood E, Qi J, Kerr T. **Low uptake of hepatitis C testing and high prevalence of risk behavior among HIV-positive injection drug users in Bangkok, Thailand.** *Journal of Acquired Immune Deficiency Syndromes*, 2011; 56(5): e133-e135.

HIV and hepatitis C virus (HCV) co-infection is highly prevalent among PWID. Because HCV can undermine the effectiveness of HIV treatment, the WHO advises that all PWID living with HIV be screened for HCV. However, in Thailand, concerns persist regarding a lack of attention to HIV–HCV co-infection. In 2009, MSCRP researchers asked HIV-positive PWID in Bangkok about their experiences of HCV testing and HCV risk behavior.

Among HIV-positive study participants, 52% had ever been tested for HCV. Primary reasons given for not getting tested for HCV included "never heard of HCV" (66%) and "not aware of HCV risks" (38%). Among the individuals who did not know their HCV status, 38% reported having shared syringes in the previous six months.

This study suggests that access to HCV testing is low among HIV-positive PWID in Bangkok. This may be related to a lack of awareness of HCV. Further, rates of HCV risk behavior are high among HIV-positive PWID who do not know their HCV status. These findings suggest that Thailand must promote HCV awareness and access to HCV prevention tools, diagnostics and treatment for HIV-positive PWID.

Experiences with the Mitsampan Harm Reduction Center

Kerr T, Hayashi K, Fairbairn N, Kaplan K, Suwannawong P, Zhang R, Wood, E. **Expanding the reach of harm reduction in Thailand: Experiences with a drug user-run drop-in center.** *International Journal of Drug Policy*, 2010; 21(3): 255-258.

Despite an ongoing epidemic of HIV infection among PWID, Thailand has been slow to implement harm reduction programs. In response, the drug-user-led Mitsampan Harm Reduction Center (MSHRC) opened in Bangkok in 2004. In 2008, MSCRP researchers examined experiences with the MSHRC among PWID in Bangkok.

30% of study participants reported that they had been to the MSHRC previously. Those who had been to the MSHRC before were more likely to be male and to report difficulty accessing sterile syringes. Forms of support most commonly accessed at the MSHRC included sterile syringes (100%), food and a place to rest (84%), and informa-

tion about HIV (76%), and safer injecting (66%). The primary reason given for not previously attending the MSHRC was "didn't know it existed."

The MSHRC is expanding harm reduction programming in Thailand by reaching PWID, including those who report difficulty accessing sterile syringes. In order to extend the benefits of the MSHRC, efforts should be made to increase awareness of the Center, especially among women who inject drugs, who may face even more barriers to accessing services than male PWID.

LIMITATIONS

It is important to note that, like all research, the work described in this report has limitations. The limitations of each individual study are described in detail in the published versions of the studies. First, as in any research that is based on surveying methods, our research cannot prove cause and effect. Second, the data were based on reports by our study participants and therefore may be limited in some ways. For example, participants may have forgotten or failed to report some experiences. Third, our study findings may not represent characteristics or experiences of all PWID in Bangkok, Thailand, or elsewhere.

RECOMMENDATIONS

The findings from this research project point to many ongoing health and social problems related to illicit drug use among PWID in Thailand. For example, high rates of drug use and HIV/HCV risk behavior remain common among PWID. As well, PWID continue to have difficulties accessing effective health programs, including HIV and HCV prevention and drug treatment programs. Further, the over-reliance on criminal justice approaches has resulted in human rights violations at the hands of police, the widespread use of an ineffective system of compulsory drug treatment, and harms associated with incarceration. Collectively, the findings of this research have many important implications for policy and program development, as well as reforms to the criminal justice system. Below are a number of key recommendations for the Royal Thai Government and the UN.

To the Royal Thai Government

1. Consistent with Thai law promoting the treatment of people who use drugs as patients, not criminals, the Royal Thai Government should explore alternative regulatory frameworks for illicit drugs, including models of decriminalization.

Our research findings identify a wide range of negative impacts associated with criminal justice interventions. Research from many countries indicates that laws and policies criminalizing drug use have harmful consequences. As a result, at the international level, the decriminalization of the personal possession and use of drugs has been proposed as a potentially effective policy response. In addition, this approach has received growing support from scientists, human rights advocates, and international organizations [9-12]. Recently, a number of countries, including Portugal, Mexico, and Argentina, have implemented models of decriminalization of illicit drugs [13]. Evaluations of these initiatives have revealed many positive benefits, such as increases in the number of people who use drugs entering drug treatment programs [14]. Therefore, alternative regulatory frameworks for illicit drugs, including the decriminalization of personal possession and use of drugs, should be given serious consideration in Thailand.

2. **Phase out compulsory drug treatment centers and increase access to voluntary, evidence-based drug treatment and harm reduction services within community settings.**

Our findings suggest that the system of compulsory drug treatment does not reduce drug use, and it appears to expose PWID to police abuse. This system should be replaced with drug treatment programs that have been proven to be effective in reducing the harms of drug use.

3. **Implement effective measures addressing police abuse against people who use drugs by:**
   - **Providing harm reduction and human rights training for all law enforcement officers and prosecutors;**
   - **Establishing an independent, civilian-led complaint mechanism for victims of police abuse; and**
   - **Promoting systems of accountability for law enforcement officials charged with abuses against people who use drugs, and ensure their timely prosecution.**

We found that policing in Bangkok is associated with harassment and human rights violations. These findings demonstrate that aggressive policing practices do not meet the stated goals; instead, they create harm. The Royal Thai Government should establish appropriate measures to prevent police abuses against people who use drugs, and provide effective legal remedies that are accessible to victims.

4. **Provide the full range of evidence-based harm reduction services at public health centers as well as in police detention facilities and prisons.**

We found high rates of syringe sharing, increasing trends of injection of midazolam and methamphetamine, and suboptimal outcomes of methadone treatment among PWID. Incarceration was also strongly associated with syringe sharing and overdose. Collectively, these findings demonstrate urgent needs for: the enhancement of low-threshold needle and syringe programs as recommended by the UN [15]; the provision of opiate substitution therapies that adhere to international standards [16]; and the implementation and evaluation of harm reduction measures for midazolam and methamphetamine injectors. These harm reduction services must be provided not only through peer-based outreach but also at various places where PWID may access them, such as public health centers, police detention facilities, and prisons.

5. Support the integration of overdose prevention and management training, including the provision of naloxone, into services for people who use drugs in various settings: public health centers, community settings, police detention facilities, and prisons.

Our study indicates that overdoses are common among Thai PWID. However, almost half of the participants lacked appropriate knowledge about overdose prevention and management. The Royal Thai Government should ensure the procurement of naloxone in various settings and provide overdose prevention and management training to health professionals at public health centers and emergency health care units, to officers in police detention and prisons, and to people who use drugs through peer-based education. As well, peer-based models of naloxone distribution should also be piloted and evaluated.

6. Promote HCV awareness and access to affordable diagnostics and treatment for PWID.

Our research findings highlight the lack of HCV awareness and access to HCV testing among HIV-positive PWID. Yet, rates of HCV risk behavior (e.g., syringe sharing) among HIV-positive PWID who did not know their HCV serostatus were high. These findings indicate that risks and problems related to HCV infection among PWID have been neglected. The Royal Thai Government should immediately implement a range of measures to address the epidemic of HCV among PWID, including supporting civil society involvement in HCV awareness campaigns, providing free testing for HCV, and adding pegylated interferon and ribavirin on the Thai National List of Essential Medicines [17].

7. Ensure the meaningful involvement of people who use drugs in the design and evaluation of relevant policies and programs, and directly fund peer-led harm reduction activities.

Our study indicates that MSHRC successfully reaches out to PWID who are not in drug treatment facilities and who are vulnerable to drug-related harm. MSHRC has also developed a remarkable range of services that address the needs of PWID. As Thailand has recently set out the first national harm reduction policy, it should not overlook the importance of peer-driven approaches.

To the United Nations

1. **The United Nations Office on Drugs and Crime (UNODC) should conduct an impact assessment of Thai drug laws and policies on the health and human rights of people who use drugs.**

Our research findings demonstrate that current laws and polices contribute to the production of drug-related harm, as well as various human rights violations. A recent statement by UNODC's former Executive Director declared UNODC's commitment to mainstreaming human rights and stated that UNODC would "consider using … the Human Rights Impact Assessment (HRIA) as a predictive tool for assessing the potential human rights impact of a policy or programme, with the aim of informing decision makers and affected persons" [18]. Thailand could be a good early case for UNODC to implement the HRIA.

2. **UNODC should provide technical support to the Royal Thai Government to harmonize public health and public security laws and policies to ensure they conform to human rights norms and principles.**

We recommend that UNODC provide technical support to the Royal Thai Government to implement the policy recommendations described in this report. UNODC should also provide assistance to address any other elements of Thai drug laws and polices that may be linked to human rights violations.

3. **UNODC should provide the Royal Thai Government with alternative regulatory frameworks for illicit drugs, including options for decriminalizing drugs for personal use and for developing models for the legal regulation of drug production and supply.**

Our research findings highlight the need to reform Thai drug policies and laws that neglect evidence-based approaches to drug problems. Given that domestic drug policies are influenced by international drug conventions, UNODC should play a larger role in promoting evidence-based laws and policies specific to illicit drug use. UNODC should also share best practices regarding the decriminalization of people who use drugs from other countries and provide technical assistance to the Royal Thai Government for drug law reform.

4. WHO should establish standards for the provision of HCV diagnostics and treatment and undertake efforts to promote access to affordable HCV medicines at the global level.

The medications used for the standard treatment for HCV infection are currently too expensive. As evident in the movement toward universal access to antiretroviral therapies [19], promoting access to medications for HCV treatment in low- and middle-income countries, including Thailand, is extremely difficult. WHO has a unique role to play in promoting such efforts by acknowledging that access to HCV treatment is a right to health. An important step would be to include the medications for HCV treatment in the WHO List of Essential Medicines, to demand price reductions from Roche and Merck for affordable access to pegylated interferon (PEG-IFN) and ribavirin, and to support Thailand in accessing alternative formulations of PEG-IFN through the flexibilities contained in the World Trade Organization (WTO) Agreement on Trade-Related Aspects of Intellectual Property (TRIPS).

5. All UN agencies and bodies should promote the meaningful involvement of people who use drugs in Thailand in developing, monitoring, implementing, and evaluating services and policies that affect their lives.

As a matter of human rights, the UN should closely monitor and support the meaningful involvement of Thai people who use drugs in all stages of policy and program development that affect their lives. At the 54th Session of the Commission of Narcotic Drugs held in March 2011, Member States adopted Draft Resolution 54/11 to improve the participatory role of civil society in addressing the world drug problem [20]. The resolution "*encourages* Member States to provide to the United Nations Office on Drugs and Crime…their experiences in working with civil society in United Nations forums and to provide suggestions." Although this is an important step forward, we recommend that UNODC also convene public hearings with people who use drugs to avoid potential reporting biases associated with using data only from governmental sources. Further, UN agencies should provide financial and technical assistance to community organizations to support and report on the meaningful involvement of Thai people who use drugs in the policy-making process.

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