Harm Reduction

Harm Reduction as HIV Prevention

Thailand has received international recognition for its successful interventions to reduce the transmission of HIV among sex workers and is looked upon as a role model for HIV education and awareness campaigns that include the extensive promotion and wide acceptance of condoms as an HIV prevention strategy. Thailand has the most progressive and comprehensive antiretroviral program in the region with a reported coverage of over 80% of eligible individuals. Thailand should build on this remarkable track record in HIV/AIDS prevention and respond responsibly to address the HIV epidemic among injecting drug users (IDUs). Adopting a comprehensive harm reduction approach to deal with IDUs could have a major impact on reducing HIV transmission as well as engaging drug users into better healthcare and effective drug treatment. This will require strong leadership in key government ministries and related agencies. Given the current challenges in introducing comprehensive harm reduction interventions nationwide, Thailand should consider establishing a demonstration site covering a selected area with high prevalence of IDUs, with a state-of-the-art harm reduction center of excellence providing comprehensive harm reduction interventions. This would be an important first step to help reduce HIV transmission among IDUs as well as to develop standardized harm reduction program and training for healthcare professionals and community workers.

IDUs and HIV Transmission in Thailand

Despite Thailand’s remarkable track record in HIV prevention, injecting drug users (IDUs) remain the group most vulnerable to HIV transmission in the country. Available data suggests that HIV prevalence among IDUs has remained high and stagnant over the last decade. The future trajectory of the HIV epidemic in Thailand rests largely on the response to HIV transmission among IDUs. Continued inaction in this area threatens to undermine successful HIV prevention efforts overall in the country.

The estimated number of IDUs in Thailand ranges between 40,000 and 97,300. The HIV prevalence rates among IDUs estimated at 21.8% by the Bureau of Epidemiology is significantly higher than other most-at-risk populations, i.e. sex workers (2.5%) and men-having-sex-with-men (11.3%). The HIV prevalence among IDUs in the Deep South appears to be higher than other regions; a preliminary survey by a health facility in Pattani suggests it could be as high as 60%. Needle and syringe sharing is still commonly practiced by IDUs. The latest study in Bangkok suggests that around 30% of IDUs shared needles and syringes. This is mainly due to the difficulty in accessing sterile needles and syringes, which includes being too far from needle/syringe outlets, pharmacies being closed, and being refused needle/syringe at pharmacies.
Improving the Harm Reduction Discourse

Illicit drug use in Thailand has been the focus of intense political and media attention for decades. The pursuit of an aggressive drug enforcement policy introduced in 2003 to reduce drug supply and provide compulsory treatment to illicit drug users appears to have adverse effects on HIV transmission. The clinical outcomes of compulsory treatment programs are poorly monitored, and studies have suggested that a large number of program participants relapse and return to drug use shortly after completion. Not only are these approaches costly and ineffective in reducing the use of drugs, they have also deepened the isolation of drug users and severely limited programs that could prevent HIV transmission. Lack of services and the ongoing threat of incarceration and compulsory treatment programs have driven underground the very population that continues to be infected with HIV and who require harm reduction interventions.

The ongoing HIV epidemic among IDUs in Thailand can be significantly reduced with available harm reduction knowledge and strategies. Nevertheless, there continues to be confusion and misinformation around the term harm reduction, and this has been detrimental to implementing programs that can make a difference.

Harm reduction refers to a range of public health policies designed to reduce harmful consequences associated with drug use and other high risk activities. In the context of drug use, harm reduction is a practical response for people who are unable or unwilling to stop using drugs. The immediate objective is to limit the adverse health consequences of such use and to prevent the transmission of blood borne infections, particularly HIV and Hepatitis B/C. Internationally accepted harm reduction interventions for injecting drug users include Needle and Syringe Program, Opioid Substitution Therapy, HIV counseling and testing, and HIV treatment as prevention.

Addressing the Data Deficits around HIV

Improving the data collection and surveillance among IDUs is critical for Thailand. The HIV prevalence data is based mainly on HIV serosurveillance (HSS). This method has limitations as most participants in the survey were MMT patients who came to health facilities after many years of injecting drugs, and many of whom already had advanced AIDS-related diseases. Furthermore, there is a paucity of data showing the rates of new infections and HIV incidence.

The Integrated Bio-behavioral Surveillance (IBBS) on IDU population started in 2010, and efforts have been made to cover IDUs in communities, and not just those who visit health facilities. Nevertheless, it is necessary for Thailand to acquire other basic data, including estimates of mortality of IDUs (AIDS, overdose), estimates of the number of IDUs who receive services, and estimates of the number of IDUs who are on ART and the clinical outcomes.
Systematic Monitoring of Drug Use Patterns

Different countries, and different areas in one country, may have differing drug use patterns. Drug use patterns can be dynamic and change in a short span of time, due to supplies and costs of drugs. Supply and cost has a large impact on drug use patterns, especially among drug users who are poor. Drug use pattern needs to be taken into account in the design of HIV prevention interventions. Systematic monitoring of drug use patterns should be regularly conducted. In Thailand, there is a high prevalence of injecting heroin users in the Deep South (Pattani, Narathivat, Yala, and part of Songkhla). This requires a strong Opiate Substitution Therapy (OST) and Needle and Syringe Program (NSP) response. In Bangkok by contrast, many IDUs largely inject Dormicum (Midazolam), which is not opiate, due to the scarcity and high price of heroin in the Bangkok area. Thus, OST has become irrelevant for many IDUs in Bangkok, while NSP scale-up is urgently needed.

Key Harm Reduction Interventions

International experience have shown that four types of interventions have proved to be highly effective in preventing HIV infection and reducing drug-use related morbidity and mortality among IDUs: (A) Needles and Syringe Program (NSP); (B) Opioid Substitution Therapy (OST); (C) HIV counseling and testing, and (D) HIV treatment as prevention. These interventions are recommended as part of a harm reduction continuum. Together they make up a comprehensive approach to reducing HIV transmission among IDUs.

Scaling Up Needle and Syringe Programs

The role of sterile needles and syringes in preventing HIV transmission is by far the most effective prevention strategy available, making NSP a necessary intervention for reducing HIV transmission among IDUs. There is strong evidence on dramatic reductions in HIV incidence where NSP has been implemented, even in communities where there is a high HIV prevalence and poly-drug use. In New York City, the estimated incidence of HIV among IDUs fell from 4% per year to 0.3% per year between 1994 and 2008, mainly due to NSP and other HIV prevention programs. In Vancouver, Canada, the incidence of HIV among IDUs decreased by 80% with the implementation of a needle distribution program along with a range of other prevention programs and services.

Despite the overwhelming amount of evidence that NSP effectively reduces HIV transmission, there remain critical barriers to access to sterile injecting equipment by drug users in Thailand. The only low threshold NSP in the country is operated by Population Services International and its local partners with support from the Global Fund, though the coverage remains far below optimal thresholds to have a measurable impact on HIV transmission among IDUs. Reluctance by authorities to support the distribution of sterile needles and syringes more widely is a missed opportunity to prevent HIV infections.

A major concern among opponents to NSP is that the supply of needles to drug users will increase drug use and lead to injecting drug use among people currently using drugs through other routes of administration. This is an unfortunate misconception. Several studies by WHO, UNAIDS, UNODC, and PEPFAR, show clear evidence that NSP does not lead to the initiation of injecting among people who have not injected previously, or an increase in the duration or frequency of illicit drug injection.

Another concern among opponents to NSP is that used needles will be discarded in public places, posing a risk to the general public. Although there is a theoretical risk of HIV transmission by accidental needle stick injury, the risk associated with this type of exposure is remote due to the minimal amount of blood involved. In fact, there has never been a
published case of HIV infection occurring through accidental community exposure. Studies have found that, if given the proper facilities, IDUs will safely dispose of used needles. Plastic disposal containers should be made widely available as part of NSP.

In addition to its prevention impact, another important benefit of NSP is how it creates connections with a group of people otherwise difficult to contact. The provision of sterile needles and syringes provides an excellent entry point for engaging IDUs in other services that could ultimately lead to social engagement, addiction treatment, and the reduction or elimination of drug use.

NSP should be scaled up in Thailand; the program should be low threshold without restrictions on the number of needles or expectations that the participants in these programs will agree to stop using drugs. Limits to the number of needles or strict one-to-one exchanges have been shown to reduce the effectiveness of NSP. Ideally, the programs should be collaborative between healthcare professionals and community workers who can provide support that are at the level of the drug users.

It is important that community workers and healthcare professionals engage the Police in facilitating the use of NSP. The Police should be instructed by their superiors that possession of sterile needles and syringes is not illegal in Thailand. Following initial engagement, it is reasonable to provide a graduated program that may include addiction treatment services, such as OST and drug detoxification, but the time line for this must be made on a case-by-case basis. Many people who are engaged in harm reduction programs will take months or even years to get to a place where abstinence from illicit drug use is realistic. In the meantime, NSP can effectively prevent HIV transmission among those not infected. Further, the impact of sterile needles and syringes are extremely important for individuals who are already HIV positive, so that they can prevent transmission of HIV to others, and avoid the myriad of adverse health consequences associated with injecting drug use.

**Revamping Methadone Maintenance Therapy Program**

Methadone Maintenance Therapy (MMT), which is one type of Opiate Substitution Therapy (OST), is an effective intervention to reduce or eliminate opiate use among people who are dependent on opioids, e.g. heroin. Methadone has been legal and available in Thailand for decades for drug detoxification, but was officially approved for OST in the 2000s. The government has expanded MMT nationwide, and it is provided free of charge under the universal health coverage.

While MMT has been rapidly rolled out to public hospitals nationally in Thailand, there has been no coordinated effort to train health personnel and to ensure that those health personnel provide MMT services in a standardized and appropriate manner. This has resulted in a failure in the performance of MMT program in Thailand, where there are few people on proper MMT, and most clinics appear to devise their own programs without following guidelines. Most patients are under-dosed (under 50 mg), resulting in most patients continuing to inject opioids. This undermines the purpose of MMT which is to eliminate opiate use.

To revamp the MMT programs, national standardized protocol and guidelines for MMT should be established as a first step. All health facilities providing MMT should be required to follow these standards with a central reporting mechanism. In addition, a national body should be established to regulate and monitor MMT, as well as to build capacity of MMT staff across Thailand.

Furthermore, access to MMT programs is still a challenge for many IDUs. Current MMT programs are
provided by provincial and district hospitals, and generally not at the health center level (with the exception of Bangkok). Many MMT patients in the provinces need to travel 1-2 hours to participate in the MMT program every day. Thus, Thailand may consider setting up MMT health centers outside of hospitals in areas with high prevalence of IDUs.

Rethinking “Voluntary” Counseling and Testing

There are both individual and public health imperatives to scale up HIV testing in Thailand – especially among IDUs. Although an acute HIV seroconversion illness may occur, the majority of newly acquired HIV infections go unnoticed and the diagnosis is made following the deterioration in general health or an opportunistic infection. By this time, immunosuppression is usually advanced and antiretroviral therapy may be less effective. Therefore, HIV testing needs to be widely promoted and easily accessible to most-at-risk people, including IDUs.

HIV testing and counseling for IDUs needs to be more actively promoted in Thailand, especially as HIV care and treatment are readily and widely available in the country. The commonly used approach to make HIV counseling and testing entirely voluntary, regardless of active promotion of VCT by healthcare workers, is a missed opportunity and not in the best interest of the drug users. There are major barriers to testing from the perspectives of both the individuals at risk of HIV infection and the healthcare providers. Many IDUs do not come for HIV testing for fears of further isolation from families and friends, or of prosecution. The fears of getting tested for HIV are universal. People need to be prepared for the test during pre-test counseling. Persuasion skills of the counselors can make a difference. The goal should be for 100% testing of IDU patients with assurance that the information will be confidential and protected.

Considering HIV Treatment as Prevention

Recent research has shown that patients receiving antiretroviral therapy (ART) treatment are less likely to transmit the HIV virus. ART as a way of preventing HIV infections has since been acknowledged as an important approach to controlling the HIV epidemic.

Data around antiretroviral distribution to specific risk groups is not readily available, but it appears that a small proportion of drug users in Thailand who need ART are receiving ART. The prevailing misperception among healthcare workers that IDUs have less capacity for adherence to ART and are not good candidates for ART is certainly not unique to Thailand. While it is true that adherence to ART is more difficult in the face of drug dependency, heightened efforts and increased resources for monitoring and follow-up with drug users who are on ART is more effective than to deprive drug users of access to ART or to expect abstinence before initiating ART. There are many examples of successful programs designed specifically for supporting drug users on ART. Special training modules should be offered to healthcare providers who will be prescribing and monitoring ART to drug users.

With monitoring and follow-up, there is good evidence that drug dependents can successfully adhere to ART and have good therapeutic outcomes. Furthermore, it has been demonstrated that engagement in ART programs have positive impacts on changing drug use patterns. Programs that encourage participants to have regular contact with
healthcare workers in order to monitor tolerance and adherence to ART can lead to general improvements in health and social situations. Linking the daily OST with ART can be a very successful model for those who qualify for OST.

**Designing a Harm Reduction Demonstration Site**

Given the current challenges in introducing comprehensive harm reduction interventions nationwide, Thailand should consider establishing a demonstration site covering a selected area with high prevalence of IDUs, with a state-of-the-art harm reduction center of excellence providing comprehensive harm reduction interventions. This would be an important first step to help reduce HIV transmission among injecting drug users as well as to develop standardized harm reduction program and training for healthcare professionals and community workers.

A harm reduction demonstration site needs to include a large needle and syringe distribution program, a highly standardized and monitored MMT program, a low threshold HIV testing and treatment program, an effective outreach program, and liaison with law enforcement. In addition, rigorous external evaluations should be carried out on the harm reduction site to measure the impact of the services on HIV and health outcomes.

Such a demonstration project is best implemented with the involvement of multiple agencies from the government, police, CSOs and international community, which can form a committee to lead and supervise the implementation of activities. Klong Toei has been identified as the area in Bangkok with the highest concentration of IDUs, and would be a good choice of site for comprehensive harm reduction demonstration project. Due to its high prevalence of IDUs, the Deep South (Pattani, Narathiwat, Yala, and part of Songkhla) has also been identified as an urgent priority for Thailand to expand the comprehensive harm reduction demonstration project outside of Bangkok. An external evaluation should be made of the pilot demonstration projects and presented to the government and key stakeholders for consideration for potential scale up comprehensive harm reduction interventions to other areas with high prevalence of IDUs in Thailand.

This demonstration site and harm reduction center of excellence can show that alternative ways of addressing the needs of people who use drugs are possible, that communities can actively support it, that law enforcement (as regards to drug trafficking and dealing) can co-exist with harm reduction, and that it can be less expensive and more effective than arresting drug users and bringing them to compulsory treatment centers.
What can be done?

Policy Options for Harm Reduction

- **Improving the Harm Reduction Discourse:** Misperception about harm reduction must be addressed. It should be clear that proponents of harm reduction: (a) do not endorse or promote the use of illicit drugs; (b) do not make it easier for people to initiate illicit drug use; (c) do not promote drug injecting by providing needles and syringes; (d) do not oppose abstinence from illicit drug use – in fact that should be the ultimate goal.

- **Addressing the Data Deficits around HIV:** Improving the data collection and surveillance among IDUs is critical for Thailand.

- **Systematic Monitoring of Drug Use Patterns:** Drug use patterns can be dynamic and change in a short span of time, due to supplies and costs of drugs. Drug use pattern needs to be taken into account in the design of HIV prevention interventions.

- **Scaling up Needle and Syringe Programs:** The role of sterile needles and syringes in preventing HIV transmission is by far the most effective prevention strategy available, making NSP a necessary intervention for reducing HIV transmission among IDUs.

- **Revamping Methadone Maintenance Therapy Program:** National standardized protocol and guidelines for MMT should be established as a first step. All health facilities providing MMT should be required to follow these standards with a central reporting mechanism.

- **Rethinking “Voluntary” Counseling and Testing:** To leave HIV counseling and testing entirely voluntary without active VCT promotion by healthcare professionals is a missed opportunity and not in the best interest of the drug users. Persuasion skills of counselors can make a difference. The goal should be for 100% testing of IDU patients with assurance that the information will be confidential and protected.

- **Considering HIV Treatment as Prevention:** With monitoring and follow-up, there is good evidence that drug dependents can successfully adhere to ART and have good therapeutic outcomes.

- **Designing a Pilot Demonstration Harm Reduction Center:** Given the current challenges in introducing comprehensive harm reduction interventions nationwide, Thailand should consider establishing a demonstration site covering a selected area with high prevalence of IDUs, with a state-of-the-art harm reduction center of excellence providing comprehensive harm reduction interventions. Relevant government agencies, police as well as civil societies and communities work together to lead and supervise the implementation of the activities. This would be an important first step to help reduce HIV transmission among injecting drug users as well as to develop standardized harm reduction program and training for healthcare professionals and community workers.

This Policy Note is part of the on-going Thailand AIDS Support Program and Thailand-World Bank Country Development Partnership on Human Development, and draws on key findings of the following reports:

- HIV infection during limited versus combined HIV prevention programs for IDUs in New York City: the importance of transmission behaviors. Drug Alcohol Depend. (Drug Alcohol Depend 2010)
- Syringe sharing and HIV incidence among injection drug users and increased access to sterile syringes. (Am J Public Health 2011)
- Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance (PEPFAR 2010)

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