

# New drug policy indicators in Southeast Asia: Implications from research in Thailand

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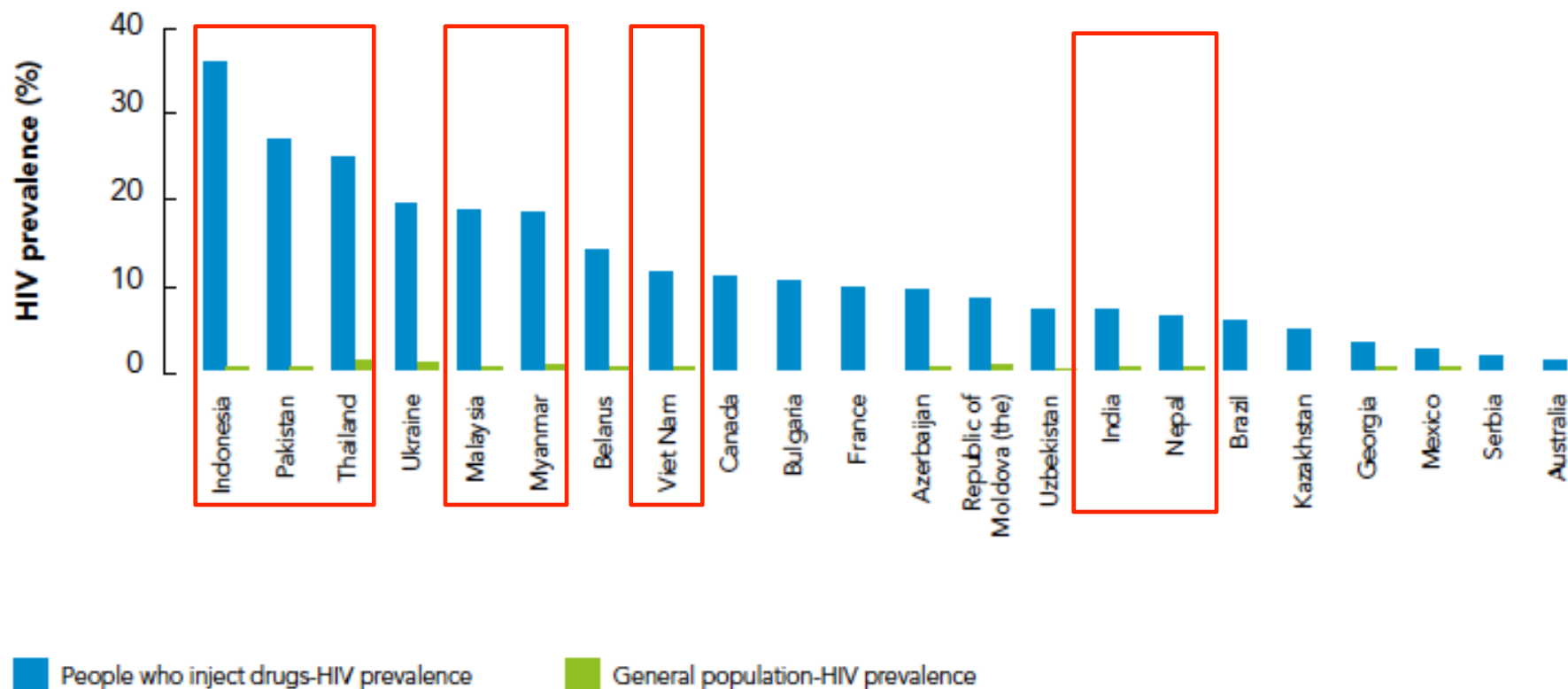
# Key Policy Indicators to Consider

- Coverage and accessibility of evidence-based interventions identified by WHO/UNODC/UNAIDS as part of the comprehensive package for HIV prevention, treatment and care for people who inject drugs\*
- Coverage and accessibility of evidence-based treatment for substance use disorders

*\*Needle and syringe programs; opioid agonist therapies; HIV testing and counseling; prevention and treatment of sexually transmitted infections; condom programmes for PWID and their sexual partners; targeted information, education and communication for PWID and their sexual partners; prevention, vaccination, diagnosis and treatment for viral hepatitis; prevention, diagnosis and treatment of tuberculosis*

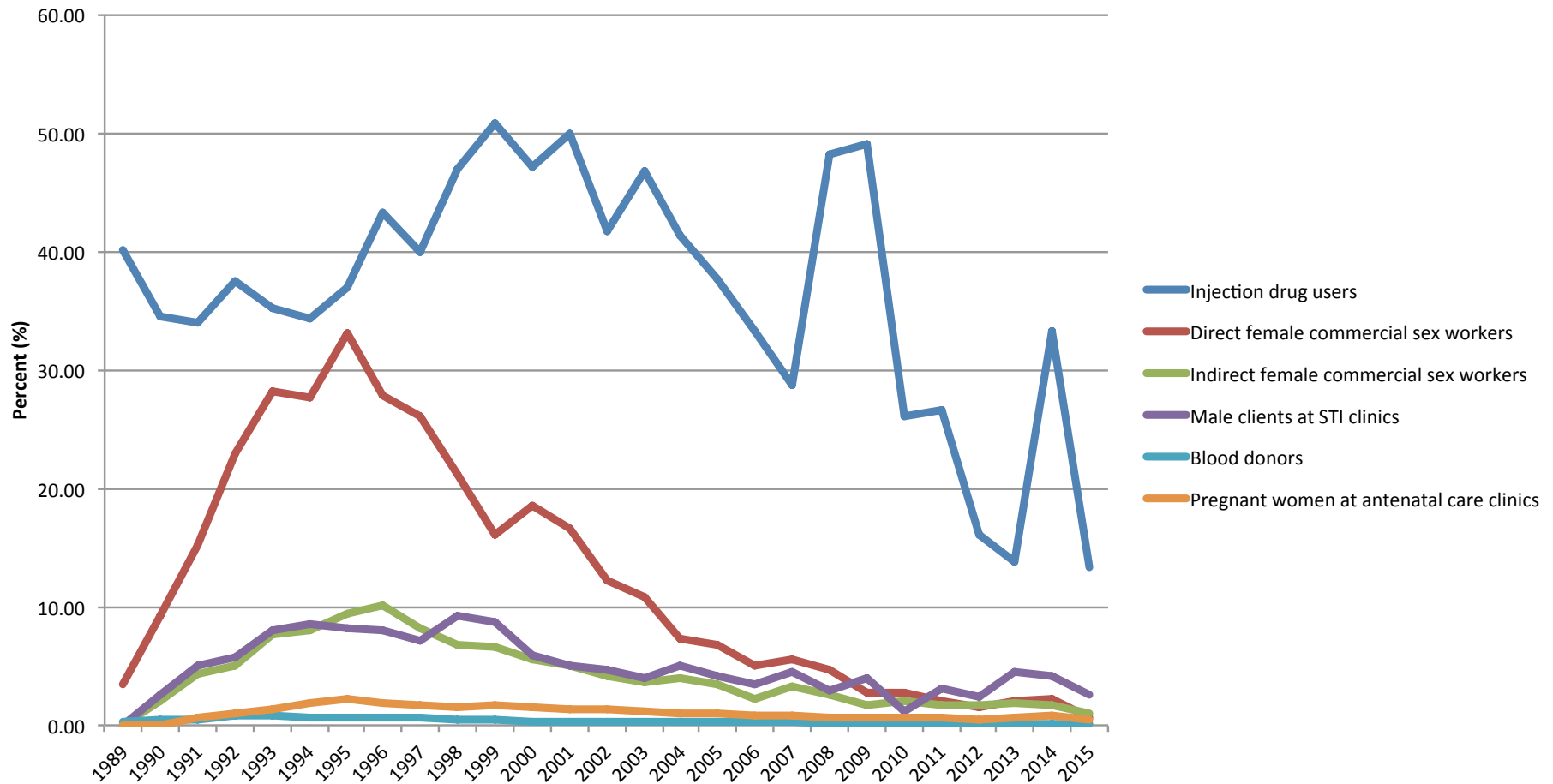
# PWID Account for 30% of New HIV Cases outside sub-Saharan Africa

HIV prevalence among people who inject drugs compared to the general population in countries reporting >30 000 people who inject drugs, 2009–2013



# HIV Epidemic among Thai PWID

Thailand HIV Prevalence by Risk Group (median values), 1989-2015



# Provision of Harm Reduction Services

- Primarily through international funding (e.g., GF)

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Contents lists available at ScienceDirect

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Short report

Expanding the reach of harm reduction in Thailand:  
Experiences with a drug user-run drop-in centre

Thomas Kerr<sup>a,b,\*</sup>, Kanna Hayashi<sup>a</sup>, Nadia Fairbairn<sup>a</sup>, Karyn Kaplan<sup>c</sup>,  
Paisan Suwannawong<sup>c</sup>, Ruth Zhang<sup>a</sup>, Evan Wood<sup>a,b</sup>

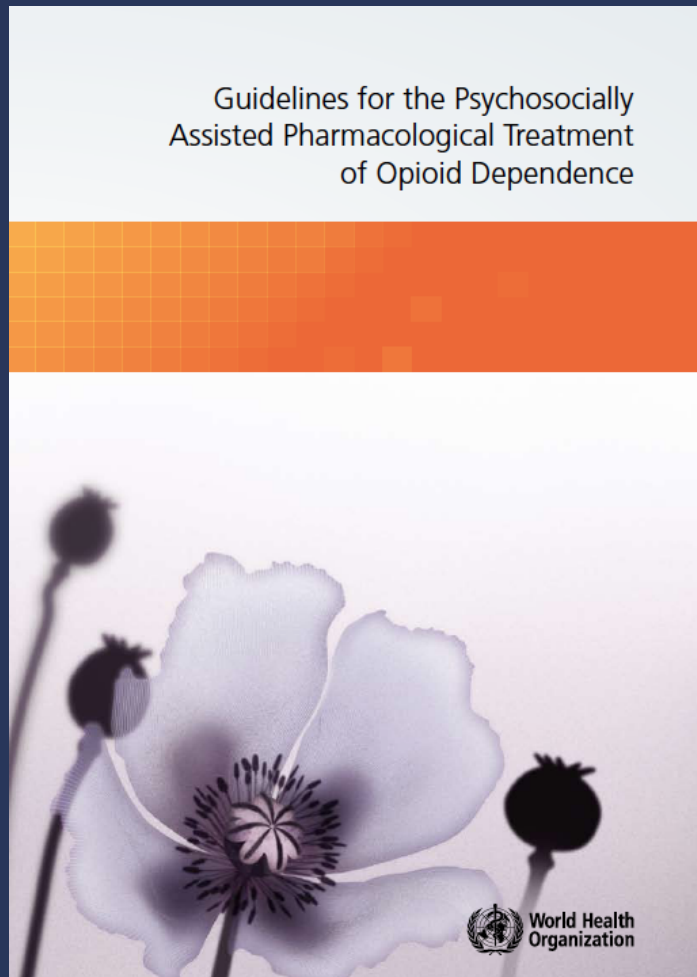
**PWID who had difficulty accessing sterile syringes  
were more likely to access the drop-in center.**

# Ensuring Service Coverage is Urgently Required.

- **GF Funding was cut in half in 2015.**
  - Coverage down from 19 → 12 provinces
- **Domestic funding plans post 2017 remain unknown.**

**Adhering to evidence-based standards  
of drug addiction treatment is also  
important.**

# Opioid Agonist Maintenance Therapy: The Gold Standard



- **Methadone maintenance therapy:**
  - Opioid use**↓
  - Criminal activities**↓
  - HIV risk**↓
  - Overdose**↓
  - Mortality**↓
- **Recommended dose: 60-120mg/day**
- **In 2008, added to the universal healthcare coverage in Thailand.**



# Quality Issues of MMT

- In 2011, a median dosage of methadone was **30mg** among 158 MMT patients in Bangkok.
  - **16%** used street methadone.
  - **19%** reported syringe sharing.

# Quality Issues of MMT

- In 2011, a median dosage of methadone was 30mg among 158 MMT patients in Bangkok.
  - 16% used street methadone.
  - 19% reported syringe sharing.
- **Methadone Providers' Negative Attitudes Toward Methadone:**

*"I told him [i.e., a doctor who prescribed methadone] that I wanted to take the treatment. Then, he advised me to go cold turkey and not to believe Western doctors. He said, "This drug is from the West. Westerners are tricking us." He was quite anti-Western medicine."*

(Respondent #7, male, age 36)



## JOINT STATEMENT

### Compulsory drug detention and rehabilitation centres

*United Nations entities call on States to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community*

**In Thailand, an estimated 60% of those accessing ‘drug treatment’ are placed in CDDCs in 2011.**

# Violence & Neglect in CDDCs

*“They did not provide any therapy...they just brought us into an environment that was like torture. As soon as they arrived, they just shoved us and kicked us behind bars, and then left us there without doing anything...I suffered withdrawal symptoms...I couldn’t sleep, couldn’t eat and threw up whatever I ate.”*

# CDDCs Not Effective in Treating SUDs

Drug and Alcohol REVIEW



*Drug and Alcohol Review* (January 2015), 34, 74–81  
DOI: 10.1111/dar.12206

## **Compulsory drug detention and injection drug use cessation and relapse in Bangkok, Thailand**

NADIA FAIRBAIRN<sup>1</sup>, KANNA HAYASHI<sup>1,2</sup>, LIANPING TI<sup>1,3</sup>, KARYN KAPLAN<sup>4</sup>,  
PAISAN SUWANNAWONG<sup>4</sup>, EVAN WOOD<sup>1,5</sup> & THOMAS KERR<sup>1,5</sup>

**CDDC exposure was significantly associated with short-term (3-12 months) but not long-term (>12 months) cessation of injecting.**

**Ensuring accessibility is also important**

# Experiences with Policing among People Who Inject Drugs in Bangkok, Thailand: A Qualitative Study

Kanna Hayashi<sup>1,2</sup>, Will Small<sup>1,3</sup>, Joanne Csete<sup>4</sup>, Sattara Hattirat<sup>1,5</sup>, Thomas Kerr<sup>1,6\*</sup>

*R: They said, “Help the nation with some work! What charge do you want?”*

*I: Did they find any drugs on you when they said that?*

*R: No! But I knew what charge I should go for. So, I picked the one with the minimum sentence.*

*I: Did they let you pick a light charge?*

*R: Mostly they do, because that way, they can arrest you again after you’ve been released.*

*(Respondent #26, male, age 36)*

# Accessibility Issues

*“When they [the police] were campaigning against drug use, we couldn’t even get into the methadone clinic. We had to wait. And we couldn’t hang around there and let them see us either. They would often wait for us along the routes we use. I’ve run into trouble with them two or three times.”*

(Respondent #5, male, age 50)





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### Short report

## Police interference with methadone treatment in Bangkok, Thailand



Kanna Hayashi<sup>a,b,\*</sup>, Lianping Ti<sup>a,c</sup>, Karyn Kaplan<sup>d</sup>, Paisan Suwannawong<sup>d</sup>,  
Evan Wood<sup>a,b</sup>, Thomas Kerr<sup>a,b</sup>

- **57%** of 190 MMT patients reported noticing police presence near methadone clinics, and were more likely to report:
  - Avoiding healthcare
  - High intensity midazolam injection
- Of these, **19%** discontinued methadone due to:
  - Incarceration (33%)
  - Difficulty accessing clinics (19%)

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