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thai drug users network, aids and human rights:
a conversation with karyn kaplan

KARYN KAPLAN with PATRICIA KAHN / thailand

Thailand is one of the few developing countries that has successfully curbed a runaway epidemic, cutting the number of new infections by almost 80% since 1991. But among injecting drug users (IDUs), who now account for about one-third of newly-infected people, the 40% ***prevalence*** rate hasn't budged over this time—reflecting a severe neglect of harm-reduction and HIV-prevention measures targeted to their needs. At the same time, IDUs have been not only criminalized, but more recently, subject to the government's violent "War on Drugs" that led to the killing of some 2,500 suspected drug offenders in extra-judicial killings, and to beatings, arrests and forced confessions among many thousands more.[1]

Against this background, the Thai Drug Users Network (TDN) was formed in 2002 to advocate for basic human rights and health care for Thailand's estimated 100,000–250,000 IDUs and to provide peer-driven HIV prevention information. The next year they were awarded $1.3 million from the Global Fund (GF), one of only two non-governmental organizations (NGOs) to receive funding so far outside the standard country coordinating mechanism. Here, Karyn Kaplan, International Advocacy Coordinator for the Thai AIDS Treatment Action Group (TTAG), who works closely with TDN, talks with Patricia Kahn about their work, the dire situation faced by Thailand's IDUs, and ***clinical trial*** participation by this highly vulnerable group.

AT THE 2004 AIDS CONFERENCE in Bangkok, Thailand's Prime Minister Thaksin announced a shift in government policy, towards more engagement in HIV prevention and care among IDUs. What's happened since then?

Thaksin said he's committed to promoting harm reduction in Thailand, and to working with the Thai Drug Users Network to make that a reality. He also said he's committed to equal access to *ARVs* [*antiretrovirals*] for all, including drug users. But nothing has happened yet.

Instead, three months after the conference he announced another repressive war on drugs that would employ brutal measures to crack down on people. Based on what happened last time, this only drives people underground and raises their risk for HIV.

Why the higher risk?

It's dangerous to be identified as a drug user, so people tend to go underground. There's more sharing needles, because people are afraid of being caught carrying them—police can charge you for paraphernalia possession.[1] They often use needles as evidence of drug use, or even as an excuse to plant drugs on people. A drug possession charge is much more serious.

Thaksin also spoke about introducing more harm reduction approaches. Can you describe what's offered, and whether it's changed?

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There are tons of detoxification programs, methadone programs, therapeutic communities. But drug use is seen entirely as a moralistic, character flaw issue—if you just say no, then you can get off drugs. There's no sense that drug use is a health issue, or that addiction is physiological. There's still a lot of ignorance and resistance to harm reduction approaches, not to mention fear and misunderstanding of drug users. And stigma.

In Bangkok, 90-day methadone programs are available for free. But there's never been a successful outcome documented from giving methadone for less than two to three years. Then there are 45-day "taper" programs, which reduce methadone over 20 days, then cut it off and substitute sleeping pills or other drugs. The dramatic reduction in methadone feels terrible to drug users. And it puts them at a higher risk of overdose when they start using again.

But just last week [late November 2004], it was announced that free, long-term methadone maintenance will become available all over Thailand. The program isn't up to international standards—for example, the client has to "fail" 45-day methadone detox three times before being eligible, although there may be ways around this. And until staff are

[1] Needles can be purchased in pharmacies and are legal for use in animals (for example, to vaccinate chickens), but not for injecting illicit drugs.

properly trained, my bet is that users will be pressured to *stop* methadone, which undermines the whole idea. But it's a step forward.

Have IDUs started to access ARV treatment programs, now that the rule excluding them has been dropped?[2]

The national guidelines no longer exclude high-risk behavior groups. But nothing has been done to promote equitable access, to pro-actively build capacity of the system to work with IDUs. For example, you can't give ARVs to IDUs without a strong methadone maintenance program—the World Health Organization (WHO) and other international experience has documented this again and again.

The government says that about 53,000 people are on ARVs through its program. Very few are drug users.

Tell us about the TDN. As a new organization tackling such enormous problems, where do you start?

One way is direct actions—appealing to the King, the Prime Minister, to stop the killing in the war on drugs. We also try to partner with government on policy issues, and push them to recognize the need for involving drug users in developing policies and making them work better.

Another approach is to work with the health care system to build awareness around drug users and harm reduction, and to build links to health services for IDUs. It's a huge challenge for the health system—they can't keep up. So we're pushing the UN and the government to allocate extra resources for training on harm reduction and capacity building, and to integrate harm reduction into AIDS care for drug users.

We also look for ways to do needle exchange without putting the workers at risk. For example, one methadone clinic where TDN members work provides needles bought with private funding to an NGO that offers peer services through the clinic. So the money never flows through government hands.

[2] Until April 2004, the country's guidelines for the use of ARVs specifically excluded members of particular high-risk groups, including IDUs.

What will the Global Fund money allow you to do?

The Global Fund project is mainly a peer- intervention to reach out to IDUs with information on HIV and harm reduction information, such as referrals to health care and HIV testing. Most of the money will go directly to train hundreds of peer outreach workers, educators and researchers, and to train trainers in harm reduction. We'll establish four fixed sites for harm reduction, one in each region of Thailand.

We'll also train people in collecting data. The idea is to develop a whole research network to collect data by and for drug users, from their communities—the most hard-core drug users who are never reached in current research. We're working with Thai researchers and scientists from the British Columbia Center on HIV/AIDS Excellence, which is a model of peer research. Using these data, we'll make policy recommendations based on the drug user's perspective of what they need.

How broad a net will you be able to cast?

The war on drugs throws up enormous barriers to reaching the highest-risk drug users. As things stand it's very dangerous for us.

Initially we'd hoped to reach at least 20,000 people in terms of peer support, education, linkages and so on over three years. But we've had to adjust downward because the war on drugs throws up enormous barriers to reaching the highest-risk drug users. As things stand it's very dangerous for us to go out in the field and do HIV prevention work. We've gotten no signal from the government that they will help ensure the safety of our workers.

We're trying to negotiate and navigate in the government. There needs to be some genuine support, even if it's behind the scenes. Other parts of the government, like the Bangkok Metropolitan Authority and sections of the Ministry of Health, are also initiating peer outreach interventions among drug users. We don't know how the government thinks it will protect even its own workers in this climate.

Let's turn to vaccines and clinical trials. Did the VaxGen trial leave an impact on the IDU community?

I'm not sure people would claim that anything is better for drug users because of the VaxGen trial. Obviously the point of the trial wasn't to improve the situation of drug users. But that's *our* agenda as a drug user advocacy and human rights group.

That's really hard, I understand. Until TDN there *was* no community—because of their illegal status, IDUs can't form an NGO. [The TDN is an informal network rather than an official organization.] So there were no drug users who could say they represent other drug users, and no NGOs working on drug user issues. But without this, who's protecting the interests of the drug users in the context of a trial?

Looking ahead, we're wholly supportive of any intervention that can benefit the global AIDS situation. But we're going to have a hard time supporting trials that don't give due consideration to the human rights situation of drug users here. It's not risk-free to be involved in a clinical trial as an IDU in Thailand, given the current climate.

Is TDN involved in discussions about any upcoming clinical trials?

We were approached by Thai/US CDC[3] staff. They're planning a tenofovir prevention trial[4] among high-risk groups in Thailand, including IDUs, and they want us to be involved. We were very glad for the opportunity to sit down with them and raise some initial questions. We're trying to bring in the broader Thai NGO and PWA and drug treatment communities, learn more about the trial plans and see where we can have influence in making it better in terms of what the participants will be offered. We don't know how much we'll be able to influence the ***protocol***, but we're talking with the researchers.

[3] A long-standing collaboration between researchers of the Thai Ministry of Public Health and the US Centers for Disease Control, which also carried out the VaxGen trial.

[4] This international study will test whether a once-daily dose of tenofovir, an ARV drug, can prevent HIV infection in people at very high risk.

As it now stands, the other groups being enrolled in the trial are at risk for sexual transmission, and they'll all be given condoms. But IDUs still don't get clean needles. It's a taboo that just won't break.

Have other community advocates taken up issues around clinical trials?

Although Thailand has PWA groups, and tens of thousands of IDUs living with HIV, very few are involved in advocacy. Even in other [treatment] trials, the PWA groups are often hospital-based, and they're more about medical information.

But almost no one living with HIV/AIDS in Thailand knows about how clinical trials work, what are my rights, what do I need to ask. So people often look at trials as something they need to do because they've got AIDS, they're made to feel that their lives are a mess, and this is an opportunity to do something good. And they receive services through the trial, so they won't say no. It's a very un-level playing field.

There are a few people out there trying to focus on community involvement in clinical trials, in vaccine trials. But there's too much going on right now with ARV scale-up, where PWA organizations are doing a huge amount of work providing services. There's nobody left to do anything else, like advocacy.

Part of the problem is also that people focus on their own agendas. We have our advocacy priorities, and the researchers are focused on getting their trials off the ground. There are very few people in the IDU community with the capacity to serve on a ***Community Advisory Board (CAB)***, and it's not their priority.

Can trials somehow be part of the solution?

So far the trials haven't spent enough time or money on community preparedness, education, literacy. They need people whose job it is to do this work, not just depend on overburdened, unpaid PWAs.

When it comes to IDUs, trial infrastructure rarely includes anything for participants that's sustained beyond the trial.

There needs to be much more investment in the services they offer—for example, for people who turn out at screening to be HIV-positive. Trials need to provide strong linkages and referrals to ARV programs, and to invest in strengthening IDU services at ARV treatment sites.

There also needs to be more investment in the community. Do a better trial that has a longer-term impact, both for the participants and the broader community. Create real opportunities for community discussion. Have community liaisons with real input. Ask the community what we can set up that might build capacity in terms of trials. Work to make trials healthy for the community.

These issues are new here, since real community involvement is new. There haven't been people at the table before talking about what we're getting after the trial is over. Most people see trials as access to health care, or things they'd never get otherwise. But IDUs are going to fight for access to treatment *without* having to join a trial.

reference

① www.hrw.org/reports/2004/thailand0704
Human Rights Watch. Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights. Vol. 16, No. 8(C) (July 2004). A report on Thailand's war on drugs. Human Rights Watch continues to follow the situation, and the website has other documents and updates.

resource

www.aidslaw.ca/bangkok2004/e-bangkok2004.htm
A series of reports and presentations from a satellite meeting that preceded the 2004 International AIDS Conference in Bangkok, entitled "Human Rights at the Margins: HIV/AIDS, Prisoners, Drug Users and the Law." (July 2004).