Mobilizing IDU Peers to Advocate for Peer-based Harm Reduction in Thailand

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BACKGROUND

HIV prevalence among injecting drug users (IDUs) in Thailand has been consistently report at between 30% and 40%. IDUs are a marginalized population, hard to reach and often disconnected to health care services.

ISSUE

A large, hidden population of injecting drug users (IDUs) in Songhkla, a conservative Muslim province in the south of Thailand, lacked access to HIV prevention services. The operation of a government-run drug treatment center, along with hospital dispensed methadone, led to the misperception that there were no longer active IDUs in the community and that harm reduction interventions were not required. Furthermore, the religious interpretation in the region is that people who take drugs are committing sin, and that anyone who provides injecting equipment to such people are supporting Muslims to sin. Campaigns have reinforced myths about the realities of drug use. Consequently when Population Services International (PSI) began implementing a program in 2009 with funding from Global Fund in Thailand, including Songkhla, the community failed to recognize any benefit or contribution by IDU peers in reducing drug related health and social issues in the community.

To address this, PSI sought to support IDU peer educators to enable them to become the vehicle for changing attitude towards drug use and the positive role IDU peers can play as members of the community.

PROJECT DESCRIPTION

PSI identified a communication strategy that would build community agreement on the need to provide harm reduction services, then demonstrated that a peer-based model is an effective strategy for service provision.

PSI worked with peers to gather information on IDUs in the community, identifying approximately 1,000 active IDUs in the project area.

PSI presented its findings on active injecting drug use in the community to healthcare providers from the drug treatment centre and local hospitals, religious leaders and other key stakeholders. PSI facilitated an open discussion on the appropriate response, seeking input from all community stakeholders.

CONCLUSION

• Key community stakeholders agreed on the need for prevention services for IDUs, including needle and syringe provision, and comprehensive harm reduction services, alongside drug treatment and methadone.
• Religious and other community leaders gave endorsement for peer-led outreach services.
• Involving IDU peers in presenting the real situation through data collection, participation in advocacy with the community, and involvement in outreach services is leading to improved community attitudes towards IDUs.

NEXT STEPS

To build on the progress made to date in changing attitudes towards drug use in the south of Thailand, in 2011 PSI will coordinate a visit of respected religious leaders from the south of Thailand to study harm reduction programs in Malaysia and to gain perspective on how harm reduction can be understood in a religious context. It is anticipated that the visit will serve to further improve understanding of the valuable role of peer educators as part of the community.