

## High level Thai delegation exposure and study visit on Harm Reduction in Germany

28 June – 3 July 2010



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## Foreword

In response to the spread of HIV/AIDS among people most at risk populations and more specifically among people who inject drugs (PWID), Thailand recently has taken several significant steps to overcome challenges. Some key developments include the drafting of harm reduction policy and guidelines, the roll out of harm reduction service provision under the Global Fund Round 8 and the inclusion of methadone in the national health care scheme, for example.

In support of the existing climate and momentum created, and in consultation with key stakeholders, the AHRN initiated a four-day study and exposure visit on harm reduction to Germany for senior Thai delegates and Civil Society.

This study visit provided the opportunity to observe a range of comprehensive harm reduction services that have proven their effectiveness over many years. Germany and many of the sites visited, are recognised as best practice facilities. These programs have received visitors from many countries and several continents. This excursion included site visits to comprehensive programmes including needle and syringe programme (NSP), substitution programmes in both public health and closed settings, health-social-mental care, and supervised injection facilities. The visit provided senior officials and civil society representatives an exposure to advanced and comprehensive harm reduction programs in settings that meet international guidelines and standards. Delegates could also learn about the application of secure and ISO certified Automatic Documentation and Dosing System for Methadone and Buprenorphine (MeDoSys) Such solutions are increasingly becoming mainstream in scaling up and streamlining MMT programs in many countries in Asia.

During the visit delegates worked closely together for many days in a row. As a result partnerships were forged or strengthened.

All delegates were highly motivated and engaged throughout the entire visit. Strong support for improvements on HIV prevention, treatment and care for people using drugs was perhaps best demonstrated during discussions on next steps upon return to Thailand. This is well captured in the summary of this report.

We would like to thank all delegates for making themselves available to this visit despite their very busy schedules. Our appreciation also goes to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and Populations Services International (PSI) as PR for co-financing to AHRN to this study visit. We are also grateful for all resource persons for sharing their great expertise, knowledge and insights, as well as for staff and colleagues of CompWare Medical for their coordination and support throughout. All of them have been a wonderful inspiration to bringing about further improvements to the lives of people using drugs.



Ton Smits  
Executive Director, AHRN / CEO Access Quality International (AQI)  
Chiang Mai, Thailand  
July 2010

## Rationale

As part of an exposure visit to witness harm reduction programmes in the region, Asian Harm Reduction Network (AHRN) had organized a visit to Taiwan for six senior members of the Thai government and civil society. The visit report had shown that the delegates gained a better understanding of harm reduction concept as well as leadership in order to start up the programs. Currently, Thailand had drafted a national Harm Reduction policy and MMT is available free of charge under government health scheme. The study visit also strengthened partnership, collaboration and coordination between delegation members.

To further build up their understanding of a comprehensive harm reduction programme and to improve existing services, the visit to Germany was organised to provide Thai delegates with exposure to advanced programs that comply with international standards. Harm reduction programmes in Germany meet European Union requirements. Programs in Germany have been established for over two decades, expanded and yielded success outcomes.

In Germany, about half of all reported HIV infections for which the transmission route is known are found in MSM, a rate that has been on the rise since 2001. Another 20% of all HIV infections are found in migrants from high-prevalence countries. IDU accounts for about 12% of all infections to date with a known mode of transmission.

The total number of IDUs during the past decade has been stable. Today, HIV prevalence amongst German IDUs is less than 5% while in 1990, it was around 20%. This decline of HIV prevalence is the result of a range of measures including methadone substitution treatment, needle exchange, preventive measures, supervised injecting facilities in some major cities and safer sex campaigns. Like in other places resistance during the establishment of Harm Reduction programs had to be overcome. Sensitization of politicians was an important component.

A comprehensive programme that includes needle and syringe programme (NSP), substitution programmes in both public and closed settings, health-social-mental care, supervised injection facilities and medical prescription of heroin, is not available in Asia.





## Facts and Figures

**Population:** 82,057,000

**Size:** 357,021 km<sup>2</sup>

**Adjacent countries:** Austria, Belgium, Czech Republic, Denmark, France, Luxembourg, the Netherlands, Poland, Switzerland.

**Life expectancy:** 77 years (Men - 73 years; Women - 80 years)

**Capital:** Berlin (3.47 million inhabitants)

**States in the Federal Republic:** 16 States  
Germany is a member of the European Union (EU)

**GDP per capita:** USD 34,401 (UNDP 2009 report)

**Unemployment:** 8.5% (March 2010)

**DU:** It is estimated that there are 250,000 Drug Users

120,000 – 150,000 opiate dependent

75,000 are on methadone

## Prison

The prisons in Germany are run solely by the federal states, and also governed by laws of the federal states. The aim of prison confinement in Germany is two folds: emphasis is placed on enabling prisoners to lead a life of "social responsibility free of crime" upon release, but society is also to be protected from further acts of crime by the convicted persons

- Germany has 80,000 inmates in total; an estimated number of Injecting Drug Users is 20,000 and among them, 500-800 IDUs in prisons are on methadone
- 95% of PWLHIV in prison are IDUs
- Abstinence rate is at 20 percent of drug users
- Data of a world wide meta-analysis show that the provision of OST in prison reduces drug use by 55-75 percent and reduces needle sharing risk by 47-73 percent
- For the provision of OST in prison, health care standard and clear guideline on the basis of evidence based knowledge must be developed and followed
- Prisons in Germany are financed by the state government.

**The delegate visited Weiterstadt Prison, Hesse State.** The prison is equipped with high standard medical services including general practitioners, dental care, optometrist, small surgery unit and psychosocial care.

- This is a male only prison
- 30-35% of inmates are on pre-trial
- The prison has an average of 3,500 inmates each year
- 220 staffs (approximately)
- 23 doctors and nurses
- The Methadone treatment programme began in 1997
- 15-20 inmates (on average) are on Methadone

## Drop-in Centre

**Café-fix** is a drop in centre located in central Frankfurt town with easy access for drug users. A drop-in centre is a safe and non-threatening place where people using drugs can visit. It allows drug users to take break from the pressure outside. Such places enable drug users to have access to primary health services, health education, referral to other health care and provision of clean injecting equipment.<sup>i</sup>

- Cafe-Fix established by five non-governmental organisations
- The programme started in 1990, designed in consultation with drug users. The key question asked was 'What can DUs/IDUs accept / what kind of programme do they want?'
- Receiving 130 cases per day. Staffed by 3 doctors (1 part-time doctor), 2 nurses and social workers
- Male and female clients at the ratio of 70/30
- The facilities provide shower, food, consultancy for drug user, medical care, methadone provision as well as legal services
- Services are low threshold, provided free of charge including client without health insurance
- Methadone programmes started in 1988
- Methadone provision is controlled and provided by medical doctors, maximum dosage is 140-150mg (the dosage is not related to patients' weight)
- 5 out of 300 become abstinent (free of drugs)
- Take home methadone is available for patients with a good history and free from illegal drugs
- As a result of methadone programmes, drug overdose cases went down significantly
- The assessment of dosage requires random urine checks
- Individual treatments includes HIV (VCT etc)
- Indicator of success includes job placement and feed back from community

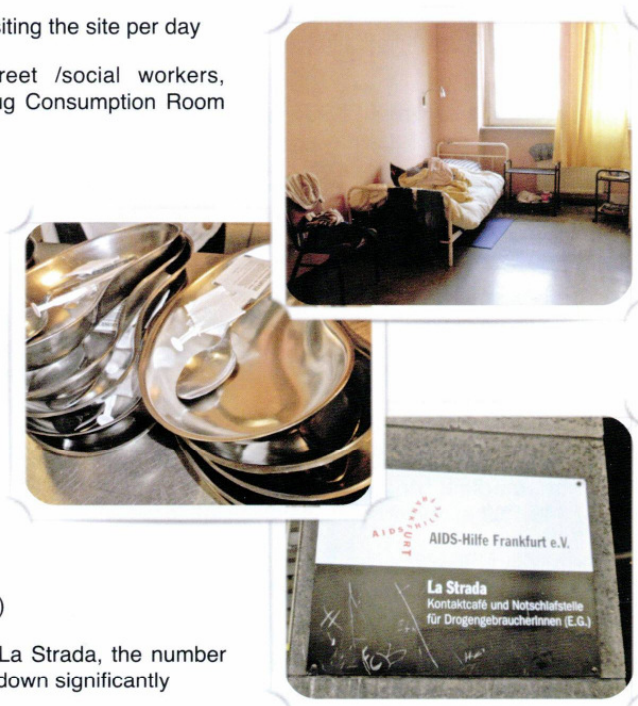


<sup>i</sup> AHRN Training and Capacity Building Unit

## Drug Consumption Room (DCR)

**La Strada** is a Drug Consumption Room located in the central Frankfurt town, situated near Café-Fix. Drug consumption rooms (or Safer Injection Facilities or medically supervised injecting centres, can be defined as places where drug users can consume their pre-obtained drugs in a hygienic and non-judgemental environment under professional supervision. Drug consumption rooms offer a clean environment and sterile injecting paraphernalia, such as needles, spoons, and filters. The staff gives information on Safer Use, the transmission of blood borne viruses and how to avoid infections, and trains safer injecting practices. Furthermore, staff can give first aid measures when necessary and therefore reduce drug-related mortality.<sup>ii</sup> Drug Consumption Rooms have been part of a comprehensive strategy in many cities in Western Europe. Germany is one of six countries in the world with Drug Consumption Room. The German government provided EURO 500,000 financial support to run Drug Consumption Room per year.

- La Strada has 800 IDUs visiting the site per day
- Key services include street /social workers, HIV&Drugs consulting, Drug Consumption Room (DCR)
- The site provides clean injecting equipment and a room allocated for self-injecting, with supervision
- The front part of the area is set up as a coffee shop where food and drinks are provided to client. (Foods are donated from food shops in the community)
- It also provides night-time shelter to homeless IDUs. (Overnight stay only)
- With the establishment of La Strada, the number of IDUs on the street went down significantly



## Law Enforcement

Frankfurt Police is one of seven regional police authorities under the umbrella of Hesse State Police. The police force is directly subordinate to the Interior Ministry. Hesse State Police has approximately 17,000 police officers and 2,000 civilian employees.

- In Frankfurt, there are 3,500 police personnel in total
- Police had estimated that there are 5,000 Drug Users in Hesse State (70 percent – Male and 30 percent – Female)
- There are 25 police officers in the drug team
- The establishment of drug consumption room (DCR) is assisted by Attorney General and supported by police

<sup>ii</sup> Models of good practice in drug treatment in Europe (“Moretreat”), 2008

- In 2004, police liaison officer for DCR was appointed
- Then later appointed overarching body to look at the entire programme
- Police meets with other key stakeholders 4 times a year as well as consult the work with 'Monday Group' (A group of people working on drugs and HIV/AIDS issues)
- Police work is not focused on drug users but more on the drug dealers
- Harm Reduction programme provides police with
  - Information on drugs that are available on the street, the quality of drugs, the purity and the substance. Police can then be proactive and look ahead on the upcoming drugs and issues related
  - Post-detention overdose prevention (often drug users consume large amount of drugs once released from prison, whereas their tolerance for drugs mostly has gone down)
  - Inter-sector collaboration
  - more control of the situation
  - information on the locations where drug users hang out
- Police will arrest and charge drug users who committed crimes
- Police prefers that drug users go to injecting sites or drop-in centres rather than hanging out on the street
- Often police will fine IDUs who use drugs in public in order to encourage them to DCR
- Police has a view that the provision of DRC resulting in a decrease in petty crimes in the area
- One youth coordinator is appointed by police to work with all issues related to youth and juveniles
- Challenges faced by police include police limitation in understanding IDU issues. The programmes vary in each states, no one single model. Drug users are getting older and programmes need to be adapted

NOTE : Narcotic Laws binding all states in Germany. Also, the German Law must be coherent with EU Laws. DCR regulation may vary. The establishment of drug consumption room (DCR) is assisted by Attorney General

## Drug Control Agency

Federal Institute for Drugs and Medical Devices and Federal Opium Agency are State Agencies that oversee the registration and delivery of Opiate Substitute Treatment (OST) by physicians. The agencies work in line with the German Narcotics Act (BtMG).

- Every company/organisation involved in producing and prescribing OST must register with the Federal Opium Agency who will issue Narcotics-number to relevant bodies, for example grower, wholesalers, manufacturers, pharmacies etc.
- Records of all processes must be kept to ensure traceability
- There is also the national "Substitution-Register" which keep all the data on OST prescription by physicians and the data are being transferred to the Federal Opium Agency. "Substitution-Register" contains following information
  - ✦ name and address of the prescribing physician
  - ✦ patient code (encrypted at the Federal Opium Agency)
  - ✦ date of the first and the last prescription
  - ✦ prescribed OST

- The national "Substitution-Register" aims to prevent double dosage prescription; the prescription of OST by several physicians for one single patient by informing physicians involved in those cases
- OST prescription can be prescribed by trained General Practitioners - GP (50 hours training course)
- Number of trained GP is increasing however the number of practiced GP remain stable
- Substitute drugs available are Methadone, Levomethadone, Buprenorphine, Dihydrocodeine, Codeine and Diamorphine (heroin)
- The main OST use in Germany is Methadone (61.4%) and Levomethadone (19%)
- The use of buprenorphine and Levomethadone is increasing
- The table shows relationship between IDU and HIV and HCV, Drug and Addiction Report , Germany 2008

	IDU	HCV	HIV
Prison	21.9 – 29.6 %	14.3-17.6%	0.8-1.2%
General Community	0.3%	0.4-0.7%	0.05%

**CompWare Medical** is a German company, established in 1986, working in 20 countries around the world.

- The company's products are based on IT-solutions for methadone/buprenorphine documentation and dispensing as well as management of concomitant diseases like HIV/ AIDS, hepatitis C and tuberculosis.
- Key product is MeDoSys which is (an IT based documentation and dosing system for liquid methadone)
- Benefits of the system are safe handling of narcotics, prevention of diversion of methadone liquid, accurate dosing, avoiding double dosage, data, reports, tamper proof of documents, research study and system can provide connection between multiple OST sites for proper monitoring, evaluation. It also allows catering mobile patients.
- The system is running efficiently in various prisons and OST clinics/sites in Germany as well as few other countries in Europe. In Asia, the systems are being used in several countries including Nepal and Malaysia.



## Policy - Diversion from prison – International Drug Policy Consortium (IDPC)

International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that come together to promote objective and open debate on drug policy issues at the national and international level. IDPC works to support evidence-based policies that are effective in reducing drug-related harm.<sup>iii</sup>

Mike Trace, IDPC Chairman, shared with delegates his experience and views on decriminalisation and diversion from prison.

- From UK experience – since mid 90's, the approach has been to arrest drug users but did not process through court. Most drug users were given warnings only. 100,000 drug users are being caught each year and 80,000 were warned. Only a very small number were sent to prison.
  - In UK, there is an estimate of 5 million drug users, only 400,000 users are causing problems (less than 10% only). Therefore diversion approaches such as warnings and treatment instead of prison sentence are commonly used.
  - Countries taking the decriminalisation approach experience similar problems such as petty drug dealers who are also users, drug carriers across borders (mules) who are not main trafficking organisers, and are often the victim of larger scale drug trafficking groups.
  - Recommendations for Thailand
    - During the 45 days of arrest period where drug users are temporary released, the government should provide an assessment of the situation and consider providing a first stage treatment programme
    - Casual users should receive a warning/education; dependent users to be diverted to treatment; only organised dealers should be sent to prison
    - Assessment should indicate what sort of treatment or punishment the offender should be given
    - A one-size-fit-all approach for treatment is not recommended. Treatment should provide variation depending individual needs
    - Small scale and community treatment can be more effective
    - Well-managed diversion systems can save a lot of money, can reduce prison population size, and achieve lower relapse rates
- IDPC is happy to support Thai authorities in designing an efficient diversion system.



<sup>iii</sup> [www.idpc.net](http://www.idpc.net)

## Summary of Study Visit

### Lessons Learned

- All delegates agreed that comprehensive harm reduction is necessary for Thailand.
- All delegates agreed that MMT and condom distribution in prison are necessary and view that it should be feasible to implement such approaches in Thai prisons.
- Apart from MMT, early intervention and psychosocial support are also needed for prisoners.
- The time is not right yet to discuss NSP in Thai prisons.
- Harm reduction is not necessarily incompatible with existing legal frameworks. Therefore it was agreed that changing existing laws in support of harm reduction practice might not be required. Training and educating Law Enforcement agencies and staff is however very much required.

### Summary of Next Steps

- ONCB would like to see greater coordination. It will call for a meeting to discuss the issue of harm reduction and lesson learned of delegates who visited programmes in Germany as well as those who visited Australia (30 May – 5 June 2010 organised by ONCB under GFATM Champion IDU).
- The Senate plans to organise a meeting among a wider group of key stakeholders including colleagues from the National Health Security Scheme, Centre for Disease Control, Medical Service Department, Probation Department and Correction Department.
- The government led by the Department of Medical Services MOPH, will focus on a more accessible, efficient and effective delivery process. Quality of services, staff, minimisation of diversion, adequate dosage of methadone to meet need of clients and international standards are key considerations.
- There was an agreement on the role of NSP programs. Similar to a number of other countries, government agencies in Thailand, may not carry out NSP directly. Support will be given to civil society organisations to implement such programmes.
- Delegates could see the advantage of the use of automated methadone dispensing systems both within custodial settings as well as in Public Health settings. Initial costs to the set up of one or two pilot sites may be obstacle and may require additional/external support. This is to be explored by all parties concerned.
- It was noted that current human resource capacity within the department of corrections might be inadequate to deliver technical programs such as MMT. Additional human resources may be required to compliment current capacity.

## Annex I



### Participants

1. Dr Pinit Kullavanijaya, Senator, Senate Standing Committee on Public Health
2. Dr Jetn Sirathranont, Senator, Senate Standing Committee on Public Health
3. Police General Krisna Polananta, Secretary General Office of the Narcotics Control Board (ONCB)
4. Dr Boonruang Triruangworawat, Deputy Director-General, Department of Medical Service
5. Mr Chartchai Sutthiklom, Director-General, Department of Correction
6. Ms Supatra Nakapew, Executive Director, Foundation for AIDS Rights
7. Mr Ton Smits, Executive Director, AHRN / CEO Access Quality International (AQI)
8. Ms Baralee Meesukh, Clearinghouse Coordinator, AHRN / Advocacy Officer, Access Quality International (AQI)

Mr Prin Mekanadha, Supervisor Narcotics Law Enforcement Officer / Assistance to the Secretary General of the Office of Narcotics Control Board (ONCB)

## Annex II

### Itinerary

#### Monday 28 June 2010

Depart Bangkok for Frankfurt

#### Tuesday 29 June 2010

06.00 : Arrive Frankfurt

07.00 : Travel to hotel

09.15 : Depart to Weiterstadt Prison

10.00 : Visit Weiterstadt Prison

13.00 : Lunch

14.00 : Depart to University of Applied Science, Frankfurt

14.30 : Presentation on Harm Reduction in Germany by Prof. Dr Heino Stöver

16.00 : Return to hotel

#### Wednesday 30 June 2010

08.30 : Depart hotel to Café Fix (Drop In Centre), VAE, Frankfurt

09.00 : Briefing at Café Fix

11.00 : Briefing at Lá Strade (Drug Consumption Room), Frankfurt

12.00 : Depart to CompWare Medical, Gernsheim

13.00 : Lunch

14.30 : Presentation on Implementation of Harm Reduction in Frankfurt by Frankfurt Police

16.30 : Return to hotel

#### Thursday 1 July 2010

09.00 : Travel to CompWare Medical

09.30 : Presentation on the safety and control of the traffic of narcotics. Presentation prepared by the Federal Opium, Agency (Germany)

12.00 : Lunch

13.30 : Presentation on CompWare Medical

16.00 : Return to hotel

18.00 : Dinner host by Thai Consulate

#### Friday 2 July 2010

07.30 : Breakfast at hotel

09.00 : Presentation on Diversion from prison, Mike Trace, Director of International Drug Policy Consortium (IDPC), at hotel

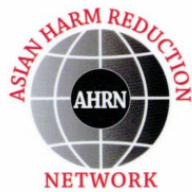
11.30 : Debriefing and discussion on next steps at hotel

1300 : Lunch

Afternoon : Depart Frankfurt for Bangkok

### Annex III

NAME	POSITION	ADDRESS
Dr Pinit Kullavanijaya	Senator, Senate Standing Committee on Public Health Senate Building U-Thongnai Road Dusit Bangkok 10300	Mobile : +66 83 2277854 Office Senate : +66 87 5532513 Office AFPPD : +66 2 2192905 email : pinitkul@hotmail.com
Dr Jetn Sirathranont	Senator, Senate Standing Committee on Public Health Senate Building U-Thongnai Road Dusit Bangkok 10300	Mobile : + 66 81 6452432 email : jetn.sn@gmail.com
Police General Krisna Polananta	Secretary General Office of the Narcotics Control Board (ONCB) 5 Dindeang Road Samsen Nai, Phayathai Bangkok 10400	Mobile : +66 81 9192222 Office : +662 645 8334, +662 247-0901-19 ext 1043 Fax : +662-2459072 email : kpolanan@hotmail.com
Mr Prin Mekanandha	Supervisor Narcotics Law Enforcement Officer / Assistance to the Secretary General of the Office of Narcotics Control Board	Mobile : +66 81 837 1000 email : prin_mekanandha@yahoo.com
Dr Boonruang Triurangworawat	Deputy Director-General Department of Medical Service Ministry of Public Health Nonthaburi 11000	Mobile : +6681308 6968 Office : +66 2 5906011, 5906013 Fax : +662 5910 8240 email : boonruang_tr@hotmail.com
Mr Chartchai Sutthiklom	Director-General Department of Correction Department of Correction 222 Nonthaburi 1 Suan Yai Sub-District, Muang Nonthaburi 11000	Mobile : +6681 8168140 Office : +66 2 9673333 Fax : +662 9673335 email : chartchai0123@hotmail.com
Ms Supatra Nakapew	Executive Director Foundation of AIDS Rights 133/235 Moo Baan Ruenrudee 3 Hathairat Road, Meenburi Bangkok 10510	Mobile : +668 16148487 Tel : +662 1715135-6 Fax : +662 1715184 email : supatra@hotmail.com
Mr Ton Smits	Executive Director, AHRN / CEO Access Quality International (AQI) 72/8 Moo, 1 Cholpratan rd. Changpuek, Muang, Chiangmai, Thailand, 50300	Mobile: +66 818836388 Office : +66 53 893175 Fax : +66 53 893176 email : tonsmits@ahrn.net tonsmits@accessquality.org
Ms Baralee Meesukh	Clearinghouse Coordinator, AHRN / Advocacy Officer, Access Quality International (AQI) 72/8 Moo, 1 Cholpratan rd. Changpuek, Muang, Chiangmai, Thailand, 50300	Mobile : +66 81 9216462 Office : + 66 53 893175 Fax : + 66 53 893176 email : baraleem@ahrn.net



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