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CHAMPION-IDU: INNOVATIONS, BEST PRACTICES AND LESSONS LEARNED

Implementation of the national response to HIV among people who inject drugs in Thailand 2009-2014



With support from



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ACRONYMS

AHRN	Asian Harm Reduction Network	MOPH	Ministry of Public Health
AIDS	Acquired immune deficiency syndrome	MOJ	Ministry of Justice
ANPUD	Asian Network of People who Use Drugs	NFM	New Funding Model
AQI	Access Quality International	NGO	Non-governmental organization
ART	Antiretroviral treatment	NHSO	National Health Security Office
BCC	Behavior change communication	OIG	Office of the Inspector General
BMA	Bangkok Metropolitan Administration	ONCB	Office of the Narcotics Control Board
BOE	Bureau of Epidemiology	OSF	Open Society Foundations
CHAMPION	Comprehensive HIV Prevention Among Most-At-Risk Populations by Promoting Integrated Outreach and Networking project	OST	Opioid substitution therapy
		PLHIV	People living with HIV
		PR	Principal recipient
CCM	Country Coordinating Mechanism	PSI	Population Services International
CSO	Civil society organization	PWID	People who inject drugs
DDC	Department of Disease Control	RTF	Raks Thai Foundation
DIC	Drop-in center	SCOOP	Servicing Communities with Opioid Overdose Prevention project
DOC	Department of Corrections		
DOTS	Directly observed treatment, short-course	SOP	Standard operating procedure
FAR	Foundation for AIDS Rights	SR	Sub-recipient
FORCE	Facilitating Operationalization of the Reduction of drug-related harms through Civil society Engagement project	SSR	Sub-sub-recipient
		STI	Sexually transmitted infection
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	TB	Tuberculosis
		TDN	Thai Drug Users' Network
HCV	Hepatitis C virus	THB	Thai Baht
HIV	Human immunodeficiency virus	TNCA	Thai NGO Coalition on AIDS
HTC	HIV testing and counseling	TNP+	Thai Network of People Living with HIV
IBBS	Integrated Biological and Behavioral Surveillance	TRC	Thai Red Cross
IDPC	International Drug Policy Consortium	TTAG	Thai AIDS Treatment Action Group
ICAAP	International Congress on AIDS in Asia and the Pacific	UIC	Unique identifier code
IHAA	International HIV/AIDS Alliance	UN	United Nations
LEAHN	Law Enforcement and HIV Network	UNAIDS	Joint United Nations Program on HIV/AIDS
M&E	Monitoring & evaluation	UNGASS	United Nations General Assembly Special Session
MARP	Most at risk population	UNODC	United Nations Office on Drugs and Crime
MIS	Management information system	USD	United States Dollar
		WHO	World Health Organization

EXECUTIVE SUMMARY

The CHAMPION-IDU project operated as a critical component of the national response to HIV among people who inject drugs (PWID) in Thailand. This large-scale peer-led project has been supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in order to facilitate the delivery of health and social care services, foster an enabling operational environment and produce strategic evidence to support project objectives and programmatic scale-up.

This report has been prepared by PSI Thailand Foundation with the specific objective of documenting innovations, best practices and lessons learned generated during the implementation of the national response to HIV among PWID from 1 July 2009 to 31 December 2014. The report was prepared to capture the salient results and notable successes that fall largely outside the scope of official performance measurement instruments and systems and the purview of contractual obligations and requirements.

The institutionalization of a client-centered approach has been identified as an element of best practice through its implementation in the CHAMPION-IDU project. Workers realized that client needs, while reaching well beyond project objectives and interventions, should be prioritized in balance with contractual obligations.

The CHAMPION-IDU project also represented one of the Kingdom's most important sources of information regarding harm reduction, drugs and dependence throughout its life cycle. Project partners' commitment to high quality data collection supported the production and dissemination of original research and evidence through a wide range of channels. The deployment of a Unique Identifier Code has been recognized by United Nations agencies as an example of best practice. Project partners also recognized that data verification had been instrumental in developing and strengthening partnerships.

CHAMPION-IDU partners invested significant time and resources in rolling out advocacy activities to improve the legal and policy environment. While recording great success against targets largely due to the consistent involvement of people who use drugs, the greatest success of the combined advocacy efforts of project partners and other agencies came in 2013 when the government integrated harm

reduction principles and services in the national drug control strategy and in 2014, as the Kingdom's first national harm reduction policy was approved.

A range of tools and policies were developed to prevent and mitigate encounters with law enforcement, given that a high proportion of such encounters have been associated with human rights violations. Though not all of the components developed under the CHAMPION-IDU project were fully deployed, the hiring of a senior Thai police officer to support the project, combined with a bail fund, referrals to legal aid and other internal mechanisms greatly improved working conditions for project workers. Despite the challenges, great success was achieved at a few sites where law enforcement became supportive of project objectives.

Given that the CHAMPION-IDU project was designed to be implemented by people who use drugs, internal systems, policies and tools were developed to provide support to the workforce as well as to enhance advocacy efforts to facilitate acceptance of the project at community-level. The project management team designed and deployed a range of interventions based on a duty of care towards project workers who were exposed to an inordinate and unreasonable amount of risk in the conduct of their professional duties. These efforts have been recognized by United Nations agencies as an element of best practice in harm reduction.

Project partners implemented a range of interventions in closed settings, targeting prisoners and guards. Under the CHAMPION-IDU project, the Kingdom's first methadone project was initiated in a small prison in the North. Meanwhile, project partners acknowledged that a large proportion of potential and highly vulnerable clients were incarcerated across the Kingdom – up to 70% of the prison population. Partnerships were thus established with government agencies, scaling-up reach in closed settings.

CHAMPION-IDU partners also successfully piloted two community-based methadone delivery models in rural mountainous communities. The two models rely on close collaboration with government agencies at national and local level, though in Chiang Rai, methadone is delivered by project workers through a peer-led approach. Such efforts have attracted significant government and media attention in support of a rapid scale-up of those models, including the potential allocation of national funds to do so.

In order to increase demand for HIV services offered under the CHAMPION-IDU project, implementing partners initiated an overdose prevention and management component in 2013. The Global Fund’s investment in Thailand was leveraged to attract investments from other donors in areas like overdose prevention. The overdose prevention component attracted new clients and potentially saved many lives. In parallel, CHAMPION-IDU partners sought to initiate and integrate an additional project component to address hepatitis C.

While the CHAMPION-IDU project structure was developed to operate through CSO partnerships, project partners also cultivated and facilitated important partnerships with government agencies. Working with authorities from different sectors, project partners were able to establish a range of collaborative relationships with the Office of the Narcotics Control Board (ONCB), the National AIDS Management Center (NAMC), the Queen Mother’s Center for Treatment of Drug Abuse (formerly Thanyarak) and the National Health Security Office (NHSO).

To facilitate greater access to sterile injecting equipment, CHAMPION-IDU partnered with private sector pharmacists under a project-based voucher exchange scheme. With significant potential for sustainable and high coverage distribution of sterile injecting equipment, linkages were established around several sites and results were positive given with low cost and high impact. Pharmacists played a significant role in facilitating acceptance of harm reduction interventions in local communities.

In parallel, partnerships with religious leaders were established in the predominantly Muslim South of the Kingdom. Tools were developed to facilitate communication of key harm reduction principles and interventions in a Muslim context. Project workers described the result of the partnership as a ‘community shield’ that was sometimes strong enough to prevent arrests by law enforcement. In the end, the Islamic Affairs Office of Thailand issued a letter in full support of harm reduction, including distribution of sterile injecting equipment.

Given the safety and security challenges related to law enforcement practices, natural disasters and political instability, project partners were encouraged to develop a comprehensive safety and security management toolkit to provide support to workers and clients in the case of an

emergency. The comprehensive safety and security package offered to CHAMPION-IDU workers has been identified by United Nations agencies as an example of best practice in the implementation of harm reduction interventions.

Finally, in the last year of the CHAMPION-IDU project, Ozone– a brand owned by PSI Thailand for community-based activities targeting PWID– was legally registered as a local non-profit foundation and was invited to play an official role in the roll out of the New Funding Model (NFM) in Thailand.

The 13 interventions above have been identified to highlight successes, lessons learned, best practices and innovations that have not been captured by the official performance assessments and project evaluations conducted to date.



INTRODUCTION

This report has been prepared by PSI Thailand Foundation with the specific objective of documenting innovations, best practices and lessons learned generated during the implementation of the national response to HIV among people who inject drugs (PWID) from 1 July 2009 to 31 December 2014. The report was prepared to capture the salient results and notable successes that fall largely outside the scope of official performance measurement instruments and systems and the purview of contractual obligations and requirements.

The report opens with an overview of the operating context and a summary of the evolution of the response to HIV among PWID in Thailand over the past decade, as well as a review of the CHAMPION-IDU project. The report follows with a description of 13 innovations, best practices and lessons learned under the CHAMPION-IDU project. The authors have highlighted the specific importance of improving the health and quality of life of clients as well as the relevance for the scale-up of comprehensive HIV prevention, treatment, care and support services to PWID in Thailand and globally.

The 13 interventions and approaches presented in this report were carefully selected with the participation and input of the CHAMPION-IDU workforce to ensure that the themes, topics and overall content of the report remain faithful to the workforce's priorities and are representative of the lived experiences of both project clients and workers. Case studies, quotes, examples and textboxes have been included where relevant to texture the more technical descriptions of project implementation.

PSI Thailand designed this report so that it can be used by local and international agencies engaged in ensuring the continuity of HIV prevention services to PWID beyond CHAMPION-IDU as well as to guide and inform future decisions that directly impact on the health and quality of life of people who use drugs in Thailand. Moreover, PSI Thailand expects that the content of the report will be particularly valuable to attract additional financial, technical and political support for health and social care interventions targeting PWID in Thailand. In addition, it is hoped that other harm reduction workers can find inspiration from the Thai context in these pages and adapt relevant components to facilitate service delivery in their own projects and interventions.

DRUGS AND HIV IN THAILAND

In Thailand, an estimated five percent of the national population aged 12-65 – approximately 2.5 million people – used illicit drugs in 2007.¹ National population size estimates indicate that an estimated 40,300 people inject

drugs.² Commonly used illicit drugs include heroin, opium, amphetamines (yaabaa), ice, cannabis and kratom, while licit drugs such as midazolam and other benzodiazepines are often mixed with illicit drugs.³ Table 1 below summarizes the distribution of the drugs most commonly injected by clients across three regions.

Table 1: Most common drugs injected by region

	North	Central	South
Heroin	41%	14%	69%
Diazepam	0%	0%	4%
Amphetamines	12%	21%	20%
Midazolam (Dormicum)	0%	25%	0%
Opium	28%	0%	0%

Box 1: Midazolam

Midazolam, branded as Dormicum in Thailand, is easily accessible from local pharmacies and represents a cheap substitute to heroin. Pharmacologically, midazolam is a short-acting benzodiazepine associated with profoundly potent anxiolytic, amnesic, hypnotic, anticonvulsant, skeletal muscle relaxant, and sedative effects. More than 70% of PWID in Bangkok reported injecting midazolam at least once in the past six months, with over 50% of those injecting daily. This is important given that midazolam injectors have been documented to inject other drugs while being much more likely to inject in the groin (femoral vein) which can lead to serious negative health consequences, including nerve and vascular injuries; a large proportion of midazolam injectors suffer rapid vein degeneration. People injecting midazolam also commonly report rapid-onset dependence, severe withdrawal symptoms and soft tissue infections.⁴

HIV prevalence among PWID in Thailand remains high, between 25-40%, with approximately 10% of all new infections attributed to injecting drug use.⁵ Reports also show that over 90% of PWID are currently living with the hepatitis C virus (HCV).⁶ Approximately 30% of PWID have survived at least one overdose while 68% have witnessed at least one overdose in their lifetimes.⁷

- 1 Assanangkornchai, S. et al. 2008. "Current situation of substance-related problems in Thailand" in *J Psychiatr Assoc Thailand*, 53:1.
- 2 Aramrattana, A. 2013. "Estimated sizes of Thai injection drug users," presentation at *Technical Consultation: Size Estimation of MARPs in Asian Countries*.
- 3 International Drug Policy Consortium and PSI Thailand Foundation. 2013. *IDPC Briefing Paper - Drug control and harm reduction in Thailand*.
- 4 Kerr, T. et al. 2010. "High rates of midazolam injection among drug users in Bangkok, Thailand," in *Harm Reduction Journal*, 7:7
- 5 Bureau of Epidemiology. Unpublished. *2012 Integrated bio behavioral survey; HIV/AIDS Data Hub. 2012. Thailand Country Review; HIV/AIDS Data Hub. 2013. Thailand Country Profile: HIV Prevalence and Epidemiological Status*, <https://skydrive.live.com/view.aspx?resid=AFD9EDEA3DDFB75C1936&app=Excel>; National AIDS Prevention and Alleviation Committee, Thailand. 2010. *UNGASS Country Progress Report Thailand: Reporting Period: January 2008–December 2009*.
- 6 Walsh, N. et al. 2010. "The silent epidemic: responding to viral hepatitis among people who inject drugs," in *Global State of Harm Reduction 2010 - Key Issues for Broadening the Response*.
- 7 Milloy, M.-J. et al. 2010. "Overdose experiences among injection drug users in Bangkok, Thailand," in *Harm Reduction Journal*, 7:9.

A little over three-fourths of PWID report using sterile injecting equipment for their last injection; just under half of PWID report using a condom the last time they had sex with a regular partner.⁸ Evidence shows that approximately 30% of PWID borrowed needles in the past six months, of which 65% reported multiple borrowing events.⁹ The main challenges associated with limited access to sterile injecting equipment include living too far from needle and syringe distribution outlets (34.1%); pharmacies being closed (13.6%); being refused needles and syringes (9.1%). Thai PWID who have been denied health care services are almost seven times more likely to avoid health services.¹⁰ The majority of PWID (74%) prefer to access HIV testing and counseling (HTC) services at the drop-in centers (DIC) over government health service outlets.¹¹

Stigma and discrimination against people who use drugs is common in Thailand. PWID systematically report significant concerns in regards to fear of disclosure, patient confidentiality, and overall lack of trust in health service providers.¹² This perception has long been reinforced by a set of laws and policies that criminalize people who use drugs as well as statements from high-ranking officials that further fuel stigma and discrimination.¹³

Up until recently, Thai government agencies have relied almost exclusively on repressive ‘zero-tolerance’ policies designed to eliminate drugs as well as those who use, possess, produce, sell and traffic them, prioritizing public security mandates over proven strategies to minimize negative health and social consequences related to drugs. The focus on law enforcement and public security in addressing drug-related issues in Thailand has led to:

- **Mass incarcerations:** with over 60% of the prison population being incarcerated for drug-related crimes,¹⁴ Thailand’s prisons are overcrowded – operating at double the maximum capacity¹⁵– and offer little in the way of health services to address HIV and drug dependence.¹⁶
- **Forced detention:** hundreds of thousands of individuals have been and continue to be detained in the name of treatment. People sent to drug treatment centers do not have access to due process, legal support or an appeal system.¹⁷ Detention in such centers has been strongly



associated with avoidance of health care among PWID in Thailand.¹⁸

- **Human rights violations:** cases of physical, sexual and psychological abuse have been documented at the hands of law enforcement, in community¹⁹ and in closed settings.²⁰ The testimonies of people who use drugs indicate that bribery, drug planting, and exchange of sexual favors with law enforcement is worryingly routine, and few opportunities are available or accessible to hold law enforcement accountable.

THE CHAMPION-IDU PROJECT

In 2008, the Global Fund awarded a grant of over USD 17 million specifically to reduce HIV transmission among PWID in Thailand over the course of five and a half years.²¹ The grant’s principal recipient (PR) – PSI – worked in partnership with a range of recipients – including Raks Thai Foundation (RTF), the Thai AIDS Treatment Action Group (TTAG), Access Quality International (AQI) and the Pharmacy Network as sub-recipients (SR) while Alden House, the Thai Red Cross (TRC), the Thai Drug Users’ Network (TDN) signed sub-sub-recipient (SSR) contracts. In addition, PR-PSI established formal partnerships with the Foundation for AIDS Rights (FAR), AIDS Access Foundation, 12D and Ozone. *The Comprehensive HIV Prevention Among Most-At-Risk Populations by Promoting Integrated Outreach and Networking*

8 Bureau of Epidemiology. 2010. *Thailand integrated biological and behavioral survey results*.

9 Kerr, T. et al. 2009. “Difficulty accessing syringes and syringe borrowing among injection drug users in Bangkok, Thailand,” in *Drug and Alcohol Review*, 29, 157-161.

10 Ibid.

11 Ti, L. et al. 2013. “Willingness to access peer-delivered HIV testing and counseling among people who inject drugs in Bangkok, Thailand,” in *Journal of Community Health*, 38(3): 427-33.

12 Ibid.

13 Human Rights Watch. 2004. *Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights*.

14 UNODC. 2006. *HIV/AIDS and Custodial Settings in South East Asia: An Exploratory Review into the Issue of HIV/AIDS and Custodial Settings in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam*.

15 See International Center for Prison Studies, online at www.prisonstudies.org/info/worldbrief/wpb_country.php?country=114.

16 Kaplan, K. 2011. “HIV and Prison in Thailand” in *HIV Australia*, 8:4.

17 Ibid.

18 Ti, L. et al. 2013. “Low rates of hepatitis C testing among people who inject drugs in Thailand: Implications for peer-based interventions,” in *Journal Public Health (Oxf)*, 35(4): 578-84.

19 Thai AIDS Treatment Action Group. 2012. *Reducing Drug-Related Harm in Thailand: Evidence and Recommendations from the Mitsampan Community Research Project*.

20 Open Society Institute. 2010. *Detention as Treatment: Detention of Methamphetamine Users in Cambodia, Laos, and Thailand*.

21 See <http://portfolio.theglobalfund.org/en/Grant/Index/THA-H-PSI>.

(CHAMPION) IDU project was designed to meet three core objectives: strengthen and scale-up HIV services among PWID; build an enabling environment; and reinforce information systems and produce strategic evidence, all with the ultimate goal of reducing HIV prevalence among PWID.

The CHAMPION-IDU project was a peer-led initiative based on the premise that peer-to-peer contact among PWID greatly enhances receptivity of clients.²² The project provided employment to approximately 180 workers at its peak, approximately 60% of who were people actively using and recovering from drug use.

The project operated in 19 out of Thailand's 76 provinces (see Figure 1 for a map of the CHAMPION-IDU implementation sites). All services provided under CHAMPION-IDU are included in the widely endorsed UNAIDS, UNODC and WHO comprehensive package of interventions for HIV prevention, treatment, care and support among PWID.²³

Figure 1: Map of Thailand with CHAMPION-IDU project sites

In community settings, CHAMPION-IDU partners distributed sterile injecting kits containing an array of equipment. PR-



22 World Health Organization. 2004. *Evidence for action: effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug use.*

23 UNAIDS, UNODC and WHO. 2012. *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users;* WHO. 2014. *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.*

PSI also recruited a number of private-sector pharmacies to assist with distribution of sterile injecting equipment, a service that remains inaccessible through government health service outlets and has been previously operated on a relatively small scale only by CSO.

In addition, the CHAMPION-IDU project teams provided clients with condoms, behavior change communication (BCC) and education to reduce injecting frequency and risk behaviors, as well as referrals to STI diagnosis and treatment, voluntary HTC, methadone and ART. In January 2013, PSI initiated an overdose prevention and management component with naloxone linked with the CHAMPION-IDU project.²⁴

A total of 17,889 individual PWID were reached by the CHAMPION-IDU project, with over 5,300 individual PWID reached in the final year, more than twice the number reached in year 1, and an annual average reach of 3,635 clients. A total of 2,206,397 needles and syringes and 747,247 male condoms were distributed across the project life cycle, representing an average of 106 needles and syringes per client per year and an average of 37 condoms per client per year.

One of the major constraints to scaling up distribution of sterile injecting equipment relates to the vast majority of PWID being very hesitant to carry more than a few needles and syringes at a time given that law enforcement can use such commodities to compel urine testing and an inspection that may lead to arrest, detention and/or forced drug treatment:

[The client] is afraid when he carries the needles back home – it's not safe for him as he can be arrested carrying the new needles.²⁵

Over 2,500 PWID were referred to HTC and obtained their results. Though the proportion of clients reached who accessed HTC remains below optimal levels, over 90% of clients tested received their test results as well as post-test counseling. Just as with referrals to HTC, clients were reluctant to access STI and methadone services, due to logistical challenges as well as stigma and discrimination. In essence, CHAMPION-IDU performance was partially measured on its capacity to refer clients to services it is not managing and could not guarantee service quality.

Over 2,600 people were trained and participated in advocacy activities over the project life cycle. A continuous need for high-level advocacy targeting national authorities as well as local-level sensitization of communities and other key stakeholders in and around project sites combined with tireless enthusiasm among CSO partners, as well as with the

24 PSI Thailand. 2014. *Servicing communities with opioid overdose prevention (SCOOP) - Lessons learned from Thailand.*

25 PSI Thailand. 2011. *Rapid PEER Study to strengthen the Injecting Drug Users Quality of Life Programme.*

important policy, legal and procedural barriers impeding service delivery among PWID justified the importance of investments in strategic advocacy.

PR-PSI recorded an average of 76 people trained each year to deliver harm reduction services to PWID. In addition, 65 prison guards and over 50 inmate supervisors were trained in closed settings. Due to high turnover of workers, particularly at field level, there has been high interest and ongoing need for capacity building to support the workforce. CHAMPION-IDU's role in investing in developing the harm reduction workforce in Thailand is particularly important given that few institutions in the country provide drug dependence education and training programs, and their curriculums are not necessarily aligned with the principles of harm reduction or with international best practice.

Overall, CHAMPION-IDU did not meet its ambitious contractual targets and has been rated at B2 based on Global Fund measurements.²⁶ Performance against Top Ten Indicators,²⁷ mostly related to essential health sector interventions, has been generally lower than performance against indicators related to the development of an enabling environment. In addition, strict indicator definitions excluded some results from official performance assessments. Overall performance was structurally compromised throughout almost the entire project life cycle, given that clients and workers were regularly arrested and harassed by law enforcement, no official policy or legal instruments protected or legitimized project activities, and stigma and discrimination was rife in health care settings as well as in local communities across the Kingdom.

That said, overall project performance systematically increased from year to year, as has performance against many of the individual indicators. But targets also increased, often a lot more rapidly than the clients, the project partners and the country as a whole could cope with and adapt to. The indicators, targets, outputs and results captured by the Global Fund's performance assessment tools represent a rather limited aspect of a large and complex project that essentially substituted, rather than complemented, the government's national response to HIV among PWID, for more than half a decade.

Box 2: Costing CHAMPION-IDU services and performance

An analysis of the project's financial performance is warranted and should consider national financial investments as well as operating costs in the proper context. For example, very little has been invested to develop an enabling policy environment, to facilitate integration of implementation mechanisms into national health systems or even deliver essential health and social care services to PWID. Financial data from Thailand underlines worrying trends:

- only two Global Fund grants were awarded to Thailand for HIV prevention among PWID (2003, R3: USD 1.3 million; 2009, R8: USD 17.1 million);
- the two Global Fund grants totaling less than USD 20 million represent the two largest investments made in the past two decades to prevent HIV among PWID;
- investments in HIV prevention among PWID in Thailand represent only approximately 6% of the total Global Fund investment in HIV in Thailand since 2002 and a small fraction of the national HIV expenditure by government agencies;
- the national government has pursued aggressive drug control campaigns with significant investments in activities that are thought to have increased HIV risk behaviors, reduced access to health services, led to increased stigma, discrimination, violence and human rights abuses, and undermined implementation and delivery of health and social care services among people who use drugs.

The cost of criminalization of the target population has largely contributed to the exacerbation of cost per intervention per client – due to costs related to high turnover of staff, to loss of contact with clients because of arrest and detention and related to protecting staff and clients from law enforcement abuse, etc. Intervention costs will remain artificially overinflated as long as the limited external investments to prevent HIV transmission among PWID are in direct competition with the national government investments in drug control.

26 See a preliminary analysis of CHAMPION-IDU performance and related operational implications in Tanguay, P. 2012. "Harm Reduction at the Crossroads: Case examples on scale and sustainability: Thailand," in *Global State of Harm Reduction 2012: Towards an integrated response*. For an overview of CHAMPION-IDU performance results, visit <http://portfolio.theglobalfund.org/en/Grant/Index/THA-809-G11-H> for Phase 1 results (2009-2011) and <http://portfolio.theglobalfund.org/en/Grant/Index/THA-H-PSI> for Phase 2 results (2011-2014).

27 The Global Fund and its partners have selected a set of ten indicators that measure performance of priority interventions at country level. These priority indicators have become a global standard benchmarking tool used to compare results across the entire collection of Global Fund grants – for more details on Top Ten indicators, see Global Fund. 2011. *M&E Toolkit* available online at www.theglobalfund.org/en/me/documents/toolkit



SECTION 1

CLIENT-CENTERED APPROACH IN PROJECT DESIGN AND IMPLEMENTATION

Where project workers were initially focused on meeting project targets and recording data, a growing number of them are now concentrated on delivering quality services through a client-centered approach in order to meet their needs.

However, clients often requested assistance going well beyond the scope of the project while remaining extremely relevant to HIV prevention and generating overall health impact in Thailand. For example, project data indicates that CHAMPION-IDU clients prioritized their own needs as follows:

1. Effective, evidence-based drug dependence treatment
2. A safe place to rest / drug policy reform / protections from law enforcement abuse
3. Access to employment and education
4. Overdose prevention and management
5. HCV testing and treatment
6. HIV prevention, treatment, care and support
7. Sexual and reproductive health

The project performance framework emphasized commodity distribution and other HIV related services; however, while access to sterile injecting equipment remains an essential part of any harm reduction program, it is clear that this alone does not meet all client needs. Additionally, non-injecting drug users were considered outside project scope.

Many CHAMPION-IDU workers felt discouraged, both because of being unable to assist many potential (non-injecting) clients in need as well as by the low performance ratings. Senior management systematically communicated to project teams that though not abandoning the official targets, field teams should feel proud delivering high quality services and aim to generate a steady 15% increase in performance across all indicators in every future reporting period. This message, systematically repeated over time, relieved a lot of the pressure that negatively impacted project workers' motivation.²⁸

Project data, evidence, and systematic arguments had to be mobilized to convince Global Fund representatives. The result of sustained negotiations was the approval by Global Fund of additional programmatic components to complement the original project design, better meeting the needs of clients while allowing the project to be adapted to fit a changing and challenging environment. Many of the interventions documented in the body of this report were

initiated with approval from the Global Fund to reprogram underspent funds to better respond to client and worker needs.

In the end, the CHAMPION-IDU management team was able to shift the workforce's focus from issues related to achieving targets to concentrate on ensuring that clients were at the center of the overall project strategy. Over time, doing so helped relieve stress and frustrations in the workforce and increased their motivation to perform.

LESSONS LEARNED: Client needs go well beyond project targets and contractual obligations.

BEST PRACTICES: A client-centered approach to service delivery reduces stress in the workforce and increases motivation while ensuring that clients receive essential health services.

INNOVATIONS: Negotiated approvals from Global Fund representatives to revise performance framework targets and reprogram funds.

SECTION 2

DATA PRODUCTION, MANAGEMENT AND DISSEMINATION

During the implementation of CHAMPION-IDU, project data was fed into a wide range of mechanisms, to assess overall and specific project modalities (including data quality) as well as to produce new evidence demonstrating the partners' commitment to data collection, analysis and verification. For example, PR-PSI compiled an additional narrative report in every reporting period as a supplement to Global Fund's quantitative reporting requirements.

Field workers recorded client data in logbooks after each contact at site level. The CHAMPION-IDU logbooks allowed project workers to record more than 50 data points about each client. Upon registering with the CHAMPION-IDU project, each client was assigned a Unique Identifier Code (UIC) designed to protect client privacy and preserve confidentiality. The UIC developed by PSI has been recognized and acknowledged by UNAIDS, UNODC and WHO as a model of best practice in the *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users 2012*.

PR-PSI, often in partnership with academic and other institutions, produced several original research reports over the project life cycle. A study conducted among CHAMPION-IDU clients and workers using the rapid PEER (participatory ethnographic evaluation and research)²⁹ methodology

²⁸ PSI Thailand. 2012. *Work Motivation of Peer Educators in CHAMPION-IDU Project - A Qualitative and Quantitative Study on a Peer-Support Program for IDUs*.

²⁹ The PEER methodology is described in detail in: Price, N and Hawkins, K. 2002.

led to the publication of the *Injecting Drug Users Quality of Life Program*³⁰ research report in 2011. In 2012, PR-PSI released another research report titled *Work Motivation of Peer Educators in CHAMPION-IDU Project - A Qualitative and Quantitative Study on a Peer-Supported Program for IDUs*³¹ using the same methodology. Finally, in 2015, a final PEER-based research report titled *Participatory Research to Study Effectiveness of Accessing and Disposal Process of Needle and Syringe Among Injecting Drug Users* was published by PR-PSI.

CHAMPION-IDU partners also used project data to produce additional evidence in support of project objectives. SR-TTAG established a partnership with the British Columbia Center for Excellence in HIV, which led to the publication of over 20 peer-reviewed scientific journal articles as well as dozens of presentations delivered in international forums on issues related to injecting drug use and HIV in Thailand³² The most salient results of this community-based research project are captured and summarized in the brief *Reducing Drug-Related Harm in Thailand: Evidence and Recommendations from the Mitsampan Community Research Project* report published in 2011.³³

CHAMPION-IDU partners contributed to the design, implementation, analysis and mobilization of clients in the context of the 2010, 2012 and 2014 IBBS. The CHAMPION-IDU project was integrated in the *National AIDS Strategy 2012-2016* by way of official reporting responsibilities against indicators in the *National Strategic Information and Monitoring and Evaluation Plan for HIV/AIDS in Thailand 2012-2016*. PR-PSI and the Thanyarak Institute are responsible for implementing, tracking and reporting back to NAMC against the “Number of syringes distributed per person who injects drugs per year by needle and syringe program” indicator. PR-PSI also contributes to achievement of two other official targets in the Plan.

CHAMPION-IDU partners disseminated a significant volume of information targeting external stakeholders ranging from professionals and peers involved in HIV prevention outside CHAMPION-IDU all the way to the general population. Presentations were delivered at national and international conferences; information, education and communication (IEC) materials were distributed; and Thai and international media agencies promoted the project through various channels. The project dissemination strategy was designed to ensure transparency and access to project data for a range of interested stakeholders in Thailand and beyond.

Data outputs and evidence produced during the project

³⁰ “Researching sexual and reproductive behavior: a peer ethnographic approach” in *Social Science & Medicine* 55,1325–1336. See www.options.co.uk/peer for more information.

³¹ See www.scribd.com/doc/265730746/Rapid-PEER-study-to-strengthen-the-injecting-drug-users-quality-of-life-programme.

³² See www.scribd.com/doc/265730745/Work-Motivation-of-peer-educators-in-CHAMPION-IDU-project-A-qualitative-and-quantitative-study-on-a-peer-support-Program-for-IDUs.

³³ For details, visit www.cfenet.ubc.ca/research/mitsampan.

³⁴ Thai AIDS Treatment Action Group. 2012. *Reducing Drug-Related Harm in Thailand: Evidence and Recommendations from the Mitsampan Community Research Project*.

life cycle represent the bulk of evidence currently available about the public health situation among PWID and the state of the response to HIV among PWID in Thailand. Most of the project life cycle has been characterized by the popular yet inaccurate perception among a large proportion of key stakeholders and the general population in Thailand that needle and syringe distribution services encourage drug use.³⁴ This misunderstanding has endured and fueled stigma and discrimination largely as a result of the decade old gap in local credible evidence to convincingly demonstrate the effectiveness, safety and the virtual absence of unintended negative consequences (such as increased drug use) associated with implementation of needle and syringe distribution services in the Kingdom. CHAMPION-IDU thoroughly documented and convincingly demonstrated that such interventions are indeed effective, safe and do not lead to negative consequences in Thailand, in line with international evidence.

LESSON LEARNED: Strong data collection and verification mechanisms have been critical to continuous project improvement, successful negotiations with donors and partners, the production of credible and reliable local evidence as well as supporting the deployment of innovative interventions and policy change.

LESSON LEARNED: Evidence from CHAMPION-IDU clearly shows that the distribution of sterile injecting equipment, including needles and syringes, is feasible and does not lead to any significant negative unintended consequences in Thailand.

BEST PRACTICE & INNOVATION: Deployment of a Unique Identifier Code (UIC) to protect client privacy and preserve confidentiality.

BEST PRACTICE: Project results and outputs were shared as widely as possible, in both Thai and English, and often made available in the public domain.

INNOVATION: Mobilizing representatives from Global Fund’s Office of the Inspector General (OIG) to support project advocacy objectives, including facilitating requested structural changes to project design, plans and budgets.

³⁴ Megaloudi, F. et al. 31 July 2012. “Thailand: Ambivalent about needle exchanges” in *IRIN*, www.irinnews.org/report/95984/THAILAND-Ambivalent-about-needle-exchanges.

SECTION 3

APPROVAL AND DEPLOYMENT OF THE NATIONAL HARM REDUCTION POLICY

In 2009, the National AIDS Prevention and Alleviation Committee resolved to approve a draft policy on harm reduction for people who use drugs, which had been proposed by the National AIDS Management Centre (NAMC) of the Department of Disease Control (DDC). The draft policy was presented to the Prime Minister on 1 November 2010 but the Council of State³⁵ concluded its legal review in July 2011, noting that the distribution of injecting equipment was in contravention with the Narcotics Act (1979) and was perceived as 'inciting drug use,' which is a crime.³⁶

On 26 June 2013, in partnership with the International Drug Policy Consortium (IDPC) and the International HIV/AIDS Alliance (IHAA), and under leadership from 12D, CHAMPION-IDU partners organized a demonstration in front of the Thai parliament under the banner of the international "Support. Don't Punish!" campaign. The Secretary-General of the Office of Narcotics Control Board (ONCB) met with the protesters at the rally and made public promises to hear out civil society's grievances. After many meetings, ONCB formally introduced harm reduction in the national drug control strategy, through the 'Order of National Command Centre for Combating Drugs' No. 1/2557', effective since 1 October 2013. On 19 October 2013, Thailand's Deputy Prime Minister announced the full deployment of the first national harm reduction policy. The policy was officially finalized on 7 February 2014 and publicly launched on 17 March 2014 at a meeting co-hosted by ONCB and PR-PSI in Bangkok.³⁷



35 The Council of State of Thailand is a department directly under the authority of the Prime Minister of Thailand, and provides legal advice to government agencies and entities on a range of issues, including the preparation of draft laws and issuance of legal opinion on interpretation of legislation. See its website: www.krisdika.go.th (mainly in Thai).

36 See Thai media coverage at www.matichon.co.th/news_detail.php?newsid=1313497910&grpId=03&catid=&subcatid=

37 PSI Thailand, ONCB, UNODC. 17 March 2014. *National Harm Reduction Policy Launch* at the Eastin Makkasan Hotel.

Box 3: Support. Don't Punish!

The "Support. Don't Punish" campaign (www.supportdontpunish.org) is a global initiative to promote harm reduction, evidence-based drug dependence treatment and more humane policy responses, while also calling for the removal of criminal sanctions for drug use, the possession of small amounts of drugs, and other low-level drug offences.

The campaign was launched in 2013 through the multi-partner Community Action on Harm Reduction project,³⁸ and includes social media activities, an Interactive Photo Project,³⁹ and a 'Global Day of Action' on 26 June – the United Nation's International Day against Drug Abuse and Illicit Trafficking.

On 26 June 2013, local partners in 41 cities around the world held a variety of actions as part of a global show of force for drug policy reform – including events in Thailand. On 26 June 2014, people in more than 100 cities participated in events and activities – including press conferences, graffiti and art displays, protests, processions, music events, workshops and seminars, flash mobs, dance displays, and football matches.⁴⁰

Activists (including people who use drugs) gathered in Thailand – but also in Australia, Belgium, Bolivia, Bosnia and Herzegovina, Cambodia, Canada, Chile, China, Colombia, Costa Rica, Denmark, Egypt, France, Georgia, Greece, Hungary, India, Indonesia, Ireland, Italy, Kenya, Lebanon, Macedonia, Malaysia, Mauritius, Mexico, Nepal, New Zealand, Nigeria, Norway, Palestine, Peru, Philippines, Poland, Puerto Rico, Romania, Russia, Senegal, Spain, Switzerland, Tanzania, Tunisia, Ukraine, the United Kingdom, the USA, Viet Nam and Zimbabwe. The one thing that tied them all together was the campaign message – that the harms caused by existing national laws and policies can no longer be ignored. Around the world, advocates also took part through the website, Facebook and Twitter to show their support.

Each local partner defined their own advocacy targets, messages and approach, and the campaign has been successful in empowering and supporting grassroots activism around the world.⁴¹ The campaign plans to expand further in 2015 – with another Global Day of Action that on 26 June that aims to build the momentum ahead of the UN General Assembly Special Session (UNGASS) on drugs in 2016.

38 See www.cahrproject.org.

39 See <http://supportdontpunish.org/photoproject>.

40 See <http://supportdontpunish.org/day-of-action-2014>.

41 Shaw, G. 2015 (in press). *Independent Evaluation of the 'Support. Don't Punish' campaign: An independent evaluation of the first two years of the 'Support. Don't Punish' campaign, January 2013 - December 2014*, <http://idpc.net/publications/2015/04/independent-evaluation-of-the-support-don-t-punish-campaign-january-2013-to-december-2014>.



4. 50% of eligible clients referred to methadone for maintenance and/or detox
5. 100% of 19 CHAMPION-IDU provinces provide all 10 services listed in the approved package

The policy also classifies severity of drug use in five categories, ranging from occasional social use where drug use does not have an impact on daily life and activities, to clinical dependence requiring long-term treatment and support, with differentiated approaches and responses to treatment and punishment to better address to needs of PWID.

The implications of the deployment and endorsement of Thailand’s national policy are significant given the resistance to harm reduction expressed on many previous occasions by Thai government officials. The policy should facilitate service delivery in Thailand, enhance collaboration across public security and public health sectors, and protect the safety and security of clients and project workers. In order to achieve these policy objectives, the implementation of the national policy will need to be closely monitored and regularly evaluated. Finally, the meaningful involvement of people who use drugs should continue to represent the cornerstone of effective planning and policymaking in Thailand, especially in regards to drug-related issues.

The 33-page national harm reduction policy document is designed to achieve five objectives:

- To support PWID to access health services by strengthening care and support strategies
- To reduce the burden of blood borne infections among PWID
- To assist PWID to access and enter voluntary drug rehabilitation services aimed at reduction and eventual cessation of drug use
- To reduce drug-related harms among PWID, their communities and society as a whole
- To create an enabling service delivery environment that facilitates access to and delivery of harm reduction services

The policy mandates national and provincial level collaboration and cooperation between public health, law enforcement and civil society who will share the responsibility for achievement of targets against national indicators. The policy proposes a set of indicators to track progress and measure performance against common objectives. A consensus was negotiated between law enforcement, public health and civil society representatives around five national level performance indicators to track and assess progress:

1. 50% of PWID reached in each of the 19 provinces
2. 70% of clients reached at least once per month
3. 100% of clients access at least two health services from the comprehensive package

LESSON LEARNED: Generating significant policy advocacy results takes time and requires a solid evidence-base as well as the engagement of a wide range of stakeholders.

BEST PRACTICE: Drug policy advocacy activities implemented through the CHAMPION-IDU project recognize and value the meaningful involvement of people who use drugs.

INNOVATION: Deployment of an effective advocacy strategy to gain approval of Thailand’s first national harm reduction policy.

SECTION 4

MANAGING RELATIONSHIPS AND ENCOUNTERS WITH LAW ENFORCEMENT

CHAMPION-IDU project implementers have systematically identified challenges with law enforcement as a key barrier to effective roll out of services. From confiscation of health commodities to regular arrests, psychological harassment as well as physical and sexual abuse of field workers for performing their professional duties and clients accessing health services, the unintended negative consequences of those encounters compromised workforce motivation, reduced project performance, and undermined cost-effectiveness of the Global Fund investment in Thailand.

"I would rather get HIV than be (re) arrested!"
– CHAMPION-IDU client

Starting in 2011, efforts were deployed under the CHAMPION-IDU project to systematically address issues related to law enforcement, both to mitigate the negative impact of those encounters and to foster better collaboration with public security representatives. PR-PSI recognized that project workers and clients were at unreasonably high risk of negative encounters with law enforcement because of their project-related duties and, given that the core project strategy rests on peer-to-peer contact, because of their involvement in and proximity to the illicit drug market. A range of risk prevention and management strategies were developed and deployed at individual, project and national levels to overcome the challenges associated with law enforcement encounters in the field. All the interventions detailed here, as well as other activities implemented under the CHAMPION-IDU project have specifically been identified as elements of best practice by UNODC in its *Practical guide for civil society HIV services providers for people who use drugs*.⁴²

For example, PR-PSI hired a Clinical Counselor in February 2013 and set up an internal peer counseling team to provide emotional, psychological and professional support to CHAMPION-IDU workers. PR-PSI also established a formal partnership with the Foundation for AIDS Rights (FAR) to provide legal aid services to clients and workers as well as build their knowledge and capacity regarding their fundamental human, health and legal rights. PR-PSI also offered access to a bail fund for project workers, allowing them to return home and continue working until official proceedings had been completed after an arrest. PR-PSI also developed and distributed identification cards to all project workers in early 2012 as part of a project-wide strategy to reduce and mitigate risks associated with law enforcement. Finally, PR-PSI hired the services of a senior Thai police to act as the CHAMPION-IDU Law Enforcement Advisor to facilitate better collaboration with law enforcement.

PR-PSI mobilized technical support to develop two standard operating procedures (SOP) in an effort to ultimately scale-up its duty of care. The first – the CHAMPION-IDU *SOP to Improve Community-Level Collaboration with Law Enforcement*⁴³ – was designed to provide guidance to field workers during police encounters and reduce the risk of negative encounters by, for example, encouraging project workers to never lie and always remain polite and respectful, even when such courtesies were not reciprocated. The second – the CHAMPION-IDU *SOP to Reduce and Manage Relapse and Burnout*⁴⁴ – was also developed to provide extra support to field workers, especially given that many have been exposed to undue stress from the very real risks and consequences associated with law enforcement encounters.

At national level, advocacy efforts targeting law enforcement have been ongoing throughout the project. In partnership with FAR, 12D and others, PR-PSI has delivered several training sessions at the Royal Thai Police Academy as well as in other venues to raise awareness of HIV among PWID and encourage law enforcement collaboration in the context of harm reduction service delivery. To support such advocacy efforts at both local and national level, a set of research briefs was commissioned by PR-PSI with one specific document targeting law enforcement officers at project sites (see Box 4 for content of the CHAMPION-IDU research brief for law enforcement).

Box 4: CHAMPION-IDU research brief for law enforcement

Evidence suggests that peer-led outreach is one of the most effective strategies to reach marginalized, stigmatized and criminalized group with HIV prevention services. In parallel, peer outreach has also been demonstrated to contribute to positive changes in behavior in the target population. Peer outreach is included in WHO's recommended package of interventions to prevent HIV transmission among PWID.

After four years of implementing the CHAMPION-IDU project, it is now clear beyond a shadow of a doubt that that biggest hurdle to reaching project objectives is related to their criminalization, both for client's access to health services as well as for project workers to deliver those services. Clients of the CHAMPION-IDU project have stated in no uncertain terms that their fear of arrest continues to prevent their access to health services. As one client stated: "I'd rather get HIV than be arrested again!"

Clients are afraid to collect a sufficient supply of needles and syringes from project sites because of fear of arrest



42 UNODC. 2015 (in print). *A practical guide for civil society HIV services providers for people who use drugs: improving working relationships and collaboration with police services*.

43 Available online at www.cahrproject.org/resource/psi-standard-operating-procedures-to-improve-community-level-collaboration-with-law-enforcement.

44 Available online at www.cahrproject.org/resource/standard-operating-procedures-to-reduce-and-manage-relapse-and-burnout.

in the community, especially at road checkpoints:

He is afraid when he carries the needles back home – it's not safe for him as he can be arrested carrying the new needles.

She cannot go downtown to buy needles because she has no vehicle and is afraid of getting arrested.

The same fear prevents clients from attending drop-in centers and other sites:

He does not dare to come to the DIC because it has many IDUs. He is afraid that the police will have a checkpoint nearby the DIC.

She is afraid of the police because they have a checkpoint for arresting the IDUs.

Similarly, many of the CHAMPION-IDU peer outreach workers are afraid of being arrested while conducting their duties:

I'm afraid that the police will misunderstand. They may not believe that I will go out to provide knowledge and to distribute equipment. The police may think that it is true that I will go there to provide knowledge but at the same time may go there to consume drugs. And they would ask me to take a urine test

When I carried needles to distribute to friends, it happened so often that I would come across a police checkpoint and would be arrested, would be forced to take a urine test for narcotics. It happened so often that I don't want to travel on this route again, because they (the police) do not have any idea that I am doing this for my job.

Yet while those peers are on duty, they adhere to clear project-wide policies that prevent them from using, carrying, buying, selling and distributing illicit drugs (Drug Free Workplace Policy – see section 5).

For eight hours a day while working under the CHAMPION-IDU project, these peers – themselves potentially people who use drug – voluntarily stop their illicit activities in favour of providing health support to people who desperately need it:

At first the police captain arrested IDUs... Now they are still arrested but his (DIC Manager) work has proved to the police that when IDUs come to the DIC as much as possible then the crimes outside decrease. If there is no DIC, the IDUs are strung out and inject and commit crimes. But when you have

a DIC the IDUs get more knowledge and skills, and they get rehab skills for themselves – for both body and mind.

Despite many challenges and hardship faced by field workers striving to protect the confidentiality and improve the health of their clients, all CHAMPION-IDU workers believe that communication and relationship building with the local police can have positive changes in the community:

If policemen are informed about needle distribution, it will be easier. We don't need to talk to the policemen much. When the police know that we are a peer educator, we will feel free and comfortable to carry needles. ...When I meet the police in the field while doing outreach work, it is very boring for me to explain about the content of my work. I was found shoulder bag with needles, so I told them that I was doing this job. Then they asked where I was going. I told them directly that I could not tell because it's my friends' secret. And then a long explanation was required after that.

Meanwhile, CHAMPION-IDU workers have been provided with guidelines for interacting with law enforcement that emphasize being polite and respectful, always telling the truth, protecting the confidentiality of clients, and documenting those encounters. All CHAMPION-IDU workers have also been provided with an ID card certifying their engagement under the project, along with contact details to the Country Coordinating Mechanism, housed by the Ministry of Health, which can vouch for the project.



Box 5: Impact of sensitizing law enforcement in Narathiwat

Roads throughout Narathiwat province and the Deep South are riddled with checkpoints manned by law enforcement in order to prevent and control insurgency and other criminal activities. Initially, when CHAMPION-IDU workers went through checkpoints during outreach, law enforcement officers would often require workers to submit a urine sample for immediate testing. When urine tests were positive, outreach workers were often detained in the name of treatment, arrested for drug crimes or forced to pay a bribe to avoid further legal action.

However, after the law enforcement sensitization workshops facilitated under the CHAMPION-IDU project in 2014, local police officers in Narathiwat have agreed to an informal truce under which local police have softened their approach with CHAMPION-IDU project workers and use more discretion in encounters with project workers. The Narathiwat police team has also requested that project clients be issued ID cards by the government so that they too can benefit from the informal agreement that is now in place. After the sensitization workshop, the relationship between CHAMPION-IDU workers and the local police has been strengthened by facilitated visits to the police station to introduce project workers, project objectives, planned activities and results generated in the province since initiation of services.

During a law enforcement sensitization workshop in the South, one police officer was recorded saying (translated from Thai):

If these individuals [CHAMPION-IDU clients] do not cause trouble in the community and do not commit crimes, then we should use more discretion. Should we be happy when the number of arrests rises every year? No, we are so exhausted. Every case requires so much effort and resources to meet the targets required by headquarters. If we can reduce the harm to the community, if there is a clear policy to treat people who use drugs as patients, we can work with this and when we come across such cases, we can have the option of not arresting them and ask them whether they would like to be treated, without us getting charged for abandoning our duties. If people who use drugs want to become contributing members of society, we should work together to make that happen, give them an opportunity and not think we are on opposite sides of law.⁴⁵

⁴⁵ Statement from law enforcement officer participating in the *Law Enforcement Workshop on Harm Reduction* organized on 29-30 October 2014 by UNODC, ONCB and CHAMPION-IDU at the BP Grand Tower Hotel in Hat Yai, Thailand.

However, despite PR-PSI's best efforts to deliver on its duty of care and multiply channels for the workforce to access internal support, workers, especially peers, were initially suspicious of such services and lacked confidence in their employers' guarantee of confidentiality. Senior management representatives reinforced the same message with regular communication across the CHAMPION-IDU project, stressing respect for confidentiality and privacy of all workers.

Overall, the various strategies, mechanisms and tools developed and deployed by PR-PSI and CHAMPION-IDU partners have all generated significant results. Unfortunately, limited data has been collected regarding law enforcement encounters and the impact of those measures to alleviate their potentially negative consequences. The majority of the CHAMPION-IDU interventions designed for the development of sustained partnerships with law enforcement have unfortunately been discontinued under the NFM due to funding shortages despite significant interest from the CCM and the new NFM CSO PR-RTF.

INNOVATION: A range of pilot interventions were deployed under CHAMPION-IDU to mitigate negative impacts of law enforcement – from an internal counseling team to provide support to the workforce to hiring a senior Thai police officer to represent and support the project.

BEST PRACTICE: These interventions have been identified by UNODC as elements of good practice in the context of HIV prevention among PWUD.

LESSONS LEARNED: Working with law enforcement is critical to the success of service delivery; the negative impact of law enforcement on service delivery must be assessed and addressed strategically. Employers of people who use drugs have a duty of care towards workers and clients, especially where encounters with law enforcement occur frequently.

SECTION 5

HIRING AND WORKING WITH PEOPLE WHO USE DRUGS

Many of the CHAMPION-IDU workers have been peers – people who were actively using drugs as well as people recovering from drug use. PR-PSI and other CHAMPION-IDU partners faced important workforce recruitment and retention challenges throughout the life cycle of the project. However, it is critical to note that those issues were generally not directly linked to drug use and dependence, but rather related to the stigma, discrimination and criminalization associated with illicit drugs.

In many interviews for senior CHAMPION-IDU project management positions, PR-PSI found that candidates who had the right skill set often had negative attitudes towards people who use drugs. Project field workers, generally

recruited from the client base, were often detained or arrested. For example, over 12 project workers were arrested in the month of October 2014 alone, though the monthly average across the entire project is estimated to be two to three. In that respect, all the CHAMPION-IDU project positions were never completely filled and as a consequence, project operations were systematically handicapped by a lack of manpower.

PR-PSI worked in collaboration with the Open Society Foundations to produce and disseminate to all CHAMPION-IDU workers a Thai version of the *Harm Reduction at Work – A Guide for Organizations Working with People Who Use Drugs* booklet,⁴⁶ a practical, hands-on guide for both employers and workers outlining the many benefits of hiring people who use drugs and detailing strategies for recruiting, supervising, and retaining workers.

PR-PSI recognized that project objectives could not be achieved and contractual obligations could not be met without hiring people who use drugs; that the duties assigned to peers in the field exposed them to unreasonable risks related to law enforcement; and that the performance of their duties systematically increased their risk of relapse to drug use. In this light, PR-PSI and other employers of people who use drugs have a responsibility towards workers for putting them in harm's way, despite the fact that workers may have given informed consent. PR-PSI recognized its duty of care and developed a low threshold support system for all its workers in need of clinical treatment for drug dependence.

A strict drug-free workplace policy was enforced throughout the project life cycle across all project sites. A zero-tolerance policy has been in place to prevent consumption, possession, distribution and sale of illicit drugs during working hours on the premises of any office or DIC or in any project vehicle. However, the PSI Thailand Foundation drug-free workplace policy focused on facilitating access to a range of treatment and support options rather than on punishment and dismissal, especially in the context of a first offence related to intoxication or compromised performance due to off-hour use.

The drug-free policy was also extended to all CHAMPION-IDU DICs since startup in 2009, where clients were regularly reminded that drug use, possession, and dealing were not allowed or tolerated inside or near project DIC. Each project DIC had a billboard located in a common room with public access displayed house-rules that explicitly prohibited illicit drugs. The drug-free workplace policy was used in local advocacy efforts to entice cooperation of law enforcement officers to support the project, arguing that peers should be respected and encouraged given that for eight hours a day, they contribute to society and are not involved in criminal activities.

The measures deployed and the results achieved under the CHAMPION-IDU project are significant for all similar projects working with and hiring people who use drugs. The significant efforts made to integrate and support people who use drugs in the workforce have been identified and further documented by UNODC in the *Practical guide for civil society HIV services providers for people who use drugs*,⁴⁷ recommending many of the components detailed in this section as elements of best practice in peer-based harm reduction project implementation.

The transition to the New Funding Model (NFM) in Thailand represents important risks for the continuity of many of the components detailed in this section given that funding levels have dropped significantly for all Global Fund-related programs in the Kingdom.

LESSONS LEARNED: People who use drugs are capable and interested in being productive members of society and, provided with appropriate support, can become professional workers and offset limited national workforce shortages to deliver essential health and social care services.

BEST PRACTICE: While benefiting from having people who use drugs in the workforce, employers demonstrated an added duty of care towards peers by, for example, supporting for drug dependence treatment, and officially recognizing the particular needs and vulnerabilities of critical members of their workforce.

INNOVATION: Using the drug-free workplace policy to mobilize support from law enforcement.

SECTION 6

EDUCATION AND HEALTH SERVICES IN PRISONS

With over 60% of the prison population being incarcerated and an annual average of over 115,000 people in the Thai criminal justice system for drug-related crimes, CHAMPION-IDU partners have recognized an important need that overlaps with project objectives.

Throughout the CHAMPION-IDU project life cycle, SSR-TRC and SSR-Alden House trained, sensitized and provided condoms to prisoners and prison guards in the Thanyaburi, Pathumthani and Samutprakan provincial prisons as well as the Central Correctional Facility for Drug Addicts. Ozone operations in several sites led to the strengthening of linkages between prisons and the community to facilitate and support the social reintegration of people released back into the community. Many of the people released from project prisons visited the DIC, including people who

⁴⁶ Open Society Foundations. 2011. *Harm Reduction at Work – A Guide for Organizations Working with People who Use Drugs*.

⁴⁷ UNODC. 2015 (in print). *A practical guide for civil society HIV services providers for people who use drugs: improving working relationships and collaboration with police services*.

do not use drugs, showing that CHAMPION-IDU acted as a potentially effective mechanism for social reintegration post-incarceration.

In Fang district of Chiang Mai province, a partnership was established in October 2011 between the district hospital, the district prison and Ozone to initiate a pilot methadone project inside the district prison – the first ever methadone delivery service in closed settings in Thailand. A similar arrangement to provide methadone to prisoners has been set up in 2014 in Nathawee district prison, again in a partnership between Ozone and prison and hospital officials.

A partnership with the Department of Corrections (DoC) led to an official invitation for Ozone to deliver prison-based health and social care trainings to large numbers of inmates. Representatives from the Central Correctional Facility for Young Offenders (where the training was held) and DoC were so impressed that they invited Ozone to deliver such trainings across the country's 143 prisons.

With limited reach in closed institutions already overcrowded with vulnerable people, projects like CHAMPION-IDU will continue to face barriers as clients are whisked away by the hundreds of thousands and housed in correctional and so-called treatment facilities. While CHAMPION-IDU included a closed settings component, it remained very small compared to efforts deployed in community settings. Meanwhile, Thai government policies prohibit the distribution of sterile injecting equipment in closed settings, despite research showing high levels of injecting drug use in closed settings in Thailand.⁴⁸

LESSONS LEARNED: A significant proportion of potential and registered clients are forced into closed settings, restricting client access and project reach while increasing individuals' vulnerabilities to HIV and other health conditions.

BEST PRACTICE: Development of a training curriculum on life skills, health and drug issues targeting prisoners.

INNOVATION: Setting up and operating the Kingdom's first prison-based methadone project.

SECTION 7

METHADONE DELIVERY IN THE COMMUNITY

Santikhiri is a small village nestled atop the hills near Chiang Rai in Northern Thailand, home to over 100 people dependent on opioids. In the past, the villagers had to travel every day from the top of the hills to the hospital at ground level and back to get their methadone. The whole process consumed an average of six to eight

hours making it impractical and very difficult for clients to secure employment and tend to their social and family responsibilities.

In an effort to streamline access among hard to reach communities, a partnership was established between the Mae Chan hospital, the Thanyarak Institute and Ozone in Santikhiri. The Ozone team picks up dozens of doses of methadone every day from the district hospital, drives up to the top of the peaks, and provides methadone to clients who live in the mountains.

Before the initiation of the service, the Ozone team was trained by Mae Chan hospital representatives. In turn, Ozone workers have the responsibility of educating and sensitizing clients in regards to the benefits of methadone. Peer outreach workers implement virtually all activities and essentially act as medical assistants facilitating access and delivery of services. Ozone workers have been directly responsible for recruitment, education, service delivery, counseling, peer support and documentation for M&E purposes.

Box 6: Injecting opium

More than a quarter of CHAMPION-IDU clients reached in the Northern provinces are regularly injecting opium (see Table 1). Fresh opium is smeared at the bottom of a spoon and heated under a flame; aspirin powder is mixed in with the opium as is a bit of water, until the solution comes to a boil. The majority of CHAMPION-IDU clients who inject opium place a makeshift filter in the solution before drawing it in the syringe and injecting. Given that opium is a thick viscous and oily substance, clients much prefer using large needles with wide syringes. Opium injectors are predominantly male, in their thirties and already have five to ten years of experience injecting opium at first contact with CHAMPION-IDU.

Injecting opium has been reportedly attributed to the war on drugs and tougher drug control measures that have significantly reduced supply of higher quality drugs like heroin, increasing cost of illicit drugs as well as the risks to people who purchase and use them. Many of the opium injectors in the North were previously heroin injectors or opium smokers before the 2003 war on drugs, but as drug control efforts impacted the local market, switching from smoking to injecting as well as from heroin to opium was more practical and less risky in terms of being caught by authorities.

In parallel, the Mae Chan hospital team provides supervision and guidance by visiting the site once per month as well as providing regular refresher trainings. The methadone is procured, stocked, prescribed, titrated, diluted and labeled for each client by medical professionals at the hospital

⁴⁸ Thaisri, H., et al. 2003. "HIV infection and risk factors among Bangkok prisoners, Thailand: a prospective cohort study" in *BMC Infectious Diseases*, 3.

before being picked up by the Ozone team. The hospital team also assesses new clients for initial registration and treatment initiation.

The CHAMPION-IDU peer-led community-based methadone maintenance service was initiated in March 2013, drawing significant media attention. In August 2013, government, CSO and media representatives⁴⁹ visited the Ozone DIC in Santikhiri to observe the community-based methadone component and discuss opportunities for expanded collaboration. In early 2014, with support from the provincial Governor, the model was replicated in the village of Huay Pung near Santikhiri. The model has also been documented by PSI Thailand and a best practice report, in Thai and English languages, have, has been published in early 2015.⁵⁰

In partnership with Thanyarak, Ozone also developed another community-based methadone service model in Tak province, also in order to overcome logistical challenges. Under the Tak model, methadone delivery takes place in government-operated community clinics. Ozone facilitated expansion of government coverage where project workers recruit, educate, and support clients enrolled in the methadone service, through regular home visits. Currently, clients across three villages in two sub-districts of Mae Lamat in Tak province have access to this service delivery model.

Key agencies as well as community groups have often criticized Thailand's methadone services for not being in line with international guidelines and best practice models.⁵¹ Two successful models have been developed in Santikhiri and Tak under the CHAMPION-IDU project that address many of those concerns. The Santikhiri model could also have significant repercussions beyond Thailand given that, to the authors' knowledge, this is the first peer-led methadone project implemented in a middle-income country. Fortunately, the community-based methadone service delivery will continue to operate, both in Chiang Rai and in Tak provinces, under the NFM.

LESSONS LEARNED: Clients who accessed both community-based methadone services under the CHAMPION-IDU project and through government operated clinics report a much greater appreciation and satisfaction for community-based services, particularly those that are delivered by peers.

BEST PRACTICE: Setting up effective partnerships between local and national government as well as CSO and PWUD required extensive negotiations, data collection and advocacy.

INNOVATION: The community-based methadone delivery

model deployed in Santikhiri represents the first peer-led clinical intervention implemented in a middle-income country.

SECTION 8

RESOURCE MOBILIZATION TO CREATE HEALTH SERVICE DEMAND

Significant supplementary resources were mobilized over the CHAMPION-IDU project life cycle with important results that not only improved the health and quality of life of clients but also contributed to strengthening CHAMPION-IDU performance.

OVERDOSE PREVENTION

The Servicing Communities with Opioid Overdose Prevention (SCOOP) project, funded by OSF and PSI, was initiated on 1 January 2013 to address overdoses occurring in the community. The SCOOP project was very successful: several overdoses were averted and many lives potentially saved. One of the most significant successes generated by this component was that it attracted a number of new high-risk clients that had never been reached by CHAMPION-IDU or other harm reduction services before. In that sense, the SCOOP increased the demand for HIV prevention services:

The SCOOP project was designed to meet an immediate emergency need in a community that has disproportionately restricted access to health services. What we found was that we were able to stimulate demand for HIV services through this new service. [...] Testimonies from CHAMPION-IDU clients seem to indicate that we're attracting a new segment of the PWID population.
– CHAMPION-IDU Project Manager⁵²

The empowerment and increased motivation of the workforce as a result of successful reversals of potentially fatal overdoses further contributed to improving CHAMPION-IDU performance and overall standing of workers in the community as well as increasing their personal and professional motivation:

For the first time in my life, I feel like I did something positive. I would never have thought that I had the power and capacity to save someone. I'm glad [the client] is still alive and we are now good friends.
– CHAMPION-IDU Peer Outreach Worker⁵³

A comprehensive report published in both Thai and English, describes SCOOP in full detail.⁵⁴

49 Journalists from Khao Sod and Daily News newspapers joined the visit, as well as a journalist from and Channel 3 News.

50 PSI Thailand Foundation. 2015. *Methadone in the Community: Effective therapy for PWID who use opioid substances*. Santhikhiri, Mae Salong Nok, Mae Fah Luang District, Chiang Rai province.

51 World Bank. 2011. *Harm Reduction Policies and Interventions for Injection Drug Users in Thailand*.

52 PSI Thailand. 2014. *Servicing communities with opioid overdose prevention (SCOOP) Lessons learned from Thailand*.

53 Ibid.

54 See <https://www.scribd.com/doc/250078369/Servicing-Communities-With-Opioid-Overdose-Prevention-Lessons-Learned-From-Thailand>.

HCV TESTING AND TREATMENT

The CHAMPION-IDU workforce has been systematically encouraged to provide support to clients who desire to access HCV testing. However, there were limited opportunities to facilitate access to HCV testing and especially treatment for PWID up until 2013 when the National Health Security Office (NHSO) expanded HCV treatment eligibility.

PR-PSI mobilized partners to expand the CHAMPION-IDU package of services in order to better meet client needs. In 2013, technical support was mobilized to develop comprehensive plans to initiate a community-based HCV testing and treatment program among PWID, that were presented to the CCM in November 2013 and approved in early 2014. Unfortunately, the funding allocation for HCV had to be de-programmed and refunded to support the NFM envelope to Thailand. In the last months of the CHAMPION-IDU project, discussions were initiated with external partners to develop a similar project promoting access to community-based HCV treatment among Thai PWID.

ADVOCACY SUPPORT

The CHAMPION-IDU project was instrumental in mobilizing support for project partners and the development of small-grant applications to scale-up drug policy advocacy. At least two small grants have been awarded to project partners in which PR-PSI has been involved, for 12D and SSR-TDN. The CHAMPION-IDU senior management team worked with representatives of the 12D executive committee to develop a proposal for OSF's consideration. In 2012, OSF approved the Facilitating Operationalization of the Reduction of drug-related harms through Civil society Engagement (FORCE) in Thailand project. The FORCE project allowed 12D to strengthen its organizational structures and implement additional drug policy activities that were not necessarily designed to specifically support the CHAMPION-IDU project.

PR-PSI was able to facilitate an initial introduction with the Asian Network of People who Use Drugs (ANPUD) and provided support for the development of an application for a small network strengthening grant. SR-RTF provided support to SSR-TDN in the process of identifying needs in line with the ANPUD project and elaborating the funding request. The proposal was approved and SSR-TDN has established a formal partnership with ANPUD in 2014.

Overall, CHAMPION-IDU partners were able to maximize the value of the CHAMPION-IDU project infrastructure to attract additional technical and financial resources to complement the initial project design and address operational gaps. PR-PSI was able to leverage the Global Fund investment and offer significant operational 'discounts' in budgeting of additional project components like overdose prevention and HCV testing and treatment. In doing so, project partners were able to temporarily set up a virtuous circle where

new services attracted more clients who ultimately availed themselves to HIV prevention services.

There is a growing expectation among CHAMPION-IDU clients that services such as overdose prevention as well as HCV testing and treatment will be sustained and expanded given initial successes and growing need. Indeed, the potential suspension of such services would significantly disappoint many clients and could potentially compromise the relationship between clients and health service providers in the future.

LESSONS LEARNED: Addressing client priority needs attracted new, previously unreached clients which led to an increase in demand for HIV services.

BEST PRACTICE: By including overdose prevention and management as well as hepatitis C testing and treatment, the CHAMPION-IDU project practically offered the complete comprehensive package of HIV prevention, treatment, care and support services for PWID, shy only of offering services related to tuberculosis (TB).

INNOVATION: Successfully negotiated a significant price reduction with pharmaceutical company to procure naloxone in support of the SCOOP project.

SECTION 9

PARTNERSHIPS

Strategic partnerships with key agencies have been recognized as an essential component of a comprehensive response to HIV among PWID. In this context, CHAMPION-IDU project partners cultivated and facilitated such relationships with a range of CSO and government agencies. While establishing and maintaining partnerships with CSO has been challenging, partnerships with government agencies have been even more elusive though perhaps more important to the sustainability of CHAMPION-IDU results, particularly given the recent reduction in external donor funding to Thailand.

The CHAMPION-IDU project was initiated with eight CSO, including PR-PSI and closed-out with only four official contracted recipients, excluding Ozone. The CHAMPION-IDU project management team deployed significant efforts to cultivate partnerships with other CSO outside sub-recipient (SR) agreements to ensure their effective participation, to facilitate meaningful involvement of people who use drugs, and to maintain and expand project reach and impact. For example, the authors have already noted the partnership with 12D and with the Foundation for AIDS Rights (FAR) that were set up to complement CHAMPION-IDU project activities; and a new partnership was established with TTAG to implement the SCOOP project.

Many other Thai CSO were invited to play an official role in the CHAMPION-IDU project. Unfortunately, virtually all CSO turned down the invitation given the active criminalization and stigmatization of people who use drugs. Partnerships with international CSO were also established to support CHAMPION-IDU objectives. A partnership with the International Drug Policy Consortium (IDPC) significantly contributed to drug policy reform and the advocacy efforts that led to the approval of the national harm reduction policy in 2014.

Though developing sustainable partnerships with CSO has been challenging despite having been acknowledged as critical components of the CHAMPION-IDU project, cultivating relationships with local and national government agencies has been even more difficult.⁵⁵ The tenacity and perseverance of drug policy and harm reduction advocates and activists started to yield benefits in late 2013, more than four years into program implementation, with even more interest in formal partnerships from government agencies in 2014:

- The National AIDS Management Center (NAMc) presented plans to setup a national civil society fund to support HIV prevention among key affected populations – including PWID;
- The CCM and NAMc invited PR-PSI to conduct further PWID population size estimation as well as rapid assessments and responses in up to four provinces in the Northeastern region (Issan) of the country;
- A formal partnership was established with the Queen Mother Institute for the Treatment of Drug Dependence and Abuse (Thanyarak) to develop curriculums and guidelines related to methadone service delivery;
- Thanyarak, CHAMPION-IDU partners and the National Health Security Office (NHSO) worked together to increase financial coverage of methadone under the national health security schemes;
- ONCB noted that it would earmark funds to facilitate greater collaboration between civil society and law enforcement and public health with the 19 CHAMPION-IDU provinces;
- Partnerships have been cultivated with the Department of Corrections and the Thai Royal Family to address growing concerns over drug-related issues in closed settings across the Kingdom;
- Partnerships have been developed and sustained over time with key journalists and media agencies in Thailand;
- Private-public partnerships were developed to maintain the involvement of pharmacists in the CHAMPION-IDU project; and
- Partnerships with Muslim religious leaders in the South of the country led to significant positive results.

Despite these positive recent developments, during the first

four years of implementation, CHAMPION-IDU partners operated with limited government support. However the project closed in a more positive context, Thai national government agencies have grown increasingly comfortable with harm reduction, and to some extent have been considered investing their own funds in recent years.

LESSONS LEARNED: Effective partnerships in harm reduction must generate benefit for public health, public security, civil society and project beneficiaries.

BEST PRACTICE: Partnerships were established across multiple sectors – private, civil society, religious, public health, public security sectors – to support CHAMPION-IDU project objectives and activities.

INNOVATION: CHAMPION-IDU partners were able to mobilize significant support from Thai government agencies that had previously been opposed to harm reduction and/or involvement of people who use drugs in the national response to HIV.

SECTION 10

PHARMACY-BASED VOUCHER SCHEME

Since CHAMPION-IDU was expected to distribute millions of needles and syringes, strategies were integrated in the original design in order to address the significant access barriers. The establishment of a partnership with private sector pharmacies facilitated distribution of sterile injecting equipment through a voucher exchange scheme.

The CHAMPION-IDU pharmacy-based voucher scheme operated to complement outreach and DIC-based services in the community. CHAMPION-IDU outreach workers distributed paper vouchers when meeting clients. The vouchers allowed clients to visit participating pharmacies and exchange the coupon for a CHAMPION-IDU safe injecting kit. CHAMPION-IDU pharmacies were easily identifiable with the project logo clearly visible in the storefront window.

Over 30 pharmacy owners participated in the voucher scheme and within the first two years of implementation, a total of 2,175 kits (or over 10,000 needles and syringes) were distributed. The ruling of the Council of State of Thailand in 2011 that needle and syringe distribution was tantamount to enticing criminal activity led the SR-Pharmacy Network to decline renewing its contract for fear of legal complications with the national government. Starting in 2011, the pharmacy-based voucher scheme was operated by 12 individual pharmacies in and around Bangkok and by 2013, the number had risen to 16. In 2014, the pharmacy-based scheme was expanding beyond Bangkok with six new pharmacies identified in the Deep South and another three

⁵⁵ Institute for Population and Social Research, Mahidol University. 2012. *Evaluation of HIV programmes among female sex workers, people who inject drugs, and men who have sex with men.*

in the North.

While reducing the risks faced by project field workers related to law enforcement encounters, the partnership with pharmacists also generated additional legitimacy for the CHAMPION-IDU project as a whole. Pharmacists have significant authority and influence in the community and their endorsement and participation in the CHAMPION-IDU project contributed to facilitating integration of needle and syringe distribution and other project activities.

Unfortunately, despite its demonstrated success, low operating costs and critical potential for sustainability, the pharmacy-based voucher scheme has not been carried forward into the New Funding Model (NFM) and partnerships with the pharmacy owners have currently been discontinued due to limited availability of funding.

LESSONS LEARNED AND INNOVATION: Distribution of sterile injecting equipment through a private-public partnership and a pharmacy-based voucher scheme model reduced operational risks, increased project performance, strengthened project credibility, and further legitimized project activities, especially distribution of needle and syringes.

BEST PRACTICE: Pharmacy-based voucher schemes have been internationally recognized as best practice in harm reduction service delivery given its low cost, high impact, and great potential for local sustainability.

SECTION 11 WORKING WITH RELIGIOUS LEADERS

Muslims make up the majority of the population of Thailand's southern provinces and religious leaders have a significant amount of local power and influence over the communities in which they preside. With the CHAMPION-IDU project operating in nine provinces in the South, partnerships established with religious leaders have been among the most productive and effective in supporting implementation of CHAMPION-IDU activities.

To mobilize their support, PR-PSI organized in September 2011 a five-day harm reduction study visit to Malaysia for more than 20 local Thai Muslim religious leaders and officials in order to sensitize them and address local concerns regarding harm reduction. Thai participants responded extremely well to the site visits, demonstrated better understanding of the need for harm reduction and were willing to support its implementation in their respective provinces. The sustained CHAMPION-IDU advocacy efforts targeting religious leaders led the Islamic Affairs National Administration Center, Sheikul Islam Office to send a letter to PR-PSI fully endorsing efforts to implement HIV prevention services among PWID, including needle and

syringe distribution, across the Southern provinces.

In the South, support from Muslim religious leaders has been instrumental in fostering an enabling local environment for service delivery. A CHAMPION-IDU project worker based in the South described the impact of religious leaders' endorsement as a "community shield". Such protections and informal safeguards were greatly appreciated by workers and clients in the South. At some project sites, religious leaders have been able to overrule local police. For example, in Trang province, a local Thai Imam prevented the arrest of a local drug user and petty dealer noting that the police had already intervened several times with no improvements, further insisting that this case would be addressed in the community, not through criminal law.

The partnership with religious leaders is particularly significant as it facilitated delivery of services in approximately 50% of project sites. Ozone's communication strategy has been very effective in mobilizing support and endorsements from religious leaders. Ozone's operations in the South have been endorsed by religious leaders, further facilitating partnerships with local government officials and law enforcement. Given that there are few other CSO delivering health and social care services to people who use drugs in the region, Ozone's continued presence in the South should remain a critical component of the national HIV and harm reduction strategies. Plans established under the NFM include seven sites targeting PWID in the south, including Yala, Pattani and Narathiwat.

LESSONS LEARNED: The endorsement of religious leaders created a 'community shield' strong enough to even deflect law enforcement imperatives.

BEST PRACTICE: Partnerships with religious leaders contribute to an enabling environment.

INNOVATION: Endorsement of needle and syringe distribution through an official letter from national religious authorities.

SECTION 12 SAFETY AND SECURITY

PR-PSI developed measures and mechanisms to address the safety and well being of CHAMPION-IDU workers and clients especially in the context of potentially adverse encounters with law enforcement. Additional safety and security concerns not related to law enforcement were assessed as critical operational risks that could have dire consequences on the health, safety and integrity of workers, clients and project operations.

PR-PSI allocated resources to support the development of a

comprehensive safety and security plan. External technical support was mobilized and led to the formulation of recommendations to finalize the following tools:

- A Crisis Management Policy
- A Crisis Response Operational Plan
- Execution tools including a briefing pack, checklists, contact lists, manifests and evacuation maps
- Site specific crisis response plans for four locations

As part of the comprehensive safety and security plan, PR-PSI also developed a travel safety brief for visitors. PR-PSI also purchased first aid kits for every office, DIC and vehicle and improved fire safety by purchasing fire extinguishers and deploying them in every project site, one extinguisher per floor of every project building, and one in every vehicle.

Many safety and security components were not fully deployed due to reprogramming of CHAMPION-IDU budgets in late 2014 to support funding shortages under the NFM. However, the framework used by PR-PSI to assess, manage and mitigate the risks associated with the CHAMPION-IDU project has been identified as an example of good practice by UNODC in its *Practical guide for civil society HIV services providers for people who use drugs: improving working relationships and collaboration with police services*.⁵⁶ The comprehensive safety and security plan should be considered a minimum standard in all projects where workers' health and safety may be compromised as a result of performing professional duties.

LESSONS LEARNED: Field workers in harm reduction are exposed to a disproportionate and unreasonable amount of safety and security risks; employers have a duty of care to protect, prevent, and manage safety and security concerns.

BEST PRACTICE: Comprehensive safety and security management should rely on results of risk assessments, build on an existing infrastructure, be guided by simple plans, and involve people who are at risk in every step of the management process.

INNOVATION: Comprehensive safety and security planning in the context of HIV-related service among PWID should address law enforcement encounters.

SECTION 13 TRANSITION TO LOCAL OWNERSHIP

Given that out of the 19 provinces where the CHAMPION-IDU project operated, PR-PSI covered 12 through the Ozone network of DIC and delivered approximately two thirds of all health services provided to PWID, and that the ~150 Ozone workers reached 12,504 out of the total 17,889 PWID

reached up until 31 December 2014, the CCM offered to continue supporting such efforts under the NFM should PSI's Ozone network be localized and strengthened to receive funding directly as a sub-recipient (SR).

The plan to localize Ozone was therefore radically accelerated to accommodate the NFM structure and timelines. Ozone and PR-PSI agreed that localizing Ozone by 1 January 2015 was critical in order to ensure continued delivery of health services to PWID under the NFM, enhance sustainability of the national response and foster greater ownership among Thai stakeholders. In August 2014, PR-PSI supported the development of Ozone's organizational strategic plan, an Interim Executive Committee voted in, and an assessment of needs was initiated to ensure organizational readiness by 1 January 2015. In December 2014, the Ministry of the Interior of Thailand confirmed Ozone's legal registration as a local non-profit foundation. Official contract negotiations were quickly initiated and Ozone signed its SR contract with PR-RTF for an initial one-year period in May 2015.

Box 7: Ozone's mission, vision and strategic objectives

Mission

To facilitate sustainable community-based delivery and expansion of health service access for people who use and inject drugs in Thailand towards an integrated national response to HIV and other health issue in which the human rights of everyone are protected and recognized.

Ozone relies on network-based approaches to establish effective partnerships in order to improve the operating environment, change policies and reduce stigma and discrimination.

Vision

A future where civil society, government public health and public security agencies collaborate to provide people with a range of health and social support options to deal with their drug use and where people who use drugs are accepted as productive members of Thai society.

Strategic Goals

Ozone aims to ensure continued and expanded health service delivery and improved quality of life of PWID. The Ozone team sees the organization as a central component in the national response to HIV among PWID in Thailand, based on the past five plus years of demonstrated capacity and results under PSI Thailand's PRship. Ozone intends to capitalize on its vast infrastructure developed under CHAMPION-IDU spanning multiple provinces to position itself as a leader in service delivery, support and advocacy for PWID in Thailand.

⁵⁶ UNODC. 2015 (in print). *A practical guide for civil society HIV services providers for people who use drugs: improving working relationships and collaboration with police services*.

1. Strengthening national health service delivery systems targeting groups and networks of PWID
 - a. Ozone will facilitate regular consultation and discussions with individual PWID as well as groups and networks of PWID to collect strategic information about PWID needs in order to ensure that the national response meets those needs.
2. Changing attitudes of the general public regarding drugs and harm reduction
 - a. Ozone will facilitate dialogue in community-settings (temple, schools, other NGOs) to sensitize people outside the field about drugs and harm reduction.
3. Reducing stigma and discrimination among PWID
 - a. Ozone will promote human rights education and training among workers and clients to build self-esteem of PWID and support professional and personal development.
4. Stimulating the role of health care professionals in the national response to drugs and HIV
 - a. Ozone will implement and recruit partners for a national campaign targeting health service providers linking health rights and PWID.
5. Maintaining legal assistance for project workers and clients accessing health services
 - a. Ozone will work in partnership with key organizations to ensure that legal assistance is available to PWID in Thailand, collect strategic data about the impact of criminalization, and support policy advocacy.
6. Advocating for drug policies based on scientific evidence, compassion, public health principle and human rights
 - a. Ozone will work with key stakeholders to monitor implementation of the national harm reduction policy
 - b. Ozone will lead and contribute in drug policy consultations, reviews and reforms.
7. Strengthening quality and quantity of data relevant to PWUD in Thailand
 - a. Ozone will work with PSI and other partners to ensure that strong systems, tools and capacity are solidly in place to produce quality research and evidence to support expansion of health services

and improve quality of life among PWID.
8. Maximizing organizational and project performance
 - a. Ozone will develop strong financial, human resource management, and M&E and data processing systems accompanied by a solid strategic plan and a local and international resource mobilization strategy.

The transition to Ozone's independence was successful because the process was owned by Ozone workers from the beginning, because workers were meaningfully involved and could influence the process, and because of the strong commitment, steadfast determination of Ozone workers as well as the dedicated support of a few high level PSI Thailand representatives to protect Ozone's interest in the transition to local ownership. In addition, it is important to note that Ozone's technical capacity on programmatic issues remains virtually equal to that under PSI management during implementation of the CHAMPION-IDU project given that many of the PSI workers are now Ozone workers.

However, despite Ozone's success in localizing rapidly, there were significant risks embedded in the transition and that those risks disproportionately accumulated at Ozone's level. Specifically, Ozone workers lived in professional limbo for several months not even knowing on a daily basis whether they would remain employed while clients could – and have – seen services being suspended in their communities from one day to the next without advance notice. PR-PSI invited the national government, CCM and the Global Fund Country Team to provide support and assistance in managing the risks by mobilizing technical support for Ozone to facilitate the transition in order to reassure workers and clients. However, Ozone managed the transition single-handedly and the risks identified had a minimal impact on the process.

LESSONS LEARNED: Ozone (under PSI Thailand) has played a critical role in the national response to HIV among PWID and the transition to local ownership (at both organizational and national levels) must be successful in order to preserve the majority of gains achieved under the CHAMPION-IDU project.

BEST PRACTICE & INNOVATION: Ozone was able to fully localize and become operational within six short months while continuing involvement in CHAMPION-IDU close-out and initiating service delivery under the New Funding Model.

CONCLUSION

The CHAMPION-IDU project was designed to facilitate health service delivery among PWID, foster an enabling environment and produce strategic evidence. In order to achieve those objectives, the project design was developed based on international guidelines supported by documented best practices and lessons well learned from the HIV and harm reduction sectors. In Thailand, adaptation and implementation of globally recognized models and approaches in the local context led to important innovations. And in turn, innovations generated under the CHAMPION-IDU fueled the development of new best practices and lessons learned documented in this report.

Indeed, this report documents many significant and positive achievements resulting from the implementation of the CHAMPION-IDU project, involving many government and non-government partners, as well as PWID, who all contributed to and benefited from the project. Almost twenty thousand individual PWID accessed HIV prevention, treatment, care and support services through the CHAMPION-IDU project. Though the project's overall performance against contractual targets was constrained by external challenges and barriers, the CHAMPION-IDU project achieved important successes against its contractual objectives as well as remarkable results that go beyond those obligations.

Implementation of the CHAMPION-IDU project has had a positive impact on various aspects of health and social care service delivery among PWID in Thailand. The CHAMPION-IDU project led to increased accessibility and availability of HIV and drug-related health services where virtually none existed before. Harm reduction services have increasingly been accepted and recognized in local Thai communities and have thus been made relatively safer to implement and access. Meanwhile, the range of services offered through CHAMPION-IDU was expanded beyond contractual obligations to better meet the needs of PWID and stimulate demand for HIV-related services, and thus generated significant innovations in service delivery approaches and strategies.

Consistent and sustained investment of CHAMPION-IDU resources contributed to fostering a more enabling environment for access and delivery of HIV and harm reduction services among PWID. Official support was mobilized from the highest levels of government in the form of policies and strategies as well as from key stakeholders like Muslim religious leaders in the Deep South. CHAMPION-IDU activities also stimulated the establishment of targeted partnerships with key law enforcement and health agencies across the Kingdom that further facilitated service delivery. Such national endorsements and local partnerships now represent critical milestones on the way to a better-integrated and more efficient response to HIV among PWID in Thailand.

Recognizing the importance of the CHAMPION-IDU project as a tool to improve the health and quality of life of PWID in Thailand, implementing partners collected and produced detailed, high-quality documentation to support and confirm project results. In turn, those results were widely disseminated in various forms to a range of audiences in order to inform and sensitize as well as mobilize and attract additional support. The results of the CHAMPION-IDU project show no negative unintended consequences associated with implementation of harm reduction in Thailand.

Though not included in the CHAMPION-IDU project core objectives, the CHAMPION-IDU project also actively engaged and empowered PWID, facilitated their meaningful involvement in a range of mechanisms and discussions, and protected and defended their health and human rights. The range of measures deployed under the CHAMPION-IDU project improved field workers' occupational health and safety as well as their motivation and performance while ensuring a focus on client needs as a guiding principle behind all project-related activities. The rapid 'localization' of the bulk of the national harm reduction response under Ozone is therefore an important milestone on the road to full national ownership of the HIV response that testifies to the continued importance of meaningful involvement of people who use drugs and the CSO that represent their interests in Thailand.⁵⁷

After analyzing more than five years of results generated under the CHAMPION-IDU project, one significant lesson learned emerges as a critical facilitator to achieving all three project objectives. Specifically, strategic partnerships have been critical in improving service delivery, in fostering an enabling environment, and in the production and dissemination of data and project results. Project partners and supporting agencies, including government, donor and CSO representatives as well as PWID, can proudly share ownership of the results achieved under this project in Thailand.

Despite these successes and achievements, more remains to be done to reduce drug-related harms and improve the quality of life of PWID in Thailand, including reducing HIV transmission. Demand for voluntary evidence-based drug dependence treatment services as well as for HCV testing and treatment services have yet to be met and delivery of HIV and drug-related services in custodial settings remains extremely limited. Full operationalization of supportive national policy instruments has been delayed while criminalization and forced detention remain the most common response to illicit drugs.

While this report has documented a significant number of interventions and activities that show important

⁵⁷ Tanguay, P. 2015. *Civil Society and Harm Reduction in Thailand – Lessons Not Learned*, www.mei.edu/content/map/civil-society-and-harm-reduction-thailand---lessons-not-learned.

positive results, a number of gaps also affected project implementation. Some activities have not been fully documented due to time constraints and funding shortages; and while multiple interventions and mechanisms were designed and developed to facilitate safe, respectful and professional involvement of PWID in all aspects of the project, both internal and external challenges limited implementing partners' capacity to fully deploy them.

The support from the Global Fund for the CHAMPION-IDU project has been greatly appreciated, particularly among PWID and their civil society representatives.⁵⁸ The New Funding Model (NFM) in Thailand is viewed as a strategic short-term investment to facilitate the transition to fully domestically funded disease responses.⁵⁹ Though the transition to full national ownership is a positive step and a model objective that indeed warrants praise, this report has highlighted that the transition has had important consequences for the continuity of innovative and effective tools, mechanisms and strategies deployed under the CHAMPION-IDU project as well as on the sustainability of the national response to HIV among PWID as a whole. In that respect, additional efforts will also be required from both national and international stakeholders to ensure that sufficient resources are allocated to maintain and expand the national response to HIV and other drug-related harms as well as to sustain the achievements developed to date in Thailand.

In the end, the authors hope that these lessons learned, best practices and innovations will lead to stronger, more active community driven responses to the challenges PWID face on a daily basis. Despite enormous challenges, the CHAMPION-IDU project achieved results across a wide range of areas, including successes in service delivery, behavior change, policy development as well as establishing good practices and important lessons learned for harm reduction in Thailand. We hope that these achievements will, now and in the future, inspire and inform the development of more effective, cost-effective and safe harm reduction activities in Thailand and beyond.

58 Parry, J. 1 July 2013. "Addressing HIV prevalence among gay men and drug users in Thailand" in *The Guardian*.

59 The Global Fund to Fight AIDS, Tuberculosis and Malaria. 28 November 2014. "Transitioning in Thailand," in *Global Fund News Flash*: www.theglobalfund.org/en/blog/2014-11-28_Global_Fund_News_Flash.

ANNEX 1

CHAMPION-IDU PROJECT TIMELINE

DATE	EVENT
July 2009	Beginning of Phase 1 Initiation of activities under the CHAMPION-IDU project
December 2009	Up to 20,000 Thaksin supporters rally in Bangkok to demand fresh elections.
March 2010 to May 2010	Prolonged series of political protests in Bangkok by the Red Shirts
November 2010	Draft harm reduction policy presented to Prime Minister
February 2011 to May 2011	Tens of thousands of protests organize rallies in Bangkok and other provinces
July 2011	Pheu Thai party wins parliamentary elections Council of State decides not to support the draft harm reduction policy SR agreements with AQI and the Pharmacy Network terminated
July 2011 to January 2012	Massive flooding spreads through the provinces of northern, northeastern, and central Thailand along the Mekong and Chao Phraya river basins.
October 2011	Methadone service initiated in Fang prison End of Phase 1 extension; initiation of Phase 2 / Single-Stream Financing (SSF) Phase 2 activities initiated under Single-Stream Financing (SSF) 12D receives small grant from PR-PSI
January 2012	Change of Global Fund Country Team leadership
March 2012	12D signs contract with OSF to implement FORCE-Thailand
April 2012	Change of Global Fund Country Team leadership
July 2012	PR-PSI takes over management of the Mitsampan DIC
October 2012	Alden House withdraws from the CHAMPION-IDU project Removal of STI indicator
November 2012	More than 10,000 protesters gather in Bangkok to demand the resignation of the Prime Minister OIG diagnostic review in Thailand
January 2013	Initiation of SCOOP project
March 2013	Initiation of peer-led community-based methadone service in Santikhiri
April 2013	OIG diagnostic review report released Approval of methadone referral indicator
Jun 2013	Support Don't Punish campaign rally at Thai parliament
Oct 2013	Change of Global Fund Country Team membership Integration of harm reduction in national drug control strategy
November 2013 to May 2014	Tens of thousands of opposition supporters protest in Bangkok
November 2013	CCM approves integration of HCV in CHAMPION-IDU
February 2014	PR-PSI hires senior Thai police officer to act as Law Enforcement Advisor Finalization of Thailand's national harm reduction policy
March 2014	NFM allocations announced by GFATM; Thailand gets less than \$800,000 new money for two years of implementation (Jan 2015-Dec 2016) for TB and malaria Official launch of the national harm reduction policy
April 2014	CHAMPION-IDU officially extended until 30 September 2014 Commodity distribution targets in official performance framework adjusted CCM selects NFM PRs, and invites Ozone to continue delivery of health services to PWID
May 2014	6.3 earthquake shakes the North Coup d'état in Thailand followed by months of protests and curfews
July 2014	Ozone applies for local registration with the national government following recommendations from the CCM
August 2014	Development of Ozone strategic plan
October 2014	CHAMPION-IDU officially extended until 31 December 2014
November to December 2014	Wide-scale flooding affects the Southern provinces
December 2014	Ozone SR assessment performed by PR-RTF Ozone legally registered as a non-profit Foundation in Thailand Cessation of CHAMPION-IDU project activities
May 2015	Signing of NFM agreements between PR-RTF and SR-Ozone

ANNEX 2

LIST OF CHAMPION-IDU PROJECT SITES

Region	Province	Districts covered	Status	Responsibility & infrastructure
North	Chiang Rai	Muang, Mae Lao, Mae Chan, Chiang Saen, Mae Sai, Mae Suway, Mae Fah Luang, Wiang Chai	<ul style="list-style-type: none"> • Activities initiated in July 2009, suspended and re-initiated throughout the project across the project life cycle, continuing under the NFM • Operations reached an annual maximum of 690 new PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	PR-PSI (Ozone) 1 DIC (Muang) 2 collaboration offices (Santikhiri / Huay Pung) 1 Regional Coordinator 1 DIC Manager 1 Admin/Finance Officer 2 Field Officers 10 Outreach Workers
	Chiang Mai	Chiang Dao, Mae Ai, Fang, Chai Prakan	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Operations reached an annual maximum of 533 new PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	PR-PSI (Ozone) 1 DIC (Fang) 1 collaboration office (Chiang Dao) 1 DIC Manager 1 Admin/Finance Officer 2 Field Officers 4 Outreach Workers
		Muang, Jom Thong, Wiang Haeng	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Operations reached an annual maximum of new 245 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	SSR-TDN 1 DIC (Muang) 1 Finance Manager 1 Clinical Counselor 1 Field Coordinator 1 DIC Officer 1 Finance Officer 6 Outreach Workers
	Mae Hong Son	Muang, Pha Mapa Pai	<ul style="list-style-type: none"> • Activities initiated in July 2009, ended in October 2014 • Active operations (outreach only by TDN Chiang Mai team) reached an annual maximum of 201 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	SSR-TDN 1 Outreach Worker

	Lampang	Ngao	<ul style="list-style-type: none"> • Activities initiated in late 2011, consolidated management structures with Phayao site in late 2013, ended in October 2014 • Active operations in Phayao and Lampang reached an annual maximum of 227 PWID • Expanded needle distribution after endorsement from provincial authorities in early 2013 • Priority province for drug control 2009-2014 	<p>PR-PSI (Ozone)</p> <p>2 Outreach Workers</p>
North	Phayao	Muang, Chiang Kham	<ul style="list-style-type: none"> • Activities initiated in late 2011, consolidated management structures with Lampang site in late 2013, ended in October 2014 • Active operations in Phayao and Lampang reached an annual maximum of 227 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>PR-PSI (Ozone)</p> <p>1 collaboration office (Muang)</p> <p>1 Regional Coordinator</p> <p>2 Field Officers</p> <p>1 Admin/Finance Officer</p> <p>2 Outreach Workers</p>
	Tak	Muang, Mae Lamat, Tha Sang Yan	<ul style="list-style-type: none"> • Activities initiated in early 2012, continuing under the NFM • Active operations reached an annual maximum of 341 PWID • Expanded needle distribution after endorsement from provincial authorities in early 2013 • Priority province for drug control 2009-2014 	<p>PR-PSI (Ozone)</p> <p>1 DIC (Muang)</p> <p>2 collaboration offices (Mae Lamat)</p> <p>1 Provincial Coordinator</p> <p>1 Field Officer</p> <p>1 Admin/Finance Officer</p> <p>10 Outreach Workers</p>
	Samut Prakan	Muang, Pak Nam, Baan Pli, Baan Sao Thong	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Active operations reached an annual maximum of 513 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>SR-RTF</p> <p>1 DIC (Muang)</p> <p>1 Field Coordinator</p> <p>2 Field Officers</p> <p>4 Outreach Workers</p>
Central	Bangkok	Bang Na, Klong Toei, Prakanong, Phrawaet, Bangkapi, Lad Krabang	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Active operations reached an annual maximum of 441 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>SR-RTF</p> <p>1 DIC (Klong Toei)</p> <p>2 Field Officers</p> <p>3 Outreach Workers</p>

Central	Bangkok	Prachacheurn Lad Phrao, Don Muang, Bang Ken, Phaya Thai, Huay Kwang, Chatuchak, Bang Sue, Din Daeng, Ratchatewi, Dusit, Pump Plap Satru Pai, Phranakorn	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Active operations reached an annual maximum of 1,096 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	PR-PSI (Ozone Prachacheurn) 1 DIC (Prachacheurn) 1 Regional Coordinator 1 DIC Manager 1 Admin/Finance Officer 5 Field Staff 18 Outreach Workers
		Bang Lak, Jom Tong, Baan Khun Tien, Krong San, Thonburi, Kung Khru, Wattana, Baan Koh Lan, Yanawa	<ul style="list-style-type: none"> • Activities initiated in July 2009 by SR-TTAG, transferred operational responsibility to PR-PSI on 1 July 2012, continuing under the NFM • Active operations reached an annual maximum of 381 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	SR-TTAG and PSI (Mitsampan Harm Reduction Center) 1 DIC 1 Regional Coordinator 1 DIC Manager 1 Admin/Finance Officer 4 Field Staff 12 Outreach Workers
		Bang Khae, Bang Pli, Bang Kok Yai, Bang Kok Noi	<ul style="list-style-type: none"> • Activities initiated in July 2009 under SSR-Alden House, suspended in October 2012, re-opened under PR-PSI management in October 2013, continuing under the NFM • Active operations reached an annual maximum of 204 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	SSR-Alden House and PR-PSI (Ozone) 1 DIC (Bang Khae) # staff and volunteers
	Pathumthani	Muang, Thanyaburi, Sam Koh	<ul style="list-style-type: none"> • Activities initiated in July 2009, ended in October 2014 • Activities implemented in Thanyaburi prison by SSR-TRC • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	PR-PSI (Ozone) # staff and volunteers # DIC and offices
	Nonthaburi	Muang, Bang Yai, Bang Bua Ton, Pakret, Bang Kwai, Sai Noy	<ul style="list-style-type: none"> • Activities initiated in July 2009, ended in October 2014 • Active operations limited to outreach covered by Ozone Prachacheurn • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	PR-PSI (Ozone) # staff and volunteers # DIC and offices SSR-Alden House and PR-PSI (Ozone) # staff and volunteers # DIC and offices

South	Surat Thani	Muang, Phra Saeng, Wiang Saa, Na Saen, Na Deum	<ul style="list-style-type: none"> • Activities initiated in July 2009, ended in October 2014 • Active operations reached an annual maximum of 181 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>SR-RTF</p> <p>1 DIC (Muang)</p> <p># staff and volunteers</p> <p># DIC and offices</p>
	Trang	Muang, Sik Kaew, Na Yom	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Active operations reached an annual maximum of 77 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>SSR-TDN</p> <p>1 DIC (Muang)</p> <p>1 Program Manager</p> <p># staff and volunteers</p> <p># DIC and offices</p>
	Patthalung	Muang, Bang Kaew	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Active operations conducted by the TDN Trang team reached an annual maximum of 118 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>SSR-TDN</p> <p># staff and volunteers</p> <p># DIC and offices</p>
	Songkhla	Chana, Thae Pha, Nathawee, Muang, Hat Yai	<ul style="list-style-type: none"> • Activities initiated in July 2009, continuing under the NFM • Active operations reached an annual maximum of 321 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>PR-PSI (Ozone)</p> <p>1 DIC (Chana)</p> <p>1 DIC Manager</p> <p>1 Admin/Finance Officer</p> <p>2 Field Officers</p> <p>8 Outreach Workers</p>
	Satun	Muang, La Ngoo, Tung Wa	<ul style="list-style-type: none"> • Activities initiated in July 2009, Ozone DIC closed in late 2011, limited outreach coverage by SSR-TDN, terminated in early 2011 during Phase 2 negotiations • Active operations reached an annual maximum of 160 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	<p>PR-PSI (Ozone) and SSR-TDN</p> <p>1 DIC (Muang)</p> <p>1 DIC Manager</p> <p>1 Admin/Finance Officer</p> <p>2 Field Officers</p> <p>4 Outreach Workers</p>

South	Nakorn Sri Thammarat	Muang, Lan Sakaa, Chawang, Cha Oo-at	<ul style="list-style-type: none"> • Activities initiated in July 2009, ended in October 2014 • Active operations reached an annual maximum of 152 PWID • Limited needle and syringe distribution given lack of endorsement from provincial authorities • Priority province for drug control 2009-2014 	SR-RTF 1 DIC (Muang) # staff and volunteers # DIC and offices
	Yala	Muang, Raman, Baan Nong Saata	<ul style="list-style-type: none"> • Activities initiated in early 2012, continuing under the NFM • Active operations reached an annual maximum of 299 PWID • Expanded needle distribution after endorsement from provincial authorities in 2012 • Priority province for drug control 2009-2014 • Significant safety and security concerns 	PR-PSI (Ozone) 1 Collaboration Office (Muang) 1 Regional Coordinator 1 Field Officer 1 Admin/Finance Officer 7 Outreach Workers
	Pattani	Muang, Khopoh, Banarae, Mayaw, Yarin, Yarang, Nong Chik, Saiburi	<ul style="list-style-type: none"> • Activities initiated in early 2012, continuing under the NFM • Active operations reached an annual maximum of 396 PWID • Expanded needle distribution after endorsement from provincial authorities in 2012 • Priority province for drug control 2009-2014 • Significant safety and security concerns 	PR-PSI (Ozone) 1 Collaboration Office (Muang) 1 Regional Coordinator 2 Field Officers 1 Admin/Finance Officer 6 Outreach Workers
	Narathiwat	Sugnai Kolok, Sugnai Padee, Waeng, Sukirin, Tak Bai	<ul style="list-style-type: none"> • Activities initiated in early 2012, continuing under the NFM • Active operations reached an annual maximum of 790 PWID • Expanded needle distribution after endorsement from provincial authorities in 2012 • Priority province for drug control 2009-2014 • Significant safety and security concerns 	PR-PSI (Ozone) 2 DIC (Sugnai Kolok / Waeng) 1 DIC Manager 4 Field Officers 1 Admin/Finance Officer 14 Outreach Workers

ANNEX 4

SELECT CHAMPION-IDU RELATED PRESENTATIONS

International Harm reduction Conferences

1. Alex Duke. 2010. *Scaling up harm reduction in Thailand through integration of government, non-government, and private sector programs* (poster)
2. Veeraphan Ngamee, Lawan Sarovat, Alex Duke. 2011. *Capacity building for professional peer-led harm reduction in Thailand* (poster)
3. Veeraphan Ngamee, Lawan Sarovat, Alex Duke. 2011. *Mobilizing IDU Peers to Advocate for Peer-based Harm Reduction in Thailand* (poster)
4. Lawan Sarovat, Veeraphan Ngamee, Alex Duke. 2011. *Improving Thailand's National Harm Reduction Model Using Private Sector Marketing Planning* (poster)
5. Rob Gray, Duangta Pawa, Alex Duke. 2011. *Scaling up Needle and Syringe Access in Thailand Using an Evidence-based, Client-Centered Approach* (poster)
6. Veeraphan Ngamee, Sakda Phueakchay, Wanipa Chantarapanya. 2011. *Peer-based advocacy to build community support for harm reduction services* (poster)
7. Pascal Tanguay. 2013. *Not Child's Play – Procuring Naloxone in Thailand* (poster)
8. Pascal Tanguay. 2013. *Indicators, Targets and Performance – Negotiating the Thailand Performance Framework with the Global Fund* (oral)
9. Jarunee Siriphan, Duangta Pawa. 2013. *Motivation Improvement Process for Supporting of Peer Educators for People Who Inject Drug in Thailand* (oral)
10. Duangta Pawa. 2013. *Factors Associated with Use of Sterile Needles among People Who Inject Drugs in Thailand* (poster)
11. Duangta Pawa. 2013. *Work Motivation of Peer Educators for People Who Inject Drug in Thailand* (oral)

Over ten abstracts have been submitted to the 24th International Harm Reduction Conference, to be held in Kuala Lumpur, Malaysia, in October 2015, including:

1. Pascal Tanguay, Veeraphan Ngamee. 2015. *Lessons learned from 5+ years of harm reduction service delivery in Thailand*
2. Pascal Tanguay, Piyabutr Nakaphiew. 2015. *Lessons learned from implementation of SCOOP – a peer-led community-based overdose prevention and management project with naloxone in Thailand*
3. Pascal Tanguay, Dr. Pol. Lt. Col. Krisanapong Poothakool. 2015. *Mitigating the negative impact of law enforcement on harm reduction service delivery in Thailand*
4. Veeraphan Ngamee, Saiphon Grawpa, Pascal Tanguay. 2015. *Operating peer-led methadone maintenance services in a rural community in Northern Thailand*
5. Piyabutr Nakaphiew, Supot Tangsereesub, Veeraphan Ngamee. 2015. *Delivering health and social care services to PWID in Thai prisons*
6. Piyabutr Nakaphiew, Veeraphan Ngamee, Pascal

Tanguay, Katri Kivioja. 2015. *Setting up a peer-led local NGO in the context of rapid transition to the New Funding Mechanism in Thailand*

7. Veeraphan Ngamee, Pascal Tanguay. 2015. *Successful advocacy efforts in support of the approval of Thailand's national harm reduction policy*
8. Pascal Tanguay. 2015. *Developing support systems and strategies to facilitate hiring and working with people who use drugs*
9. Veeraphan Ngamee, Pattrapong Irachan, Ladda Ngingoh. 2015. *Developing effective partnerships with Islamic religious leaders*
10. Pascal Tanguay, Piyabutr Nakaphiew. 2015. *Reflecting on 10 years of civil society leadership in Thailand*
11. Pascal Tanguay, Katri Kivioja, Piyabutr Nakaphiew. 2015. *An economic analysis of investments in harm reduction and HIV in Thailand – implications of the New Funding Mechanism*

International Congress on AIDS in Asia and the Pacific

1. Samart Bunphol, Duangta Pawa, Pascal Tanguay. 2013. *Changing Beliefs of Muslims Who Inject Drug in Thailand: The Role of Community and Religious Leaders* (oral)
2. S. Kaewjumpa Kaewpa, Donlachai Hawangchu, Teerayut Teekayu, Yaowalak Jittakoat, Pascal Tanguay. 2013. *Methadone Maintenance Therapy in Community: A Well Co-Operation on Harm Reduction* (oral)
3. Sakda Puekchai, Wanipa Chandrapanya, Jasnam Sachathep. 2013. *Even during the Drug War, the Thai Drug Users Network (TDN) is Part of the Response* (oral)
4. Wannee Khiawkhaopho. 2013. *Increasing Access to Voluntary Counseling and Testing Services to Inmates* (oral)
5. Pascal Tanguay. 2013. *Making Harm Reduction a Practice in Asia Pacific* (oral)
6. Supot Tangsereesub, Prasert Thathong, Duangta Pawa, Pascal Tanguay. 2013. *Expanding harm reduction services for ethnic people who inject drugs in the mountains of Thailand* (poster)
7. Ladda Ningoh, Duangta Pawa, Pascal Tanguay. 2013. *Harm reduction implementation in Southern Thailand's political unrest* (poster)
8. Notd Sirikan, Pascal Tanguay. 2013. *Community-based stigma reduction for people who inject drugs* (poster)
9. Nantapol Chuenchooklin. 2013. *Collaboration of NGOs and Government Hospitals in the Development of Methadone Services* (poster)
10. Kritsadakorn Sowthong. 2013. *Drug Use and Law Enforcement: Changing Perspectives of Police towards PWID from Criminals to Health* (poster)
11. Onuma Kutan. 2013. *Working with Female Drug Users* (poster)
12. Adul Sakaran. 2013. *Bamboo that Breaks Continues to Grow – PWID Peer Support in Shwang District, Nakhon Sri Thammarat* (poster)
13. S. Choopean, Jasnam Sachathep. 2013. *Clean Needles and Equipment Distribution Changes the Lives of Drug Users* (poster)
14. Duangta Pawa, Yaowalak Jittakoat, Gary Mundy. 2011.

*Impact from HIV prevention and harm reduction program:
Improve IDU's quality of life (oral)*

15. Duangta Pawa, Yaowalak Jittakoat, Gary Mundy. 2011. *Improving Peer Led Interventions by Supporting Spiritual Peer Educators* (poster)

International AIDS Conference

1. S. Tunpichart, Yaowalak Jittakoat, Pascal Tanguay. 2012. *Accessibility of sterile injecting equipment through a voucher scheme among injecting drug users in Bangkok, Thailand* (poster)
2. Yaowalak Jittakoat, Duangta Pawa, Donlachai Hawangchu, Gary Mundy. 2010. *Injecting drug users participate in reducing barriers to HIV counseling and testing in Thailand* (poster)

International Conference on Law Enforcement and Public Health

1. Pascal Tanguay, Krisanapong Poothakool, Duangta Pawa. 2014. *Mitigating the Impact of Law Enforcement and Criminalization on HIV Prevention Service Delivery in Thailand* (oral)
2. Krisanapong Poothakool, Pascal Tanguay, Duangta Pawa. 2014. *Advocating for collaboration between Thai civil society and law enforcement: strategies, mechanisms and approaches*

** While only papers presented at official international conferences are listed here, the Thai version of this report will include presentations delivered at the national level.*

ANNEX 5

CHAMPION-IDU RELATED MEDIA COVERAGE

Fenn, M. 22 January 2015. "Thailand's Culture of Impunity" in The Diplomat.

19 January 2015. "Drug war is flagging" in Bangkok Post.

Paakkanen, M. 5 January 2015. "Bangkokin piikkiarkomaanit auttavat toisiaan: viidenneksellä thaimaalaisista piikkihuumeiden käyttäjästä on hiv, vaikka tartunnat ovat vähentyneet tukityön ansiosta" in Helsingin Sanomat.

Tanguay, P. 2015. "Civil society and Harm Reduction in Thailand – Lessons not Learned" in Middle East Asia Project.

Olivet, F. 2 December 2014. Une Farang en galere (panne de TSO en Thaïlande), ASUD.

11 November 2014. "No victory in war on drugs" in Bangkok Post.

Sidibé, M. 27 October 2014. "Thailand Leads Way to Ending Aids" in Bangkok Post.

Supot Tangsereesup. 21 October 2014. ข่าวพระเจ้าหลานเธอ พระองค์เจ้าพัชรกิติยาภา ทรงเป็นประธานใน กิจกรรมเพื่อพัฒนาคุณภาพชีวิตของผู้ต้องขัง.

Tibke, P. 15 September 2014. "Thailand steps up its dubious war on drugs" in Asian Correspondent.

AFP. 10 September 2014. "Raids target Bangkok 'addicts'" in Bangkok Post.

ISRA News Agency. 24 June 2014. Ozone Centre to fight heroin abuses and HIV infection from needle sharing.

Malikaew, S. 27 June 2014. "Harm Reduction: A lifeline for drug users we cannot afford to lose" in The Nation.

Khantaraphan, U. 23 May 2014. "NGOs target Pattaya drug users, transgenders in fight against HIV" in Pattaya Mail.

23 May 2014. "Time to declare truce in 'war on drugs'" in The Nation.

Lai, G. 12 June 2014. Promise of civil society engagement from Thailand in global drug policy debates.

International Drug Policy Consortium. 9 April 2014. Thailand's drug control agency announces new harm reduction strategy.

Kimmons, S. 16 January 2014. "Rethinking Thailand's war on meth" in Asian Correspondent.

Ramakant, B. November 2013. "Living with HIV, but dying of co-infections" in Citizen News Service.

Tanguay, P. and Vasconi, C. 23 September 2013. Kratom decriminalisation in Thailand.

Barry, J. 8 October 2013. "Is a Cure for Meth Addiction Lurking in the Jihadist-Infested Jungles of Thailand?" in Vice.

Winn, P. 22 September 2013. "Fighting meth addiction with hard drugs" in GlobalPost.

Katanyuta, A. 20 September 2013. Thailand: An opportunity to explore new approaches in drug policy.

พระประไพ เสือเขียว. 20 August 2013. "กระบวนการ 'เมธาโดน' ศูนย์ไอโซน ดันแบบบำบัดผู้ติดยาเสพติด" in The Daily News: www.dailynews.co.th/Content/Article/127053/กระบวนการ+เมธาโดน++ศูนย์ไอโซน+ดันแบบบำบัดผู้ติดยาเสพติด.

Lai, G. 17 July 2013. Towards more proportionate sentencing laws in Thailand.

Kimmons, S. 11 July 2013. "ANALYSIS: Southeast Asia Slowly Accepting Harm Reduction" in IRIN.

Parry, J. 1 July 2013. "Addressing HIV prevalence among gay men and drug users in Thailand" in The Guardian.

International Drug Policy Consortium. 28 June 2013. 26 June Day of Action in Bangkok, Thailand.

Wangkiat, P. 26 June 2013. "Network says crackdowns fail to ease drugs problem" in Bangkok Post.

ASTV Manager Online. 26 June 2013. 'ปู' ชื่น รบ. มุ่งแก้ยาเสพติด เน้นชุมชน แกร่งกันติดยา ขอทุกภาคส่วนร่วมมือเช่นเคย.

26 June 2013. "เครือข่ายลดใช้ยาเสพติดขึ้นรัฐทบทวนแก้ปัญหา" in INN News.

26 June 2013. "กลุ่มเครือข่ายลดอันตรายการใช้ยา ร้องรัฐ ทบทวนนโยบายแก้ยาเสพติด - "พงศ์พิศ" รับหนังสือแทน" in Matichon.

Rojanaphruk, P. 15 May 2013. "War on drugs hitting poor women hard: study" in The Nation.

Kaplan, K., & Tanguay, P. 2013. "One Step Forward, Two Steps Back: Consequences of Thailand's Failure to Adopt Evidence-based Drug Policy" in Drug Law Reform in East and Southeast Asia. Lexington Books.

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Gurug, R. 23 November 2012. "Question marks about new approach to drug-users" in IRIN.

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- Ngamkham, W. 17 August 2012. "Govt war on drugs hailed a success" in Bangkok Post.
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- Sukpanich, T. 8 July 2012. "Clean needles means less damage done" in Bangkok Post.
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- Tanguay, P. 2012. "Harm Reduction at the Crossroads – Thailand Case Study" in Global State of Harm Reduction 2012, Harm Reduction International.
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- Stanford, S. 18 October 2011. "THAILAND: New drug crackdown raises concerns" in IRIN.
- Thai PBS. 29 September 2011. ขึ้นข้อนายก บำบัดยาเสพติดอย่างถูกวิธี.
- 27 September 2011. "12Dบุกทำเนียบขึ้นเฉลิมร้องแก้ยาเสพติด" in Sanook News.
- 27 September 2011. "NGO สะท้อน วิจารณ์ได้มาซึ่งผู้เสพยาเสพติด 400,000 คน หวันตัดคอน วอน"เฉลิม" ขอความชัดเจน" in Matichon.
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