



Short report

The impact of compulsory drug detention exposure on the avoidance of healthcare among injection drug users in Thailand



Thomas Kerr^{a,b,*}, Kanna Hayashi^a, Lianping Ti^a, Karyn Kaplan^c,
Paisan Suwannawong^c, Evan Wood^{a,b}

^a British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Canada

^b Department of Medicine, University of British Columbia, Canada

^c Thai AIDS Treatment Action Group, Thailand

ARTICLE INFO

Article history:

Received 4 November 2012

Received in revised form 12 May 2013

Accepted 27 May 2013

Keywords:

Injection drug use

Thailand

Barriers to healthcare

ABSTRACT

Background: Although Thailand has relied on the use of compulsory drug detention centres as a strategy to try to address problematic drug use, little is known about the effects of exposure to these centres on people who inject drugs (IDU). Therefore, we undertook this study to explore whether exposure to compulsory drug detention was associated with avoiding healthcare among Thai IDU.

Methods: Using Poisson regression analyses, we examined the relationship between compulsory drug detention exposure and avoiding healthcare among participants in the Mitsampan Community Research Project based in Bangkok.

Results: 435 IDU participated in this study, including 111 (25.5%) participants who reported avoiding healthcare. In multivariate analyses, avoiding healthcare was positively associated with exposure to compulsory drug detention (adjusted prevalence ratio [APR] = 1.60; 95% confidence interval [CI]: 1.16–2.21), having been refused healthcare (APR = 3.46; 95% CI: 2.61–4.60), and experiencing shame associated with one's drug use (APR = 1.93; 95% CI: 1.21–3.09).

Conclusion: Exposure to compulsory drug detention was associated with avoiding healthcare among Thai IDU, suggesting that this system of detention may be contributing to the burden of preventable morbidity among IDU in this setting. Although further research is needed to confirm these findings, the results of this study reinforce previous calls to replace the system of compulsory drug detention with evidence-based public health interventions for IDU.

© 2013 Elsevier B.V. All rights reserved.

Introduction

Thailand has long experienced related epidemics of injection drug use and HIV infection (Csete et al., 2011). It has been estimated that there are between 16,000 and 270,000 people who inject drugs (IDU) in Thailand (Canadian HIV/AIDS Legal Network, 2009), and the prevalence of HIV infection among Thai IDU is estimated to be as high as 50% (Thai Bureau of Epidemiology, 2011). The primary response to these problems has been aggressive law enforcement (Human Rights Watch, 2004). However, in 2002, the Thai government introduced a law that reclassified people who use illicit drugs as “patients” eligible for care, rather than criminals deserving of punishment (Pearsehouse, 2009). This resulted in the creation of a system of compulsory drug detention centres (referred

to as *bangkap bambat* or “forced treatment”) (Pearsehouse, 2009). The majority of drug detention centres are run by the Royal Thai Army, Air Force or Navy, and according to the Office of the Narcotics Control Board (ONCB), there were approximately 73,000 individuals in drug detention in Thailand in 2010 (ONCB, 2010). In 2011, the Thai government established a target of admitting 400,000 Thai drug users into “treatment” (ONCB, 2011), and based on past estimates it is anticipated that over 60% (240,000) of these individuals would be placed in drug detention centres (ONCB, 2010).

Past reports have indicated that there is a lack of evidence-based addiction treatment within drug detention centres, as emphasis is placed on intensive physical exercise akin to that found in military “boot camps,” group work common among therapeutic communities, and vocational training (Pearsehouse, 2009). There have also been reports of human rights abuses within Thai drug detention centres (Pearsehouse, 2009). In March 2012, 13 United Nations (UN) agencies issued a joint statement calling for the closure of all drug detention centres, noting that “[t]here is no evidence that these centres represent a favourable or effective environment for the treatment of drug dependence” (United Nations, 2012). This

* Corresponding author at: BC Centre for Excellence in HIV/AIDS, 608 – 1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada. Tel.: +1 604 806 9116; fax: +1 604 806 9044.

E-mail address: uhri-tk@cfenet.ubc.ca (T. Kerr).

observation is consistent with previous work demonstrating high rates of relapse to drug use among those admitted to drug detention (Cohen and Amon, 2008; Csete et al., 2011).

Given the lack of empirical data specific to drug detention centres, and the fact that little is known about the impact of exposure to drug detention on the health behaviours of IDU, we undertook this study to assess whether exposure to compulsory detention was associated with avoiding healthcare among Thai IDU.

Methods

Study design

Data for this study were derived from the Mitsampan Community Research Project, a collaborative research effort involving the Mitsampan Harm Reduction Center (MSHRC), a drug user – run drop-in centre in Bangkok, Thailand, the Thai AIDS Treatment Action Group (Bangkok, Thailand), Chulalongkorn University (Bangkok, Thailand), the British Columbia Centre for Excellence in HIV/AIDS (Vancouver, Canada), and the University of British Columbia (Vancouver, Canada). This serial cross-sectional study aims to investigate drug-using behaviour, healthcare access, and drug-related harms among IDU in Bangkok. The specific methods employed have been described in detail elsewhere (Hayashi et al., 2012). In brief, between July and October of 2011, 440 IDU were recruited and surveyed. Participants were recruited through peer outreach efforts and word of mouth, and were invited to attend the MSHRC or O-Zone House (another drop-in centre in Bangkok) to enrol in the study. Adults residing in Bangkok or in adjacent provinces who had injected drugs in the past six months were eligible. All participants provided informed consent and completed an interviewer-administered questionnaire eliciting a range of information, including socio-demographic characteristics, drug use patterns, and experiences with drug law enforcement and healthcare utilization. Upon completion, participants received a stipend of 350 Thai baht (approximately US\$12). The study was approved by the research ethics boards at Chulalongkorn University and the University of British Columbia.

For the present analysis, the primary outcome was reporting avoidance of healthcare by responding “yes” to the question: “Do you sometimes avoid healthcare because you are a drug user?” We hypothesize that the system of drug detention may promote the avoidance of healthcare. These centres, although characterized as settings for rehabilitation, typically involve participation in military training drills or other intense physical exercise, and offer little in the way of evidence-based treatment. Previous reports have also suggested that human rights violations are common within such centres (Pearsehouse, 2009). Further, given that police are known to harass drug users outside of healthcare services (e.g., methadone clinics) in Bangkok, we expect that some IDU may be reluctant to access healthcare following release from drug detention centres as this could increase the risk of being exposed as drug users and being returned to a drug detention centre. In other words, we hypothesize that the pairing of criminal justice and rehabilitation interventions in this setting may have the perverse effect of prompting IDU to avoid healthcare.

The primary explanatory variable of interest was a history of drug detention exposure (yes vs. no). We also considered other variables that might confound the relationship between the primary explanatory variable and the outcome, which included: median age (≥ 38 years vs. < 38 years); gender (male vs. female); HIV serostatus (positive vs. negative or unknown); prohibited income generation (includes drug dealing, theft, sex work, and panhandling; yes vs. no); heroin injecting ($>$ weekly vs. \leq weekly), methamphetamine (“yaba” or “ice”) injecting ($>$ weekly vs. \leq weekly), midazolam

injecting ($>$ weekly vs. \leq weekly); binge drug use (yes vs. no); addiction treatment use (yes vs. no); a history of incarceration (yes vs. no); a history of being refused healthcare (yes vs. no); and experiencing shame related to one’s drug use (yes vs. no). Behavioural variables referred to the previous six months, unless otherwise stated.

For the bivariate analyses, the prevalence ratio was used as a measure of association, rather than the odds ratio, as the frequency of the outcome exceeded 10% (McNutt, Wu, Xue, & Hafner, 2003). First, we used the simple binomial regression with a log link function to examine bivariate associations between reports of avoiding healthcare and explanatory variables, which gave us unadjusted prevalence ratios with corresponding 95% confidence intervals. To fit the multivariate model, we employed a conservative backward selection approach. Beginning with a full model with all covariates included regardless of the strength of their association with the dependent variable, secondary explanatory variables were dropped one at a time, using the relative change in the regression coefficient for the variable related to drug detention exposure as a criterion, until the smallest relative change in the coefficient for compulsory drug detention exposure from the full model exceeded 5%. We then fitted a final model including drug detention exposure and all remaining covariates as terms in the regression equation. However, because the full multivariate log-binomial regression model did not converge, consistent with recommended practice, Poisson regression with the robust variance was used to obtain adjusted prevalence ratios and 95% confidence intervals (McNutt et al., 2003). All *p*-values were two-sided.

Results

In total, 435 IDU, including 85 (19.5%) females, were included in this analysis. The median age of participants was 38 years (interquartile range: 34–48 years). In total, 111 (25.5%) participants reported that they had avoided healthcare because they were drug users. In bivariate analyses, factors positively associated with avoiding healthcare included having been exposed to drug detention (prevalence ratio [PR] = 1.74, 95% confidence interval [CI]: 1.25–2.43), having been refused healthcare (PR = 3.76, 95% CI: 2.89–4.89), and experiencing shame related to one’s drug use (PR = 2.24, 95% CI: 1.38–3.63). Greater than weekly heroin injection (PR = 1.41, 95% CI: 0.99–1.99) was marginally associated with avoiding healthcare. As indicated in Table 1, in multivariate analyses, drug detention exposure remained positively associated with avoiding healthcare (adjusted prevalence ratio [APR] = 1.60; 95% CI: 1.16–2.21), as did having been denied healthcare (APR = 3.46; 95% CI: 2.61–4.60) and experiencing shame related to one’s drug use (APR = 1.93; 95% CI: 1.21–3.09).

Discussion

In the present analysis, we found that approximately 25% of a community-recruited sample of IDU in Bangkok had reported avoiding healthcare. In multivariate analyses, exposure to a compulsory drug detention centre remained positively associated with avoiding healthcare, even after adjustment for a range of potential confounders. Other factors positively associated with avoiding healthcare included having previously been denied healthcare and experiencing shame in relation to one’s drug use.

Our findings are consistent with a large body of literature demonstrating negative impacts of criminal justice interventions on access to prevention, care and treatment programmes among IDU (Kerr and Wood, 2005). However, this may be the first study to demonstrate an association between exposure to drug detention and avoidance of healthcare among IDU. While the cross-sectional

Download English Version:

<https://daneshyari.com/en/article/7514244>

Download Persian Version:

<https://daneshyari.com/article/7514244>

[Daneshyari.com](https://daneshyari.com)