

Harm Reduction: Policy for Social Justice

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Abstract

This research study is based on documentary research on harm reduction. The definition of harm reduction has changed over the years, but it has increasingly coordinated with public health approaches. Harm reduction focuses on HIV, Hepatitis C, and illegal drugs. The program's primary prevention is educational approaches that are open to all without judgment and with open, honest, and respectful decision-making processes. The harm reduction's approach is to meet people where they are and not condemn their harmful behaviors but rather work with them, families, and communities to reduce the harmful effects of a given behavior. This research informs harm reduction policy prevention and treatment that has been working well in Canada to reduce new cases of drug overdoses, death and reduce new prisoners in jail due to drug-related. Stigma against drug users and ill-treatment from law enforcement officers, entities, and individuals are still major social problems in Thai society. Increased understanding of the public toward drug users might reduce stigmatization and successful harm reduction programs in Thailand.

Keywords: Criminal Justice, Harm Reduction, Drug Users, and Policy



Introduction

Drug use has been on the rise in several countries. The abuse of illegal drugs has become one of the significant issues globally, and its backlash is wide-reaching and impacts more than just drug users. Relatively 1 in 10 individuals over the age of 12 abuses substances regularly (Centers for Medicare & Medicaid Services, 2021). In the southeast Asia region, Thailand has become one of the prosperous countries in overturning an HIV epidemic, especially among sex workers. Furthermore, Thailand successfully reduced opium farming and courage the farmers for an excellent alternative development program.

Nonetheless, the Thai government does not seem to value these successes and devalue people who use drugs, increasing the ongoing HIV and hepatitis C virus (HCV) among people who use drugs (PWID). According to Avert, Thailand has the highest HIV prevalence in Asia and the Pacific (Avert, 2021). Stigma against drug users in Thailand has been ongoing for several decades. Dehumanization and disrespect toward drug users have been treated as second-class citizens for so long, in addition to the traumatic experiences that come before and during the substance use. Therefore, feeling powerless as an addict or in the treatment setting often re-traumatizes individuals. Harm reduction bases on recognizing that several people though the world continue to use psychoactive drugs, even though the most crucial efforts are to prevent the initiation or

continued use of drugs. Addiction does not define drug users, and they deserve to be treated with respect and dignity.

The initiatives of harm reduction programs are compassionate towards the users and valuable to society. The programs help decrease the prevalence of severe infections illnesses like Hepatitis C and HIV. Prevention before harm occurs, is relatively cheaper than treating acute conditions brought on by opioid abuse. Some studies show that harm reduction decreases the crime rate in the communities. Its initiatives are cumulative; drug users are more likely to take multiple little steps than one or two significant giant steps. An example, supervised consumption services are spaces that people can consume illicit drugs with supervision. It is part of a harm reduction program to control new cases of HIV infection. The spaces where drug users can inject or inhale in a safe, supportive, hygienic environment under the supervision of staff who can intervene in the event of an overdose or adverse cases. However, harm reduction programs are still an exceptionally controversial topic that needs improvement.

Literature Review

Drug Policy in the United States and Canada

Substance abuse is an ongoing challenge that has burdened the U.S. and Canadian societies for quite some time. For example, in the United States, more than half of the federal inmates are in prison due to a drug change (Grant, 2009).

Furthermore, in Canada, drug offenses and the growing incarcerated population have increased since the early 1970s, and since the 1980s, the incarceration rate for drug arrests has increased 1000% (Grant, 2009). Additionally, the cost of substance abuse increased tremendously. In the United States, the policy is based on prohibiting illegal drugs and the model of addiction as a crime. However, in Canada, the drug policy model is mainly based on harm reduction. It is a program aimed towards decreasing the adverse health, economic, and social consequences of drug abuse without depending upon abstinence from drug use.

Domestic drug policy in the U.S. used the criminalization model in which prohibits the use of illegal drugs. This model manages on strict enforcement of existing laws prohibiting illegal drugs. Those caught trafficking or processing drugs are changed, fined, given criminal records, or incarcerated. Drug use or drug addiction are considered crimes and are subjected to police harassment, arrest, and incarceration. These disciplinary toward drug use and abuse led to a drastic increase in many individuals caught in the war on drugs.

The Canadian government had endorsed harm reduction as a framework for Canada's National Drug Strategy in 1987 (Grant, 2009). The harm reduction framework integrated four pillars to its model to balance public health and order: prevention, treatment, enforcement, and harm reduction. This approach focuses on individuals who need treatment for addiction

whilst emphasizing that public disorders such as using drugs in public must be stopped. The harm reduction program in Canada describes as “A policy or program directed towards decreasing the adverse health, social, and economic consequences of drug use without requiring abstinence from drug use” (Grant, 2009). It is a nonjudgmental program that meets the drug users without judging a moralistic on their behaviors. Harm reduction programs conduct with the idea assumption that some people are unable to abstain from drug use. Harm reduction's fundamental objective is to reduce the potential dangers and health risks associated with the drug users and reduce the danger associated with or caused by substance abuse. The bottom-line harm reduction services are that non should be denied services, such as social security and health care. Furthermore, the programs advocate for social justice that the users are not criminal and ineffective.

In the United States, most of the treatment programs are based on an abstinence-only service delivery model. Generally, most treatment programs rest on 12-steps approaches based on the Alcoholic Anonymous (A.A. meeting). The founder of the A.A. advocated progress, not perfection, and its approach is where everyone deserves a seat at the table. However, some people claimed that A.A. created a system that denies services for those most needed. As a result, the program denies the consumer's voice when unable or unwilling to abstain from alcohol or drug use.



Drug Policy in Thailand

Drug policy in Thailand focuses on a zero-tolerance approach. Despite the national drug policies announced every few years, Thai governments continue to make Thailand drug-free by enforcing law enforcement and compulsory treatment contradicting international human rights law. In addition, health workers' perception, law enforcement attitudes, and forced treatment are often forbidden drug users from voluntary access treatment. Drug policy in Thailand is often inconsistent. "War on Drugs" causes the confinement of drug users and the stigma and abuse of power by the police towards users. Despite Thai drug policy referring to drug users as victims and patients, most Thais and law enforcement officers still see them as criminals. When it comes to harm reduction, Thailand gradually implemented harm reduction practices. The word 'harm reduction' is not new to Thailand; nevertheless, Thailand's policymakers are slow to implement its program. The use of methadone therapy in replacing opiate substitution has been available since 2000; the coverage is limited only in Bangkok and with some pilot projects in the Northern part of Thailand (Windle, 2016). However, Thailand's national drug laws specify that people who use drugs are patients, not criminals in general; drug users in the community are exceedingly stigmatized, harassed by law enforcement officials, wrongfully tested, and detained on suspicion of drug use.

Harm Reduction

The word harm reduction indicates policies, practices, and programs that focus on decreasing adverse health, the social and legal impact of drug use, drug policies, and drug laws (Harm Reduction International, 2021). It is evidence-based and has a client center-approach to reduce the health and social harms connected with substance and addiction, beyond the requirement of people who use drugs to refrain or stop using drugs. Harm reduction programs provide services and practices which are crucial for drug users without judgment. The programs recognized that some individuals coping might not be the best suite in abstinent from their drugs of choice. The approach of harm reduction implements peer engagement, medical and social services in a nonjudgmental way. The harm reduction programs decrease new cases of HIV/AIDS and Hepatitis C and the rates of death due to drug overdoses.

Examples of harm reduction approaches are consuming water while drinking alcohol, using a nicotine patch instead of smoking, and needle exchange programs for people who inject drugs (Canadian Mental Health Association, 2021). In addition, supervised injection services or safe consumption sites are overdose prevention programs of harm reduction. These are health services that hand out sterile supplies, education

on safer consumption, overdose prevention and intervention, medical and counseling services under the hygienic environment with the supervision of medical professionals (Canadian Mental Health Association, 2021). The overdose prevention sites are proven to reduce costs for the health care system that help drug users receive support and prevent overdose deaths. Furthermore, these facilities in the community do not increase crime and work toward decreasing public substance consumption.

In Thailand, the Law Reform Commission of Thailand (LRCT) adopted a harm reduction policy in 2013 (Macdonale & Nacapew, 2013). Prior to this Office of Narcotics Control Board (ONCB) set up harm reduction services in 10 provinces (Macdonale & Nacapew, 2013). Nevertheless, the funds were used for capacity-building workshops and coordination meetings rather than for the harm reduction services. CHAMPION-IDU was the project that ONCB expanded of the pilot program to improve coordination between law enforcement and civil society.

<p>Table 1 Support. Don't Punish: A campaign to promote harm reduction in Thailand</p> <p>On 26th June 2013, the International Day against Drug Abuse and Illicit Trafficking, 12D organized a day of action as part of the global 'Support. Don't Punish' campaign 54. During the rally, the ONCB Secretary-General met with 12D and received a letter from them which called for the support of harm reduction services and other evidence-based policies; increased financial resources for the provision of services for people who use drugs; an end to the criminalization of drug use; voluntary and human-rights based treatment and rehabilitation, and more opportunities for Thai civil society and drug user networks to participate in policy-making processes. He agreed to meet with 12D representatives following the rally, and further meetings with the ONCB resulted in their agreements to end police obstruction of peer educators working to provide services under the CHAMPION-IDU program and expand the ONCB's harm reduction program to another nine provinces. This represented a considerable and positive shift in the ONCB's dealings with civil society groups on the issue of drug use.</p>
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Source: Macdonale & Nacapew, 2013

Canada Harm Reduction

In 2016, following the declaration of the public health emergency, Canada had 922 deaths due to drug toxic (Greer, Buxton, Pauly, and Bungay, 2021). Nonetheless, in 2020, that number

increased to 1716 deaths (Greer, Buxton, Pauly, and Bungay, 2021). The overlap between the drug epidemic and HIV and hepatitis C transmission raised concerns in public health policy. The need for positive, engaging peer workers in policies

programs, the community, and work settings is needed to combat the epidemic. Even with the excellent benefits of peer-based services work, there are challenges in hiring peers within organizations due to the amount of pressure, burden, and trauma in their work, especially in overdoes prevention. The five specific peers' responsibility in harm reduction is education (create educational materials), direct service (provide injection supplies), Support and counseling (facilitating group counseling), research assistance (collecting data), and policy input (Greer, Buxton, Pauly, and Bungay, 2021). Peer workers in harm reduction centers respond to overdoes, peer health education, street outreach, emotional support, and groups, distribute harm reduction supplies, and provide meals. All these are in the context of overdose prevention. In addition, peer workers work precisely within their community to build connections and provide emotional support to the users. Therefore, there is a priority for the organization to understand, recognize, and support peer work in harm reduction. Enhancing peer work could promote communication and training, build organizations' capacity, and support this work.

Methodology

This paper scrutinized the documentary research method in social sciences to contribute a general understanding of harm reduction policy and specific tools for its successful implementation. The range of documents has been reviewed,

including background epidemiological evidence on the current drug situation in Thailand. The researchers did documents investigation to procedure reviews and evaluated documents both in electronic and printed material. Similar to any other qualitative research method that requires data to be examined and interpreted to extract meaning, gain understanding, and develop experimental knowledge. Documents are words and pictures that have been recorded without the researcher's interference. The research team gathered several vulnerable sources about harm reduction, its programs, and policy from different countries to determine what works and what does not work.

Discussion

This study presents insight into harm reduction programs in different dimensions. Reducing harm related to substance use is one of the public health approaches in harm reduction. It could stop using all substances or take a replacement. The program meets drug users where they are without judgment. Research shows that harm reduction does not increase or encourage people to use drugs. The strategic plans of the programs decrease consequences related to drug use. These consequences are a physical, emotional, social, and or spiritual disturbance. Harm reduction programs help individuals who are struggling with addiction with nonjudgmental services that are available to all. The program helps drug users connect

with others to develop healthy relationships. Harm reduction teams work directly with people in their communities to help drug users, family, and friends learn harm reduction skills. The public can receive resources to support their loved ones or in their communities. A few examples of harm reduction services for substance use are outreach and support programs, information and resources on safer ways to use substances, supply distribution and needle recovery programs, methadone treatment programs, and peer support programs.

There are several considerable benefits of harm reduction programs for drug users, families, friends, and communities. Research shows

that harm reduction programs can reduce stigma, increase access to health services, reduce sharing of substance use equipment, reduce new cases of hepatitis and HIV, reduce overdose deaths, and increase knowledge around safer substance use. The programs are welcome for all who use drugs. It recognizes that everyone needs healing differently. Research shows that harm reduction programs do not encourage substance use but encourage drug users to start treatment. The needle distribution program is excellent evidence-based to prevent HIV and hepatitis since it is highly recommended that individuals receive enough needles to use a new one for each injection (BC Center for Disease Control, 2020).

Table 2 shows an overview of the best practice recommendation for Canada's harm reduction programs for drug users in part A and recommendations set up by the working group. in part B

Part A	Part B
Needle and syringe distribution	Program delivery models
Cooker distribution	Needle distribution for an anabolic steroid injection, hormone injection, piercing and tattooing.
Filter distribution	Foil distribution
Ascorbic acid distribution	Safer crystal methamphetamine smoking equipment distribution
Sterile water distribution	Injection-related complications-prevention, assessment, and treatment
Alcohol swab distribution	Testing services for HIV, hepatitis C, Hepatitis B, and tuberculosis
Tourniquet distribution	Vaccination services for hepatitis A and B, pneumococcal pneumonia, influenza, tetanus, and diphtheria
Safer crack cocaine smoking equipment distribution	HIV and hepatitis C treatment referrals
Safer drug use education	Substance use treatment referrals

Table 2 shows an overview of the best practice recommendation for Canada's harm reduction programs for drug users in part A and recommendations set up by the working group. in part B

Part A	Part B
Handling and disposal of used drug use equipment	Mental health services referrals
Overdose prevention: education and naloxone distribution	Housing services referrals, relationship with law enforcement, education, and other services for the prison context

(Strike, Watson, Gohil, Miskovic, Robinson, Arkell, Challacombe, Amlani, Buxton, Demel, Gutierrez, Heywood, Hopkins, Lampkin, Leonard, Lockie, Millson, Nielsen, Peterson, Young, Zurba, 2015).

Canada has a successful harm reduction program. Programs which based on principles of community and evidence-based research. The programs came from a community-identified need and initiation that involved community members and service providers, researchers, and policy-makers. The distribution programs' purposes are to reduce transmission of HIV and HBV, inform a decision about the use of resources for effective and efficient practice, and advocate for better resources and investment in harm reduction programs.

Conclusion

In conclusion, harm reduction programs recognized that people would continue to use or abuse drugs and be involved in unsafe behaviors even with an effort of prevention. It also comes in a term that some individuals are unable and unwilling to seek treatment. Whistle, some do not need treatment, but it is helpful for them to be aware of resources that can help reduce harm from their drug use. Harm reduction is

an approach with both primary and secondary prevention to reduce overdose and new cases of HIV and hepatitis and reduce the cost of public health. Most countries worldwide have HIV epidemics that affect vulnerable groups in society, such as injection drug users and men who have sex with men. Harm reduction intervention programs provide ways to overcome barriers that still are challenging in Thailand. These challenges enhance or scale-up services, including hepatitis C, tuberculosis and other health consequences, and crime prevention.

Problem with the law related to illegal drugs has been an ongoing challenge in Thailand. Perhaps each identity, such as policymakers, Ministry of Justice, Parliamentarians, the ONCB, the Ministry of Public Health, National Human Rights Commission, and the Law Reform Commission, need to reconsider the direction on illegal drug-related issues. A possible way to reduce overcrowded prisons due to drug-related might be a removal of imprisonment of drug consumption and possession of illegal drugs.

Consider implementing a harm reduction program and ensure the treatment of drug users. Increase methadone maintenance treatment (MMT) programs that meet international standards with professional services. Stigma or negative beliefs toward drug users have been in Thai society for a very long time. According to the World Health Organization (WHO), stigma is a primary cause of discrimination that harms human rights. When someone feels stigmatization, they are seen as less than. The stigma is never based on truth or facts but on preconceptions, assumptions, or generalization. Education is the key to preventing or lessening the negative impact of stigma. Avoidance, rejection, prejudice, and discrimination result from stigma against a particular group or individuals, such as drug users. The public, in general, can contribute negative feelings about drug users or behavior. They may even have specific terms for drug users, which create stigma. Becoming addicted to illegal drugs can happen to anyone. It is crucial to keep in mind that our job is to decrease the stigma around drug use. Just because someone is addicted to illegal drugs does not make them a bad person.

Suggestions

Punitive measures to reduce both supply and demand might not have been working well for Thailand. Despite new national drug policies announced a couple of years, law enforcement's actions, health workers' attitudes, and forced treatment prevent drug users from voluntary

treatment and harm reduction services. The Thai government might need to consider reducing dangers related to injection drug use. In order to reduce new cases of HIV infection and the spread of others infection diseases, Thai drug policymakers need to expand methadone maintenance and any others opiate substitution therapy with psychosocial services. Broaden needle-exchange programs, which can improve drug users' health and benefit the community by reducing the spread of HIV or other infected diseases. Prevention, support, treatment, and care programs for drug users and people who inject drugs need a scale-up. Even some improvements in the programs can make a difference. Stages should start harm reduction programs promptly and scale up to meet the public health-based and human rights. Malaysia, Kazakhstan, and the United Republic of Tanzania work successfully in reaching injection drugs users and reducing new cases of HIV infection. Despite their challenges, their accomplishment has proven the progress made through investment, engagement, and implementation. Invest public funds in HIV prevention, treatment, care, and services for people who use or inject drugs. Engage in the communities and allow them to become part of the solutions. Furthermore, implement substantial and compelling harm reduction programs as well as overcome challenges. Harm reduction programs promote health outcomes despite low to little compliance in law enforcement

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