行政院所屬各機關因公出國人員出國報告書
（出國類別：出席國際會議）

赴泰國參加「第五屆家庭及社區愛滋病人照護研討會」報告

服務機關：行政院衛生署管制藥品管理局
出 國 人 職 稱：科長
姓 名：朱日僑

出國地區：泰國
出國期間：自 90 年 12 月 15 日至 90 年 12 月 21 日
報告日期：中華民國 91 年 3 月 17 日

摘　　要

依據聯合國世界衛生組織（WHO）”HIV/AIDS in Asia and Pacific region 2001”公布的報告指出：至少已經有五成以上注射毒品的濫用者（injection drug users, IDUs）感染或罹患HIV/AIDS，經由與他人共用注射針頭、針筒或施打毒品而感染。而UNAIDS、AHRN等聯合國所屬組織亦提出靜脈注射毒品導致愛滋病的警訊；因此，加強對於共用針頭的藥物濫用防制，已經是全球共同關注的焦點，成為聯合國當前工作重點之一。為能有效防制藥物濫用，不論是以多元化的防制策略積極介入或以供給面及需求面之防制管道，均需廣泛深入各種專業領域的蒐集資訊，方能掌握問題，以未雨綢繆。

第五屆「家庭及社區愛滋病人照護會議（The Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS)」，假泰國清邁舉行，會議內容涵蓋部分藥物濫用者以共用針頭注射（injection drug users, IDUs）與不具任何保護措施之性行為將造成愛滋病、B型/C型肝炎、靜脈炎等傳染病之感染罹患、二者間之交互關係、危險因子、防制策略與相關替代性措施等進行探討；另包括家庭及社區愛滋病人的各種需要、尊嚴與人權、照護與支持及關懷與收容等三方面的問題；茲就依據會議內容提出四項建議：

一、建置高危險族群藥物濫用及感染愛滋病等傳染病之長期監測統計資料，並逐步建立高危險族群的行為輔導機制。

二、對於共用針頭靜脈注射的毒癮者，發展適切的藥物濫用及

傳染病整合型防制教育及宣導策略。

三、積極培訓戒毒成功人士，輔導其擔任藥物濫用與愛滋病防制尖兵，深入藥癮及愛滋族群聚集場所介入防制工作。

四、研究可行之藥物濫用與愛滋病防制尖兵僱用計畫，鼓勵共同設置短期性收容安置處所，協助心理重建，回歸社會。

赴泰國清邁參加「第五屆家庭及社區愛滋病人照護會議」報告

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第一章　出席會議目的

原訂由美國國家藥物濫用研究所與馬來西亞 Sains Malaysia 大學藥物研究中心主辦之「亞洲地區主要城市藥物濫用流行病學工作組織會議(AMCEWG)」因故取消，以致變更出國計畫；然而，有鑑於藥物濫者常因共用針頭而成為愛滋病之高危險群，故改為參加九十年十二月十七至二十日於泰國清邁舉行之「The Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS」，該會議係由泰國紅十字會(The Thai Red Cross Society)及泰國衛生部(The Ministry of Public Health)所主辦，協同承辦的相關國際組織及防治愛滋團體與民間單位包括 WHO(World Health Organization)、UNAIDS(The Joint United Nations Program on HIV/AIDS)、 IFRC(International Federation of Red Cross and Red Crescent Societies)、GNP(Global Network for Positive People)、ICASO(International Council of AIDS Service Organizations)、APCASO(Asia Pacific Council of AIDS Service Organizations)、EC(European Commissions)、FHI(Family Health International)、ICW(The International Community of Women Living with HIV/AIDS)、希望能藉此對藥物濫用之高危險愛滋族群深入了解，並收集資料以利宣導防制工作之進行。

濫用藥物是全球人類由來已久的共同議題，而靜脈注射往往是毒品使用者偏愛的方式之一，由於毒品的使用途徑，不但

掌握身體的吸收難易度，亦影響細胞神經生理反應的快慢程度；一般而言，採取口服方式的毒品使用，會因肝臟的代謝作用而導致吸收效果遠遠不及以注射方式之毒品使用者；然因部分國家對於針頭有所管制（例如美國等），以致於注射毒品濫用者，常因共用針頭而易遭感染或罹患「人類後天免疫缺乏病毒」HIV/AIDS、B 型/C 型肝炎、靜脈炎等傳染病的傳播；此種情形所導致的社會現象，不僅僅是毒品的危害及氾濫而已，更嚴重的是形成族群間多元化傳染病之擴散，其所造成流行病學的雙重危險因子相乘效果，將遠大於個別單一因子的危害。在面對藥物注射危害—藥物濫用共用針頭這個全球性的問題，採取口服或注射方式進行美沙冬維持治療法(Methadone Maintenance Treatment Program；MMTP)或針頭交換計畫(Needle Exchange Program；NEP)遂成為少部分國家可能的實施方式，諸如此類作法，均需廣泛而不斷的蒐集相關資訊，方能掌握問題，釐訂有效的防制對策。

預防教育是藥物濫用防制工作之根本，惟有將毒害預防知識落實至家庭、學校及社會生活層面，進而使每一個人均具備拒絕濫用藥物的知識與能力，才能有效防制藥物濫用。而藥物濫用問題牽連的層面極廣，因此，投身於藥物濫用防制的工作人員，必須時時自我充實，深入探討各種毒品可能的施用方式及常見使用場所，並瞭解其可能導致的種種危害，事前防範預警重大危害，方能真正達成落實預防教育之目標。

泰國自 1990 年代起愛滋病的盛行率即有迅速提高的趨勢，由於泰北位處金三角地區，或因毒品流通頻繁及容易取得，以致因共用針頭注射造成 HIV/AIDS 感染而快速擴散；不論是就孕婦、役男、捐血者或性工作者等高危險群，均呈直線成長之勢，以致其藥物濫用之防治成效或各項愛滋病防治藥物的基礎研究均備受亞洲地區各國所矚目。然而，由近年來在吸毒的人群中陸續發現愛滋病個案出入其間的衝擊，所產生亞洲各國加強高危險吸毒場所之愛滋病預防與控制政策；此種情形在我國亦然如此。依據我國愛滋病法定傳染病的通報資料顯示：在現有通報的三、九八五名愛滋病感染者中，雖僅有 1.7% 的患者係由於共用針頭靜脈注射毒癮方式而遭致感染；然而，在部分亞洲國家的資料顯示：HIV(+)中的藥物使用者比重馬來西亞為最高(約佔 77.0%)，其次為中國(約佔 69.4%)、越南(約佔 65.5%)，因此，在我國加強對於共用針頭注射的藥物濫用防制，似乎已能說明其防制的迫切性；然而，我國早在民國八十一年依據後天免疫缺乏症候群防治條例第八條第一項第三款及第二項解釋公告「除從事色情行業者、嫖妓者外，毒品施打、吸食或販賣者、監所受刑人」均應接受人類免疫缺乏病毒之檢查，可見我國早有防範於未然的準備，並以行政命令方式試圖具體落實於政策；然事隔多年，或因高危險族群的難以掌握、執行的場所、時機，並涉及驗尿、抽血等相關作業的結合，故執行技術層面上的諸多困難尚待突破；另由於毒癮者與愛滋罹

患者等高危險族群的聚集場所亦十分相似，為加強整合以往衛生教育防治的缺口，推動政府相關部門間的聯合宣導，必然是未來的趨勢。

第二章　行程經過

12 月 15 日（星期六）16：15

由桃園中正機場搭乘泰國航空 TG633 班機前往香港轉機前往泰國曼谷（約於 22:40 分抵達），再經由曼谷搭乘泰國航空 TG124 班機前往泰國清邁機場（約於凌晨 01:40 分抵達），再搭車前往通知住宿地點 Novotel Hotel 飯店報到。

12 月 16 日（星期日）13：00 - 21：00

向會議地點 Lotus Pang Suan Kaew 飯店大會辦理報到手續，領取開會資料及認識與會人員，並瞭解會議進行中同步於各不同會場舉辦之 Skills Building Workshops 場地位置，晚間參加參展單位舉辦的 HIV/AIDS 活動節目晚會。

12 月 17 日（星期一）08：00 - 18：30

上午參加大會開幕儀式，分別由 The Thai Red Cross Society 主席 Mr Phan Wannamethee Mr. Michael J. Kuhar 及地主國泰國衛生部長 Prof. Pinit Kullavanijaya Mr. Norman I. Maldonado 致歡迎詞，並報告泰國愛滋防制的成果及未來展望。下午參加研討會、專題講習會。晚間參加大會舉辦的接待晚會。

12 月 18 日（星期二）08：00 - 22：00

參加研討會、專題講習會及參觀壁報論文。

12 月 19 日（星期三）08：00 - 22：00

參加研討會、專題講習會及參觀壁報論文。

12 月 20 日（星期四）08：00 - 21：00

參加研討會、專題講習會及參觀壁報論文。

12 月 21 日（星期五）15：00

搭乘泰國航空 TG633 班機由清邁至曼谷轉機，再搭續搭泰國航空 TG633 班機至台北(約於凌晨 00:15 分抵達中正機場)。

第三章　心得

本次年會計有研討會（Symposium）125 場、專題講習會（Workshop）13 場、參訪會議（Empowering Visit）18 場，壁報式論文及相關團體服務成果（Poster）154 篇，內容涵蓋對愛滋病感染現況與發展趨勢的介紹、家庭及社區愛滋病人的需要、尊嚴與人權、照護與支持及關懷與收容等三方面的問題，包括闡明與分析其需要、尊嚴與人權、闡明愛滋病照護的問題與實行支持的選擇、設計照護的計劃、強調社區的關懷、建構參與照護系統的國際團體、非營利的社區組織及企業等；並就藥物濫用者以共用(交換)針頭注射（injection drug users, IDUs）與愛滋病感染罹患二者間之交互關係與危險因子、成癮心理及生理、性傳染病發展與藥物濫用行為的交互作用等研究，愛滋病治療藥物之研發及供銷模式等，本次會議有來自 Algeria, Argentina, Australia, Austria, Bahrain, Belgium, Brazil, Brunei, Canada, Denmark, Djibouti, Egypt, Fiji, Finland, France, Germany, Greece, Iceland, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kenya, Kuwait, Luxembourg, Malaysia, Mauritania, Mexico, Morocco, Myanmar, Netherlands, New Zealand, Norway, Oman, Papua New Guinea, Philippines, Portugal, Qatar, Republic of Korea, Saudi Arabia, Senegal, Singapore, Slovenia, South Africa, Spain, Sweden, Switzerland, Tunisia, Turkey, U.A.E., U.K., U.S.A., Vanuatu, Western Samoa, Republic of Yemen.等大約五十

八個國家或地區的代表，參與本次大會安排的相關主題報告。

本年大會進行方式包括口頭報告、海報展示、小型研討會及參訪會議，議題涵蓋愛滋病照護的相關各項基礎與臨床研究，因題目眾多，且分場同時進行，故選擇與本局業務較為相關且有興趣之主題參加，選擇愛滋病人人權、照護支持及收容方面的議題及以注射藥物方式使用造成感染愛滋之流行趨勢與防制、並就 UNAIDS(Joint United Nations Program on HIV/AIDS)、AHRN(Asian Harm Reduction Network)兩組織之泰國辦公室所參展之資料多方收集與建立連絡管道，以作為拓展藥物濫用防制工作國際資訊交流之窗口。

【藥物濫用防制與愛滋病的傳染流行趨勢】

依據聯合國世界衛生組織（WHO）”HIV/AIDS in Asia and Pacific region 2001”公布的報告指出：至少已經有五成以上的 IDUs 感染或罹患 HIV/AIDS，經由與他人共用注射針頭、針筒或施打毒品而感染。愛滋病是二十一世紀最嚴重的公共衛生問題之一，自 1981 年發現第一例愛滋病患以來，愛滋病之發現至今已有二十年歷史，根據聯合國愛滋病組織（UNAIDS）/世界衛生組織（WHO）公布 2001 最新發表指出：全球愛滋病毒感染人口已突破六千萬，並造成二千五百萬人死亡，已躍升為全球人類十大死因之第四大殺手，亦是非洲撒哈拉沙漠以南國家第一大死因。去（2001）年平均每天新增一萬四千名愛滋病患，其中小於 15 歲愛滋小孩約有二千名， 95 %新病例集中

分布於發展中的國家，全世界各國之愛滋病新增病例雖已有趨緩的趨勢，但亞洲地區愛滋感染者卻有上升趨勢，比起其他地區，雖然愛滋病侵襲亞太地區的時間較慢，但愛滋病確實已滲入亞太地區。其中東亞及亞太地區感染人數驟增，由公元2000年的十三萬愛滋感染者跳增至去年二十七萬（增加率達 108%），其次是南亞及東南亞新病例亦增加 2.6%，愛滋病在亞洲地區主要侵襲國家為中國、泰國、緬甸及高棉，因東南亞、南亞等地區國家人口稠密、再加上通報系統不完整，以及民眾對愛滋病防治的漠視，政府對愛滋防治工作的不積極等種種因素，將可能導致亞洲地區成為下一個愛滋病的流行地區。愛滋病防治是一項非常嚴重且是跨國際性的問題。根據聯合國世界衛生組織統計，超過 70%的 HIV 感染者是經由異性間性行為傳染，另外 10%則是由男性傳染給男性，而男性比女性較不注重健康概念、較少主動尋求健康諮詢也較易去嘗試些危險行為，其中尤以酗酒、靜脈藥物濫用及嫖妓等均是導致本身或是他們的性伴侶成為 HIV 高危險群的主要原因。而海洛因與甲基安非他命之使用型態以採靜脈注射者有增加趨勢，此舉將增加感染愛滋病、靜脈炎、肝炎及其他傳染病之危險。此外，濫用藥物的使用者往往會合併使用其他毒品，包括大麻、古柯鹼、海洛因等及搭配酒類服用以助性，故往往導致混用的毒性增加及加速吸收的危險性。

而另有一位醫師引述 AHRN 的資料，依據清邁當地的藥癮戒治中心，在 1995 至 2000 年研究 2563 位接受治療的成癮

者，男性為主且為 21 至 30 歲之青年人，藥物以海洛因及安非他命為最多，其以靜脈注射為使用途徑者高達 69.4%，其中感染 HIV/AIDS 者也高達四成之多(41.2%)，此種情形迫使該中心不得不採取專科會診的整合性治療及衛生教育。依據哈佛大學 Gruskin 教授指出：美國感染人類免疫不全病毒（HIV）的患者當中，幾近三分之一為注射毒品者，約三分之一的 HIV 感染者同時合併 HCV 之感染；美國女性愛滋病患中超過 70%（28000 名）為藥物濫用者，而在藥物濫用者當中，注射毒品者則將近 50%感染 HIV/AIDS，亦有相關的研究證據顯示：其中高達九成的感染 HIV 之注射毒品濫用者可能已有 HBV 感染之可能；有些研究亦指出 HCV 之感染者中約六成左右之案例是 IDUs，經由與別人共用注射針頭 針筒施打毒品而感染，其中相關的危險行為尚有刺青、紋身、性濫交等。因此，為避免 IDUs 共用針頭而感染愛滋病，在美國有些地方推行實施 NEP，亦有部分人士建議政府將針頭列為非醫師處方，甚或推廣自動販賣機的設置以便取得乾淨的針頭，而我國早已決定不管制針頭；另有些歐洲國家(例如法國、瑞士等) 亦基於公共衛生預防醫學觀念的考量，推行安全注射設施計畫(Safe Injection Facilities Plan；SIF)。

至於其他亞洲地區的愛滋病擴散程度，到目前為止還算平緩。例如在孟加拉共和國、香港、寮國、菲律賓以及南韓，實際上於西元兩千年所有族群的愛滋病感染情形都還呈現低水平。但是儘管如此，還是無人可保證該地區的愛滋病感染程

度，可以永遠保持像目前一樣的水平。針對目前感染率較低的族群所做的愛滋病研究報告，已經指出某些族群及地區的愛滋病感染程度已在迅速擴大成長，例如：中國、印尼以及越南，愛滋病已不知覺地蔓延流行於各個不同群體中。以中國而論，愛滋感染族群中因毒癮者共用針頭、針筒注射而造成感染者約佔 70%，據估計實際毒癮人數多達六百萬人以上，且女性的吸毒成癮者據估計亦高達一百萬人以上(約佔六分之一)，其中一半以上女性將性交易作為謀生工具，女性毒癮者中愛滋感染者大約有二萬人之多(約佔 2%)，即使在性交易的過程中也僅有15%的性工作者會要求嫖客戴上保險套；而來自北京的中英性病愛滋病防治合作項目官員張云指出：在雲南、四川等地的研究調查結果呈現 IDUs 亦高達 60-70%。

有些人認為目前在亞洲地區，全國人口愛滋病盛行率超過1%的國家，只有柬普寨、緬甸、泰國三國，且其盛行率遠遠低於超過 10%以上的非洲國家，因此，即認為亞洲國家愛滋疫情不嚴重而放心。但很不幸的，因為亞洲國家的愛滋病流行情形尚未穩定，因此，全國人口盛行率的數字並不具特別意義，理由歸納如下：首先，愛滋病其實早已隱藏在上述國家崎嶇的地理環境中，暗地裡流行伸展。眾所皆知，最典型的愛滋病傳染型態，即為人與人之間透過性接觸以及共用針頭而引發。而愛滋病的流行，經常都是先在某一小地區呈現爆發性流行，之後才慢慢的延伸至全國地區。再者，當流行集中在某些群體，經常會影響全人口盛行率，而造成錯誤判讀。例如在緬甸，根

據報告該地區的靜脈注射毒癮者及性工作者的盛行率分別為60%及40%以上，但反觀全國人口的愛滋病盛行率卻僅有2%；泰國自1976年引進MMTP作為海洛因或其他鴉片類藥物成癮者治療之藥品，藉以減少共用針頭、靜脈注射藥物及HIV、HBV及 HCV或其他以血液引起的傳染，至今已經設置247家的治療中心，而每天約有2000 位病人在曼谷治療，其中約有六成為藥物使用注射者，感染HIV/AIDS盛行率亦佔有30-40%。

【女性藥物濫用與愛滋病感染風險】

在一項UNAIDS的研究顯示：有3279位女性被診斷出由於與感染 HIV 的毒癮者性接觸或共用針頭而得到愛滋病。有些研究亦提到，女性的藥物濫用者之所以被診斷出罹患或感染疑似愛滋病的症狀，多是在其向醫療院所尋求藥物依賴治療的時候無意間被發現，因為通常在遭受挫折、恐懼、焦慮、緊張或痛苦的情境下，將會造成藥物使用的動機或再度沉溺於濫用藥物的深淵。有些研究顯示：吸毒成癮的女性比男性有更高曝露在HIV/AIDS的危險性，其主要原因至少包括下列二點，其一是她們由男性所感染而來的機率比男性經由女性感染的機率為高，另一個原因是她們亦經常與吸毒的伴侶共用不知已成為感染HIV/AIDS媒介的針頭注射毒品，甚或相互分享在沒有任何保護措施下進行親密的性行為，以致於女性感染HIV/AIDS的機率往往有高於男性的情形。而女性於青春期濫用藥物後，在成年後合併憂鬱或焦慮等精神疾患的機會將比男

性為高，尤其開始濫用之年齡越早，產生精神疾患之危險越高。值得重視的是，女性濫用藥物與愛滋病更是息息相關，愛滋病可經由注射毒品共用針頭傳播，亦可由性行為傳播，如對方為 HIV 帶原者或習慣以注射方式使用毒品者，均增加感染愛滋病之危險。由於女性藥癮者大多缺乏自信、個性孤獨，而往往拒絕外界提供協助，故如何促使女性藥癮者接受治療，協助改善生活型態，並在整個治療過程中持續建立良好關係，並持續的給予社區支援，協助其回歸社會，恢復正常生活。

孕婦感染愛滋病的比例，一直被用來作為判斷當地愛滋病流行的一大指標。目前，根據此一指標已知，若干亞洲國家目前的愛滋病流行已處於十分嚴重的狀態。透過印度有些地區的研究指出，孕婦感染愛滋病毒的比例高於 2%，嚴重的地區甚至已達 6%；而當地使用鴉片類毒品的人口盛行率亦有 0.5%，注射藥物的人口比重亦高達 25-90%。同樣的，緬甸某些地區的孕婦感染愛滋病毒的比例，也高達 5%；其使用鴉片類毒品的人口盛行率亦有 0.9%，注射藥物的人口比重亦達 30%。在泰國，有鑒於愛滋病防治政策的奏效，全國孕婦感染愛滋病毒的盛行率才得以控制在 2%左右；當地的毒品濫用鴉片類毒品的人口盛行率亦有 0.6%，注射藥物的人口比重亦高達 60%；另在曼谷地區的一項研究顯示：由當地醫院報告感染愛滋的女性中有 3-11%的 IDUs。而在柬埔塞，孕婦的愛滋病毒盛行率在一度接近 3%之後，幸虧仿效了泰國的防治政策，使得目前盛行率稍有下降。

【整合藥物濫用與愛滋病防制(治) 問題】

在本次大會之報告中，聯合國所屬之 WHO Professional Officer STD/AIDS & TB Unit CDS Department **由** Dr. Pontali **特別提出警訊，根據亞洲各國愛滋病流行現況與趨勢顯示，青少年因共用針頭靜脈注射毒品而遭感染罹患** HIV/AIDS**之情況日趨嚴重，應及早防範，並呼籲加強國際合作，共同防制濫用。各國時下的青少年於通宵達旦之舞會及** "Rave Party" **跳舞俱樂部及酒吧，經常使用一些藥物，即所謂俱樂部濫用藥（**club drugs**），這些藥物包括** MDMA**（搖頭丸）、甲基安非他命（安公子）、**GHB**（液態快樂丸）、**Ketamine**（**K **他命）、**FM2**（約會強暴丸）及** LSD**（搖腳丸）等，利用這些藥物的興奮或幻覺作用來助興。例如某些午夜牛郎及性工作者藉性交易來換取金錢或購買藥物，飆車族及長時間開車之大卡車司機等均為濫用族群。**

根據 Wilson **博士的調查報告發現，愛滋病患者不僅出沒在** Rave Party **舞會中，同時，也出現在都市及郊區之俱樂部濫用藥物青少年人群中，且有快速增加的情形，而採注射方式使用者也偶有與其他迷幻藥併用的情形，且仍不斷的迅速增加當中；而目前濫用族群亦呈現多樣化的趨勢，如男同性戀者併有濫用其他多種藥物者，此族群之濫用同時導致性病（尤其是愛滋病）之加速傳播。反觀我國，有關共用針頭注射感染愛滋病的追蹤或調查才剛準備起步，目前對於相關族群或個案的來源**

或流向掌握，有種種問題尚待解決，包括研究調查統計、強制抽血或驗尿的法令依據、整合性的防治觀念、高危險族群的個案收治(容)方式等，或許由於現行的防治領域分別包括藥物濫用及愛滋病防治二部分，故未來需要更多的協調與合併出擊，並主動發佈警訊提醒各界注意，密切監測其流行趨勢，共同著手進行藥物濫用及愛滋病的防制及教育宣導工作。依據筆者二年前任職的服務機關(台北市立性病防治所)於去(90)年配合警政單位在 PUB、舞廳等場所臨檢，統計搖頭族尿液檢體(2888 人次)中有吸食毒品反應者(532 人次)約佔二成(18.4%)、而在有吸食毒品反應(532 人次)中配合以抽血檢驗 HIV/AIDS 呈陽性反應者有(10 人次)約佔 1.88%；另一方面，經由原先所掌握的感染 HIV/AIDS 者(887 人)中係因靜脈注射毒品交互感染所引起者(13 人)，經警方比對尿液檢體中有吸食毒品反應者約佔 1.5%；此種證據顯示：愛滋族群確有穿梭出入於 PUB、三溫暖、舞廳、酒店等場所的現象。若從流行病學的觀點來推論愛滋感染的風險，假設以 PUB 等場所搖頭族中罹患愛滋的機會視為曝露組的帶原率，而以台灣現行二千三百萬人口中已被報告感染愛滋(大約四千人)的機率視為非曝露組的帶原率，其間相對危險性比例則高達 108 倍之多，此種結果說明了，由吸毒管道來瞭解愛滋感染情形是相當重要的；或許由於藥物濫用危害因子的助長結果，將導致更高的 HIV/AIDS 感染或罹患風險。因此，政府對於結合跨部門藥物濫用及愛滋病的防治觀念，甚至對於正確的性教育推廣(包括試婚、同居、婚前性行

為、網路一夜情、多重性伴侶等）議題，均確有整合宣導的必要。

依據聯合國所屬之 WHO 在 Senior Policy Adviser To The Director-General Director, Department of Vaccines and Biologicals 服務的 Dr. Tarantola 報告一項亞洲地區的調查資料顯示(Table 1)：在藥物使用人口的估計以巴基斯坦為最高(約有三百萬人)、其次為印度(約有二二五萬人)、泰國(約有一二七萬人)，尼泊爾為最低(約有三至五萬人) (Figure 1)；而我國吸毒人口的推算，依據學者的估計約在四十至八十萬人之譜。另在鴉片類毒品的使用人口比較上，仍以巴基斯坦為最高(約有一百五十萬人)、其次為印度(約有五十萬人)、斯里蘭卡為最低(約有四萬人)；而在我國的資料則尚無確切的鴉片使用人口統計，國內部份學者推算海洛因的吸食人口估計至少約有十萬人。若以亞洲國家的鴉片使用人口盛行率顯示(Figure 2)：以寮國為最高(約 2.1%)、其次為巴基斯坦(約 1.7%)、馬來西亞為最低(約 0.2%)，若以注射使用藥物者的比重計算，則尼泊爾為最高(約佔 74.8%)、其次為泰國(約佔 60%)，而依據我國精神醫療機構個案通報注射使用藥物者的比重則亦高達 50%左右，顯示未來加強此方面衛教的重要性。在藥物使用者中 HIV(+)的比重(Figure 3)以緬甸為最高(約佔 65.5%-72.5%)，其次為印度(約佔 1.3%-68.4%)、尼泊爾(約佔 49.7%)、中國(約 40.5%)，巴基斯坦為最低(約佔 0.4%-1.8%)；在我國則此類統計付之闕如。在 HIV(+)中的藥物使用者比重以馬來西亞為最高(約佔

77.0%)，其次為中國(約佔 69.4%)、越南(約佔 65.5%)，泰國為最低(約佔 5.25%)；而在我國已通報之三、八九五位愛滋感染者中，經由靜脈注射毒癮共用針頭而感染者僅佔 1.7%。另依據 UNAIDS 的資料顯示, 在 IDUs 中所佔 HIV 的盛行率數據顯示(Figure 4)：以印度為最高(約佔 70%)，其次為緬甸(約佔 62%)、馬來西亞為最低(約佔 28%)；在我國則此類統計亦付之闕如，而國內跨部門合作的基礎研究尚待有效整合。未來，加強由現行愛滋病通報系統中瞭解吸食毒品的個案比重及由藥物濫用通報系統中瞭解愛滋病的個案比重，以作為交互建立高危險群個案通報統計資訊的管道，實乃當急要務。有鑑於此，衛生署管制藥品管理局已在去(90)年開發第一期管制藥品濫用網路監測通報系統，以強化藥物濫用的個案監測統計，並積極在第二期開發的監測資料範圍中，擴大對於藥癮者感染愛滋之個案加強蒐集，即增列對於感染或罹患 HIV/AIDS 呈陽性反應者之通報個案統計，以有效掌握此類高危險族群之流行趨勢。

【青少年藥物濫用與愛滋病之預防】

在有效的預防方式上，普遍提倡完整的預防知識、技巧和策略、推廣兩性正確的道德衛生教育與自我保護、教育青少年婚前性行為的法律責任與非婚生子女的未來養育問題、告知針頭共用及重複使用注射器之疾病感染風險、說明已婚者性濫交之性病傳播及家庭不良示範行為等均為常見的健康傳銷方式；然而，要改變青少年「性知識不足、性行為開放」所產生

高危險的濫交行為，並非僅僅教育或推廣青少年性行為前使用保險套即能有效解決，而應思考如何有效防範杜絕愛滋帶原者的不當傳染，甚至研議建置集中防治教育之收容處所。同樣的，對於藥癮者因共用針頭注射而感染或罹患 HIV/AIDS 之族群，若沒有普遍的隔離收容與進行列管個案防治教育的處所，或亦無法有效阻絕其性行為的氾濫與共用針頭的危險行為，則非僅愛滋病之防治難見其效，恐共用針頭注射之藥物濫用行為亦無由降低；故若能兼取二者防制 (治)之長，不失為省錢有效的衛教整合策略。例如輔導性工作者轉業或培訓戒毒成功人士，加強交互實施預防課程教育，深入搖頭族及愛滋族群聚集場所，以作為整合性介入輔導或轉診醫療機構的防治大使。

在宣導活動方面，運用大量電視、廣播媒體及網際網路宣播、益智網路遊戲設計等，使訊息得以迅速擴散遍及全國。而在宣導作法亦不同於以往，在過去主要之宣導重點為警告青少年藥物會危害其健康及正常生活，現在則更進一步改變作法，將具體的科學證據(例如直接造成的健康危害)運用於媒體宣播。如衛生署管制藥品管理局已針對 MDMA 之濫用，將藥物造成腦部傷害之掃瞄對比影像製作短片提供電視、MTV 等媒體宣播，訴求點除提供科學證據外，宣導方式則以提供青少年自我選擇判斷而非直接告知禁絕不要用藥，讓青少年自動關心此議題並主動作理性思考。此外，來自美國費城的王美齡博士於報告中提及，近年來的媒體宣播短片有逐漸以父母、家庭生活為訴求題材之趨勢，提醒為人父母者多關心及注意子女的行

為。同時，平面文宣亦製作提供反毒宣導內容之明信片，除分送特殊族群收容所使用外，並放置於酒吧、俱樂部、舞廳等濫用高危險場所，使宣導訊息能釋放傳達至濫用族群平日的通訊中。另外，會中亦提到三項針對高危險青少年的預防教育準則：

一鼓勵父母親等長輩與孩童共同交換對藥物使用的看法及可能帶來的危險，且宣導的觀念也應盡早由孩童時期介入，此稱為提醒式的宣導(Reminder campaigns)。

二預防性的宣導應強調青少年的自我認同及加強拒絕的技巧，
應多使用年長的同儕範例來帶動觀念的接納。

三媒體廣告的文宣應採健康的形象介入或結合生活化方式的進行，並且在電視劇節目或故事劇情中加入藥物濫用的預防觀念，採用娛樂教育取向的策略(entertainment education approach)。

藥物濫用的流行風潮是極為迅速的，且牽連的層面極為廣泛，單靠反毒相關政府部會之努力是不夠的，應再加強結合社會各界資源與力量，擴大防制教育及宣導，並從端正社會風氣及建立正確的生活價值觀等方面著手，以使防制觀念能從個人的行為改變做起，方能有效防制濫用。

第四章　建議

一、建置高危險族群藥物濫用及感染愛滋病等性傳染病之長期監測統計資料庫，並逐步建立高危險族群的行為輔導機制：

國內反毒工作在政府長期分工作業下，區分為「緝毒」、「拒毒」及「戒毒」三項，而「緝毒」與「戒毒」工作畢竟已喪失先機，卻也僅能治標著眼，惟有從「拒毒」著手，落實預防教育才是根本之道。但國內長期欠缺反毒資訊情報之整合，致使連全國性的地區別毒品流行時序趨勢都無法透明化的掌握；然而，毒品的流動型態與傳染性疾病的散佈日益複雜，往往使預防教育的推動及宣導諮詢的努力，不容易看到立竿見影的成果；然而，經由本次的研討亦看見我國未來應該繼續努力的方向，並據此繼續積極研議開發第二期管制藥品濫用網路監測通報系統，同時亦將逐步擴大通報範圍並對於藥癮者感染愛滋之個案加強蒐集，以有效掌握此類高危險族群之流行趨勢。另外，尚須結合政府相關部門、專業團體、學校、社區及家庭的通力合作與相互輔導轉介，並加強連結反毒相關資源，才能準確掌握高危險族群，適時提出預警，及早研擬防制政策。

二、對於共用針頭靜脈注射的毒癮者，發展適切的藥物濫用及傳染病整合型防治教育及宣導策略：

宣導教育或活動的成效展現，往往與訊息的提供是否適

時、適地及符合宣導對象的需求有著密切的關係，當然針對不同的族群，亦應提供貼切的訊息內容、詞語、以及表達的方式。國內目前的反毒宣導資料，對於高危險族群(例如共用針頭靜脈注射毒癮而感染愛滋者)的宣導設計較為不足，同時並尚未區分對不同場所適用或需求而製作之相關文宣，這或許正是說明了，因為現階段的反毒文宣供應數量，根本尚不足以滿足一般社會大眾的基本需求、或是由於對該特殊族群的危險行為瞭解不足、抑或是現行各級政府所投入的反毒宣導資源及人力不足、分工問題……等，以致於目前尚未針對高危險族群或特殊族群設計專業的宣導內容；故而，在進行宣導活動時，即使對象有所不同，所使用的宣導品或宣導內容也往往差異別不大。未來，對於整合相關領域(例如性教育、愛滋病及藥物濫用防制等)的聯合衛生教育宣導策略，更是一項兼具重要發展及防制挑戰的極大任務。

三、積極培訓戒毒成功人士，輔導其擔任藥物濫用與愛滋病防治尖兵，深入藥癮及愛滋族群聚集場所介入防治：

所謂「工欲善其事，必先利其器」，面對藥物濫用防制與愛滋病防治工作的錯綜複雜，要能展現成效，必須先瞭解關鍵訊息，如族群或個案的來源、聚集或流向掌握、監測通報、法令規範、檢驗血、尿(液)方式、衛教模式與行為改變技巧、轉介收治(容)方式及諮詢與輔導等，並建立其動態變化之流行病學資料庫，持續性的監測與研究；然而，因其問題的牽連層面

極為廣泛，應多元培訓各層面的人才，通力合作，並將整合性的防治觀念深入高危險族群的出沒場所，由過來人加強介入同儕的個案輔導模式，以提供適當的社會支持與學習示範。

四、研就可行之藥物濫用與愛滋病防治尖兵僱用計畫，鼓勵共同設置短期性收容安置處所，協助心理重建，回歸社會：

IDUs 共用注射針頭及經由危險的性行為，所造成愛滋病與 B 型/C 型肝炎的傳染，已在亞洲各國間造成嚴重的公共衛生與社會問題。國內目前對於濫用藥物與愛滋病感染，雖然在已通報之三、八九五位愛滋感染者中，經由靜脈注射毒癮共用針頭而感染者僅佔 1.7%，但是由於愛滋病的潛伏期很長，若沒有定期追蹤或適當的隔離收容處所來進行 IDUs 等高危險個案的行為防治及輔導教育，恐將無法有效阻絕其共用針頭與性氾濫的危險行為。因此，對於藥物濫用與愛滋病高危險群之防制宣導方針，應同時結合保健、防疫及藥物濫用防制等衛生教育單位通力合作，整合防制宣導之資源，包括防治經費、研究調查資料內容、流行病學統計與衛生教育人才培訓等措施。然而，當前我國預防教育之缺失在於缺乏全面性及連貫性，惟有充分落實對於藥物相關知識之課程傳授，並加強每一個環節相關人員的知識及訓練，方能落實防制教育功能。過去我們已有偶像明星及校園反毒大使成為青少年同儕輔導的良好典範，未來，我們更需要曾經身歷其境的藥物濫用與愛滋病過來人成為種子師資，來擔負高危險族群防治的重責大任。

ABOUT THE PUBLICATIONS OF WHO ON DRUG ABUSE

1) Drug abuse and HIV/AIDS: lessons learned. Case Studies booklet. Central and Eastern Europe and the Central Asian States. ISBN 92-1-148144-9

2) The Asian Harm Reduction Network – Supporting Responses to HIV and Injecting Use in Asia – UNAIDS Case Study - May 2001. UNAIDS/01.28E ISBN92-9173-072-6

3) Drug Use and HIV Vulnerability: Policy Reasearch Study in Asia.

4) Furthermore, UNDCP publishes a magazine about drug-related problems/issues in East Asia and Pacific "UNDCP Eastern Horizons" Contact.

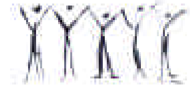
Second Announcement

The Fifth International Conference

Home and Community Care for Persons Living with HIV/AIDS

Chiang Mai, Thailand

17-20 December 2001



- Preliminary Programme
- Call for Abstracts
- Registration Information

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www.hiv2001.com

CONFERENCE THEMES AND OBJECTIVES

'The Power of Humanity'- the theme of this ' Fifth International Conference on Home and Community Care for Persons Living With HIV/AIDS' - reminds us all of the strength and capacity of the human spirit to care for others. It is the sum total of the spirit of service of the caregivers, the compassion of the care support systems and the mental strength of care recipients. In all these categories the involvement of people living with HIV/AIDS is of great significance. Although today we know there is no final word for the management of HIV infection, we do know how to care for each other and in doing so, we demonstrate the power of humanity.

The main theme is supported by 3 different sub – themes, one for each day.

- Day 1- **Needs, Aspirations and Rights for persons living with HIV/AIDS**
- Day 2- **Care and Support for persons living with HIV/AIDS**
- Day 3- **Community Mobilization and Partnership Building Up**

The first sub-theme emphasizes problems and situation analysis, the second highlights possible solutions while the last helps to place the solutions in the reality perspective.

Through this conference, by promoting the sharing of knowledge and intervention models for home and community care for persons with HIV/AIDS, bringing together the stakeholders, facilitating exchange between different sectors and implementation of strategies, ensuring a better quality of life to persons living with HIV, it is this humane power that we cherish.

Objectives of the Conference

- To identify and analyze the needs, aspirations and rights of persons living with HIV/AIDS;
- To identify the problems and implement their solutions for home and community care and support for persons living with HIV/AIDS;
- To design care projects and enhance their mobilization;
- Building up partnerships and care teams between international groups, civil societies/NGOs, businesses and the community.

Conference Programme at a Glance

To follow the conference theme '***Power of Humanity***", the conference organizer has put together knowledge on **"*needs, aspirations and rights for persons living with HIV* "**on the first day, and **"*care and support for persons affected by HIV/AIDS*"** on the second day. These will prepare participants for the third day with the sub-theme of **"*Community Mobilization and Partnership Building up*"**, which epitomizes the very essence of the conference theme. Participants will be able to adapt experiences from the conference for their local situations.

For participants who arrive early, we are preparing 3 pre-conference activities of (1) Feedback and Expectations from previous conferences, (2) How to participate in this conference efficiently, and
(3) Transferring knowledge and experiences back home. These will prepare attentive participants to get the most of the conference content.

And for participants who can stay around for a while, the organizer will provide post conference workshops on monitoring and evaluation issues, and on sharing resources with experiences among countries with similar settings. These will certainly add up skills for participants who have advanced experiences and want to go some more steps further in home and community care for persons living with HIV/AIDS.

Types of Sessions

Plenary

90-minute sessions, during which invited keynote speakers will present themes of common interest to participants.

Parallel sessions: include

Lecture

Sessions on knowledge dissemination by the experts.

Oral presentations

The presentations will be selected from the abstracts submitted. Each of the speakers will have 10 minutes to make a presentation, followed by a 5-minute question period.

Symposium

A 60 to 90-minute session where a specific theme will be covered by 3 or 4 speakers. The session will be followed by discussion and comment by participants.

Workshops

A variety of workshops are being arranged to come up with new action plans and recommendations on home and community care for people living with HIV/AIDS.

Skills-building Workshops

Skills-building workshops will be organized aiming to assist participants to develop new skills, or to improve on existing skills. The workshops will focus on training delegates to transfer skills and knowledge gained into their own communities.

Rapporteur session

On the final afternoon of the Conference, a summary of the proceedings for each day will be presented. This session will summarize and synthesize the presentations and discussions made focussing on the critical issues addressed. Each day there will be a report of the highlights of the Conference in the daily newspaper.

Major activities and Satellites

Satellite Symposium

Organizations wishing to hold such sessions are requested to contact the Conference Programme Sub-committee. A listing of satellite sessions will be included in the conference programme and in the on-site programme. The Organizing Committee reserves the right to assess the relevance of satellite sessions.

Posters

These presentations, in a poster-board format, are selected among the abstracts submitted. Posters will be displayed daily from 08:00 AM until 18:00 PM. Presenters will be at their posters at set times to answer questions and provide further information on their study results.

Exhibitions

The exhibition will also be organized as part of the Conference. Exhibitors will include both private sector companies and non-profit organizations. For further information, please contact Secretariat Office.

Empowering Visits

Empowering visits will be conducted to home and community care interventions implemented by government agencies, non-government organizations, people living with HIV/AIDS (PHA) peer support groups, and community-based organisations in and outside Chiang Mai, before, during, and after the Conference. The comprehensive programme will cover visits on the following themes:

- Home visits to PHA and families
- Holistic care/alternative care for PHA
- Counselling
- Community-based care for PHA and families
- Roles of PHA volunteers in home-based care
- Care and support for children affected by HIV/AIDS
- Care and support for older persons affected by HIV/AIDS
- Care and support by the religious sector
- Systems and networks of care
- PHA groups and networks
- Welfare, income generation, and revolving funds for PHA and families
- Capacity building for PHA

The visits will enable Conference delegates to learn first-hand about current local responses to HIV/AIDS as well as exchange ideas and experiences with Thai counterparts. These will be excellent occasions for networking, learning and sharing, and mutual empowerment.

Detailed programme and pre-registration form for the empowering visits are provided in this Announcement.

Community and Cultural activities

Community activities organized by NGOs and PHAs will ensure meaningful exchanges in home and community care in Thailand and across the globe. This effort will go beyond the onference. This will ensure that the collective voice of the PHAs is heard during the conference session and in associated activities.

A one-month programme is being developed to include following activities:

- Mobile exhibition and cultural activities around Chiang Mai town starting from 1 December 2001
- Exhibition of AIDS artifacts, quilts, posters, educational medias, condoms, gifts and merchandise, films, photos, etc.
- Participation of local restaurants and shops in advertising the conference and provide a special sales campaign.
- All delegates and accompanying persons are invited to attend the opening ceremony along with the welcoming reception on 17 December 2001. Musical and cultural shows by the local and international communities will be performed.

- A cultural night will be organized on 19 December 2001. Participants will be invited to join the cultural march led by the community groups. At the center of town, participants will enjoy music, cultural performances, variety of food stalls, arts and outdoor movies.
- Expression wall: a visual expression which members of the conference can participate by filling in a wall size canvas with their expression of paints and messages. This canvas will be displayed at the stage during the closing ceremony.
- Community Service Center will be arranged to accommodate the networking of the community groups. A bi-lingual daily newspaper highlighting topics and issues of the conference will be produced and distributed.
- Pre-conference PHA community forum
- Exhibition of local wisdoms in care and support for PHA
- PHA Lounge

Discussion Forum

ProCAARE will be a main channel of information dissemination and discussion around the Conference. The ProCARRE discussion forum provides a forum for dailogue among all those invloved in providing and accessing care. The forum will integrate reports and feedback from events due to take place during 2001, preconferecne discussions on key themes on home and community based care. To join ProCAARE Forum, please visit the web at www. healthnet.org/programs/proaarre

Daily Structure of the Programme

Hours	Sunday, Dec 16			Monday, Dec 17		Tuesday, Dec 18		Wednesday, Dec 19		Thursday, Dec 20		Fri – Sat, Dec 21–22
07.00				Satellite meetings		Satellite meetings		Satellite meetings		Satellite meetings		
07.30												
08.00	Sat	E	Re									
08.30						Plenary session I		Plenary session II		Plenary session III		
09.00				Pre-conference Symposium	Registration							Empowering visits
09.30												
10.00						Break		Break		Break		
10.30						Parallel sessions	Poster presentations	Parallel sessions	Poster presentations	Parallel sessions	Poster presentations	
11.00												
11.30												
12.00				Lunch break		Lunch break		Lunch break		Lunch break		
12.30												

13.00				Opening Ceremony and Keynote lectures	Parallel sessions	Parallel sessions	Parallel sessions	
13.30								
14.00								
14.30					Break	Break	Break	
15.00					Parallel sessions	Parallel sessions	Rapporteur session	
15.30								
16.00								
16.30					Break	Break	Break	
16.45					Parallel sessions	Parallel sessions	Closing Ceremony	
17.00				Reception				
17.30								
18.00						Cultural night and Farewell Dinner		
18.15								

* Parallel sessions include lecture, oral presentations, symposium, workshop, skills building,
empowering visits

Programme Content

Tracks: A – Access to Care, treatment and support in the community
B – Stigmatization/Discrimination in the social context of care
C – Enabling/Empowering Environment as a support to care
D – Positive Living

Day 1: Needs, Aspirations and Rights – Problems and Situation Analysis

P.1 Expectations of persons living with HIV/AIDS towards care and support
P.2 Issues of concern regarding rights of PHAs, their families and care-takers, in relation to access to care and quality of life
P.3 What HIV does to human beings?

A.1 Assessing, understanding, and improving care: Problems and situation analysis
A.2 Reaching out to hard-to-reach populations in providing care: sex workers, prisoners, street children, illegal migrants workers: Part I
A.3 Assessing, understanding, and improving care: Possible solutions
A.4 Equitable access to ARV therapy
A.5 Needs of mothers and children
A.6 Needs of palliative and respite care

A.7 Needs of caretakers – including health care providers and community workers
A.8 Community contribution to TB care in high HIV prevalent areas
A.9 Alternative therapy: Part I
B.1 Confidentiality and privacy
B.2 Rights of the doubly discriminated people: Part I
B.3 Ethical and legal controversies of clinical research
B.4 Violence against women
B.5 Legal and social remedies for violation of right: Part I
C.1 Acceptance of PHAs at all levels of society
C.2 Expansion of care through service providers, family, and peer support
C.3 Social support for PHAs and family members
C.4 Challenges for care providers in the community: knowledge, skills, and attitude necessary to give care
C.5 Financing care: social and health insurance issues
C.6 Integration of HIV/AIDS into established community health promotion programs
C.7 Counseling for PHAs by PHAs
C.8 Medication for HIV/AIDS: essential drugs, strengthening health care, advocacy for generic competition
D.1 Media Workshop – Reporting on HIV/AIDS: the PWA Perspective
D.2 Nutrition and physical exercise requirement
D.3 Self acceptance and denial
D.4 Adherence and compliance to ARV/OI drugs
D.5 Public awareness of home and community care
D.6 How can communities live as one?
D.7 Self care to prevent opportunistic infection

Day 2: Care and Support – Possible solutions

P.4 Home and community care for people living with HIV/AIDS in different cultural and economic settings
P.5 What do you do if you are infected?
P.6 Support for partners, children, and the elderly

A.10 Counselling and stress management for carers
A 11 Using ARV in different contexts
A.12 Home visit: Using community members/volunteers as home visitors/carers: roles/functions, training and maintenance
A.13 Improving counseling facilities
A.14 Care for mothers
A.15 End of life issues – dealing with pain
A.16 Alternative therapy: Part II
A.17 Enabling access to care and treatment: ARV
A.18 Respecting confidentiality and privacy
A.19 Home care: Management of common symptoms at home
A.20 Reaching out to hard-to-reach populations in providing care: sex workers, prisoners, street children, illegal migrants workers: Part II
A.21 Strategies for action: implementing effective and affordable CHBC
A.22 OI treatment in resource-poor settings
A.23 End of life care
B.6 Education and the HIV-affected child
B.7 Protecting rights of participants of clinical/vaccine trial in research: Promoting care beyond the trial
B.8 Coalition efforts against discrimination
B.9 Legal and Social remedies for violation of rights: Part II
C.9 Strategic planning to link prevention and care
C.10 Information networks

C.11 Family members as caregivers
C.12 Family dynamics and caregivers
C.13 Integrating hospital and community care
C.14 Care policy
C.15 Healthy self-care/ Standards for shelter homes
C.16 Enabling cooperation among government/NGO/PHA groups and business
C.17 Roles of religious institutions for home and community Care
C.18 Caring for orphans and vulnerable children
D.8 Sexuality within the framework of care
D.9 Long-term nonprogression
D.10 Traditional medicine to normalize HIV
D.11 "Hope" messages of survival
D.12 Social support, self-help groups, peer support and solutions
D.13 Implementing Greater Involvement of PWAs
D.14 Building strategic alliance for care
D.15 Government initiatives to support home and community care
D.16 Business and religious groups supporting PWHAs

SS.1 Review of home and community care capacity and prospects

Day 3. Partnership – Making Solutions Come True

P.7 Stigmatization and cultural norms
P.8 The challenge to business
P.9 International collaboration and local response: Thinking globally, acting locally

A.24 Building up care teams to sustain care – utilizing community efforts
A.25 Care and support services for women and children
B.10 Rights of doubly discriminated people: Part II
C.19 Mobilizing local resources for care and support programmes
C.20 Workplace issues
C.21 Strategies for effective advocacy for treatment and care
D.17 Supporting dependents of PLHA by community organizations
D.18 Communities fighting discrimination/stigma

Affiliated Conference Events

In parallel with the main conference, a number of affiliated events will be held. To date, the following events have been confirmed:

Session	Organizers
Skill building on Care for Care-givers Sunday, 16 December, 2001 08:00 -13:00 hr	**Organizers:** - Health Resources and Services Administration, US Department of Health - Enhancing Care Initiative, Harvard AIDS Institute
Skill building on Health and Human Rights Monday, 17 December, 2001 O8:00-13:00 hr	**Organizers:** - **International Federation of the Red Cross and Red Crescents** - Enhancing Care Initiative, Harvard AIDS Institute - Francois Xavior Bagnoud Center for Health and Human Rights
Satellite Symposium on Prevention of mother-to-child transmission Sunday, 16 December 2001 13:30-16:30 hr	**Organizers:** - UNICEF - WHO - HIV/AIDS Collaboration, CDC
Workshop on Local Responses on TB/HIV Wednesday, 19 December, 2001 13:00-16:00	**Organizers:** - TB/HIV Research Project, RIT-JATA - Ministry of Public Health, Thailand

Abstract submissions

The Sub-committee on Selection of Abstracts cordially invites your submission of original abstracts for either oral or poster presentation.
All submissions should reflect one of the three themes of the conference:

1. ***Needs, aspirations and rights of people living with HIV/AIDS***
2. ***Care and support for people living with HIV/AIDS***
3. ***Partnership building up***

Your abstract will be selected on scientific merit and allocated to workshop, oral or poster presentations. Authors whose abstracts are selected are expected to present their work in person, and should therefore register for the Conference. All abstracts selected by the Scientific Sub-Committee will be published in the Abstract Book. Abstracts sent by fax will not be considered.

Abstract Format

Authors have two options:

Options I

Abstracts describing formal research

- Concise description of the study's objectives
- Hypothesis or description of the problem
- Methodology
- Specific results and discussion
- Implications and conclusion

Option II

Abstracts describing work other than formal research

- Brief description of the problem
- Description and results of the project
- Summary of lessons learned and implications for the future

Abstracts should be written and presented in English.

Abstract should be submitted by 31 August 2001

Please see our web-site www.hiv2001.comfor online abstract submission.

EMPOWERING VISITS PROGRAMME

The empowering visits provide delegates with first hand experiences in home and community care for people living with and affected by HIV/AIDS through the 16 fascinating programmes in Chiang Mai and Chiang Rai provinces. Visiting delegates will learn about the problems and challenges faced by communities and HIV/AIDS organizations as they strive to empower themselves and their communities towards a more just society. Visitors will meet representatives of each organization to learn about their visions and objectives in developing a nice just society as well as observe and talk to volunteers deeply involved in each organization' s community based programmes.

There is no registration fee for the half-day visits. The one-day and two-day visits (package) require a small registration fee for lunch, dinner, breakfast, accommodation and related expenses. The registration fees for the package visits are part of fundraising activities of the host groups. Programme details of the empowering visits are described at www.hiv2001.com.

Committees

National Advisory Committee

- Prime Minister, Chairperson of the National AIDS Committee (Honorary Member)
- Minister of Public Health (Chairman)
- Secretary-General, Thai Red Cross Society
- Permanent Secretary, The Prime Minister's Office
- Permanent Secretary, Ministry of Interior
- Permanent Secretary, Ministry of Public Health
- Permanent Secretary, Ministry of Labour and Social Welfare
- Permanent Secretary, Ministry of Foreign Affairs
- Director, The Bureau of Budget
- Governor, Bangkok Metropolitan
- Governor, The Tourism Authority of Thailand
- Commissioner-General, Royal Thai Police
- President, Mahidol University
- President, Chulalongkorn University
- President, Chiang Mai University
- Mr Meechai Viravaidya, UNAIDS Ambassador
- Chairperson, UN Thematic Working Group on HIV/AIDS
- WHO Representative to Thailand
- Director-General, Department of CDC, Ministry of Public Health
- Director, Thai Red Cross AIDS Research Center

International Advisory Committee

- Secretary-General, Thai Red Cross Society, Thailand (Chairman)
- Dennis Altman, Chairman, 6th ICAAP
- Paul R. De Lay, U.S. Agency for International Development, USA
- Stu Flavell, GNP+
- Lieve Fransen, Health/AIDS Unit, DG Development, European Commissions, Belgium
- Donald de Gagne, International Council of AIDS Service Organization
- Joel Gauthier-Joubaud, Sidaction
- Getachew Gizaw, International Federation of Red Cross and Red Crescents Societies
- Eric P. Goosby, Office of HIV/AIDS Policy, USA
- Vincent Habiyambere, World Health Organization/Head Quarters
- Bernard J. Lapointe, Chair of Montreal HIV95 Conference 1995
- Joan MacNeil, Family Health International
- Richard Marlink, Enhancing Care Initiative, Harvard AIDS Institute, USA Jai P. Narain, World Health Organization Regional Office for South-East Asia
- Salvatore Niyonzima, UNAIDS Secretariat
- Leigh Neal, International Community of Women Living with HIV/AIDS
- Joseph O' Neill, Health Resources & Services Administration, USA
- Jean-Marc La Piana, Chair of Paris VIH99 Conference
- Anne Petitgirard, Co-Chair of Paris VIH99 Conference
- Gilles Poumerol, World Health Organization Regional Office for Western Pacific
- Eric van Praag, Family Health International
- Thierry Saint-Marc, Chair of Lyon HIV93 Conference
- Stefan Seebacher, International Federation of Red Cross and Red Crescents Societies, Asia Regional Delegation
- Werasit Sittitrai, UNAIDS Secretariat
- Stefano Vella, International AIDS Society
- Lode Wigersma, Chair of Amsterdam HIV97 Conference
- Jack Whitescarver, Office of AIDS Research, National Institutes of Health, USA
- Brenton Wong, APN+

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Vice-Chairpersons: Deputy Permanent Secretary, Ministry of Interior
Director-General, Department of CDC, MOPH
Director, HIV/AIDS Research Center, Thai Red Cross Society
Assoc. Prof. Pinit Kullavanijaya

Members: Governor of Chiang Mai

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Dean, Faculty of Medicine, Chulalongkorn University

Dean, Faculty of Public Health, Mahidol University

Dean, Faculty of Medicine, Chiang Mai University

Dean, Faculty of Nursing, Chiang Mai University

President, Medical Council of Thailand

President, Medical Association of Thailand

President, Nursing Council of Thailand

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Director, Nursing College, Thai Red Cross

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Chairperson, Thai NGO Coalition on AIDS

Chairperson, PHA Network of Thailand

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Pawana Wienrawee

Aree Khumpitak

Director, International Convention Division, Tourism Authority of Thailand

Representative, Thai Airways International

Executive Director, Thailand Incentive and Convention Association

President, Thai Hotels Association

Duangsamorn Puntusane

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Secretariat: Laksmi Suebsaeng

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Assoc. Prof Pinit Kullavanijaya

Donald de Gagne

Salvatore Niyonsima

Stu Flavell

Sompong Chareonsuk

Laksmi Suebsaeng

Chairperson, Thai NGO Coalition on AIDS

Chairperson, Thai PHA Network

MYANMAR
(BURMA)
CHIANG
MAI
LAOS
VIENTIANE
MEKONG
RIVER
YANGON
(RANGOON)
Guccinarai
Thailand
ANDAMAN SEA
Bang Kruai
BANGKOK
Ban Laem
CAMBODIA
PHNOM
PENH
HO CHI
MINH
CITY
(SAIGON)
GULF OF
THAILAND
VIETNAM
INDIAN
OCEAN
MALAYSIA
lp
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200km

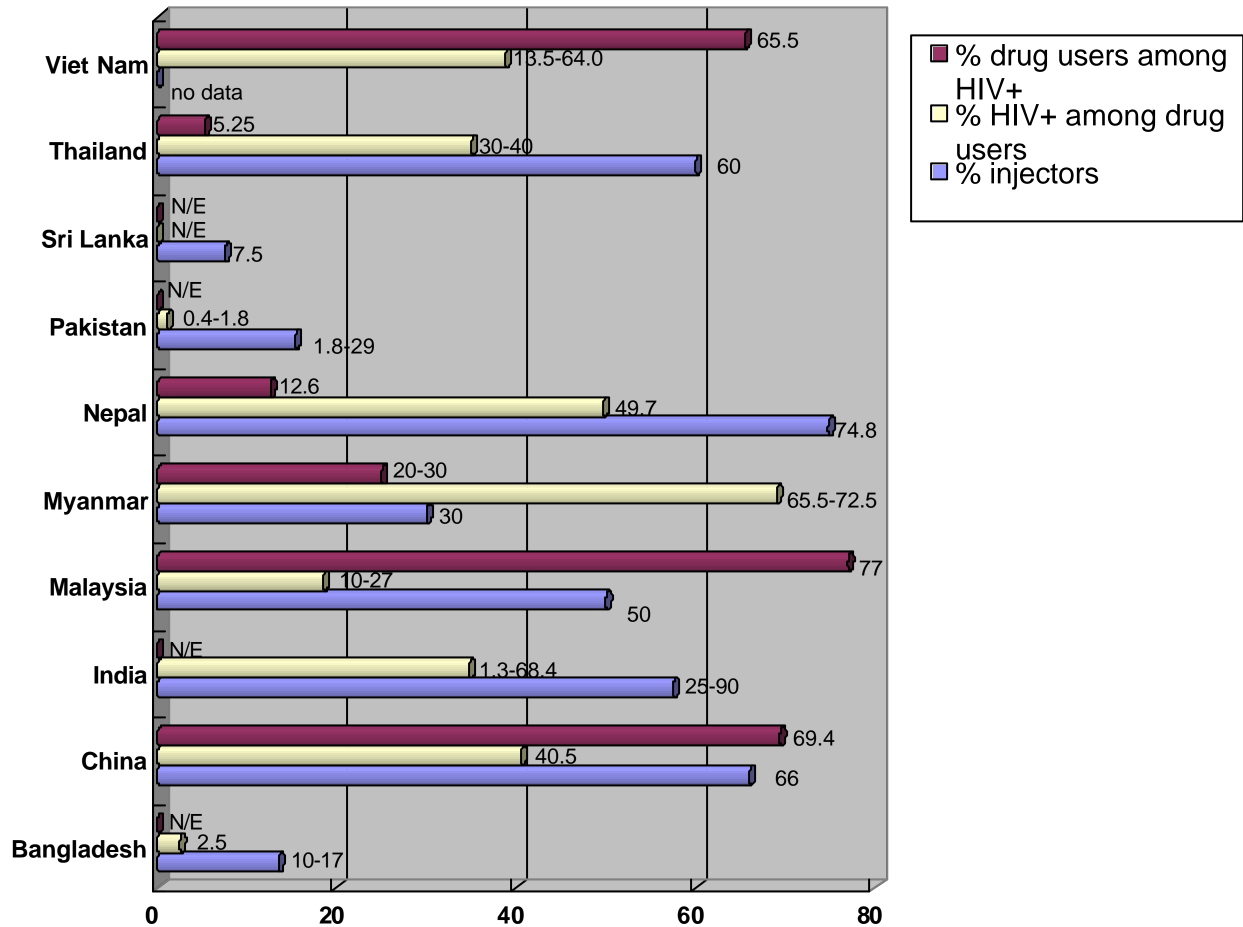
Table1: Drug use in selected countries of Asia (estimates)

Country	Drug users (000s)	Opiate users (000s)	% injectors	% drug users among HIV+	% HIV+ among drug users
Malaysia	300	200	50	77.0	10-27
Myanmar	300	majority	30	20-30	65.5-72.5
Bangladesh	500-1000	N/E	10-17	N/E	2.5
China	540	majority	66	69.4	40.5
India	2250	500	25-90	N/E	1.3-68.4
Nepal	30-50	majority	74.8	12.6	49.7
Pakistan	3000	1500	1.8-29	N/E	0.4-1.8
Sri Lanka	240	40	7.5	N/E	N/E
Thailand	1270	219	60	5.25	30-40
Viet Nam	185	majority	no data	65.5	13.5-64.0

N/E=no estimates

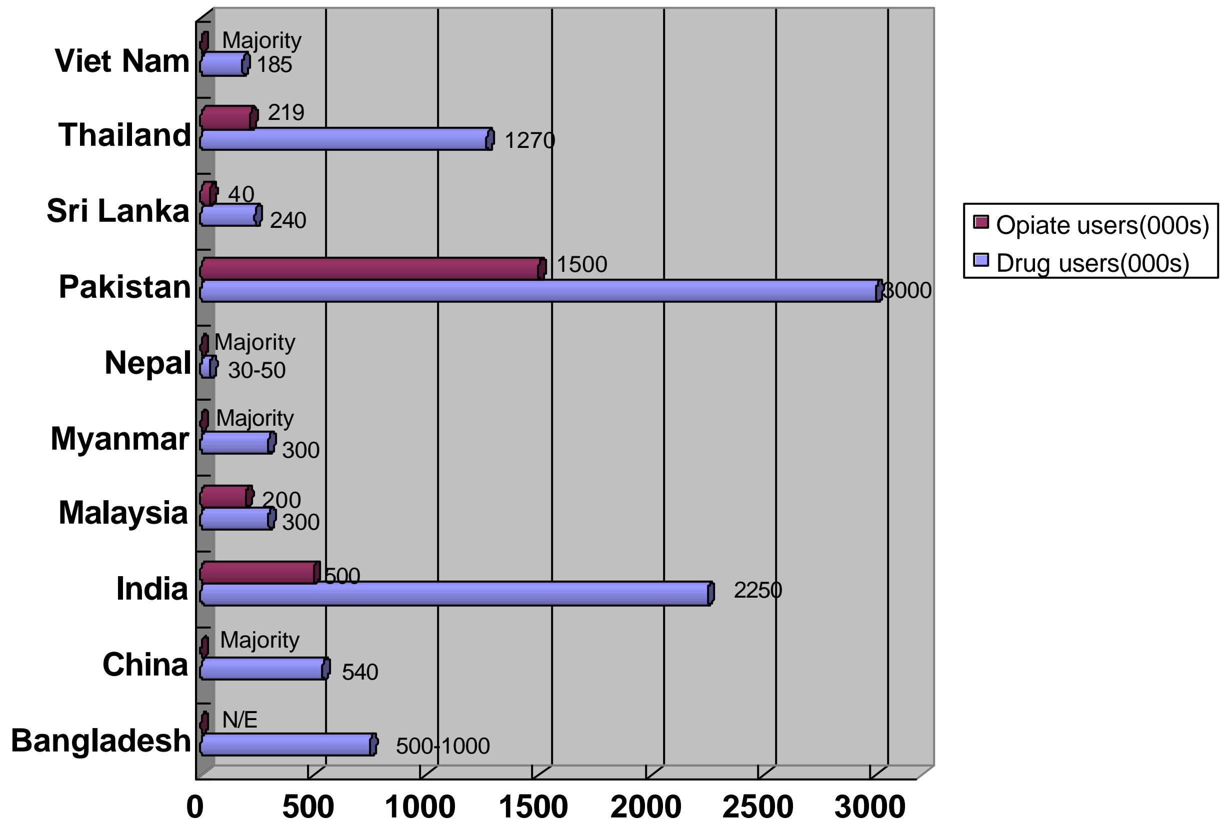
Source: Regional Task Force on Drug Use and HIV Vulnerability, Drug Use and HIV Vulnerability Policy Research Study

Figure1: Drug use in selected countries of Asia (estimates)



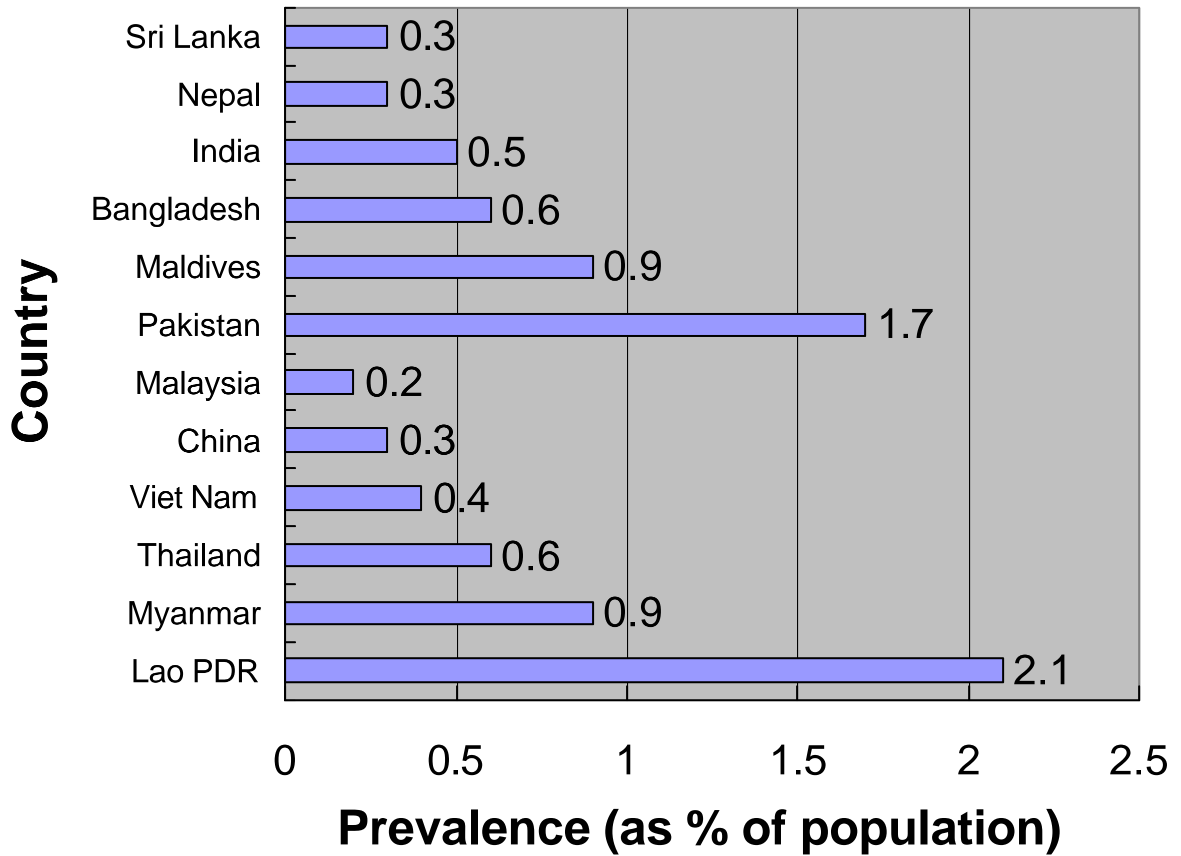
Source: Regional Task Force on Drug Use and HIV Vulnerability, Drug Use and HIV Vulnerability Policy Research Study

Figure2: Drug use in selected countries of Asia (estimates)



Source: Regional Task Force on Drug Use and HIV Vulnerability, Drug Use and HIV Vulnerability Policy Research Study

Figure 3: Prevalence of opiate use, selected countries



Source: based on UNDP, Global illicit drug trends 2000, New York, 2000

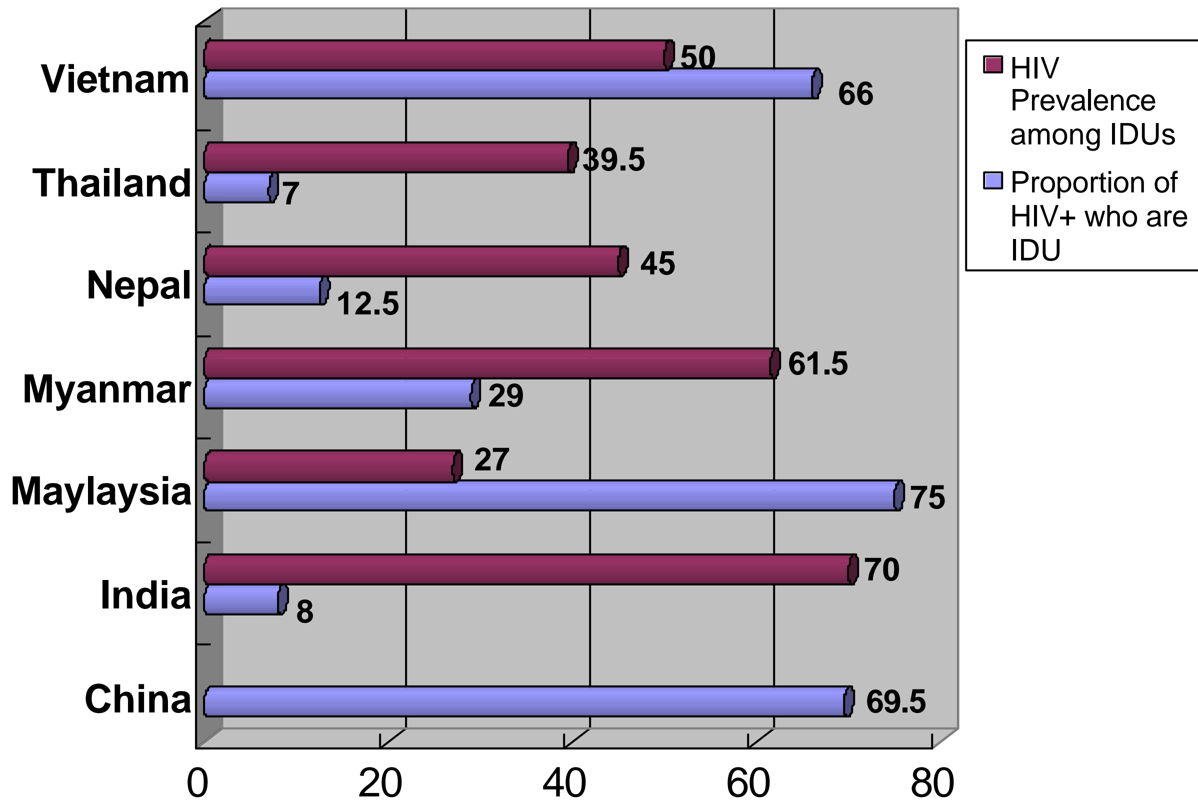


Figure4: Proportion of HIV+ in IDU's in selected countries
Vietnam
Thailand
Nepal
Myanmar
Maylaysia
India
China
50
66
39.5
7
45
12.5
61.5
29
27
75
70
8
69.5
0
20
40
60
80
HIV Prevalence among IDUs
Proportion of HIV+ who are IDU
Data source: UNAIDS 1999