Foreign Policy
at BROOKINGS

Drugs and Drug Policy in Thailand

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Improving Global Drug Policy: Comparative Perspectives and UNGASS 2016

EXECUTIVE SUMMARY

Key Findings

- Organized crime in Thailand is limited, and its drug markets are essentially non-violent.
- Thailand is an important transit point for drugs destined for countries in Southeast Asia, East Asia, and Oceania. The country shares porous, remote, and poorly controlled borders with major drug producers.
- The most significant threat to national health associated with drugs is high rates of HIV infection spread by people who inject drugs.
- Successive Thai governments have maintained the objective of making Thailand "drug free" and have focused resources primarily on law enforcement and compulsory treatment—often with negative implications for human rights—at the expense of harm reduction and more effective treatment policies.
- Paradoxically, Thailand is a model of humane drug crop suppression through alternative development, and it is one of only a handful of countries to have suppressed illicit opium production.
- Thailand is one of the more capable countries in Southeast Asia in its response to drug trafficking. Its border security and police are well-trained and fairly well-resourced, although drug-related corruption remains a problem.
- It is unlikely that Thailand will propose, or even support, more liberal reforms of the three previous United Nations drug control treaties at the 2016 Special Session of the United Nations General Assembly on the World Drug Problem. Thailand is more likely to support the status quo, and potentially even stricter supply side interventions.

Policy Recommendations

- Thailand's primary concern should be to reduce the harms associated with drug use via injection:
  - Remove legal barriers to harm reduction to reduce HIV infection rates and the spread of other infectious diseases;
  - Alter the institutional cultures of the police and medical professions; and
  - Employ media campaigns and issue proclamations by high-level politicians and state employees, both aimed at reducing the stigma attached to injecting drug users.
- Thailand should develop cost-effective and politically viable alternatives to existing compulsory treatment programs.
- The international community should support knowledge exchange on what works in treatment. International and domestic training for competent drug treatment and prevention providers should be expanded.
- To preempt an increased flow of drugs and chemicals from further regional economic integration, Thailand should impose stringent regulation on industries using precursor chemicals, and it should also take steps to scale up cooperation with its neighbors.

Introduction

Thai drug policy has tended to be very conservative and centered upon a zero-tolerance approach to users and distributors of illicit drugs.[1] While new national drug policies are announced every few years, successive governments have maintained the objective of making Thailand "drug free" and have focused resources primarily on—often repressive—law enforcement and compulsory treatment that often contravene international human rights law. Thailand has been slow to implement harm reduction or more effective treatment policies, and the actions of the police, attitudes of health workers, and existence of compulsory treatment often prevent users from accessing voluntary treatment and health and harm reduction services.

This often-abusive, zero-tolerance approach to users and distributors is paradoxically dovetailed by Thailand's strong identity as a model of humane drug crop suppression through alternative development. This briefing will explore the current trends in drug consumption, production, and trafficking before looking at the key harms and threats associated with drugs in Thailand. This will be followed by a summary of Thailand's drug policies, including the country's approach to drug treatment, harm reduction, and drug crop suppression. The briefing will conclude with some tentative recommendations for reform and thoughts on what could be expected from Thailand at the 2016 Special Session of the United Nations General Assembly on the World Drug Problem (UNGASS 2016).

Trends in Drug Production, Trafficking, and Consumption

While Thailand is no longer a major source of any illicit drug, it is an important transit point for drugs originating in other Southeast Asian states. While *yaa baa* (a mixture of methamphetamines and caffeine) is the most widely consumed drug, crystal methamphetamine use is rising. This section will explore the current trends in drug production, trafficking, and consumption.

Production

Thailand is not a major source of any illicit drug. In fact, it is one of only a handful of countries to have suppressed illicit opium production. The country was a significant source of illicit opium for several decades until the late 1990s and early 2000s. The intervention to stop farmers from producing opium centered upon an alternative development approach. A relatively small amount of opium does, however, continue to be produced in the northern highlands for local consumption by ethnic minority groups. There is limited cannabis cultivation in the northeastern and southern provinces, primarily for local consumption. Methamphetamine manufacturing is minimal but growing: the number of laboratories interdicted rose from two between 2008 and 2010, to 109 in 2011, and 84 in 2012. Most are small-scale, kitchen-type laboratories, located close to Bangkok.[2] That said, domestic methamphetamine manufacturing could increase as manufacturers move closer to the consumer, due to high

[1] The author would like to thank Vanda Felbab-Brown, Harold Trinkunas, Bradley Porter, and Emily Miller for their support and thoughtful and constructive comments on early drafts. The paper benefitted greatly from insightful discussions with Gloria Lai.

[2] Office of the Narcotics Control Board, *Thailand Narcotics Control Annual Report 2011* (Bangkok: Ministry of Justice, 2011), http://en.oncb.go.th/document/Thailand%20Narcotics%20Control%202011.pdf; United Nations Office on Drugs and Crime (UNODC), *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and Pacific* (Vienna: UNODC, 2011), http://www.unodc.org/documents/scientific/2013_Regional_ATS_Report_web.pdf; UNODC, *Global Synthetic Drug Assessment* (Vienna: UNODC, 2014), 24, http://www.unodc.org/documents/southeastasiaandpacific/2014/05/gsda/2014_Global_Synthetic_Drugs_Assessment_embargoed_Tokyo_web.pdf; U.S. Department of State, *2014 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2014), http://www.state.gov/j/inl/rls/nrcrpt/2014/; U.S. Department of State, *2013 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2013), http://www.state.gov/j/inl/rls/nrcrpt/2013/; U.S. Department of State, *2012 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2012), http://www.state.gov/j/inl/rls/nrcrpt/2012/; U.S. Department of State, *2011 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2011), http://www.state.gov/j/inl/rls/nrcrpt/2011/; U.S. Department of State, *2010 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2010), http://www.state.gov/j/inl/rls/nrcrpt/2010/; U.S. Department of State, *2009 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2009), http://www.state.gov/j/inl/rls/nrcrpt/2009/; U.S. Department of State, *2008 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2008), http://www.state.gov/j/inl/rls/nrcrpt/2008/; and U.S. Department of State, *2007 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2007), http://www.state.gov/j/inl/rls/nrcrpt/2007/.

trafficking costs and access to large stocks of precursor chemicals.

Trafficking

Thailand is an important transit point for drugs destined for countries in Southeast Asia, East Asia, and Oceania, while a small amount of the heroin that passes through is exported to North America. The country shares porous, remote, and difficult-to-control borders with major drug producers. The northern Thai-Burmese border is the smuggling hotspot: approximately 80 percent of Burmese yaa baa and heroin enter Thailand through this route. Improved security on the border, however, has increased flows through Laos into Thailand.[3] Drugs are either walked across land borders or shipped across rivers, away from formal crossing points, or concealed in vehicles at formal crossing points. Within the northern border provinces, shoot-outs between smugglers and border security are relatively common.[4] Thai airports have seized crystal methamphetamine from the Middle East and West Africa, methylenedioxy-methamphetamine (MDMA) from Europe and Canada, and small amounts of heroin from Afghanistan.[5]

Many of the overland smugglers are from ethnic groups that populate the highlands of Southeast Asia; some have been involved in smuggling for generations and are often organized by traffickers. While ethnic Chinese tend to be the most prominent traffickers in Southeast Asia, including Thailand, they are also joined by a growing number of native Thai and foreign traffickers, including, increasingly, West Africans.[6]

Since 2008, Thailand's role as a transit point for precursor chemicals has increased. It is now a major source of amphetamine-type stimulants (ATS) and heroin precursor chemicals used in Burma, and to a lesser extent Australia, Cambodia, Europe, Laos, and New Zealand.[7] While Thailand does not manufacture precursor chemicals, large amounts are imported for medicinal and industrial purposes, or smuggled into the country. The majority of those smuggled pass through airports, with the remainder coming across the southern border, primarily through the forgery of import documents or mislabeling of chemicals. The other precursors used illicitly are those that are diverted from hospitals, pharmacies, factories, and warehouses. Thailand has, however, recently started to tighten regulations after a 2012 scandal involving employees at a number of hospitals, clinics, and pharmacies who were diverting cold medicines to the black market.

Trafficking into and through Thailand will likely grow due to increased regional economic integration and improved transport links with its neighbors, such as the Kunming-Bangkok Highway linking northwest Laos, China, and Thailand, and the proposed rail links between China, India, and Thailand.

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[3] Office of the Narcotics Control Board, *Thailand Narcotics Control Annual Report 2011*; UNODC, *Transnational Organized Crime in East Asia and the Pacific: A Threat Assessment* (Bangkok: UNODC, 2013), 63, http://www.unodc.org/documents/data-and-analysis/Studies/TOCTA_EAP_web.pdf; UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*; U.S. Department of State, *2007 International Narcotics Control Strategy Report;* U.S. Department of State, *2011 International Narcotics Control Strategy Report*; and U.S. Department of State, *2014 International Narcotics Control Strategy Report*.

[4] "4 Drug Couriers Killed in Border Clash," *Bangkok Post*, January 19, 2014, http://www.bangkokpost.com/most-recent/390366/4-drug-couriers-killed-in-border-clash. Between January and May 2014, 19 smugglers were killed in four separate incidents trying to cross the Thai-Burmese border in Chiang Rai or Chiang Mai; "Thailand: Six Suspected Drug Traffickers Killed in a Gun Battle with Border Authorities in Chiang Rai," *Thai News Service*, March 12, 2014; "Thailand: Seven Suspected Drug Dealers Killed in Clash with Authorities in Chiang Rai," *Thai News Service*, April 13, 2014; and "Two Killed in Chiang Mai Drug Bust," *Bangkok Post*, April 16, 2014, http://m.bangkokpost.com/latestnews/404825.

[5] See Office of the Narcotics Control Board, *Thailand Narcotics Control Annual Report 2011;* UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*; UNODC, *Transnational Organized Crime in East Asia and the Pacific;* U.S. Department of State, *2007 International Narcotics Control Strategy Report*; U.S. Department of State, *2011 International Narcotics Control Strategy Report*; and U.S. Department of State, *2014 International Narcotics Control Strategy Report*.

[6] UNODC, *Transnational Organized Crime in East Asia and the Pacific.*

[7] UNODC, *Transnational Organized Crime in East Asia and the Pacific*; and UNODC, *Patterns and Trends of Amphetamine-Type Stimulants*.

Consumption

Yaa baa is the most widely consumed illicit drug in Thailand, and consumption appears to be increasing, including among university and secondary school students. The most popular method of ingestion is smoking, followed by oral ingestion and injecting. The next most popular drugs are cannabis and ecstasy. Heroin and opium consumption are quite low and have remained stable for some time. While consumption of crystal methamphetamine is relatively small, it is increasing: the estimated number of users doubled between 2009 and 2010, and the 2010 figure is four times that of 2006.[8] In 2013 and 2014, a significant number of smugglers were caught with both crystal methamphetamine and yaa baa, which may be indicative of the growing demand for crystal methamphetamine.

Key Harms and Threats

Aside from the usual harms associated with methamphetamine consumption (i.e., acquisitive crime, and the impact on health and wellbeing associated with consumption), the most significant threat to national health is the spread of HIV by people who inject drugs. The increased use of crystal methamphetamine is often seen as a more harmful alternative to yaa baa.

Thailand has been identified as a "high priority country" by the United Nations Office on Drugs and Crime's (UNODC) HIV Program.[9] In 2013, there were an estimated 440,000 people living with HIV in Thailand, or around 1.1 percent of the total population.[10] While cases of HIV have declined from the 1990s peak, the rate of decline began to slow from 2010 onward, and now HIV rates are rising among young people and at risk groups.[11]

The decline in HIV transmissions has been attributed to extensive prevention and treatment campaigns.[12] People who inject drugs, however, have historically been excluded from such campaigns, even though needle sharing is a major mode of transmission. In 2009, an estimated 40,300 people injected drugs.[13] In 2012, 25.2 percent of those who injected drugs lived with HIV.[14] While this is half of what it was in the mid-1990s,[15] the prevalence rate remains among the highest in Southeast Asia. Furthermore, the number of people who inject drugs is increasing, especially in southern provinces.

The high HIV rate among people who inject drugs has been linked to Thailand's tough drug laws. Incarceration of drug users into prisons and pre-trial facilities has been linked to an increase in HIV transmissions, as needle-sharing behavior becomes more common in an environment where drugs are available but needles are scarce. For example, in a sample of 689 inmates incarcerated between 2001 and 2002, just over half were injecting drug users. Of these, 49 percent had injected drugs while in prison, of which 94.9 percent had shared needles.[16]

[8] UNODC, *Patterns and Trends of Amphetamine-Type Stimulants;* UNODC, *Global Synthetic Drug Assessment*; and UNODC, *World Drug Report 2014* (Vienna: United Nations, 2014), http://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf.

[9] UNODC, *Regional Program for Southeast Asia 2014-2017* (Bangkok: UNODC, 2013), http://www.unodc.org/documents/southeastasiaandpacific/Publications/2013/SEA_RP_masterversion_6_11_13.pdf.

[10] Joint United Nations Programme on HIV/AIDS (UNAIDS), *The Gap Report* (Geneva: UNAIDS, 2014), A5 and A18, http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf.

[11] Government of Thailand, *2014 Thailand AIDS Response Progress Report: Reporting Period: 2012-2013* (Bangkok: Government of Thailand, 2013), http://www.unaids.org/sites/default/files/country/documents//THA_narrative_report_2014.pdf; and United Nations Children's Fund (UNICEF), *Thailand: Overview*, http://www.unicef.org/thailand/hiv_aids.html.

[12] See Joanne Csete et al., "Compulsory Drug Detention Center Experiences Among a Community-Based Sample of Injection Drug Users in Bangkok, Thailand," *BMC International Health and Human Rights* 11, no. 12 (2011), doi: 10.1186/1472-698X-11-12. For example, sexual transmission of HIV declined by over 80 percent between 1991 and 2001.

[13] UNODC, *World Drug Report 2014*.

[14] Government of Thailand, *2014 Thailand AIDS Response Progress Report*, 7; and UNODC, *Regional Program for Southeast Asia 2014-2017*.

[15] "HIV and AIDS in Thailand," Avert, http://www.avert.org/hiv-aids-thailand.htm.

[16] Hansa Thaisri et al., "HIV Infection and Risk Factors Among Bangkok Prisoners, Thailand: A Prospective Cohort Study," *BMC Infectious Diseases* 3, no. 25 (2003), doi: 10.1186/1471-2334-3-25.

Summary of Thailand's Drug Policies

Thai drug policy is a paradox. On one hand, it is a model for humane drug crop control, having suppressed illicit opium production through an intervention centered upon alternative development. On the other, it employs repressive policies that often contravene international human rights law—most prominently, its 2003 "war on drugs," but also the incarceration of drug users in compulsory treatment centers, and the stigmatization and abuse of users by the police.

Overall, Thai drug policy has tended to be very conservative and centered upon a zero-tolerance approach to users and distributors of illicit drugs, although often wrapped in the rhetoric that describes the user as a victim and patient, rather than a criminal. For example, the objective of the most recent drug strategy (the 2011 Kingdom's Unity for Victory Over Drugs Strategy) is "to put an end to the nation-wide spread of drug abuse," and calls for "Government officials ... to work with compassion in dealing with [drug users] and giving them a second chance to be back on track and reintegrating to their families and societies [sic]."[17] It then reaffirms that users are patients rather than criminals, "who are subject to be properly treated, given a second chance to reintegrate [into] society and provided with systematically [sic] after-care service," and that all policy be founded upon the rule of law.[18] There is, however, little new here. The 2002 Narcotics Rehabilitation Act stated that drug users should be treated as patients rather than criminals, while calling for all users to be placed in compulsory treatment centers.

Furthermore, the practice of drug control is very different from the rhetoric. In May 2014, the military junta ordered drug enforcement agencies to increase their efforts to arrest dealers, traffickers, and manufacturers, as well as motivate users to enter rehabilitation, while improving treatment services. Prison authorities, for example, were given one month to reduce smuggling "down to zero" or "face the consequences."[19] This culminated in September 2014 with 250 armed police and army personnel conducting door-to-door urine tests in Bangkok. In two hours 83 users were arrested for drug consumption, and a further 22 were arrested for drug dealing. The users were sent to compulsory treatment centers.[20]

The War on Drugs

In early 2003, Prime Minister Thaksin launched a zero-tolerance "war on drugs" in response to increased yaa baa and, to a lesser extent, heroin consumption. The objective was to make Thailand drug free by December 2003. The police and military were given quotas for the number of users, traffickers, and dealers to arrest. Rewards were provided for those who arrested above their quotas.[21] Drug users were ordered to attend drug treatment by the end of the year. Those that did not enter treatment voluntarily were imprisoned in compulsory detention centers run by the military.[22]

Community leaders were ordered to compile lists of drug users and dealers to pass onto the police. Villages were rewarded if they achieved drug free status—a policy reinstated in the 2009 Clean and Seal Program, and by the 2011 Kingdom's Unity for Victory over Drugs Strategy.[23]

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[17] Office of the Narcotics Control Board, *National Narcotics Control Policy on Kingdom's Unity for Victory Over Drugs Strategy*, http://en.oncb.go.th/file/information_policy.html. While the 2011 strategy was launched by the ousted Prime Minister, Yingluck Shinawatra, it has, so far, remained in place, and will unlikely be substantially altered, as it is simply a continuation of the status quo.

[18] Ibid.

[19] "Thailand: Army Orders Prison Officials to End Drug Trading Among Prisoners," *Thai News Service*, June 23, 2014.

[20] "Raids Target Bangkok's Addicts," *Bangkok Post*, September 10, 2014, http://www.bangkokpost.com/most-recent/431389/raids-target-bangkok-addicts.

[21] Human Rights Watch, *Thailand: Not Enough Graves: The War on Drugs, HIV/AIDS, and Violations of Human Rights* 16, no. 8 (c) (2004), http://www.refworld.org/docid/412efec42.html.

[22] Kanna Hayashi, "Policing and Public Health: Experiences of People who Inject Drugs in Bangkok, Thailand" (PhD diss., University of British Columbia, 2013), http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001570; Human Rights Watch, "Thailand's 'War on Drugs,'" news release, March 12, 2008, http://www.hrw.org/news/2008/03/12/thailand-s-war-drugs; Tassanai Vongchak et al., "The Influence of Thailand's 2003 'War on Drugs' Policy on Self-Reported Drug Use Among Injection Drug Users in Chiang Mai, Thailand," *International Journal of Drug Policy* 16, no. 2 (2005), doi: 10.1016/j.drugpo.2004.11.003.

[23] See Office of the Narcotics Control Board, *National Narcotics Control Policy*; Mark Tyndal, *Harm Reduction Policies and Interventions for Injecting Drug Users in Thailand* (Bangkok: World Bank, 2010), http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/11/04/000333038_20111104035757/Rendered/PDF/646420Revised00ion0for0IDUs00final0.pdf; and Human Rights Watch and Thai AIDS Treatment Action Group, *Deadly Denial* 19, no. 17 (c) (2007), http://www.hrw.org/sites/default/files/reports/thailand1107.pdf.

Within that year, 73,231 people were arrested, over 23 million methamphetamine pills were seized, and over 320,000 drug users surrendered to authorities for treatment (dropping later to 30,000 in 2004). The price of yaa baa pills doubled within the year and availability declined significantly.[24] This resulted in a short-term drop in consumption.[25] This limited success was outweighed by significant human rights abuses and unintended consequences felt to this day.

Significantly, an estimated 2,819 people were killed during the "war." While the police reported that most killings were the result of drug dealers silencing potential informants, or from dealers' battles with the police, human rights groups suggested that the majority were extrajudicial killings by the police or military.[26] A 2007 investigation by the interim military government suggested that half of the killings had no connection to drugs.[27] In 2009, Human Rights Watch reported that there had been few prosecutions, even fewer convictions, and that many officers implicated in murder and torture had even been promoted.[28] Furthermore, several reports of false confessions extracted through torture appeared.

The threat of imprisonment, torture, and death pushed users further underground. This resulted in more dangerous consumption patterns, such as needle sharing and hurried injections, and a reduction in people presenting themselves for HIV treatment.[29] The abuses were a direct result of the quota system and the strategy. Prime Minister Thaksin "openly pushed police to adopt unlawful measures against drug traffickers."[30] For example, in a speech on January 14, 2003, he stated, "You must use [an] iron fist against drugs traffickers and show them no mercy. Because drug traffickers are ruthless to our children, being ruthless back to them is not a bad thing ... If there are deaths among traffickers, it is normal."[31] The policy was widely condemned by domestic and foreign human rights groups, including Human Rights Watch, the United Nations (UN) Human Rights Committee, and the U.S. Department of State in their 2003 country reports on human rights. However, Thailand has continued to implement smaller zero-tolerance campaigns, with similar pronouncements as the above. In 2008, for example, the "war on drugs" was reinstated, with Thailand's interior minister Chalerm Yubamrung stating that the crackdown would continue even if "thousands of people have to die."[32]

Drug Treatment

Treatment is currently provided in three settings: community outpatient treatment, compulsory treatment centers, and treatment in prisons. In 2010, 60 percent of patients (approximately 102,291 people) were treated in 98 compulsory treatment centers, 25 percent were treated in community outpatient

[24] U.S. Department of State, *2003 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2004), 328, http://www.state.gov/j/inl/rls/nrcrpt/2003/index.htm; and U.S. Department of State, *2005 International Narcotics Control Strategy Report* (Washington, DC: U.S. Department of State, 2005), 357, http://www.state.gov/j/inl/rls/nrcrpt/2005/index.htm.

[25] Paiboon Daosodsai et al., "Thai War on Drugs: Measuring Changes in Methamphetamine and Other Substance Use by School Students Through Matched Cross Sectional Surveys," *Addictive Behaviors* 32, no. 8 (2007); and Vongchak et al., "The Influence of Thailand's 2003 'War on Drugs.'"

[26] Human Rights Watch, *Thailand: Not Enough Graves*; and Human Rights Watch, "Thailand's 'War on Drugs.'"

[27] Human Rights Watch and Thai AIDS Treatment Action Group, *Deadly Denial*; Human Rights Watch, "Thailand: Convictions of Police in Drug Campaign Abuse a 'First Step,'" December 14, 2009, http://www.hrw.org/news/2009/12/14/thailand-convictions-police-drug-campaign-abuse-first-step.

[28] Human Rights Watch, "Thailand: Convictions of Police."

[29] Human Rights Watch, *Thailand: Not Enough Graves*; Human Rights Watch, "Thailand's 'War on Drugs'"; Pajongsil Perngmark, Suphak Vanichseni, and David D. Celentano, "The Thai HIV/AIDS Epidemic at 15 Years: Sustained Needle Sharing Among Southern Thai Drug Injectors," *Drug and Alcohol Dependence* 92, no. 1-3 (2008), doi: 10.1016/j.drugalcdep.2007.07.014; and Vongchak et al., "The Influence of Thailand's 2003 'War on Drugs.'"

[30] Human Rights Watch, "Thailand: Convictions of Police."

[31] Ibid.

[32] Nopporn Wong-Anan, "Thai PM Vows 'Rigorous' War on Drugs Despite Outcry," *Reuters,* February 22, 2008, http://www.reuters.com/article/2008/02/22/us-thailand-drugwar-idUSBKK14639420080222.

treatment, and the remaining 15 percent in prison.[33] Treatment provision remains limited and of poor quality.

Consumption and possession of drugs are criminal offenses in Thailand. If the accused is arrested in possession of less than 100 mg of heroin, 500 mg of methamphetamine, or five grams of marijuana, a judge can forward the case onto a committee composed of criminal justice and medical personnel. The committee assesses whether the accused is a user or an addict: those deemed users are usually treated as outpatients, and those deemed addicts are detained in compulsory treatment centers. While the accused can apply for bail, the majority remain in pre-trial detention for the maximum 45 days while their case is assessed. Failure to abstain during or after treatment can result in prosecution.[34]

Compulsory treatment centers are often run by the military. Most users stay for around three to six months, although the detention period can be extended upon review. Treatment is often focused on intensive physical exercise, vocational training, therapeutic community group discussions, and lectures on how drugs are bad. Human rights groups have reported cruel, inhuman, and degrading punishments for breaking the rules or trying to escape. In addition, addicts are often forced to withdraw from drugs at pre-trial facilities, which are often poorly equipped to care for detoxifying addicts.[35]

A number of studies have reported that relapse rates tend to be high, as the centers fail to address underlying problems through psychological or social programs. One such study has said, "The staff are largely unqualified to deal with drug dependency, and there is no attempt at providing any care following release."[36]

Harm Reduction

Thailand has been slow to implement harm reduction practices. Its coverage of clean needles is one of the lowest in Asia. While the government aims to annually distribute 88 sets of clean needles per user, in 2013 just 12.02 sets of needles per user were distributed, up from 9.79 in 2011.[37] This is significantly lower than the regional median of 116 and the Joint United Nations Program on HIV and AIDS' (UNAIDS) recommended minimum level of 200.[38] Furthermore, there are very few needle exchanges. Just 38 sites operated in 2013, down from 49 in 2010, with the majority based in Bangkok.[39]

While methadone has been available for opiate substitution therapy since 2000, treatment coverage has historically been low and largely limited to Bangkok.[40] Nonetheless, some pilot projects have been initiated in remote areas of northern Thailand and coverage is increasing. In 2013, there were 147 sites providing opiate substitution therapy, up from 49 in 2009.[41] The majority of methadone is provided to assist detoxification programs lasting approximately 45 to 90 days. Long-term methadone maintenance can only be given after three failed attempts at abstinence. While methadone for detoxification is free, long-term maintenance is not subsidized and therefore can be expensive.[42]

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[33] Office of the Narcotics Control Board, *Thailand Narcotics Control Annual Report 2011*, 33.

[34] Richard Pearshouse, *Compulsory Drug Treatment in Thailand: Observations on the Narcotic Addict Rehabilitation Act I B.E. 2545 (2002)* (Toronto: Canadian HIV/AIDS Legal Network, 2009), http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1429; and Joanne Csete et al., "Compulsory Drug Detention Center Experiences."

[35] Pearshouse, *Compulsory Drug Treatment in Thailand.*

[36] Tyndal, *Harm Reduction Policies*; and Csete et al., "Compulsory Drug Detention Center Experiences."

[37] Government of Thailand, *2014 Thailand AIDS Response Progress Report*, 35; see also World Health Organization (WHO), *A Strategy to Halt and Reverse the HIV Epidemic Among People who Inject Drugs in Asia and the Pacific: 2010–2015* (Switzerland: WHO, 2010), http://www.unodc.org/documents/southeastasiaandpacific/2010/07/hiv-strategy/Harm_Reduction_Strategy_Asia_Pacific.pdf.

[38] UNAIDS, *The Gap Report*, 71.

[39] Government of Thailand, *2014 Thailand AIDS Response Progress Report;* see also WHO, *A Strategy to Halt and Reverse the HIV Epidemic.*

[40] Nadia Fairbairn et al., "Factors Associated with Methadone Treatment Among Injection Drug Users in Bangkok, Thailand," *Journal of Substance Abuse Treatment* 43, no. 1 (2012), doi: 10.1016/j.jsat.2011.10.022.

[41] Government of Thailand, *2014 Thailand AIDS Response Progress Report*, 35.

[42] Fairbairn et al., "Factors Associated with Methadone Treatment"; and Tyndal, *Harm Reduction Policies*.

There are a number of barriers in accessing needle exchanges and opiate substitution therapy. First, drug consumption remains a crime, and the distribution of needles has been interpreted as promoting drug use. Second, service providers often hold negative attitudes toward people who inject drugs. As such, many health care providers have been slow to promote needle exchanges.[43] Third, there tends to be a high police presence and harassment of users and workers at treatment and harm reduction sites: 25.5 percent of 435 people who inject drugs reported avoiding healthcare due to the threat of compulsory treatment.[44] Some public hospitals and clinics have shared information about patients with the police. Human rights groups have identified widespread use of cruel, inhumane, and degrading treatment of individuals during arrest, at pre-trail detention, and while incarcerated. For example, 37 percent of a sample of 639 people who inject drugs in Bangkok reported being beaten or, less often, tortured by the police, often to coerce them into admitting to false charges. In addition, extrajudicial killings by the police during the 2003 "war on drugs" have instilled mistrust and a fear that is hard to shake off.[45] In short, as one study has put it, "Within the current environment in Thailand, there is very little reason to come forward for addiction-related services, when the prospect for compulsory treatment and/or imprisonment is the likely outcome."[46]

Opium Suppression[47]

Thailand is one of a small handful of countries to have largely stopped farmers from growing opium. After decades of cultivation, Thailand succeeded—after initial policy experimentation and false moves—in suppressing production in the late 1990s and early 2000s through a policy centered primarily on alternative development, which addressed the structural drivers of opium farming. Alternative development was supported by law enforcement (primarily negotiated eradication) and sequenced after state extension and the resolution of the highland insurgency.

Opium production in Thailand remained a cottage industry until the 1950s when, in response to the removal of Chinese, Indian, and Iranian opium from the global market, production increased throughout Southeast Asia. While production was officially prohibited in Thailand in 1959, a combination of weak authority and high-level connivance with the opiate trade facilitated an increase in production, peaking in 1970 at 200 metric tons, from the cultivation of over 10,000 hectares.[48] But by 2002, UNODC had declared Thailand "poppy-free." Between the peak of production in 1970 and 2010, production declined by 98 percent. Due to the emphasis on alternative development over law enforcement, the Thai-state intervention has generally had a positive impact on opium farming communities.

In 1965-66, Thailand took a first step toward suppressing opium with a socio-economic survey of highland opium farmers. The survey found that farmers were willing to cease opium production in exchange for alternative incomes. While the Thai military had, between 1960 and 1968, employed repressive law enforcement techniques against producers in areas with high communist insurgent activity, by 1968 politicians began to see coercion as counterproductive to counterinsurgency objectives. As such, Thailand began administering limited development

[43] Government of Thailand, *2014 Thailand AIDS Response Progress Report*; Kit Yee Chan et al., "Stigmatization of AIDS Patients: Disentangling Thai Nursing Students' Attitudes Toward HIV/AIDS, Drug Use, and Commercial Sex," *AIDS and Behavior* 12, no. 1 (2008); and Human Rights Watch and Thai AIDS Treatment Action Group, *Deadly Denial.* Some health care providers have reported needle exchanges as "immoral," "not Thai," or as "encouraging drug use" (and thus illegal).

[44] Thomas Kerr et al., "The Impact of Compulsory Drug Detention Exposure on the Avoidance of Healthcare Among Injection Drug Users in Thailand," *International Journal of Drug Policy* 25, no. 1 (2014): 172, doi: 10.1016/j.drugpo.2013.05.017.

[45] Hayashi, *Policing and Public Health*; and Tyndal, *Harm Reduction Policies.*

[46] Tyndal, *Harm Reduction Policies.*

[47] This section is a brief summary of findings from a chapter in James Windle, *Suppressing the Poppy: A Comparative Historical Analysis of Successful Drug Control* (London: I.B.Taurus, forthcoming).

[48] Cultivation peaked in 1965 at around 18,000 hectares, however, the level of production was lower than in 1970.

aid and constructing roads to expose the highlands. In 1969, King Bhumibol Adulyadej initiated a highland development project, with the primary objective of improving the welfare of highland opium farmers. A joint Thai-United Nations administered project followed in 1971. These two early projects established a foundation of knowledge of highland issues and agriculture, best practices in administrating highland development, and relationships of mutual trust between the state and isolated highland peoples.

A number of development projects were administered in the 1970s that brought modern agriculture, market access, and social services to highland communities. The projects gradually grew in sophistication, from narrow crop substitution to what is now termed alternative livelihoods.

In order to allow space for rural development, laws prohibiting opium were seldom enforced before 1983. Law enforcement centered upon eradicating crops once farmers had access to alternative livelihoods; arrests and punishment of farmers remained minimal throughout the intervention.

In general, eradication campaigns began with surveys to establish the extent of cultivation. The military then collated information on individual farmers, the geography of the area, and the activities of village leaders. The majority of eradication tended to be negotiated. For example, the state would use levers such as offering favorable treatment when applying for Thai citizenship; this allowed farmers to enter the formal economy and trade beyond their villages. As schedules for development and eradication were often negotiated with communities at the beginning of development projects, communities tended to be warned, sometimes years in advance, of forced eradication. Eradication was conducted manually, using cutting tools or sticks, and tended to be humane. To avoid impoverishing farmers, the Third Army supplied basic emergency relief after the first eradication. Between 1986 and 2008, approximately 60 percent of all cultivated opium had been eradicated.[49]

The environment in Thailand, however, was uniquely auspicious. The intervention was built upon a foundation of sustained national and northern provincial economic growth from the early-1950s. As the majority of development funding came from within Thailand, the growing economy represented not only an inflated consumer market for highland goods, but also provided the Thai government and non-governmental organizations with sufficient resources for long-term projects. The burgeoning tourist trade had a significant impact. Furthermore, highland farmers were aware that increasing population density and traditional forms of farming had reduced the sustainability of highland agriculture and thus actively sought alternative incomes. As such, acquiescing to opium suppression was perceived by many farmers as within their best-interest, especially as the risk of eradication became more viable.

In sum, the Thai-state intervention can be characterized as one of state extension through alternative development, national (non-opium) rural development, and—during the 1990s—private investment facilitated by sustained economic growth and political stability. While the impact of early crop substitution projects on farmers' livelihoods may have been somewhat shallow, they were as significant to state extension as to later alternative development projects as they helped to build positive relationships between farming communities and the state. Furthermore, from 1985 onward, Thailand possessed the capabilities to eradicate crops, establishing a high-risk environment for opium cultivation. Thailand's success boils down to the establishment of state authority in formerly isolated areas and the extension of incentives to farmers, followed by the creation of a high-risk environment for illicit drug crop cultivation and production.

[49] To prevent an increase in opium production, the Thai Office of Narcotics Control Board continues to conduct year-round surveillance in Northern Thailand and coordinates with the Third Army to eradicate identified opium poppies.

Trafficking Counter-Measures

In terms of counter-trafficking, Thailand is one of the more capable countries in Southeast Asia. Its border security and police are well-trained and fairly well-resourced. Counter-trafficking does, however, suffer some major limitations. During the 1950s, the Thai military developed a symbiotic relationship with anti-communist insurgent groups engaged in heroin manufacturing and distribution along the Thai-Burmese border. While Thailand, supported by the U.S. and European states, began interdicting traffickers during the mid-1970s, the military continued to support traffickers operating within border regions. Toward the end of the 1970s, however, the Thai media began reporting high-level connivance between the military and traffickers, while the Thai government began viewing such client groups as security threats—especially the Shan United Army. From the 1980s onward, this resulted in the military and police prosecuting traffickers and interdicting laboratories—often through aerial bombings and military assaults.

Nonetheless, drug-related corruption remains a problem, which, together with porous and difficult-to-control borders, limits the effectiveness of border security. As such, the majority of seizures and arrests take place inland, instead of at the border. Interdiction has registered some recent success in the northern border areas, motivating many smugglers to avoid this region and instead tranship heroin and yaa baa across the eastern border through Laos. Thailand continues to work closely with U.S. law enforcement. The U.S. State Department has called Thailand, "among the most effective and cooperative partners of the United States in Southeast Asia."[50] While regional cooperation among the countries of the Greater Mekong is improving, it has been insufficient; and Thailand has repeatedly called for increased collaboration among the member states of the Association of Southeast Asian Nations (ASEAN), including for the establishment of an ASEAN police agency that would be tasked with a counter-narcotics mandate.

Recommendations for Reform

Thailand has historically relied on punitive measures to reduce both supply and demand. While new national drug policies are announced every few years, successive governments have focused resources primarily on law enforcement and compulsory treatment, at the expense of harm reduction and more effective treatment policies. The actions of the police, attitudes of health workers, and existence of compulsory treatment often prevent users from accessing voluntary treatment and health and harm reduction services. Thailand has, however, been effective in its suppression of illicit opium cultivation, and—while limited by various constraints—its police and border security are some of the better-resourced and trained in the region.

Given that Thai drug markets are essentially non-violent (with the exception of border clashes) and that drugs currently pose principally a public health problem, Thailand's primary concern should be to reduce the harms associated with injecting drug use. To reduce HIV infection rates and the spread of other infectious diseases, Thailand should adopt the following measures:

- Expand methadone maintenance. The provision of methadone maintenance and other opiate substitution therapy has strong evidence of effectiveness in terms of reducing harms and, in combination with other treatments, especially psychosocial services, can be effective in reaching abstinence. It is cost-effective in relation to other treatment options.[51]
- Expand needle-exchange programs. There is strong evidence that needle-exchange programs improve drug users' health and benefit the wider community by reducing the spread

[50] U.S. Department of State, *2014 International Narcotics Control Strategy Report*, 295.
[51] John Strange et al., "Drug Policy and the Public Good: Evidence for Effective Interventions," *The Lancet* 379, no. 9810 (2012): 71-83, doi: 10.1016/S0140-6736(11)61674-7.

of HIV.[52] This will require the legalization of needle distribution.

That said, the effectiveness of harm reduction and treatment interventions is limited if people are unwilling to engage for fear of arrest and incarceration, as well as subsequent torture or degrading or inhumane treatment. As such, the barriers to treatment entry should be lessened. To do so:

- The police—and other state employees—should be trained in harm reduction techniques and made aware of what services are available. This will need to be conducted in conjunction with media campaigns and proclamations by high-level politicians and state employees aimed at reducing the stigma attached to injecting drug users among the police, medical profession, and general public. At a minimum, politicians should refrain from issuing statements that demonize drug users. The overall aim of these policies will be to remove barriers to treatment erected by a prevalent culture which views forced detoxification as the only means of reducing the harms associated with drug use.
- The state should close compulsory treatment centers. The available evidence suggests that compulsory treatment centers are abusive and ineffective in terms of reaching the goals of harm reduction and abstinence. In fact, the centers may actually spread HIV. However, centers are unlikely to be removed without alternatives in place. Thailand must be presented with cost-effective and politically viable alternatives. As such, the international community should support knowledge exchange on what works in treatment. International and domestic training for competent drug treatment and prevention providers should be expanded. This could perhaps include training and visits to treatment centers in Europe and the United States.

While the key harms and threats associated with illicit drugs in Thailand are primarily public health issues, the country remains a significant transit point for drugs produced in Southeast Asia, and further regional economic integration will likely increase the flow of drugs through the country. While one of the more effective states in Southeast Asia at conducting counter-narcotics operations, Thailand does have some weak points which make it vulnerable to traffickers, including its long and poorly controlled border, high levels of corruption within law enforcement and border security, and poorly regulated control of precursor chemicals. As such, Thailand should:

- Promote more stringent regulation to control industries using precursor chemicals, as a means to control ATS manufacturing in neighboring states and to prevent a potential increase in domestic manufacture; and
- Take steps to reduce corruption and scale-up cooperation with its neighbors.

Such reforms will likely be met with resistance from the police, local authorities, and the government. International criticism of compulsory treatment centers has opened up some debate within the drug-policy agencies, although they remain popular with the public. The 2011 national drug strategy's pronouncement of compassion for drug addicts and adherence to the rule of law are steps in the right direction. Changing the institutional cultures of the police and health services, however, will take time. Pronouncements from high-level politicians accepting harm-reductionist principles, rather than calling for the death of dealers, would also be an important step in the right direction. However, as the punitive measures are popular with the general public and media, Thailand will likely be slow to adopt and implement such important policy reforms. Educating the Thai public about the high costs of the current policies will help move policy in the right direction. Furthermore, the fact that Thailand was able to implement a pragmatic, humane,

[52] Ibid.

and very successful opium suppression policy that did not demonize opium farmers could be promoted as an example of what can be achieved in demand and harm reduction. And the fact that the policy has remained popular among the public, the media, and politicians is encouraging.

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Thailand remains a hard-line prohibitionist state. Members of the influential royal family remain committed to a "drug free" Thailand. An editorial in *The Nation*, a somewhat conservative Thai newspaper, reported, "For most governments, including Thailand's, tough talk and zero-tolerance of narcotics continue to dominate the mindset of policymakers. This is mainly because they refuse to explore more sensible approaches out of fear that voters will view them as weak."[53] Another editorial suggested, "Thailand has yet to reach a stage of maturity where difficult topics like sales of marijuana can even be debated."[54] While these editorials demonstrate the extent of resistance within politics to reform, they also suggest that there may be some support for reform among the readers of *The Nation*, who typically are middle to upper class, English-speaking Thais.

There has been some debate for legalizing kratom, a very mild stimulant consumed primarily in the country's southern areas. This is a position supported by the Thai Office of the Narcotics Control Board. In fact, the former Minister for Justice argued in 2013 that kratom was less harmful than coffee and if legalized could be used as an alternative to methadone.

Thailand has developed a strong identity of being supportive of humane drug crop suppression. As such, it will likely draw upon its own experiences to argue that opium and coca suppression is possible, and that this can be achieved humanely.

At the UNGASS 2006 on HIV/AIDS, Thailand acknowledged, "little has been done to address [the] specific challenges" of supporting people who inject drugs. It promised to "act quickly" to scale up harm reduction practices aimed at reducing HIV.[55] While Thailand is some way off from achieving these promises, similar pronouncements are likely in 2016.

The calls for compassion toward drug users and the language describing them as patients rather than criminals, used in Thailand's 2011 drug strategy, are largely rhetorical. They are, however, likely to be the terms used again in 2016. That is, Thailand will call for compassion toward drug users—and opium/coca farmers—and strict punitive action against dealers, traffickers, and manufacturers. In practice, however, Thailand continues to treat users with little compassion and as criminals continue to be arrested and incarcerated, as means for forcing abstinence.

In short, it is unlikely that Thailand would propose, or even support, more liberal reforms of the three previous UN drug control treaties. Indeed, it is more likely to support the status quo and potentially even stricter supply side interventions, especially as punitive measures tend to receive strong support from the general public. That said, it is likely to promote the use of alternative development approaches to drug crop control over forced eradication or bans. Regardless of its position, the language used will likely be wrapped in compassionate rhetoric toward users.

Conclusions

This briefing has demonstrated some of the paradoxes inherent in Thai drug policy. Thailand implemented a popular, effective, and humane intervention to suppress illicit opium production, yet interventions against drug users have contravened Thailand's obligations under international human rights law,

[53] "Time to Declare Truce in 'War on Drugs,'" *Nation*, May 23, 2014, http://www.nationmultimedia.com/opinion/Time-to-declare-truce-in-war-on-drugs-30234348.html.
[54] "Tricky Issues Always Left in the Too-Hard Basket," *Nation*, January 5, 2014, http://www.nationmultimedia.com/opinion/Tricky-issues-always-left-in-too-hard-basket-30223495.html.
[55] Human Rights Watch and Thai AIDS Treatment Action Group, *Deadly Denial*, 2.

while being largely ineffective and counterproductive as public health policy. Furthermore, strategies call for users to be treated compassionately and as patients, while users are instead routinely arrested for consumption and possession, abused by the police, and placed in compulsory treatment centers. These practices and policies, together with the stigma attached to being a drug user, erect significant barriers to accessing voluntary treatment and healthcare services, and promote risky drug consumption patterns.

The case of Thailand provides several lessons for other states by demonstrating how repressive law enforcement and compulsory drug treatment can present barriers to effective treatment and harm reduction; how illicit drug crop cultivation and production can be suppressed in a humane way that sequences alternative development before law enforcement; and how drug crop suppression is a long-term commitment that requires, first and foremost, the extension of the state into isolated areas.

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