

THAILAND

NOT ENOUGH GRAVES:

The War on Drugs, HIV/AIDS, and Violations of Human Rights

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I. SUMMARY

Why do you have to kill people? . . . It's better to help drug users find ways to change their behavior instead of killing them. There are not enough graves to bury us all.

—Odd Thanunchai, twenty-six, a recovering heroin user in Chiang Mai

A violent state-sponsored “war on drugs” is jeopardizing Thailand's long struggle to become one of Southeast Asia's leading rights-respecting democracies. Officially launched in February 2003, the government crackdown has resulted in the unexplained killing of more than 2,000 persons, the arbitrary arrest or blacklisting of several thousand more, and the endorsement of extreme violence by government officials at the highest levels. In the process, Thailand's fight against human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), for which it has received international praise, has been severely undermined by a climate of fear that has driven injection drug users, in particular, underground.

Upon taking office in February 2001, Prime Minister Thaksin Shinawatra declared the “prevention and suppression” of narcotic drugs as one of his top priorities. He pledged that the government would strictly enforce drug trafficking laws and remove legal and other barriers to drug treatment and rehabilitation. Despite his rhetorical commitment to humane responses to Thailand's drug problem, Thaksin's anti-drug campaign quickly evolved into a violent and murderous “war on drugs.” Beginning in February 2003, the Thaksin government instructed police and local officials that persons charged with drug offenses should be considered “security threats” and dealt with in a “ruthless” and “severe” manner. The result of the initial three-month phase of this campaign was some 2,275 extrajudicial killings, which the government blamed largely on gangs involved in the drug trade; arbitrary inclusion of drug suspects on poorly prepared government “blacklists” or “watchlists;” intimidation of human rights defenders; violence, arbitrary arrest, and other breaches of due process by Thai police; and coerced or mandatory drug treatment.

This report gives special attention to unlawful state practices in the war on drugs against suspected drug users and their effect on drug users' ability to seek and gain access to HIV/AIDS services. Human Rights Watch found that one consequence of the war on drugs was to drive countless drug users into hiding and away from what few services existed to help protect them from HIV. Interviews with peer educators and outreach workers revealed that drug users who had previously sought services were living in hiding, sometimes in the mountains in northern Thailand, where even their peers could not find them. A researcher who had helped to recruit hundreds of drug users for a

study of HIV prevention said that over three quarters of them disappeared when the drug war began. Of those who were surveyed during the drug war, some reported increased syringe sharing (and associated HIV risk) due to reduced availability of sterile syringes.

The climate of fear created by extrajudicial killings and “blacklisting,” which caused many drug users to go into hiding, was reinforced by arbitrary arrests and other human rights violations by Thai police. Numerous persons who were arrested told Human Rights Watch that police had planted drugs in their pockets, forced them to sign false confessions, or threatened to arrest them simply for not being enrolled in drug treatment. In an effort to fill arrest quotas, police frequently—and sometimes violently—pinned drug trafficking charges on people they knew to have a history of drug use.

Arrested drug users frequently spent time in pre-trial detention or prison, where heroin was available and syringe sharing was rampant, but where drug rehabilitation and HIV prevention programs were wholly inadequate. Drug users reported sharing makeshift syringes in Thai prisons with dozens of fellow inmates. Prison officials did not provide inmates with information about HIV and other blood-borne infections or access to HIV prevention services. A 2002 survey of 1,865 Thai drug users found that HIV prevalence rates were almost twice as high among males who had been incarcerated as among males who had not.

Despite a widespread perception that injected heroin is no longer a drug of choice in Thailand, injection drug users number anywhere from 100,000 to 250,000 in the country according to available estimates. The sharing of blood-contaminated syringes is a remarkably efficient way to spread HIV and other blood-borne viruses. An estimated 40 percent of injection drug users in Thailand are living with HIV/AIDS, the same figure as in 1988 when an explosive HIV epidemic first appeared among heroin users in Bangkok. Drug users are projected to account for 30 percent of new HIV infections in Thailand by 2005, a higher percentage than any other group.

Thailand enjoys an international reputation as a “best practice” model in the fight against AIDS, principally because of its successful “100 percent condom” campaign in the 1990s. With respect to drug users, however, the Thai government has rejected similarly effective HIV prevention programs in favor of policies of arbitrary arrest, mass incarceration, and forced drug treatment. Syringe exchange, a strategy recommended by the World Health Organization (WHO) that allows drug users to exchange blood-contaminated syringes for sterile ones, is opposed by the Thai government despite its

proven track record in reducing HIV transmission without increasing drug use. Methadone, a prescription drug that reduces heroin craving and its associated risks, is severely limited in Thai drug treatment centers. An estimated 1 percent of Thai drug users were receiving HIV prevention services as of February 2004, including those who obtained condoms through the 100 percent condom program.

Throughout the war on drugs, the Thai government at the highest levels encouraged violence and discrimination against anyone suspected of using or trafficking narcotic drugs. At the outset of the war on drugs, Prime Minister Thaksin sought to distinguish between drug users, who he said should be treated as “victims” and “patients,” and drug traffickers, who were to be harshly punished. In practice, drug users along with drug traffickers became the targets of state-sponsored killings and ill-treatment. Many drug users were coerced into treatment during the drug war under fear of arrest. Those who enrolled were given substandard treatment, often consisting of military-style drills in hastily established treatment “boot camps.” Outside of treatment, drug users shared accounts of discrimination in hospitals and other public institutions, and exclusion from government-sponsored HIV/AIDS treatment programs.

The clearest outcome of the war on drugs was not to curb Thailand’s illegal drug trade, but simply to make it more dangerous. Most drug users interviewed by Human Rights Watch reported continuing to use heroin or methamphetamines during the drug war, albeit at a higher cost and less frequently. Treatment experts noted that many of those who reported to drug treatment in early 2003 were not drug users at all, but rather people who feared for their lives because they were suspected of drug involvement. Many of those named on government “blacklists” and “watchlists” had been mistakenly included or reported by personal rivals. For this futile exercise in drug control, thousands of Thais have paid a high price. While Thailand’s human rights record may yet improve, those who lost their lives as a result of the war on drugs—whether from a bullet or a shared syringe—will never recover.

II. RECOMMENDATIONS

To the government of Thailand:

Cease and publicly repudiate any policy of extrajudicial killing of criminal suspects. Royal Thai Police must conduct arrests of criminal suspects using the minimum force necessary, as called for in the United Nations Basic Principles on the Use of Force and Firearms by Law Enforcement Officials. The Thai government

should ensure that the National Human Rights Commission has the necessary resources and authority to fully investigate extrajudicial killings and other serious offenses committed in the context of the war on drugs. The Ministry of Justice should completely and transparently prosecute all drug-related homicides and release statistics on the status of these prosecutions. Additionally, the government should invite the United Nations special rapporteur on extrajudicial, summary or arbitrary executions to investigate these killings.

Cease the practice of placing drug suspects on “blacklists” or “watchlists.”

Publicly recognize that the practice of “blacklisting” has been widely abused by local officials to settle scores with enemies and has created pressures to include innocent people on the lists, many of whom have been killed or wrongfully arrested.

Cease arbitrary arrests and other due process violations by Royal Thai Police.

Cease all practices of false arrest, planting of narcotics on drug suspects, and use of threats or physical force to coerce confessions of drug activity. Cease arresting drug suspects on the sole basis of a known history of drug use. Conduct independent and impartial investigations of any allegations of these activities, and appropriately discipline, discharge, or prosecute officers found to be complicit. Repeal any policy that encourages law enforcement officers to stop or arrest suspected drug users in order to meet predetermined targets for drug treatment enrollment.

Take concrete steps to reduce drug users’ fear of seeking health services.

Immediately and publicly declare that drug users seeking health services will not be penalized or forced into drug treatment based solely on their self-identification as drug users. Conduct an independent, publicly issued evaluation of the impact of the war on drugs on the health-seeking behavior of drug users, including their access to sterile syringes and other HIV prevention services. Provide basic training to all police officers on referring known drug users to treatment, HIV prevention and other health services. Cease any interference with efforts by nongovernmental organizations to reach out to drug users who have gone into hiding during the war on drugs.

Increase harm reduction services for drug users. Develop a clear national harm reduction policy with the consultation of high-level officials within the Ministry of Public Health, the Office of the Narcotics Control Board, and the Prime Minister’s Office. Establish syringe exchange, methadone maintenance, and other harm reduction programs commensurate with HIV prevention programs for other risk populations such as sex workers and men who have sex with men. Include harm reduction services in proposals for HIV prevention funding from international donors and funding agencies.

Evaluate the existence of any legal barriers to harm reduction services, such as the use of syringe possession as sufficient evidence to arrest drug suspects, and eliminate these legal barriers.

Urgently establish HIV prevention services in all detention facilities. Provide information about HIV transmission to all prisoners, pre-trial detainees, and patients in compulsory drug treatment centers. Ensure that all prison personnel receive training on HIV prevention. Establish and evaluate pilot projects for the distribution of condoms and sterile syringes in detention facilities, based on best practices from other jurisdictions. Ensure that all detainees receive relevant information on HIV transmission prior to discharge. Promptly investigate any allegation of prison guards receiving bribes to smuggle narcotics or drug paraphernalia into prisons, and discipline guards accordingly.

To the United Nations and all international donors to Thailand:

Promptly and clearly denounce human rights violations in Thailand's war on drugs. The United Nations has the regional headquarters of its drugs and crime office in Bangkok, and the United States provides anti-narcotics training to the Thai police. Both should forcefully and publicly declare that they oppose the methods being used in Thailand's war on drugs, in addition to conducting ongoing monitoring of human rights violations. If the extrajudicial killings and other human rights violations are not fully and independently investigated, each should consider redirecting programs from Thai government agencies to nongovernmental organizations.

Take steps to mitigate the HIV/AIDS impact of Thai drug policy. Relevant United Nations officials and offices—such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the U.N. Special Rapporteur on the Human Right to Health, the U.N. Special Envoy for HIV/AIDS in Asia, the United Nations Office of Drugs and Crime (UNODC), and the International Narcotics Control Board (INCB)—should commission an independent evaluation of the health impact of Thailand's war on drugs, conducted by individuals with expertise in HIV/AIDS epidemiology, drug demand reduction, and harm reduction. Donors to HIV/AIDS programs in Thailand should call for an independent evaluation of the health impact of Thailand's war on drugs, call for basic human rights improvements including transparent investigations of alleged extrajudicial executions of drug suspects, and include human rights requirements in any financial assistance they provide directly to the Thai government.

III. METHODS

This report on Thailand's war on drugs is based on extensive interviews and documentary research conducted by Human Rights Watch researchers from February 2003 until May 2004. In April and May 2004, Human Rights Watch researchers conducted a special field investigation to Thailand to assess the impact of the war on drugs on HIV risk and other health problems for drug users. Interviews with drug users were arranged primarily through methadone clinics and nongovernmental organizations delivering services to drug users at risk of HIV. All interviews were conducted individually and anonymously, either in Thai or with translation from Thai to English. To protect their privacy, most current or former drug users chose not to be identified by name. Individuals were not offered any incentives for participating and, in some cases, expressed fear of being publicly identified. Additional interviews were conducted in English with representatives of nongovernmental organizations, donors, and the Thai government, as well as public health experts. Documentary and legal research for this report was conducted principally through library and internet searches. All documents cited in this report are either publicly available or on file at Human Rights Watch.

IV. HUMAN RIGHTS ABUSES IN THE WAR ON DRUGS

They will be put behind bars or even vanish without a trace. Who cares? They are destroying our country.

—Interior Minister Wan Muhamad Nor Matha, referring to drug dealers, January 2003¹

In many provinces, there are death squads roaming around killing drug dealers. The rule of law and democracy could disappear overnight.

—Somchai Homlaor, secretary-general, Forum Asia, March 2003²

Thailand's "war on drugs" began in February 2003 for the official reason of responding to a boom in methamphetamines, locally known as *ya baa* or "crazy pills." The country had traditionally been associated with the trade in injected heroin through the Golden Triangle, a vast mountainous region spanning Burma, Thailand, and Laos. Between 1993 and 2001, methamphetamine use in Thailand rose an estimated 1,000 percent and, according to government estimates, overtook heroin as the drug of choice in the

¹ R.S. Ehrlich, "Thailand's drug war leaves bloody trail," *The Washington Times*, February 21, 2003.

² K. Brillhart, "Thailand's deadly war on drugs," *The Philadelphia Inquirer*, March 29, 2003.

country.³ Most *ya baa* was produced and smuggled from neighboring Burma and, to a lesser extent, Laos. By 2002, an estimated 2.4 percent of Thais aged twelve to sixty-five, including 4.5 percent of males, were using methamphetamines.⁴

In December 2002, Thailand's revered constitutional monarch, King Bhumibol Adulyadej, called on the government to bring the "methamphetamine problem" under control. Prime Minister Thaksin Shinawatra seized the opportunity, announcing on January 28, 2003, that a "war on drugs" would be waged on drug dealers. The use of the term "war" was apt: over the next three months more than 2,000 people in Thailand were killed as the government effectively declared "open season" on those accused of involvement in the drug trade. The crackdown saw rampant human rights violations, including government promotion of violence against drug suspects, extrajudicial executions, blacklisting of drug suspects without due process, intimidation of human rights defenders, and violence and other breaches of due process by the Royal Thai Police.

Promotion of violence by government officials

Deviating sharply from Thailand's previous efforts to build the rule of law, Thaksin called for his war on drugs to be conducted on the basis of an "eye for an eye." Prime Minister's Order 29/B.E. 2546 (2003), signed on January 28, 2003, called for the absolute suppression of drug trafficking by means "ranging from soft to harsh including the most absolutely severe charges subject to the situation."⁵ The document stated that "[i]f a person is charged with a drug offence, that person will be regarded as a dangerous person who is threatening social and national security." In the ensuing weeks, the Ministry of the Interior gave each province in the country targets for the number of arrests of suspected drug traffickers and seizures of narcotics. Police and other officials were offered cash incentives for arrests and seizures, while senior officials such as governors and police chiefs stood to lose their jobs if targets were not met. The Prime Minister said of the cash incentives that "at three Baht [U.S.\$0.07] per methamphetamine tablet seized, a government official can become a millionaire by upholding the law, instead of begging for kickbacks from the scum of society."⁶

³ G. Reid and G. Costigan, *Revisiting 'The Hidden Epidemic' – a situation assessment of drug use in Asia in the context of HIV/AIDS* (Australia: Centre for Harm Reduction at the Macfarlane Burnet Institute for Medical Research and Public Health, January 2002), p. 208.

⁴ United Nations Office on Drugs and Crime Regional Centre for East Asia and the Pacific, *Amphetamine Type Stimulants in East Asia and the Pacific: Analysis of 2003 Regional ATS Questionnaire: Regional and National Overviews of ATS and Other Drug Trends and Related Data Collection Systems: Final Report* (Bangkok: UNODC, April 2004), p. 80, table 50.

⁵ Order of the Prime Minister's Office No. 29/B.E. 2546 (2003), "A Fight to Overcome Drugs," p. 2.

⁶ M. Dabhoiwala, "A chronology of Thailand's 'war on drugs,'" Asian Legal Resource Centre, May 9, 2003.

This was not what King Bhumibol apparently had in mind when he called for a solution to the methamphetamine problem, as he later expressed misgivings about the ferocity of the government's program.⁷ Thaksin and his government discovered that there were political benefits in taking harsh measures against drugs. Thaksin's popularity soared, as Thais apparently sought a stronger approach to drug abuse.⁸ Thaksin's near monopoly over state and private broadcast media hid most of the campaign's worst abuses from public view and allowed the government's message that all of those killed and targeted were dangerous criminals—and not men, women, and children against whom no charge had been laid—to gain popular acceptance.

Throughout the drug war, Thaksin and other government leaders repeatedly appeared to give the green light to use violence against suspected drug dealers. "In this war, drug dealers must die," Thaksin said. "But we don't kill them. It's a matter of bad guys killing bad guys."⁹ Whether in favor or opposed to the crackdown, few in Thailand found this denial credible. Thaksin made his intentions even clearer in August 2003 when he said that Thai security forces would "shoot to kill" when they encountered Burmese drug traffickers on Thai soil.¹⁰ A regional police commander, Pichai Sunthornsajjabun, was reported as saying in reference to the drug war killings, "a normal person lives for eighty years, but a bad person should not live that long."¹¹

In his January 14, 2003 speech announcing the campaign, the Prime Minister borrowed a quote from a former police chief known for having orchestrated political assassinations in the 1950s. "There is nothing under the sun which the Thai police cannot do," he said, adding, "Because drug traders are ruthless to our children, so being ruthless back to

⁷ In a December 4, 2003 television and radio broadcast, King Bhumibol stated: "I have to say this because the Prime Minister announced victory yesterday I know the Prime Minister does not like warnings, because warnings can be irritating As for the criticism of the 2500 deaths . . . who will take responsibility . . . ? The Prime Minister was denounced for waging war and causing 2500 deaths Most deaths were killings between drug producers and traffickers themselves, yet there may be a certain number which officials are responsible for. Try asking the Police Chief to specify how many Then announce, so the [Thai] people will know, so foreigners will know" Excerpt from the remarks of H.M. King Bhumibol Adulyadej, December 4, 2003.

⁸ According to a survey conducted by Suan Dusit College between March 29 and April 5, 2003, 75 percent of Thai people in all seventy-six provinces throughout the country fully supported Thaksin's hard line stand on the drug war, and 12 percent were particularly satisfied that drug dealers had been killed by law enforcement officials.

⁹ Cited in A. Spaeth, "Heading South," *TIMEasia*, June 30, 2002, online: <http://www.time.com/time/asia/cover/501030707/story.html> (retrieved June 9, 2004).

¹⁰ M. Macan-Markar, "All Eyes on Thaksin's Threat to Burmese Drug Producers," *Interpress Service*, August 28, 2003.

¹¹ R.S. Ehrlich, "Thailand's drug war leaves bloody trail."

them is not a bad thing It may be necessary to have casualties If there are deaths among traders, it's normal."¹² Then Interior Minister Wan Muhamad Nor Matha said of drug traffickers, "They will be put behind bars or even vanish without a trace. Who cares? They are destroying our country."¹³

Extrajudicial Killings

In the first three-month phase of the crackdown that began on February 1, 2003, the Royal Thai Police reported that some 2,275 alleged drug criminals had been killed.¹⁴ Most were shot with handguns. The government initially claimed that fifty-one had been killed by police in self-defense and the rest in battles among dealers. In October 2003, Thailand's foreign minister told the U.S. State Department that 2,593 homicide cases had occurred in the country since the previous February, more than double the normal level of about 400 homicides per month.¹⁵ On December 15, 2003, after the end of the first phases of the campaign, the Royal Thai Police reported 1,329 drug-related homicides (out of 1,176 separate incidents) since February, of which seventy-two (in fifty-eight incidents) had been killed by police. More than 70,000 people allegedly involved in the drug trade were arrested.

According to witnesses interviewed by Human Rights Watch, the first murders took place hours before the official start of the war on drugs. Late on January 31, 2003, Boonchuay Unthong and Yupin Unthong were shot and killed as they returned home with their son, Jirasak, eight years old, from a local fair in Ban Rai, Damnoen Saduak district, Ratchaburi. Witnesses described seeing a man on the back of a motorcycle, wearing a ski mask, shoot Yupin, who was riding on the back of the family motorcycle. Boonchuay exhorted Jirasak to run away. Jirasak hid behind a fence and watched as the gunmen walked up to Boonchuay and executed him with a shot to the head. Convicted for a drug offense, Boonchuay had recently been released after eighteen months in prison. It was subsequently discovered that Yupin and he had been placed on a government blacklist.

¹² Speech delivered by Prime Minister Thaksin Shinawatra, Ratchapat Suandusit Hall, Bangkok, January 14, 2003, cited in Pasuk Phongpaichit, "Drug Policy in Thailand," paper presented at the Lisbon Drug Symposium, October 24, 2003, p. 4.

¹³ Cited in R.S. Ehrlich, "Thailand's drug war leaves bloody trail."

¹⁴ "Death toll in Thailand's drug war hits 2,275, say police," Agence France-Presse, April 16, 2003; see also, CNN.com, "2,274 dead in Thai drugs crackdown," May 7, 2003.

¹⁵ U.S. Department of State, Bureau for International Narcotics and Law Enforcement Affairs, *THAILAND: International Narcotics Control Strategy Report – 2003*, March 2004, online: <http://www.usa.or.th/services/docs/reports/nr04thai.htm> (retrieved April 8, 2004).

The first day of the campaign, February 1, saw four killings. By February 5, six people had been shot dead, and a week later the death toll stood at eighty-seven.¹⁶ Fifteen days into the campaign, the Interior Ministry announced that 596 people had been shot dead since February 1, eight of them by police “in self-defense.”¹⁷ The deaths of alleged drug dealers, both those killed by police and those killed by others, were included in a February 17 report of the Ministry of the Interior informing the government about the progress of the campaign. The government actively publicized the deaths on state-controlled television and radio as well as in newspapers, claiming that drug dealers were killing their peers to prevent them from leaking information to authorities.

The police’s unwillingness to investigate these deaths, combined with the unusually high number of drug-related homicides compared to years past,¹⁸ cast doubt on the credibility of the government’s story. Medical professionals complained that they were not being allowed to perform autopsies and that bullets were being removed from victims.¹⁹ The head of Thailand’s Forensic Sciences Institute noted that, unlike before the war on drugs, the police were not seeking the Institute’s help in differentiating so-called gangland killings from extrajudicial executions.²⁰

While the campaign of extrajudicial executions was broadly popular, some of the killings provoked public concern and revulsion. Among those killed was Chakraphan Srisa-ard, a nine-year-old boy who was shot on February 23 as police fired at a car carrying him and his mother.²¹ On February 26, a sixteen-month-old baby, nicknamed “Ice,” was in her mother’s arms when she and her mother, Raiwan Khwanthongyen, thirty-eight, were shot and killed by an unknown gunman in Sa Dao District, Songkhla. The killings followed the fatal shooting of Raiwan’s older brother on February 5. Police Lieutenant Phakdi Preechachon, the officer in charge of the investigation, reported that police had assumed the mother’s and infant’s killing was gang-related because of Raiwan’s brother’s

¹⁶ “UN Rights Chief Seeks Inquiry,” *Bangkok Post*, February 12, 2003.

¹⁷ “Death toll in Thai drugs war soars towards 600: ministry,” Agence France-Presse, February 18, 2003. The Thai police had earlier reported that the number of deaths in the first fifteen days of the crackdown was 319. J. Aglionby, “Hundreds killed on crackdown on drug use in Thailand,” *The Guardian* (London), February 18, 2003.

¹⁸ For example, an October 2003 letter from Thailand’s foreign ministry to the U.S. Secretary of State noted that the normal level of homicides was approximately 400 per month prior to the war on drugs, compared to an estimated 2,593 killings from February-April 2003 (more than 800 per month). U.S. Department of State, *THAILAND: International Narcotics Control Strategy Report*.

¹⁹ Amnesty International, “Thailand: Extrajudicial killing is not the way to suppress drug trafficking,” press release, February 20, 2003.

²⁰ O. Hutasing, “Pornthip raises suspicions,” *Bangkok Post*, February 19, 2003.

²¹ See detailed case study, p. 18.

involvement in the drug trade. Police in Songkhla declined an interview with Human Rights Watch and, as of this writing, have not found the killer.

On February 24, 2003, just over three weeks into the drug war, the United Nations special rapporteur on extrajudicial, summary or arbitrary executions, Asma Jahangir, expressed “deep concern at reports of more than 100 deaths in Thailand in connection with a crackdown on the drug trade.”²² In fact, Thailand’s Interior Ministry had the day before reported the deaths of 993 suspects, 977 of which they attributed to “gangland killings.”²³ Jahangir called for strict limits on the use of lethal force by police, consistent with international law, as well as prompt, transparent, and independent investigations into each individual death. Prime Minister Thaksin retorted, “Do not worry about this. The U.N. is not my father. We as a U.N. member must follow international regulations. Do not ask too much. There is no problem. They can come and investigate.”²⁴

To stem an onslaught of negative publicity, on February 26, the Interior Ministry banned the release of statistics on drug-related deaths,²⁵ though more were later released. On March 2, 2003, police placed the death toll at 1,035, including thirty-one drug suspects shot by officers in self-defense.²⁶

At the beginning of May 2003, Prime Minister Thaksin declared “victory” in the war on drugs and announced a second phase that would last until the following December. By that time, the Royal Thai Police announced that 2,275 people had been killed, of whom fifty-one had been shot by police in self-defense.²⁷ The Department of Local Administration and the Royal Thai Police fired or disciplined some village chiefs and police officers toward the end of the campaign; however, the government never stopped offering police cash incentives for seized drug assets or disciplining officials who failed to meet arrest targets.²⁸

²² “UN Expert on Extrajudicial Executions Expresses Concern over Recent Killings in Thailand,” United Nations press release, February 24, 2003.

²³ “UN envoy pleads: Stop killing spree,” *Bangkok Post*, February 26, 2003.

²⁴ Y. Tunyasiri and A. Ashayagachat, “PM shoots mouth off over UN query,” *Bangkok Post*, March 4, 2003. Thaksin later said he had overreacted when making this comment. “‘Not-my-father:’ Thaksin retracts UN jibe,” *The Nation* (Thailand), March 5, 2003.

²⁵ “Drug killings go on in Thailand despite government silence,” Deutsche Presse-Agentur, March 17, 2003.

²⁶ J. Aglionby, “Thai leader justifies 1,100 drug war deaths,” *The Guardian* (London), March 3, 2003.

²⁷ “Death toll in Thailand’s drug war hits 2,275, say police,” Agence France-Presse, April 16, 2003; see also, CNN.com, “2,274 dead in Thai drugs crackdown,” May 7, 2003.

²⁸ M. Dabhoiwala, “A chronology of Thailand’s ‘war on drugs.’”

On December 2, 2003, Thaksin again declared “victory” in the war on drugs and presented cash awards to agencies and officials who had taken part in the campaign. He awarded gifts of Thai Baht (B)50,000 (U.S.\$1,275) and B100,000 (U.S.\$2,550) respectively to officials who had been injured in the course of combating the drug trade and children of those killed in the campaign. He claimed that while drugs had not disappeared from the country, “[w]e are now in a position to declare that drugs, which formerly were a big danger to our nation, can no longer hurt us.”²⁹ Thaksin proceeded to announce a third, ten-month phase of the drug war, the purpose of which was “to maintain the strong communities and the strength of the people for the sustainability in overcoming the drug problem in every area throughout the country.”³⁰

Throughout his anti-drug campaign, the Prime Minister repeatedly brushed off allegations of extrajudicial killings. In February 2004, the U.S. State Department reported that Thailand’s human rights record had “worsened with regard to extrajudicial killings and arbitrary arrests,” claiming that “[t]here was a significant increase in killings of criminal suspects” and that press reports indicated that “more than 2,000 alleged drug suspects were killed during confrontations with police during a 3-month war on drugs from February to April.”³¹ That month, Prime Minister Thaksin called the United States an “annoying friend” for its human rights report and ordered a new round of drug suppression, resulting in the arrest of 839 people in Bangkok in one day on February 27, 2004.³²

Case Studies

A full accounting of the deaths of close to 3,000 individuals in the period of Thailand’s war on drugs requires thorough and transparent investigation by trained forensic experts. The following case studies are based on press reports, eyewitness accounts, and detailed interviews conducted by Human Rights Watch researchers. Clearly needed are full investigations by the Thai Ministry of Justice and National Human Rights Commission, supported by the highest levels of the Thai government.

²⁹ Y. Tunyasiri and S. Wanchaen, “PM Declares Nation Now Out of Danger: People Have Their Sons, Daughters Back,” *Bangkok Post*, December 2, 2003.

³⁰ Office of the Narcotics Control Board (ONCB), Ministry of Justice, Thailand, “War on drugs’ Concept and Strategy” (November 2003), p. 13.

³¹ U.S. Department of State, Bureau of Democracy, Human Rights, and Labor, “Thailand: Country Reports on Human Rights Practices – 2003,” February 25, 2004.

³² Y. Tunyasiri and W. Ngamkham, “Thaksin orders new round of suppression,” *Bangkok Post*, February 29, 2004.

Case Study: The killing of Somjit Khayandee

On February 20, 2003, Somjit Khayandee, a forty-two-year-old grocery shop owner, was shot dead in her shop-house at 212/1, Mu 8, Tambon Ban Laem, Petchburi Province.

A family member present when she was killed told Human Rights Watch:

It was late in the afternoon. Somjit was busy with customers as usual when four men entered the shop. They were wearing black shirts and black pants. All of them had sunglasses and caps. Their hair outside the caps was quite short. They asked Somjit if she had beer and could open the bottles for them. Somjit took two bottles of beer from the refrigerator, opened them and handed the bottles to those men. It was then that one of the men shot her with a pistol. The first bullet hit her left hand, near her wrist. Somjit fell to the ground. That man jumped over her body and shot seven more rounds at her at point-blank range. The shooting took place in front of me, Somjit's seven-months pregnant daughter, Somjit's seven-year-old granddaughter and four other relatives. The four men then left the shop. They drove away in a red Mitsubishi pickup truck. But I could not see the plate number.

About half an hour later, local police arrived at the scene. They did not collect shells or any evidence. However, they said they were confident that it was *ka tat ton* [a "cut-off" killing, a term used by the government for most killings that took place during the war on drugs, allegedly committed by drug gangs to silence their members from reporting to the authorities]. They also said that Somjit's name was on the blacklist and she had gone to report to them [the police] three days before she was killed.

I did not know how her name was on the blacklist. When she went to report to the police, she said they gave her a document and told her to sign it as a testimony to assure that she did not have any involvement in drug dealing. They told her that they would remove her name from the blacklist. But Somjit was almost illiterate. She could barely read and write.

The witness told Human Rights Watch that he and others present at the killing were worried about their safety.

I do not think the police can protect us. The killing of Somjit had very bad effects on everyone, especially the little girl [Somjit's seven-year-old granddaughter who saw the shooting]. She is very depressed and sad.

Somjit's daughter was present at the scene, too. She told Human Rights Watch:

I was seven-months pregnant when Somjit was shot. I saw the shooting. It was very cruel. After my mother was killed, the police asked me to go to the district police station only once. They asked me if she was a drug dealer. I said my mother was a good person, she never sold drugs or knew anyone in that business. She also had no personal conflicts with anyone. That was the only time I was called in to talk to the police about my mother's death.

The police told me that they had received a tip-off about Somjit. They said a woman called them at night, around 10:00 p.m., on February 16, 2003 and told them that Somjit was a drug dealer and was hiding *ya baa* [methamphetamine] in her shop house. But the police never came to search our place. The next day Somjit was called by the police to go to the district police station to verify her name on the blacklist. Then my mother was killed three days later. On February 18, 2003, my neighbor was also killed. He was told to report to the police and verify his name on the blacklist as well. How could he be a drug dealer, he was very old and paralyzed?

I do not understand. If the police believe that my mother was a drug dealer, they should have come and searched our shop house. But they never came until now. They did not seem to be interested in investigating and arresting people that killed my mother although they said she was killed by a drug gang. If the police know that a drug gang killed my mother, they should go and arrest those people.

Our family is very poor. We should have been much better off if my mother was selling drugs as the police said. My mother was in debt, more than one hundred thousand baht. We still have to pay money back to banks, mortgage companies and loan sharks for her until today. If the police come to confiscate our belongings, we will have nothing left to survive.

The daughter was worried about having her possessions confiscated, because it was common during the war on drugs for those killed or arrested to have their money and properties confiscated in a broad interpretation of Thailand's anti-money laundering law.

To date, no one has been arrested for the death of Somjit, and there is no sign that any serious investigation has ever been conducted.

Case Study: The killings of Sia-Jua Sae Thao, Somchai Sae Thao, Bunma Sae Thao, and Saeng Sae Thao

On February 12, 2003, just after noon, on the route to Wat Dhama Kaya Temple, Ban Neun Village, in Lom Kao District, Petchaborn Province (about fourteen kilometers from the victims' village), four men were murdered as part of the war on drugs. They were Sia-Jua Sae Thao (forty-five), Somchai Sae Thao (Sia-Jua's brother), Bunma Sae Thao (fifty-nine, the cousin of Sia-Jua and Somchai), and Saeng Sae Thao (fifty-two, the village chief). All were farmers; all were ethnic Hmong.

The four were killed on the way home from a visit to the district police station. According to official sources, none of the victims had a previous record of drug-related activity. The police summarily classified their murders as "cut-off killings."

Witnesses said that Sia-Jua had received an order on February 11, 2003, to report to the court in Petchaborn Province the next day in relation to an unlicensed firearms offence for which he had been charged in early December 2002. Sia-Jua went to ask the village chief, Saeng, to go to the court with him to be his bailer. He found that the village chief had also received a letter from Lom Kao district office, saying that Saeng was a drug user and drug dealer of *ya baa*. Saeng was instructed to report to the district office.

On February 12, 2003, Sia-Jua and Saeng went together to report to the authorities. They traveled in Saeng's white pickup truck with Somchai, whom Sia-Jua had requested to accompany him. Bunma asked to ride with them to buy medicine for his daughter in town.

A relative of Sia-Jua claims that a court official, who did not want to be named, told him two days later that there was no summons for Sia-Jua. The summons had allegedly been forged. A district official told a family member that the same was true for Saeng, since the official in charge was not present.

Villagers from Ban Neun Village, where the shooting took place, report that they saw police officers in uniform and plain clothes arriving on motorcycles and waiting near the crime scene before Sia-Jua and his colleagues were killed. A witness alleged that on the day the National Human Rights Commission conducted its investigation, these villagers were told by police officers from Lom Kao District police station not to report what they saw or talk to anyone about it.

Relatives of the victims, none of whom wanted to be named in a public report, said that after the shooting they went to the scene and found the bodies of the four men on the roadside. The village chief's pickup truck was missing. There were police officers from Lom Kao District police station at the scene. All four men had been shot in the head. According to witnesses:

- the upper part of Sia-Jua's body had many bruises, his face had bruises, and his jaw was broken;
- Bunma's face had a stab wound. The wound was triangular in shape. The skull on the back of his head was broken. His left hip had a severe burn mark;
- Somchai's neck and shoulder bones were broken; and
- Seang's body had many bruises.

A witness reported that a police officer, whom he did not want to name, told him and another witness, "Please understand, we [Lom Kao District police officers] did not kill your father, it was police officers from Lom Sak District [Petchaboon Province]."

Bodies of the four men were sent to Yuparaj Hospital in Lom Kao District. However, relatives of the victims did not receive the results of forensic examinations. Only Bunma's relatives requested Lom Kao District Office to issue a death certificate, which identified the cause of death as "gunshot."

Sia-Jua had eight children younger than twelve years old. Bunma had fifteen children (from two wives), the youngest of whom was a daughter eighteen months old. Three of the families (excluding the village chief's) were very poor. They did not have their own land to farm, but used the land belonging to the Department of Public Welfare. They had been told in early 2003 not to use that land anymore because the Department of Public Affairs would be taking it for reforestation projects.

In spite of the injuries to the men's bodies and the possibility of witnesses to torture and murder in broad daylight on a well-traveled road, to date there is no sign that any investigation has been conducted into these deaths.

Case study: The killing of Chakraphan Srisa-ard, nine years old

On February 23, 2003, nine year-old Chakraphan Srisa-ard died from bullet wounds after police fired at the car driven by his mother, who was fleeing a drug sting operation in which his father was arrested.

A plainclothes police team had met with Sataporn Srisa-ard, thirty-four, for a purported drug sale in front of the Manangkhasila Residence in Bangkok at around 9:00 p.m. When he delivered 6,000 amphetamine pills, the officers flashed their badges and arrested him.

Pornwipa Kerdrunguang, his wife, waiting in their Honda Accord with their son, saw the arrest and quickly moved from the front passenger seat to the driver seat and sped off, police reported. According to eyewitnesses, several plainclothes men believed to be police chased after the Honda in a pickup truck. One witness said that men in the pickup truck shouted at the driver to stop, but she failed to do so. The men then fired shots at the car and hit it six times. The car crashed 200 meters away onto the pavement in front of the Paris Theatre. The police reported that Pornwipa got out and fled, leaving behind a gun, B300,000 (U.S.\$7,345) in cash and the body of her son, Chakraphan, who apparently died on the spot.

Two bullets hit Chakraphan in the left part of his torso. One of them hit his lung and heart and went through the right side of his body.

Three police officers from the Bang Chan police station were preliminarily charged with manslaughter.³³ Thai law authorizes the use of force by police only for self-defense. Although investigators found traces of gunpowder on the hands of the officers, the police revolvers submitted as evidence were found not to be the ones used to fire at the car.³⁴

³³ They were Sergeant Major Pipat Sang-in, Lance Corporal Anusorn Tansuwan and Corporal Panumas Chanacham.

³⁴ Several pieces of evidence were examined, including traces of gunpowder on the hands of the officers; the officers' .38 caliber revolvers and another found in the car; bullets; and spent cartridges, including one .38 caliber cartridge found in the boy's body and two found in the car. Scientific Crime Detection Division (SCDD) commander Police Major-General Chuan Worawanit concluded on March 7, 2003 that "the three bullets found in the car did not match the four guns turned in [by the officers] for detection." Police Major-General Chuan and National Police Commission spokesman Major-General Pongsapat Pongcharoen were asked why police had not turned in the bullet which was fired through the boy's body, and why there had been a delay in handing over the policemen's guns to the SCDD. Both were evasive, telling reporters to ask the deputy metropolitan police chief, Major-General Jakthip Kunchorn na Ayutthaya. Major-General Jakthip said the results showed that either police had not fired at the car as they earlier stated, or the three police had used different guns than those

The police authorities then took advantage of the narcotics aspect of the case to attempt to shield the police officers from prosecution. Investigating police claimed a “third party” had been involved in the shooting and could have been responsible for the boy's death, floating the theory that a man on a motorcycle from the same drug ring had fired at the car and killed the boy. They said that when the officers heard the gunfire, they threw themselves on the ground and only fired shots in the air to frighten the criminals.

Deputy Metropolitan Police Chief Major-General Jakthip quoted the officers as saying that the couple had been secretly accompanied by “bodyguards” who showed up after Sataporn was arrested. “The policemen said they didn't fire at the car, and that the bullets were from the guards of the drug dealers,” Major-General Jakthip said.

Police Lieutenant-Colonel Pakorn Pawilai of the Nang Lerng station, which is in charge of investigating Chakraphan's death, also said that the three officers had insisted they never aimed at the car. Contradicting the initial accounts, the officers said they had been trying to chase the suspect's car on foot. “A man on a motorcycle was also chasing the getaway car and gunshots were fired,” Police Lieutenant-Colonel Pakorn quoted the three officers as saying. “It was unclear if that was an attempt to help the suspects or to silence them. But when the officers heard the gunfire, they threw themselves to the ground and only fired shots in the air to frighten the criminals.”

Police Commission spokesman Major-General Pongsapat later defended the actions of the officers from Bang Chan police station, saying they followed procedure. Implying that the police had in fact fired the fatal shots, he gave the boy's family B20,000 (U.S.\$495) to help with funeral costs in an expression of sorrow and regret over the incident. However, he reiterated the police's commitment to the war on drugs, saying, “police will continue to take tough measures against drug dealers.”

handed in to the SCDD. The car carried six bullet holes, and traces of 11 mm, 9 mm and .38 caliber bullets were found at the scene.

Blacklisting of drug suspects without due process

The foundation of Thailand's war on drugs was two kinds of lists prepared by government officials: "blacklists," which included people who had been arrested or named in arrest warrants, and "watchlists," which included those under investigation. Observers noted that the process of preparing the lists was rushed and open to widespread abuse, potentially used by police and local authorities to settle old disputes.³⁵ Blacklisted suspects had no mechanism by which to challenge their inclusion on a list. Under a system of rewards and penalties—part of Prime Minister Thaksin's widely publicized "CEO" (Chief Executive Officer) style of governance—local and provincial officials were required to meet set quotas in reducing the number of people on the blacklists by a deadline, either through arrest or forced drug treatment.

Interior Minister Wan threatened retaliation against local officials who did not produce results, driving home the point by citing the way a former king dealt with unresponsive officials. "In our war on drugs, the district chiefs are the knights, and provincial governors are the commanders," he said. "If the knights see the enemies, but do not shoot them, they can be beheaded by their commanders."³⁶

Local officials appeared to use the blacklists to settle old scores.³⁷ Once on the list, the only way off, according to one human rights activist, was to "buy your way off the list, surrender at a police station or end up with a bullet in your head." But even surrendering to the police offered no certainty. Many who went to the police to surrender or clear their names were shot by unidentified gunmen on the way home.

Throughout the war on drugs, Thailand's National Human Rights Commission (NHRC) was deluged with complaints of false arrest, improper inclusion in drug blacklists, and related violations of due process. The NHRC received 123 complaints during the two-week period from February 20-March 7, 2003, compared to twelve complaints during the preceding seven weeks.³⁸ The most common complaints included being named on a

³⁵ Amnesty International, "Thailand: Grave Developments," p. 4.

³⁶ R.S. Ehrlich, "Thailand's drug war leaves bloody trail."

³⁷ For example, on February 21, 2003, Law Society President Mr. Sak Korsaeungrueng complained to the police chief of Samut Songkram Province that the name of the provincial chairman of the Law Society, Mr. Somchai Limsakul, was targeted on a blacklist. Mr. Sak noted that local police in the province had been upset by Mr. Somchai's work on behalf of the Law Society to provide legal assistance to people charged with drug-related offenses.

³⁸ Office of the National Human Rights Commission of Thailand, "Summary of complaints related to anti-drugs campaign received by the National Human Rights Commission in February 2003," p. 1.

blacklist without any involvement in drug activity, death of a family member due to the anti-drug campaign, and false allegations of drug possession by police.³⁹

Human Rights Commissioner Pradit Chareonthaitawee spoke out against the drug war, saying, “People are living in fear all over the kingdom.” But when Pradit presented cases of human rights violations to the United Nations High Commissioner for Human Rights (UNHCHR) in February 2003, Thaksin called his behavior “ugly” and “sickening” and questioned his authority to communicate with the United Nations.⁴⁰ Pradit received threats of impeachment by a spokesman of the ruling Thai Rak Thai party as well as anonymous telephone calls on March 5 and 6 telling him to “stop speaking to the United Nations or die.”⁴¹

At the beginning of the drug war, the government insisted that the lists had been scrupulously prepared and cross-checked. By late February 2003, however, even senior government officials began to question the accuracy of the government’s drug suspect lists. On February 25, Police Chief General Sant Sarutanond stated that the lists were “poorly prepared and could have affected innocent people.”⁴² Interior Minister Wan later admitted that, “some names on the list don’t exist. Some addresses are out of date, and some people whose names are there have never been involved with drugs.”⁴³ The Interior Ministry ordered the Office of the Narcotics Control Board (ONCB) to check the lists, but there is no evidence that the monitoring of the lists was taken seriously. Killings continued against individuals whose names were on the lists but against whom there was no evidence of drug dealing.

Government investigation of human rights abuses

Throughout the drug war, government agencies charged with investigating extrajudicial killings and other human rights abuses lacked either the independence or the capacity to carry out full and impartial investigations. According to a March 3, 2003 fact sheet on the war on drugs prepared by the Ministry of Foreign Affairs, the Thai government on February 28, 2003, appointed two committees to monitor the implementation of its narcotics policy. The first, chaired by the secretary-general of the Office of the Narcotics Control Board, Police Lieutenant General Chidchai Vanasathidya, was

³⁹ See, e.g., “I was shocked my name was on the list,” says businessman,” *The Nation*, March 5, 2003.

⁴⁰ Y. Tunyasiri, “Thaksin blasts comments from Pradit as ‘sickening,’” *Bangkok Post*, March 9, 2003.

⁴¹ A. Kazmin, “Thai rights chief attacked over drug claims,” *Financial Times*, March 6, 2003; M. Dabhoiwala, “A chronology of Thailand’s ‘war on drugs.’”

⁴² M. Dabhoiwala, “A chronology of Thailand’s ‘war on drugs.’”

⁴³ “Interior to review its blacklist,” *The Nation* (Thailand), March 28, 2003.

assigned to monitor police conduct during the drug war. The second, chaired by Attorney General Wichian Wiriyaprasit, was responsible for protecting informants, witnesses, and those who turned themselves in to the authorities. The fact sheet contained guidelines for investigating extrajudicial killings and stated that “in discharging their duties, law enforcement officials have been instructed to strictly observe the provision of the Criminal Code, which authorizes the use of lethal force only for self-defense.”⁴⁴

By April 1, 2003, with over 1,000 people dead, the Royal Thai Police had not forwarded any reports to the Attorney General’s investigating committee. The committee had requested that all reports be sent by the previous March 28. It was only on April 28, by which time close to 2,000 people had been killed, that the police sent information to the committee. The committee proceeded to establish ten subcommittees to investigate the deaths. In November 2003, Amnesty International reported that “it appears that in most cases investigations have not been completed and that therefore no one has been found responsible for the killings or brought to justice.”⁴⁵ Amnesty International was not able at that time to obtain specific information about the progress of investigations.

Thailand’s National Human Rights Commission (NHRC), established under article 199 of the 1997 Thai Constitution, has the power to investigate complaints of human rights violations and make recommendations based on its findings. During the war on drugs, the NHRC’s small staff did not have the capacity to investigate each allegation it received relating to extrajudicial execution, police abuse, improper inclusion on a blacklist or watchlist, or other human rights violation. However, the commission investigated hundreds of cases and, on November 25, 2003, produced a summary of problems related to the war on drugs and submitted it to the prime minister.

The summary underlined four problem areas of the government’s suppression policy related to the blacklisting of drug suspects, arrests, extrajudicial killings and asset confiscation. In an understated tone, reflecting Prime Minister Thaksin’s attacks on the NHRC and other human rights defenders, the Commission said that the method used to draw up the blacklists had been problematic, as many people who had nothing to do with the illegal drug trade had appeared on the lists. One commissioner told Human Rights Watch:

⁴⁴ Ministry of Foreign Affairs, “Fact sheet on the Royal Thai Government’s anti-narcotic drug policy,” March 3, 2003, para. 4.1.

⁴⁵ Amnesty International, “Thailand: Grave Developments,” p. 6.

Most names are drawn from the results of community meetings, which offered an opportunity for officials with conflicts to enter the names of people unrelated to the drug trade. Relatives and friends of those accused are also lumped into the same category. And ethnic minorities were subjected to stereotyped beliefs that they were also involved in the drug trade.

The NHRC summary concluded that some people had been arrested simply because they were accused by others who were already in police custody and were forced to name names. A commission member told Human Rights Watch that there were cases in which evidence had been fabricated, and that “the government had no evidence backing the arrests of many people on the day drug-related killings took place.” The member was particularly concerned about reported cases in which drugs had been planted on corpses following homicides. “Police officers did not pay attention to the investigation and apprehension of the alleged killers,” the member added, “despite the fact that these are also serious crimes.”

The report further stated that on some occasions, there had been no proper investigation before the assets of suspects were confiscated. “Some of the assets were inherited or accumulated over decades,” said the commission member. “The confiscations included items necessary to daily existence, such as refrigerators and telephones. It reaches such a point that it can be said that nothing was left to help those affected to continue their lives.” The member concluded by stating that Thaksin’s policy had had a “corroding effect” on the judiciary system and urged that any future wars on drugs adhere to the due process of law and judicial system.

Violence and breaches of due process by Thai police

Even before the war on drugs, Thailand’s anti-drug laws provided a pretext for widespread abuses of civil rights of people suspected of drug use or trafficking. According to numerous current and former drug users interviewed by Human Rights Watch, Thai police typically profiled drug users based on factors such as syringe markings on their arms or attendance at a methadone clinic, arrested them, and forced them to confess to drug-related crimes. Tum N., twenty-four, told Human Rights Watch he had been injecting heroin since he was seventeen. The first time he was stopped by the police was soon after the war on drugs began, when he and his girlfriend accidentally drove through a police checkpoint on his motorcycle.

My girlfriend told me I should go back, and when I did the police checked me and didn’t find anything. They accused me of throwing my

stuff away after passing the checkpoint. They handcuffed me, took me to a bathroom inside a restaurant, and beat me. They said, “Are you trying to be a wise guy, driving through our checkpoint?” They punched me and kicked me in the face and head, using their elbows, fists and knees.⁴⁶

Tum N. said the police proceeded to take him to an interrogation room, where they accused him of having stolen a motorcycle. “When they couldn’t get anything out of me, they accused me of stealing my motorbike. They checked the registration, and when they couldn’t pin anything on me, they let me go.”

Human Rights Watch separately interviewed the girlfriend of Tum N., twenty-five-year-old Karn S, who corroborated Tum N.’s account. “I could hear him being beaten,” she said. “I heard the cops say, ‘Don’t fight back, just accept it. If you have drugs, just hand it over.’ When he said he didn’t have any, they said, ‘Why did you throw them away?’”⁴⁷ Karn S. said that when her boyfriend emerged from the bathroom, “[h]e came out with handcuffs behind his back, all beaten up. I asked him, ‘Were you beaten?’ and he said, ‘Yes, by three cops, after they handcuffed me.’”

Karn S. added that while she and her boyfriend were in police custody, the police demanded they participate in a sting operation to capture their alleged drug dealers, a tactic described to Human Rights Watch by a number of drug users. She described the police’s conduct as follows.

The police said, “You’re going to get busted for one thing or another today.” I begged them not to throw us in jail, and they said, “In that case, you have to help us in a sting operation.” So we brought the cops to a drug dealer we knew, but he wasn’t there. I said, “We fulfilled our promise, will you let us go?” At first they wouldn’t, but after a while, for some reason, they did.

Coercing drug users into participating in sting operations was one of a number of abusive tactics used by Thai police to effect drug trafficking arrests before and during the war on drugs. Tai P., twenty-eight, said the police forced him to sign a false confession stating he was a drug dealer even though he denied this charge. He said he had injected heroin for ten years before attempting to quit in March 2004. On March

⁴⁶ Human Rights Watch interview, Samut Prakhan, May 6, 2004.

⁴⁷ Human Rights Watch interview, Samut Prakhan, May 6, 2004.

17, 2003, the police executed a search warrant on his home and found two vials of heroin and some syringes. Instead of charging him with heroin possession, the police forced him to sign a confession stating that he had been caught trafficking methamphetamines. “I know all too well the search warrant was produced to use me as a scapegoat during the campaign to suppress *ya baa*,” he said, adding:

The confession said I was dealing drugs, even though I was not caught doing that. When I refused to sign, the police threatened to arrest every other member of my family. They said, “Don’t you love your family? You want to get your family into trouble? Why don’t you take the blame on your own instead of dragging your family into this?” So I confessed.⁴⁸

Tai P. told Human Rights Watch that the information on the search warrant was fraudulent, stating that he had been a *ya baa* dealer for ten years. He said that the police confiscated his mobile phone and B20,000-30,000 (U.S.\$614-\$737), saying they would use it as evidence to prosecute him for drug trafficking. “They never produced it in court,” he said. “I think they just took it for their own use.” Tai P. said he spent twenty-five days in pre-trial detention before being sentenced on a drug possession charge.

Jit P., twenty-seven, described a similar incident from September 2002, shortly after the Thai government declared drug suppression to be one of its major policies.

I was riding a motorcycle with my boyfriend, and the police pulled us over. He said, “Your time is up, you have to come with us”. . . . They took me to their car, drove me to the police station, and made me sign a blank piece of paper. I spent time in jail, and afterwards they took me to court. It was then I found out I’d been charged with possession. The police presented evidence that I was a repeat offender, and I was sentenced to eight months in jail. I never saw what was on the piece of paper. Every time, I just sign a blank piece of paper. I never know what charge I’ve gotten.⁴⁹

In addition to coercing false confessions, Thai drug users said that police frequently planted drugs on people they knew to have a drug history. Tum N., twenty-four, said:

⁴⁸ Human Rights Watch interview, Samut Prakhan, May 6, 2004.

⁴⁹ Human Rights Watch interview, Samut Prakhan, May 7, 2004.

“I’ve never been arrested with possession of any drug. The two arrests I had, the drugs were planted.”⁵⁰ Human Rights Watch heard a description of such an arrest from “A” (his nickname), twenty-five, a former injection drug user who is now living with HIV/AIDS.

I didn’t have heroin on me, I only had a syringe . . . There was nothing inside the syringe, but I was high [on drugs] when I got arrested. The police couldn’t find any drugs on me, so he put some in my pocket and then took it out and said, “Does this belong to you?” They could tell I was a drug user, so it was easy for them to pin charges on me. The physical signs all said I was a junkie.⁵¹

“A” noted that his arrest did not occur during the war on drugs, by which time he had stopped using. Other users said, however, that planting of drugs on suspected drug offenders was common during the drug war. “It happens all the time,” said Kor D., twenty-six. “I have nothing against the police, but I know for a fact they are looking for bribes. Once I had nothing on me at all, and the cop just took something from his pocket and put it in mine.”⁵² Tai P., twenty-eight, told of a case in 2003 in which the police tested the urine of someone in his neighborhood but found no trace of narcotics. “His urine tested negative, but the cop just put some drugs in his pocket and arrested him,” Tai P. said. “He’s still fighting his case.”⁵³

Drug users noted that police often abused their authority to test the urine of suspected drug users, sometimes making arrests even when urine tested negative. “It looked like the police wanted to make arrests,” said Tai P. of the war on drugs. “Sometimes, the police just pick up kids on the road, and even if they test negative, they just take their money and cell phone and threaten them with arrest.” Tai P. said that merely associating with suspected drug users was enough to be caught in the police’s net. “There is one kid in my neighborhood who hangs out with two others who do *ya baa*,” he said. “When the police found drugs . . . they arrested all three of them.”

Several drug users noted that being in possession of drugs during a possession charge was the exception, not the rule. “I was arrested three times . . . for possession of heroin,” said Petch D., twenty-five. “The third time, I was actually in possession of

⁵⁰ Human Rights Watch interview, Samut Prakhan, May 6, 2004.

⁵¹ Human Rights Watch interview, Bangkok, May 7, 2004.

⁵² Human Rights Watch interview, Samut Prakhan, May 6, 2004.

⁵³ Human Rights Watch interview, Samut Prakhan, May 6, 2004.

heroin.”⁵⁴ Karn S., twenty-five, made a similar observation. “When we get caught, we never have any drugs—the police just see us and know we use drugs, so they threaten us with arrest.”

V. HIV/AIDS AND OTHER HEALTH IMPACTS OF THE WAR ON DRUGS

Whatever you do, you have to make sure you do not inadvertently drive them [drug users] underground.

—Kathleen Cravero, deputy director, UNAIDS, addressing the Thai government in March 2004

All my peers disappeared from the scene and hid themselves. It's not like before when you could go outside and you knew who the drug users were . . . After the war on drugs, people disappeared because they didn't feel safe.

—Odd Thanunchai, a peer educator and recovering heroin user in Chiang Mai

Thailand's war on drugs not only contributed to an erosion of the country's record on civil and political rights. It also raised fears among health experts of a wave of HIV infection and other health complications among the country's drug users, which include both methamphetamine users and people who inject heroin and other opiates.⁵⁵ These actions included coercing drug users into treatment and rehabilitation through threats of arrest or death; creating a climate of fear that drove drug users into hiding and away from health services, including HIV prevention services; penalizing drug users for possession of sterile syringes, resulting in an increased risk of syringe sharing and infection with blood-borne viruses; and incarcerating drug users in detention environments that posed a disproportionately high risk of disease transmission. Human Rights Watch documented recent cases of all of these government actions.

⁵⁴ Human Rights Watch interview, Samut Prakhan, May 7, 2004.

⁵⁵ According to Thailand's Office of the Narcotics Control Board (ONCB), as of 2001 methamphetamines comprised 75 percent of the drugs in use in Thailand and heroin comprised 10 percent. While methamphetamine pills are generally ingested or crushed and smoked, not injected, injection of methamphetamines does occur and poses a risk of HIV. Methamphetamine use may also lead to increased sexual risk taking and thus HIV infection. G. Reid and G. Costigan, *Revisiting 'The Hidden Epidemic,'* pp. 210-21.

Background on HIV/AIDS and injection drug use in Thailand

Despite the epidemic levels of methamphetamine use in Thailand, an estimated 100,000-250,000 of the country's drug users still inject heroin.⁵⁶ Heroin first appeared in Thailand after the government banned the smoking of opium in 1959.⁵⁷ Though initially confined to inhaling, the heroin epidemic soon shifted to injection drug use and, by the mid-1980s, had affected many regions of the country. A wave of HIV infection among Bangkok's heroin injectors, caused by the sharing of blood-contaminated syringes, first occurred in 1988.⁵⁸ By October of that year, an estimated 40 percent of Bangkok's injecting heroin users were HIV-positive, with as many as 5 percent becoming infected with HIV per month.

In stark contrast to other groups at risk of HIV, such as sex workers and military recruits, HIV prevalence among Thailand's injection drug users never dropped.⁵⁹ By June 2002, HIV prevalence among injection drug users at Thailand's addiction clinics stood at approximately 40 percent, the same high figure as in 1988.⁶⁰ This figure may be as high as 60 percent in some regions, according to sentinel surveillance conducted in thirty-nine sites in 2000.⁶¹ The share of new HIV infections occupied by drug users has increased every year since 1990 and is projected to reach 30 percent by 2005, higher than any other group.⁶²

⁵⁶ M. Ainsworth, A. Soucat and C. Beyrer, *Thailand's response to AIDS: Building on success, confronting the future: Thailand Social Monitor V* (Bangkok: World Bank, 2000), p. 21. Estimates of the number of injection drug users in Thailand vary widely. In March 2001, the Thai Working Group on HIV/AIDS Projections estimated 160,528 injection drug users in the country. In February 2004, the United Nations Office of Drugs and Crime cited a 2001 estimate of 274,200 heroin users in the country, 70-80 percent of whom inject. Thai Working Group on AIDS Projections, *Projections for HIV/AIDS in Thailand: 2000-2020* (March 2001), p. 12; S. Bezziccheri and W. Bazant, *Drugs and HIV/AIDS in South East Asia: A Review of Critical Geographic Areas of HIV/AIDS Infection among Injecting Drug Users and of National Programme Responses in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam* (Bangkok: UNODC, 2004), p. 37.

⁵⁷ G. Reid and G. Costigan, *Revisiting 'The Hidden Epidemic'*, p. 208.

⁵⁸ M. Ainsworth et al., *Thailand's response to AIDS*, p. 5; C. Beyrer, *War in the Blood: Sex Politics and AIDS in Southeast Asia* (Bangkok: White Lotus, London and New York Zed Books Ltd., 1998), p. 21; Thai Working Group on AIDS Projections, *Projections for HIV/AIDS in Thailand*, p. 28.

⁵⁹ See e.g., C. Beyrer, J. Jittiwootikarn, W. Teukul, M.H. Razak, V. Suriyanon, N. Srirak, T. Vongchuk, S. Tovanabutra, T. Sripaipan, and D.D. Celentano, "Drug Use, Increasing Incarceration Rates, and Prison-Associated HIV Risks in Thailand," *AIDS and Behavior*, vol. 7, no. 2 (June 2003), p. 153, citing Ministry of Public Health, Thailand, *HIV/AIDS Sentinel Surveillance Report* (Bangkok, 2000).

⁶⁰ W. Phoolcharoen, V. Tangcharoensathien, S. Tanprasertsuk, and C. Suraratdecha, "Thailand's Health Care Systems: Response to the HIV epidemic," presented at the sixth International Conference on Healthcare Resource Allocation for HIV/AIDS (ICHRA), Washington, D.C., October 13-14, 2003, p. 4, citing Ministry of Public Health, Thailand, *HIV/AIDS Sentinel Surveillance Report* (Bangkok, 2000).

⁶¹ Joint United Nations Programme on HIV/AIDS (UNAIDS), "Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections: Thailand" (2002).

⁶² Thai Working Group on AIDS Projections, *Projections for HIV/AIDS in Thailand*, p. 31. As of 2000, males infected by sharing needles accounted for 18 percent of the estimated 29,000 new HIV infections in Thailand. *Ibid.*, p. 30.

HIV infection among drug users also spreads to other persons, particularly drug users' sex partners and children.⁶³ In Thailand, approximately 3 percent of the estimated 29,000 new HIV infections in 2000 (about 870 cases) occurred among women with needle-sharing partners.⁶⁴ The Thai Working Group on HIV/AIDS Projection estimated in 2001 that with a significant investment in programs that reduced needle-sharing among injection drug users, the number of new HIV infections in Thailand could drop from 29,000 in 2000 to 11,800 in 2006. Without such an investment, the number of new infections in 2006 would be 17,000.⁶⁵

Ironically, Thailand is widely regarded as a “best practice” model in the reduction of sexually transmitted HIV through the promotion of condoms and safer sex. An explosive epidemic of HIV/AIDS first appeared among sex workers in northern Thailand in 1989. The first epidemic of its kind in Asia, it was unprecedented in its speed and, at its peak, affected up to 44 percent of sex workers in the northern Thai city of Chiang Mai.⁶⁶ By 1991, an estimated 15 percent of women in the sex industry in Thailand were HIV-positive.⁶⁷ During the temporary administration of Prime Minister Anand Panyarachun in 1992, the Thai government launched an aggressive “100 percent condom” campaign that aimed to combat HIV by promoting safer sex and condom use in brothels throughout the country. Rates of HIV infection among sex workers dropped significantly by 1994 and continued to drop thereafter.⁶⁸ While up to one million Thais had already been infected, it appeared as though the country had been spared a destabilizing AIDS epidemic.

The philosophy behind Thailand's condom promotion efforts was essentially one of “harm reduction.” Harm reduction involves the acknowledgment of potentially harmful behavior, be it prostitution or drug use, and the attempt to reduce that harm in a pragmatic and respectful manner. Encouraging sex workers and drug users to use condoms and sterile syringes, rather than insisting on immediate abstinence from sex

⁶³ See, e.g., World Health Organization, Western Pacific-Southeast Asia (WHO WPRO-SEARO), *HIV/AIDS in Asia and the Pacific Region* (2003), p. 8.

⁶⁴ Thai Working Group on AIDS Projections, *Projections for HIV/AIDS in Thailand*, p. 30. HIV transmission from injection drug users to their sex partners has been observed in numerous places, including China, northeast India, Indonesia, Malaysia, Burma, and Vietnam. WHO WPRO-SEARO, *HIV/AIDS in Asia and the Pacific Region*, p. 21.

⁶⁵ Thai Working Group on AIDS Projections, *Projections for HIV/AIDS in Thailand*, p. xvii.

⁶⁶ C. Beyrer, *War in the Blood*, p. 23.

⁶⁷ *Ibid.*

⁶⁸ According to the Thailand Ministry of Public Health, HIV prevalence among Thai sex workers went from 28.2 percent in 1994 to just over 12 percent in 2002. W. Phoolcharoen et al., “Thailand's Health Care Systems,” p. 5.

and drugs, is the epitome of harm reduction. Dr. Chris Beyrer, a leading expert on HIV/AIDS in Thailand, describes the philosophy underlying the 100 percent condoms campaign as follows:

Promoting condoms was not an attempt to restrict the sexual freedom of Thai men. The army had tried this approach—punishing men for getting STDs, declaring brothel-going to be in contravention of the army code—and it was a complete failure: HIV rates were unchanged. Condom promotion in commercial venues required the tacit acceptance on the part of the government, and the people, that while prostitution was illegal, it was widely available. This was one of the most practical aspects of the campaign: by avoiding a moralistic and legalistic attack, it allowed ordinary people to continue their sexual activities, should they choose to do so, but with greater safety and with the government providing the condoms.⁶⁹

By analogy, the distribution of sterile syringes and related information to drug users is an effective and pragmatic method of HIV prevention. Syringe exchange programs, whereby drug users obtain sterile syringes in exchange for used ones, have been shown repeatedly and in numerous countries to reduce infectious disease risk among injection drug users without increasing rates of drug use or drug-related crime.⁷⁰ Methadone, an orally administered prescription drug that manages opiate craving, also reduces disease risk by eliminating opiate users' reliance on syringes and increasing their retention in drug treatment.⁷¹ These strategies may be contrasted with abstinence and prohibition, which take a "zero-tolerance" approach to drug use and attempt to eliminate its harms by eliminating the behavior itself, often ineffectively.

Despite the proven benefits of harm reduction programs for injection drug users, the Thai government has long refused to invest in these services. The only needle exchange program ever to exist in Thailand, a small pilot project funded in Chiang Rai funded by the Australian government, was canceled when its funding expired. In Thai prisons, where drug-related offenders accounted for 53 percent of those incarcerated nationwide as of 1999, severely limited access to sterile syringes can lead to widespread reuse and

⁶⁹ C. Beyrer, *War in the Blood*, p. 34.

⁷⁰ See, e.g., evidence cited in Human Rights Watch, "Injecting Reason: Human Rights and HIV Prevention for Injection Drug Users," vol. 15, no. 2(G) (2003), pp. 12-17; M. Ainsworth et al., *Thailand's response to AIDS*, p. 44.

⁷¹ See, e.g., WHO, United Nations Office on Drugs and Crime (UNODC) and Joint United Nations Programme on HIV/AIDS (UNAIDS), "WHO/UNODC/UNAIDS position paper: Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention," p. 18, paras. 33-34, p. 32, para. 6.

sharing of syringes among inmates.⁷² Methadone is available through a national program, but treatment typically lasts twenty-one or forty-two days, after which patients are “tapered” off the drug even if they still crave opiates.⁷³ A 1991 pilot methadone program in Bangkok showed that patients who remained on methadone (a therapy known as “methadone maintenance”) were much less likely to return to heroin use. However, it was not until 2000 that the Ministry of Public Health changed its policy to allow for ongoing methadone maintenance, and even then for a maximum of two years.⁷⁴ In February 2004, the United Nations Office on Drugs and Crime (UNODC) estimated that barely 1 percent of injection drug users in Thailand were receiving harm reduction services.⁷⁵

In 2003, a newly formed coalition of current and former drug users known as the Thai Drug Users Network (TDN) applied to the Geneva-based Global Fund to Fight AIDS, Tuberculosis and Malaria for a grant to fund HIV prevention services to the country’s drug users. Global Fund grants are typically awarded directly to governments through a representative body known as a “country coordinating mechanism” (CCM). However, in view of the Thai government’s lack of commitment to harm reduction, TDN argued that the money ought to bypass the CCM and go directly to a nongovernmental organization. In October 2003, the Global Fund granted U.S.\$911,542 to TDN for peer-based HIV prevention, care and support program for injection drug users—the first grant of its kind to a nongovernmental organization.⁷⁶

The lack of investment by the Thai government in harm reduction for drug users is especially troubling given the failures of drug treatment in Thailand. In 2004, the Office of the Narcotics Control Board (ONCB) and the Bangkok Metropolitan Authority (BMA) estimated that fewer than 2,000 of the estimated 5,000 injection drug users in the Bangkok area were receiving in-patient treatment.⁷⁷ Drug treatment in Thailand is

⁷² G. Reid and G. Costigan, *Revisiting ‘The Hidden Epidemic,’* p. 212; M. Ainsworth et al., *Thailand’s response to AIDS*, pp. 44-45.

⁷³ This conflicts drastically with the best practice of methadone programs. A short course of methadone may be sufficient for treatment of withdrawal or for detoxification, but longer-term doses are needed to stabilize brain functions and prevent craving and withdrawal. See, e.g., WHO, UNODC and UNAIDS, “Substitution maintenance therapy,” p. 12, para. 22.

⁷⁴ M. Ainsworth et al., *Thailand’s response to AIDS*, p. 45; C. Beyrer, *War in the Blood*, p. 153; G. Reid and G. Costigan, *Revisiting ‘The Hidden Epidemic,’* pp. 213-214; S. Bezziccheri and W. Bazant, *Drugs and HIV/AIDS in South East Asia*, p. 38.

⁷⁵ S. Bezziccheri and W. Bazant, *Drugs and HIV/AIDS in South East Asia*, p. 15.

⁷⁶ See online, <http://www.theglobalfund.org/search/portfolio.aspx?countryID=THA> (retrieved April 8, 2004).

⁷⁷ Office of the Narcotics Control Board and Bangkok Metropolitan Authority, “Number of In-Treated IDUs in BKK and Vicinities, 1993-2004;” “Estimated number of IDUs in BKK and Vicinities, 1993-2004” (on file at Human Rights Watch).

provided through a variety of public and private treatment centers, many of them hospital-based; as of 2001, there were an estimated 640 registered treatment centers in the country with 1,670 beds.⁷⁸ Many drug users in Thailand enter treatment through the criminal justice system, which typically refers low-level offenders to a “compulsory treatment center” pursuant to the 2003 Narcotic Addict Rehabilitation Act. The law provides for a six-month rehabilitation period renewable for up to three years, after which authorities consider whether to institute criminal proceedings.

Coerced drug treatment and rehabilitation

Throughout the war on drugs, the Thai government took a number of coercive steps to enroll people in drug treatment programs in an apparent effort to reduce demand for illicit drugs. These “demand reduction” strategies were doomed to fail, not least because they were conducted in a climate of extreme fear created by reports of blacklisting and extrajudicial executions. According to experts, scores of Thais—some drug users, some not—reported for drug treatment during the war on drugs simply because they perceived it was the only way to avoid arrest or possible murder. Others stayed away from treatment for fear of being identified as a drug user and subsequently targeted for arrest or worse. A survey of 3,066 people who attended state-run rehabilitation centers from March 24 to April 4, 2003 (the period corresponding with the height of the war on drugs), found that 6 percent had never used any illicit drug before, and 50 percent had quit using before the war on drugs began.⁷⁹

Dr. Apinun Aramrattana, director of Thailand’s Northern Substance Abuse Center and co-author of the above survey, told Human Rights Watch that the Thai government had aimed to enroll 300,000 methamphetamine users in treatment during the drug war, based on a 2000 estimate of 300,000 methamphetamine users needing treatment in the country. The government ordered regional health authorities to enroll a certain number of methamphetamine users in treatment, totaling 300,000. Treatment centers used a dial-up internet connection to submit each patient’s name to a central server, which then cross-checked the names against a population database. “Everything was done in such a rush,” Aramrattana said. “There was no time to test the system, no time to train the people involved. Eventually people just entered any name the system would accept.”⁸⁰

⁷⁸ G. Reid and G. Costigan, *Revisiting ‘The Hidden Epidemic,’* p. 213.

⁷⁹ Human Rights Watch interview with Dr. Apinun Aramrattana, director, Northern Substance Abuse Center, Melbourne, April 22, 2004.

⁸⁰ *Ibid.*

Aramrattana expressed concern that the “chaotic management” of treatment enrollment during the drug war could have lasting effects on the reliability of treatment data in the country. “When they [health authorities] need to report statistics to the government under threat of penalty, can you believe any number they give? We are already seeing that they report any number to the government under pressure, and the government announces this as an official figure.”

Interviews with drug users suggested that many people did not enter (or remain in) treatment voluntarily, but rather that police essentially required it. “If they [the police] see me, I present a card as proof that I’m in treatment at a medical center,” said Chuai N., thirty-six, who had been injecting heroin for over ten years. “If you have an ID showing you attend treatment, you are considered a ‘patient,’ so they don’t arrest you.”⁸¹ The few times he had been arrested, Chuai N. said, he was charged with possession of narcotics after the police planted drugs in his pocket.

Drug users who chose *not* to seek treatment during the war on drugs also said they were acting out of fear. “It’s something to do with the individual’s perspective,” said Odd Thanunchai, twenty-six, a peer educator and recovering heroin user in Chiang Mai. “If you go to treatment or boot camp, you are documented. You can’t guarantee what’s going to happen to you afterwards, so you would rather not come forward.”⁸²

According to one statistic, the number of heroin users attending the Northern Drug Dependency Treatment Center (NDDTC) dropped from fifty to eighty users per month before the war on drugs to less than ten users per month after.⁸³

With respect to the quality of treatment provided during the war on drugs, addiction specialists observed that the government seemed more determined to fill treatment quotas than to address drug addiction in any meaningful way. The typical course of treatment consisted of a series of disciplinary drills in a military-style “boot camp,” after which drug users were declared “drug-free.” The boot camps did not screen attendees properly, nor did they provide follow-up to prevent relapse. “Maybe they [the authorities] don’t want to bother with follow-up because they would see that people

⁸¹ Human Rights Watch interview, Samut Prakan, May 7, 2004.

⁸² Human Rights Watch interview, Chiang Mai, April 30, 2004.

⁸³ Human Rights Watch interview with Dr. Jaroon Jittiwutikarn, Chiang Mai, April 29, 2004. An addiction specialist and former director of the NDDTC, Jittiwutikarn told Human Rights Watch that drug users may have avoided addiction treatment because they feared being mistaken for drug traffickers. “They may have suspected the police were killing a lot of drug dealers, so they may have been afraid of being misunderstood,” he said. “So it’s better to stay under the carpet and not come out for treatment.” He added that some heroin users may have reported to government-run boot camps designed for methamphetamine users, rather than to methadone clinics, thinking that enrolling in a boot camp was the best way to clear their name.

have relapsed,” said Dr. Jaroon Jittiwutikarn, an addiction specialist and former director of the NDDTC. “They would rather declare victory based on the number of admissions to boot camp.” Aramrattana added that the boot camps risked giving users a false sense of recovery from their addiction. “The idea was that if drug users registered for treatment during the period [of the war on drugs], they would gain more acceptance from the community for being drug-free,” he said. “People think they no longer need treatment after that, because the incentive from their family, parents and teachers is gone.”

The quality of methadone treatment provided to heroin users was also questioned by some. While Thai law allows for long-term methadone “maintenance” therapy, which has a high success rate in eliminating heroin cravings, most clinics offer only twenty-one days of methadone detoxification before “tapering” patients off the drug. Experts, including the World Health Organization, agree that this is not sufficient to eliminate opiate cravings.⁸⁴ Karn S., twenty-five, described how her heroin cravings returned as soon as the twenty-one days expired.

They gradually reduce the dose over twenty-one days and on our last day there’s hardly any left. When I get to that point, I begin to crave, and I need to find heroin as a substitute. I need to find it right away, because they make me wait seven days before I can be admitted to another twenty-one-day program. This is going on even now. The last time I used heroin was about two or three months ago. I didn’t get my methadone in time, so I needed to find heroin. I get it from dealers in the province, or sometimes in Klong Toey.⁸⁵

Muay C., twenty-six, said that she had been through three forty-two-day methadone programs before the war on drugs started in February 2003. “I heard about the drug war on cable TV,” she said. “I was afraid a little of being arrested, afraid of not being able to find heroin. A lot of people I know were arrested.”⁸⁶ She said at first she began asking a friend to purchase heroin for her, but eventually she tried quitting again. “I did the detox program at the psychiatric hospital near the airport two or three months ago,” she said. “It’s very painful, and I don’t sleep well at all.” At the time Human Rights Watch met her, Muay C. was still using heroin periodically and was becoming addicted to sleeping pills.

⁸⁴ WHO, UNODC and UNAIDS, “Substitution maintenance therapy,” p. 12, para. 22.

⁸⁵ Human Rights Watch interview, Samut Prakhan, May 6, 2004. Klong Toey is a neighborhood in Bangkok.

⁸⁶ Human Rights Watch interview, Chiang Mai, April 30, 2004.

Some drug users also complained of arbitrary restrictions imposed by methadone providers. Methadone is typically administered in a daily dose taken orally in liquid form. Some methadone providers, including in Chiang Mai, permit drug users to take home a supply of methadone to avoid the inconvenience of having to attend the clinic every single day. Most methadone patients interviewed by Human Rights Watch, however, said that their clinic refused to allow them to bring home a supply of methadone, not for clinical reasons, but for fear that they would sell the methadone on the street to earn a profit. This arbitrary (and highly onerous) requirement did not apply to other prescription drugs with a potential street value, such as sleeping pills or painkillers. Noi N., thirty-seven, described his daily methadone routine as follows:

I go to [the methadone clinic] every day. I take a bus—it can take up to two hours if the traffic is bad. The methadone is only effective for two days. [If they give us some to take home,] they are afraid we will sell it to somebody else. I really want to take more home, but they won't let me. They're afraid I'll sell it. The only place you can get methadone is in a medical center. My girlfriend works in a factory and I also sell clothes, so I don't have to work all day. I haven't missed a day yet. If I miss the morning, I go in the afternoon. No one is allowed to take methadone home.⁸⁷

Some drug users said that if they missed a single day of methadone treatment, they turned to heroin to satisfy their cravings. “Last month, there was a holiday and the center was only open for half a day, so I didn't make it in time,” said Reib S., twenty-seven, who began injecting when he was twenty and is HIV-positive. “I needed to find some drugs, so I bought B300 [U.S.\$7] worth of heroin.”⁸⁸ Reib S. said that on one such occasion, the police arrested him and he spent a month in jail without any access to methadone therapy.

Once, about two or three years ago, the police caught me. I got picked up on my way back from buying heroin, so I had the drugs on me. I spent a month in jail. It was hard. There were too many people in there. There was no methadone, no heroin. I had to tough it out. I was in a lot of pain. I couldn't sleep, I just craved for it. After I was

⁸⁷ Human Rights Watch interview, Samut Prakhan, May 7, 2004.

⁸⁸ Human Rights Watch interview, Samut Prakhan, May 7, 2004.

released, I went back to using for about two months before getting onto methadone again.

The Thai government's systematic use of fear to force people into treatment, combined with the inadequate course of treatment offered and the lack of follow-up, showed little to no appreciation for the chronic and relapsing nature of drug addiction. "I've tried treatment thirty or forty times," said Tum N., twenty-four, who began injecting heroin at seventeen. "They give me methadone and reduce the dose until there's none at the end. After you finish, you just go home. By the time the dose gets really low, I go back to heroin."⁸⁹ Ngu L., twenty-three, said that he first tried drug treatment in a monastery when he was fifteen, the year he began injecting heroin. When he entered a methadone program in April 2003, three months into the drug war, it was his seventh attempt.

Driving drug users "underground"

Long experience, including with Thailand's sex industry, shows that fear of arrest and police abuse can drive people at high risk of HIV infection "underground" and away from potentially life-saving HIV prevention and other health services. The available evidence suggests that this is precisely what occurred during Thailand's war on drugs, during which fear of arrest was magnified by reports of rampant police killing of drug suspects.⁹⁰ Odd Thanunchai, twenty-six, a peer educator for the nongovernmental organization Population Services International (PSI) in Chiang Mai, described the fear that gripped Thai drug users during the war on drugs.

They felt their life was threatened, that they might be killed or arrested. So they went where they felt safe, where they couldn't be identified with other drug users. Some even escaped and went to live in the mountains, or moved into a friend's house. Some just lived by themselves in hiding. There's one person I went to see at his house. I know he's there, but his family told me he wasn't even there.⁹¹

As a peer educator for "O-Zone," a drop-in center for drug users run by PSI, Thanunchai said that the war on drugs made it more difficult for him to reach drug users with HIV prevention and other health information. "All my peers disappeared from the

⁸⁹ Human Rights Watch interview, Samut Prakhan, May 6, 2004.

⁹⁰ In addition to the evidence in this report, see e.g., D. Wolfe, "Condemned to Death," *The Nation*, April 26, 2004, p. 14; P. Suwannawong and K. Kaplan, "AIDS, Drugs, and the Human Rights Crisis in Thailand," presentation given at the Open Society Institute, New York, August 25, 2003.

⁹¹ Human Rights Watch interview, Chiang Mai, April 30, 2004.

scene and hid themselves,” he said. “It’s not like before when you could go outside and you knew who the drug users were Before, it was easy to find a group and know where the gathering place was. After the war on drugs, people disappeared because they didn’t feel safe.”

The precise impact of the war on drugs on drug users’ health is difficult to research, not least because of the climate of fear surrounding drug use itself. A researcher with a randomized study of HIV prevention among drug users conducted by Johns Hopkins University, Chiang Mai University’s Research Institute for Health Science, and the Northern Thai Drug Treatment Center, said that most of the 340 people recruited for the study simply disappeared when the crackdown began. “We lost sight of about 270 to 280 people within two or three weeks,” the researcher told Human Rights Watch. “Some were definitely killed, some went underground The fear was insane. The ones we were in contact with reported going underground and reported sharing syringes.”⁹²

The coordinator of O-Zone, Anurak Boontapruk, told Human Rights Watch that “it’s hard [during the war on drugs], because they [the drug users] are hiding from us. They are more spread out. Either they move or they get arrested.”⁹³ Boontapruk added that he felt drug users’ risk of becoming infected with HIV increased, because drug users continued to find ways to inject drugs but without access to information on HIV prevention. “Some drug users have told us that when they are in hiding, many risky behaviors happen,” he said. “I think they’re at greater risk of HIV, because it’s hard for individuals or organizations to work with this group now, including for research, education, or access to health services.”

Fear of arrest may have been particularly pronounced for drug users in northern Thailand who were also migrant workers from neighboring Burma, according to Jackie Pollock of the Chiang Mai-based Migrant Assistance Program (MAP). Pollock said that outreach workers attempted to educate migrant workers about health issues, including drug use, but it was difficult to talk openly about drugs during the crackdown.

During the war on drugs, I think levels of fear tripled Rumors went around for a year. Friends of migrant workers were saying their friends had come from Burma and the police stopped them, and they ran and

⁹² Human Rights Watch interview, April 24, 2004.

⁹³ Human Rights Watch interview with Anurak Boontapruk, coordinator, O-Zone, Chiang Mai, April 30, 2004.

got shot. We assumed it was drug-related, because normally migrants running away from an illegal raid wouldn't get shot.⁹⁴

Pollock added that heightened levels of fear made it difficult to conduct effective outreach work with drug users, especially in previously underserved areas. "When people's level of fear of arrest increase, that makes it difficult to reach them," she said. "Everyone was afraid we might be an informer. It takes a long time to establish their trust." Although the government had made some efforts to encourage drug users to seek treatment, including by posting signs in public places throughout Chiang Mai, Pollock said that migrant workers may not have grasped the subtlety of that message. "Migrants don't even read Thai," she said. "They don't pick up on the subtleties of 'drug trafficker' versus 'drug user.' And of course, all the people who were getting caught were the middle people"—meaning, in her view, low-level drug traffickers who may have been selling to support their families or to finance a drug habit.

In a suburb of Bangkok, Human Rights Watch interviewed a peer educator who had established an underground syringe exchange program as part of a hospital-based drop-in center for injection drug users. He and his colleagues provided sterile syringes, condoms, and counseling on the safer use of heroin and amphetamines to approximately thirty clients per week. "If the police knew about it [the syringe exchange], they would probably arrest us," said the peer educator. "So it's a risk. Every day I carry the syringes in my bag. It's a bit underground. Luckily I'm not from around here, so the police don't have a record on me."⁹⁵ The educator added that the war on drugs made reaching drug users even harder than usual. "Obviously the war on drugs has had some effects on our work. It's much harder to get people involved in the drop-in center, because it's located in a public establishment and they feel if they come here they will be arrested. The clients are also afraid they will be recognized as drug users and targeted for arrest in the future." The risk of arrest also made it impossible to collect used syringes for safe disposal, he said. "It's rather dangerous to carry a syringe around with you in case the police find it, so you need to find a way of giving them out without getting them back."

Epidemiological surveys of drug users' behavior during the war on drugs corroborate some of the testimony gathered by Human Rights Watch. The Johns Hopkins/Chiang Mai University study noted above showed that 37 percent of drug users who had formerly attended drug treatment centers in Chiang Mai went into hiding during the war on drugs, in some cases sharing syringes because sterile syringes became more difficult

⁹⁴ Human Rights Watch interview with Jackie Pollock, director, Migrant Assistance Project, Chiang Mai, April 30, 2004.

⁹⁵ Human Rights Watch interview, May 6, 2004.

to obtain.⁹⁶ The same study suggested that many drug users had stopped injecting heroin during the drug war, but that a large number of those had switched to other forms of illicit drugs, alcohol consumption or sleeping pills. Boontapruk from PSI observed several increased risk behaviors during the war on drugs, including switching to other drugs or alcohol and risking fatal overdose by injecting too quickly.

Some heroin users switched drugs but continued to inject. Some started using *ya baa* or other pills. Some just turned to using strong alcohol like whiskey, which can cause accidents. When you're hiding from the police, it's very difficult to have drugs on you, so you need to use them in a hurry. This can cause overdose.⁹⁷

According to the Johns Hopkins/Chiang Mai University study, a significant percentage of drug users who stopped injecting heroin during the war on drugs either sought drug treatment (38.3 percent) or quit "cold turkey" (39.0 percent).⁹⁸ Most heroin users said they had stopped injecting because of the reduced availability of heroin. As of this writing, no follow-up data is available on whether these users subsequently relapsed.

In July 2003, hours after researchers presented some of the above findings at the Ninth National Conference on AIDS in Bangkok, Thai police raided the researchers' offices in Chiang Mai and demanded to know the location of the study participants. "They wanted to know where the drug users were," a researcher who was present at the raid told Human Rights Watch. "It was five or six police officers. They pretty much wanted to know why we were in touch with drug users and where they were . . . They were Chiang Mai local police, who had obviously been contacted from Bangkok and sent in . . . It was the most efficient policing I'd ever seen."⁹⁹ The researcher said that the office had enjoyed good relations with narcotics officers before it was raided, and that researchers explained to them that it would be unethical to reveal the identities of research subjects.

It is important to note that even before the war on drugs, Thai drug users had severely limited access to HIV prevention services such as syringe exchange and methadone maintenance therapy. Community-based peer interventions such as those described

⁹⁶ A. Bhatiasevi, "War on drugs 'raises AIDS risk,'" *Bangkok Post*, July 8, 2003.

⁹⁷ Human Rights Watch interview with Anurak Boontapruk, Chiang Mai, April 30, 2004.

⁹⁸ S.G. Sherman, A. Aramrattana and D.D. Celentano, "Results of two studies of drug users during Thailand's 'war on drugs,'" unpublished data presented at Johns Hopkins School of Public Health, April 8, 2004.

⁹⁹ Human Rights Watch interview, April 24, 2004.

above attempted to fill this gap by at least providing drug users with basic information about safer sex, use of sterile syringes, prevention of fatal overdose, and methadone.¹⁰⁰ During the war on drugs, however, the Thai government has made no attempt to mitigate or even evaluate the impact of its anti-drug policies on these limited interventions.

Penalties for syringe possession

Public health authorities consistently recommend that for people who cannot or will not stop injecting drugs, using a sterile syringe for every injection is the most effective way to prevent HIV and other blood-borne viruses.¹⁰¹ In Thailand, it is common for injection drug users to purchase new syringes in pharmacies without needing a prescription to do so. Human Rights Watch found, however, that Thai police frequently used possession of sterile syringes as sufficient evidence with which to make an arrest, whether for possession of drug paraphernalia or narcotics. Some drug users said they feared purchasing syringes in pharmacies because these arrests would sometimes occur in the vicinity of the pharmacy itself.

Kor D., twenty-six, told Human Rights Watch he began injecting heroin when he was about eighteen. He knew that sharing syringes posed a risk of HIV transmission, he said, but it was difficult to carry sterile syringes without being identified by the police as a drug user.

I live in a slum that's well known to have drug users. You have cops walking around. If they pick you up and see needle markings on your arm, they just arrest you. It gets even worse if you have a syringe with you, unless of course you have a certificate saying you have a disease that requires injection, like diabetes. The way I look, with all my tattoos, the cop doesn't have a second thought about picking me up. The cops arrest you for drug possession, even if you don't have any drugs with you.¹⁰²

In 2002, Kor D. tested positive for HIV. "I suspect it was probably from sharing syringes," he said, adding that he knew the risk he was taking. "I had no other choice,

¹⁰⁰ The effectiveness of these interventions is reviewed in WHO, "Evidence for action: Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users" (2004).

¹⁰¹ See, e.g. United States Public Health Service, "HIV Prevention Bulletin: Medical Advice for Persons Who Inject Illicit Drugs," May 9, 1997.

¹⁰² Human Rights Watch interview, Samut Prakan, May 6, 2004.

because I craved for it and had only one syringe. I had to use it. This situation happened many times. The place where I buy syringes is far from my home. There's also a risk of getting arrested by police, and I don't have much money.”

Karn S., twenty-five, said that buying syringes felt illegal, not unlike buying heroin.

I buy my syringes from a drug store. It's quite easy, but you need to watch out for the cops. If the cops see it, they'll arrest you right away, inside the store. If the cop knows that a storeowner is selling syringes to a drug user, the owner will get arrested, too. I need to look around for the police going in and buying a syringe. Once it's safe, I just go in and buy it. It's just like buying drugs—you need to be careful.¹⁰³

Muay C., twenty-five, described a similar risk in Chiang Mai. “You have to be careful going to the drug store to buy syringes,” she said, adding:

You have to hide them [syringes] in your underwear. The last time I tried was the beginning of this month. I went into the drug store, quickly gave them the money and put the syringe straight into my underwear. I used that syringe a few times. [Whether I reuse syringes] depends on how much heroin I have. If I have a lot, I reuse more often. One time I was really craving and I shared.¹⁰⁴

Drug users recounted arrests not only outside pharmacies, but also outside methadone clinics. Peer educator Odd Thanunchai said that he had been using methadone irregularly for approximately three years when, in 2002, police in Chiang Mai stopped him and arrested him on his way to the clinic.

I came to the clinic in the morning to pay for my methadone, and then I drove my motorbike to an area behind the teacher's college. I had no drugs on me when I left the clinic. I was thinking about parking my bike, but then a police officer walked out from a small lane—it's a very small street, and someone standing there can grab you very quickly. The area is known as a drug-dealing area. The police asked me, “Why are you here today?” and I tried to give a reason. Because they knew me as

¹⁰³ Human Rights Watch interview, Samut Prakan, May 6, 2004.

¹⁰⁴ Human Rights Watch interview, Chiang Mai, April 30, 2004.

a drug user, they didn't believe anything I said. They assumed I was coming for drugs. When you come across them, there's no way to get away. They sent me back here [to the methadone clinic] to get my change, and then they took me to the police station for two days and one night.¹⁰⁵

Following his arrest, Thanunchai said he was sentenced to six months in prison for using drugs. "They [the police] didn't do much to prove I was a drug user," he said. "They just said, 'This is the same old face.'" Thanunchai said it was "not worth having a lawyer" to fight the charge, because that would only lengthen the time he spent in pre-trial detention awaiting a trial. "It consumes a lot of time and money just for a shorter sentence," he said. "If you have a lawyer, it might actually lengthen your time in jail because the process takes longer, so you spend more time in detention."

Dangerous practices fostered in detention facilities

A predictable outcome of Thailand's drug policies, which emphasize criminalization over humane treatment and harm reduction, is that many active drug users spend time in prison or pre-trial detention. A 2002 study of 1,865 injection and non-injection drug users in Chiang Mai found that 27 percent had been jailed in their lifetime, and that 55.2 percent of those who had ever injected had been jailed.¹⁰⁶ The incarceration of active drug injectors presents an enormous public health challenge, as evidence shows that drug users often continue to inject in jail and prison (and following their release), often sharing syringes with their fellow inmates. Incarceration is strongly associated with HIV infection in Thailand, particularly for men. In the above survey, of 104 male injection drug users who had been jailed, 38.2 percent were HIV-infected, compared to 20.2 percent of those who had not been jailed. Among male injectors who admitted to having used drugs in prison (15.8 percent of those who had been jailed), 48.8 percent had HIV.

Interviews with ex-inmates showed that prison authorities in Thailand were taking few if any steps to address—or even evaluate—the enormous risk of HIV infection among incarcerated drug users. Ngu T., twenty-three, said he was sent to prison for two years in 2002 after a police officer found syringe markings on his arm. "The police stopped me and looked at my arm and said, 'You're a drug user,' and picked me up," he said. "I was in prison for two years." He described his drug use in prison as follows:

¹⁰⁵ Human Rights Watch interview, Chiang Mai, April 30, 2004.

¹⁰⁶ C. Beyrer et al., "Drug Use, Increasing Incarceration Rates, and Prison-Associated HIV Risks in Thailand," pp. 156-57.

It's easier to get heroin in prison than outside. They have dealers inside prison. It's not that expensive, about B400-500 [U.S.\$10-\$12] per pack. It's a bit more expensive outside. We get syringes from some medical station inside the prison. I took them myself, they were proper syringes. You need to share needles, there's never enough. I'd share with over fifty people. I didn't have a choice. When there's only one, you have to use it. It's not very sharp, but you have to use it.¹⁰⁷

Following his release from prison in 2003, Ngu T. tested positive for HIV. "I probably got infected in prison, because I was sharing needles," he said. "I shared before prison as well, but I still believe I got AIDS when I was in jail, because the sharing is more widespread. I realized the risk, but I craved it, and nothing would stop me."

Some drug users told Human Rights Watch that before they were arrested and sent to prison on drug charges, they had been making progress in addiction treatment. Peer educator Odd Thanunchai said he spent between two and three months in jail after police stopped him on his way to a methadone clinic. "There were drugs in prison—all kinds," he said. "The situation in prison and here outside is just the same."¹⁰⁸ He added that prison inmates fashioned homemade syringes out of needles and intravenous tubing, which they shared.

We put the [drug] solution in an IV tube, and we blow on the tube to put pressure on the solution to get it into a vein. It really takes a lot of effort, making sure you blow with the right pressure. We mostly share the same equipment. It's expensive, so we buy one injection of heroin,

¹⁰⁷ Human Rights Watch interview, Samut Prakan, May 7, 2004. Human Rights Watch asked numerous ex-prisoners how they brought drugs into heavily guarded prisons and jails without getting caught. Peer educator Odd Thanunchai, who had last been in prison in 2002, gave a lengthy description of smuggling drugs into two different prisons in Chiang Mai:

The way people bring it in is, for example, if someone goes outside for a court appearance they can get drugs. We call that "riding the bus." They pack it into a really tight cake the size of a kernel of corn. Sometimes they swallow it or hide it in their nose. I know one guy who swallowed it and it burst, and he died In the old prison, the wall isn't very tall so people hide drugs in a piece of clay and throw it over the wall. We arrange a time—say on the day I'm being released, I'll tell my friend to wait behind the wall at a certain time, and I'll find him something. In the new prison, we have different methods of bringing in drugs, like swallowing them or hiding them in your nose or anus, or if you have enough money, bribing an officer to bring it in. We call that "riding the lion in." It can be done per trip, say for B10,000 [U.S.\$245], or you can arrange to pay a monthly fee. Paying B10,000 for that is nothing at all compared to all the checkpoints you have to go through to get drugs in. (Human Rights Watch interview, Chiang Mai, April 30, 2004).

¹⁰⁸ Human Rights Watch interview, Chiang Mai, April 30, 2004.

prepare it in a bottle cap, and there's one person, the injector, who makes sure everyone gets the same portion. Between each person, the injector takes water in his mouth and blows it through the tube to clean the equipment.

Asked how many people shared the injection equipment, Thanunchai said, "About three or four The way we do it is, four people will put their money together and buy an injection [of heroin] and then go to someone to rent the equipment. His fee would be a portion of the injection, so it becomes five instead of four."

Although many drug users in Thailand avoid prison time for low-level offenses, most still spend time in pre-trial detention following their arrest. Yai T., twenty-eight, described sharing syringes in a Bangkok-area jail in 2002.

I was in jail in 2002 for two months before I went to court and was released. When I was in jail with the other drug users, everyone craved heroin and you couldn't find a syringe. So you took a straw from an orange juice packet and used it to inject. There were needles in the jail that had been left behind by someone else, or we would ask somebody else to smuggle them in. We'd connect the needle to the straw and blow in. Seven or eight people would share the equipment. Before us, I wouldn't know how many, maybe hundreds. When you crave heroin, you don't give a damn about whether you get infected with HIV.¹⁰⁹

Yai T. added that "there is no HIV testing in jail, no information about AIDS. You just get a normal health check [in the medical clinic], or treatment for a cold or stomachache."

Kor D., twenty-six, who is HIV-positive, said that when he was in jail in the 1990s, people would smuggle in syringes or else make their own syringes out of sharpened ballpoint pens.

People would hide syringes in their anus and then take them out once they got into jail. The search is not as detailed in jail as it is in prison. There's never enough, so they share needles in jail as well. You only need a needle and an IV tube, or even a pen. You sharpen it up, take

¹⁰⁹ Human Rights Watch interview, Samut Prakan, May 6, 2004.

out the ink, stick it in you and blow. The people who supervise the jail know this is going on. It depends how much you bribe them.¹¹⁰

Other interviews suggested that instead of taking steps to reduce HIV risk among inmates who injected drugs—for example, by providing information on HIV/AIDS or substitution therapy—guards simply punished inmates who used drugs. Noi N., thirty-seven, told Human Rights Watch that she was too scared to use drugs in prison because “if you get caught using drugs in jail, you can get killed or beaten up so badly you almost die. Or you get beaten repeatedly until your health deteriorates.” But there was no adequate program to deal with her addiction.

I needed just to bear with it, to tell myself I couldn’t use or else I’d get caught. Some people can’t stand it and just use, and they get caught and beaten. I craved it a lot and got tired and fatigued. The only thing they gave me was a painkiller, like paracetamol.¹¹¹ There is no methadone in prison. I never asked for it—just for asking, I might get myself beaten up. If I asked, the guard would take it to mean that I hadn’t repented for my crime, that I’m still thinking about drugs and need to be punished.¹¹²

Rather than recognizing the extent of injection drug use in prison and taking steps to mitigate HIV risk, Thai authorities appear to be turning a blind eye to the problem. A policy analyst with the Office of the Narcotics Control Board (ONCB), who does not represent the correctional system but who spoke knowledgeably about HIV prevention policy among Thailand’s drug users, stated that basic HIV prevention services, including methadone maintenance, would not be made available in Thai prisons. “Not in that place [prison],” she said, “because that place is supposed to be drug-free, and if they go through withdrawal, they have a doctor to provide them with other treatment.”¹¹³ The analyst also questioned the extent of heroin use in prisons, saying, “sometimes we have relatives trying to send drugs to offenders in jail, but we try very hard to stop this.” A 2004 Harm Reduction Action Plan prepared by Thailand’s Ministry of Public Health calls for an evaluation of the situation of drug use and HIV/AIDS in prisons, but as of January 2004 the participation of the Department of Corrections had not been finalized.

¹¹⁰ Human Rights Watch interview, Samut Prakhon, May 6, 2004.

¹¹¹ Paracetamol is another name for the pain reliever acetaminophen.

¹¹² Human Rights Watch interview, Samut Prakhon, May 7, 2004.

¹¹³ Human Rights Watch interview with Supodjane Chutidamrong, policy and planning analyst, Office of the Narcotics Control Board, Bangkok, May 10, 2004.

State and international response to health impact of the war on drugs

Human Rights Watch met with officials at the ONCB and the Thai Ministry of Public Health about the adequacy of addiction treatment and HIV prevention services for drug users in the country. Supodjane Chutidamrong, a policy analyst with the ONCB, stated that all drug treatment was voluntary in Thailand unless a drug user was arrested, in which case low-level offenders were sent to compulsory treatment and high-level or multiple offenders received treatment in prison. All low-level offenders underwent an evaluation for fifteen to forty-five days evaluation by a Rehabilitation Subcommittee prior to being placed in either outpatient treatment or a compulsory treatment center. From the implementation of this policy in March 2003 to January 2004, 12,263 drug users had entered compulsory treatment, she said.

Compulsory treatment centers, like prisons, provided rehabilitation through the Therapeutic Community (TC) model,¹¹⁴ even for heroin users who might have required substitution treatment. Asked why methadone was not available outside voluntary treatment programs, Chutidamrong said that by the time most drug users completed their evaluation and entered treatment, they had gone through withdrawal and no longer needed opiate substitutes. She also noted that most drug offenders did not use opiates but methamphetamines, which did not respond to substitution therapy.

The distribution of sterile syringes to drug users does not figure into Thai AIDS policy, and is opposed by senior members of the drug control establishment. In 2001, the deputy secretary general of the ONCB, Rasamee Vistaveth, assumed the chair of an interagency task force on harm reduction established at the recommendation of the World Bank. According to Sompong Chareonsuk, a country program adviser (field officer) for UNAIDS who coordinates the task force, Vistaveth soon stepped down “because the ONCB had no harm reduction mandate.”¹¹⁵ In 2002, the Thai government reconstituted the task force as the National Working Group on Harm Reduction, apparently in anticipation of its hosting the Fifteenth International AIDS Conference in 2004. The working group developed a seven-point plan of action with a budget of approximately U.S.\$150,000, all of it donated by either UNAIDS or the United Nations

¹¹⁴ Therapeutic communities are drug-free residential settings that use a hierarchical model of drug treatment. As residents develop more effective social skills, they graduate to higher levels and assume greater levels of personal and social responsibility. Therapeutic communities have been used in the United States since the 1960s and were adapted in Thailand mainly for correctional settings. See online, <http://www.drugabuse.gov/ResearchReports/Therapeutic/Therapeutic2.html> (retrieved June 2, 2004).

¹¹⁵ Human Rights Watch interview with Sompong Chareonsuk, country programme adviser, UNAIDS Thailand, Bangkok, April 27, 2004.

Office on Drugs and Crime (UNODC).¹¹⁶ As of mid-2004, none of the grants awarded directly to the Thai government by the Global Fund to Fight AIDS, Tuberculosis and Malaria contained targets for increasing harm reduction services for injection drug users.

Chutidamrong of ONCB said that the Ministry of Public Health “has concluded that needle or syringe exchange is disadvantageous.” She added, “We have a very strong drug prevention policy. The government is supposed to say to people, ‘We have a drug-free society.’ But maybe if you give syringes to drug users, young children will think, ‘What does that mean?’” Asked about the success of a pilot syringe exchange program funded by the Australian government in Mae Chan, Chiang Rai in the 1990s, she said, “They said it was successful, but the Mae Chan project may not be applicable in the lowlands. They did it with hill tribes, but if they did it with lowland people, I’m not sure it would be effective or wouldn’t have harmful effects.” Chutidamrong’s statements do not necessarily reflect the views of health officials in the Thai government. However, in practice, no syringe exchange program exists in Thailand with government support, despite significant government expenditure on other aspects of HIV prevention.

Despite the enormous impact of Thailand’s war on drugs on the human right of drug users to obtain the highest attainable standard of health, there was an almost complete lack of condemnation of the drug war by international organizations charged with protecting public health or monitoring human rights. Agencies such as UNAIDS, WHO, and the Global AIDS Fund remained largely silent on Thailand’s drug war even as they committed substantial resources and technical assistance to the country’s HIV prevention programs. In September 2003, during the second phase of the narcotics crackdown, the United Nations Children’s Fund (UNICEF) celebrated Thailand’s “100 percent condom” campaign without making any mention of the country’s ongoing repression of drug users.¹¹⁷ The Global AIDS Fund had as of mid-2003 awarded three grants totaling U.S.\$51,006,387 to the Thai government without including any human rights requirements in its grant agreements, despite having been urged to include such requirements.¹¹⁸

¹¹⁶ Thailand’s total AIDS control budget was \$82 million in 1997 alone, 96 percent of which was financed by the government. M. Ainsworth et al., *Thailand’s response to AIDS*, p. 10.

¹¹⁷ U. Agalawatta, “UN Fetes Thai AIDS Fight But Group Protests Latest Policy,” *Inter Press Service News Agency*, September 17, 2004.

¹¹⁸ See e.g., Letter from Human Rights Watch and the Canadian HIV/AIDS Legal Network to Dr. Richard Feacham, director, Global Fund to Fight AIDS, Tuberculosis and Malaria, May 13, 2003; Letter from Human Rights Watch to Dr. Richard Feacham, October 30, 2003. The first grant, totaling U.S.\$30,933,204, focused on HIV prevention among youth, factory workers, and mobile populations, as well as treatment and care for people living with HIV/AIDS. The second two grants, totaling U.S.\$14,079,270 and U.S.\$5,993,913, focused on treatment and care for HIV-positive mothers and their families, as well as HIV and STD services for migrant

Injection drug use and the human right to health

Thailand is a state party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), article 12 of which guarantees all individuals the right to the “highest attainable standard of health.”¹¹⁹ Article 12(c) specifically obliges states to take all steps “necessary for . . . [t]he prevention, treatment and control of epidemic . . . diseases” such as HIV/AIDS. This clause has been interpreted by the Committee on Economic, Social and Cultural Rights, the U.N. agency responsible for monitoring implementation of the ICESCR, as requiring “the establishment of prevention and education programmes for behavior-related health concerns such as sexually transmitted diseases, in particular HIV/AIDS.”¹²⁰ Even more immediate is the requirement that states not interfere with existing health services. According to the Committee, “[t]he obligation to *respect* [the right to health] requires States to refrain from interfering directly or indirectly with the enjoyment of the right to health.”¹²¹

Programs such as syringe exchange and methadone maintenance are among the most well researched HIV prevention strategies in the world. Studies consistently show that access to sterile syringes dramatically reduces HIV transmission without increasing rates of drug use or drug-related crime.¹²² The World Health Organization states that “[needle exchange programs] ability to break the chain of transmission of HIV is well established.”¹²³ Syringe exchange programs provide a bridge to drug treatment programs by providing clients with information, counseling and referrals. The concern that syringe exchange “sends the wrong message” about drug use, expressed by many policy makers, both lacks an evidentiary basis and amounts to an effective death sentence for people who cannot or will not stop using drugs.

Research supporting the establishment of methadone maintenance programs, including research conducted in Thailand, is equally compelling. A pilot methadone maintenance project conducted by the Bangkok Metropolitan Authority in 1991 showed that drug users who remained on methadone were more likely to stay in treatment and less likely

workers. See online, <http://www.theglobalfund.org/search/portfolio.aspx?lang=en&countryID=THA> (retrieved June 2, 2004).

¹¹⁹ International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted December 16, 1966, entered into force January 3, 1976, GA Res. 2200 (XXI), 21 UN GAOR, 21st Sess., Supp. No. 16, at 49, UN Doc. A/6316 (1966), art. 12.

¹²⁰ Committee on Economic, Social and Cultural Rights (CESCR), *The right to the highest attainable standard of health: CESCR General comment 14* (22nd Sess., 2000), para. 16

¹²¹ *Ibid.*, para. 33.

¹²² See, e.g., evidence cited in Human Rights Watch, “Injecting Reason,” pp. 12-17; M. Ainsworth et al., *Thailand’s response to AIDS*, p. 44.

¹²³ World Health Organization, “Harm Reduction Approaches to Injecting Drug Use,” online: <http://www.who.int/hiv/topics/harm/reduction/en/print.html> (retrieved April 28, 2004).

to return to heroin use.¹²⁴ Longer retention in treatment is in turn correlated with a reduction in HIV risk behaviors, according to evidence cited in a 2004 position paper by the World Health Organization, the United Nations Office on Drugs and Crime, and the Joint United Nations Programme on HIV/AIDS.¹²⁵ The same position paper found a correlation between substitution maintenance and reduced death rates for people with opioid dependence; fewer complications for pregnant women and their children; higher annual earnings and employment levels; and reduced levels of criminal activity. The paper also noted that the risks associated with substitution maintenance, such as overdose and diversion of methadone into black markets, could be minimized by low doses at the beginning of treatment and effective oversight of methadone programs respectively.

In the face of this scientific consensus and in the absence of equally effective alternatives, state-imposed barriers to harm reduction programs for injection drug users constitute interference with the human right to health. To the extent that drug users suffer from addiction-related disabilities, restricting these programs may also constitute a form of discrimination in access to health care.¹²⁶ The unique clinical challenges posed by drug addiction, including the high risk of HIV infection, oblige governments to tailor their health care services to drug users' needs rather than restricting safe and effective programs in the name of drug prohibition.

The many civil and political rights violations associated with Thailand's war on drugs—extrajudicial killings, blacklisting of drug suspects without due process, and arbitrary arrest and police abuse—also implicate the human right to health. The fear of being mistreated or worse by police has driven drug users into hiding and away from potentially life-saving health services. Though the full health impact of Thailand's drug war has yet to be fully investigated, interviews conducted by Human Rights Watch as well as other evidence suggest that the campaign sharply increased drug users' risk of HIV and other health complications. The Thai government's deliberate use of fear tactics to deter drug activity, combined with its failure to take any effective steps to mitigate the health impact of its war on drugs, must be viewed as a failure to protect drug users' right to the highest attainable standard of health in violation of its obligations under the ICESCR.

¹²⁴ M. Ainsworth et al., *Thailand's response to AIDS*, p. 45; Beyrer, *War in the Blood*, p. 153.

¹²⁵ WHO, UNODC and UNAIDS, "Substitution maintenance therapy," p. 18, paras. 33-34, p. 32, para. 6.

¹²⁶ International law prohibits discrimination on the basis of disability. See, e.g., Committee on Economic, Social and Cultural Rights, *General comment No. 5: Persons with disabilities*, para. 5.

VI. CONCLUSION

At three baht [U.S.\$0.07] per methamphetamine tablet seized, a government official can become a millionaire by upholding the law, instead of begging for kickbacks from the scum of society.

—Prime Minister Thaksin Shinawatra, February 2003

We believe we are part of the solution, not the problem . . . Yet as long as we are seen as criminals in the eyes of our political leaders and communities, we can never be healthy.

—Paisan Suwannawong, thirty-eight, founding member of the Thai Drug Users' Network

Throughout the war on drugs, the Thai government capitalized on widespread public disdain for drug users in order to mobilize public support for its anti-drug policies. Prime Minister Thaksin repeatedly referred to narcotic drugs as “a menace to society” and “a danger to our nation.” He referred to people involved in drug trafficking as “the scum of society,” “threats to security” and “wicked people.” While he sometimes referred to drug users (as opposed to drug dealers) as “patients” in need of drug treatment, his policies had the effect of endorsing extreme violence against anyone associated with the drug trade. Public opinion polls throughout the war on drugs showed widespread support for the government’s violent anti-drug tactics.

The Thai government’s anti-drug propaganda built on—and fueled—the popular myth that drug users are criminals in need of punishment, not persons in need of humane treatment. “Most people [in Thailand] don’t think of the user as a sick person,” Petch D., a twenty-eight-year-old injection drug user, explained to Human Rights Watch. “They think of us as ‘junkies.’ Every time a crime is committed, it’s always blamed on the drug user.”¹²⁷ In numerous interviews, drug users shared experiences of stigma and discrimination that closely reflected the Thai government’s anti-drug rhetoric. “If I went to [a government office] to get an ID card or change my address, the officials would show signs of disgust, or try not to look at me because of the way I look,” said Par L., twenty-six.¹²⁸ Jit P., twenty-seven, said that while she was in labor in public hospital, all the doctor could do was insult her. “I was in a lot of pain, and the doctor said, ‘Oh, you

¹²⁷ Human Rights Watch interview, Samut Prakan, May 7, 2004.

¹²⁸ Human Rights Watch interview, Samut Prakan, May 7, 2004.

junkie, you need something for your pain? What do you need, *ya baa*? I said I didn't use *ya baa*, and he said, 'Oh, so you need heroin? I'll get you some heroin, you junkie.'"¹²⁹

Drug addiction is not a failure of character or will, nor is it in itself a crime. Through its war on drugs, however, the Thai government effectively transformed the disease of addiction into a death sentence. Police arrested and jailed individuals based solely on evidence of prior drug use or syringe marks on their arms. Local officials placed thousands on blacklists without any evidence of drug activity and forced them to report to the police. Drug users who turned themselves in to police found themselves shot and killed on their way out of the police station. A fear of arrest or murder drove drug users into remote hiding places, where they risked fatal overdose and HIV infection from the sharing of blood-contaminated syringes.

In an era of HIV/AIDS, official abuse and stigmatization of drug users can have especially lethal consequences. There is ample evidence to show that drug crackdowns, by driving drug users into hiding and away from health services, can increase the risk of HIV infection.¹³⁰ Drug users represent one of the most important sources of HIV infection in Thailand, a country that is home to some 700,000 people living with HIV/AIDS. Despite its stated commitment to HIV prevention, however, the Thai government deliberately created a climate of fear that drove drug users underground and away from what few drug treatment and HIV prevention services existed.

Thailand has been richly congratulated for its bold public health policy early in the AIDS epidemic. AIDS experts have praised the Thai government for acknowledging the existence of illegal prostitution but pragmatically attempting to promote condom use among sex workers and their clients. Unfortunately, the Thai government has not seen fit to apply these lessons to drug users. Whether out of fear of appearing "soft on drugs" or simply because of the deep stigma in which drug users live, Thailand has rejected public health-oriented approaches to drug addiction in favor of brute force and systematic violations of human rights.

¹²⁹ Human Rights Watch interview, Samut Prakan, May 7, 2004.

¹³⁰ See, e.g., S. Burris, K.M. Blankenship, M. Donoghoe, S. Sherman, J.S. Vernick, P. Case, Z. Lazzarini, and S. Koester, "Addressing the 'Risk Environment' for Injection Drug Users: The Mysterious Case of the Missing Cop," *The Millbank Quarterly*, vol. 82, no. 1 (2004), pp. 131-35; T. Rhodes, A. Sarang, A. Bobrik, E. Bobkov and L. Platt, "HIV transmission and HIV prevention associated with injecting drug use in the Russian Federation," *International Journal of Drug Policy*, vol. 15, no. 1 (February 2004); E. Wood, P.M. Spittal, W. Small, T. Kerr, K. Li, R.S. Hogg, M.W. Tyndall, J.S.G. Montaner and M.T. Schechter, "Displacement of Canada's largest public illicit drug market in response to a police crackdown," *Canadian Medical Association Journal*, vol. 170, no. 10 (May 11, 2004), pp. 1551-1556.

APPENDIX A: Prime Minister's orders establishing the war on drugs

Prime Minister's Order

No. 29/2546

Re: The Fight to Overcome Narcotic Drugs

...

2. Purpose

To quickly, consistently and permanently eradicate the spread of narcotic drugs and to overcome narcotic problems, which threaten the nation.

...

6. Administration

6. 1. In order to overcome narcotic drugs, there shall be the National Command Centre for Combating Drugs (NCCD), to be a command organ at the national level. There shall also be Operation Centres for Combating Drugs at different levels, to be the prevention and suppression centres for drugs in the regions. The appointed Deputy Prime Minister shall be the Director of the NCCD, who shall have the powers and duties to establish, amend or increase the number of centres or operating organs in the central and regional areas, including along the borders by land and by sea; so that they shall be responsible for the fight to overcome narcotic drugs.

6. 2. To develop structure, assemble strength, administer, direct, supply logistics, communicate, report, follow-up and evaluate the operations of the National Command Centre for Combating Drugs and the operation centres or organs for combating drugs at all levels, in accordance with the assignments made by the Director of the NCCD.

6. 3. All government agencies, local administration organs and public enterprises shall give the National Command Centre for Combating Drugs and the operation centres or organs to overcome narcotic drugs at all levels support as the highest priority. There shall be a unified and result-oriented management system to respond to the "Concerted Effort of the Nation to Overcome Drugs" policy and the action plans to overcome narcotic drugs.

6. 4. The Office of the Narcotics Control Board shall expedite the administration and support, especially in the policy-making process, technical process, legislation and regulations, and cooperate, follow-up and evaluate the fight to overcome narcotic drugs, so that it can be implemented swiftly, efficiently and effectively as planned. In any case where there are problems relating to the implementation of organs, or agencies, such shall be presented to the Director of the NCCD to consider, judge, interpret and order accordingly.

6. 5. The Bureau of the Budget and the Ministry of Finance shall formulate a system and prepare the budget to support the operation and implementation of this order. They shall provide rewards or special levels of salary to the operating officials who fight to

overcome narcotic drugs with outstanding performances and to the staff working at the National Command Centre for Combating Drugs and at the Operation Centres for Combating Drugs at all levels.

...

Prime Minister's Order

No. 30/2546

Re: The Establishment of the National Command Centre for Combating Drugs

...

2. Powers and Duties

2. 1. To prescribe policies on drug intelligence, to follow up, evaluate the situation of drug problems, to prevent and suppress drugs.
2. 2. To formulate action plans to combat drugs pursuant to the "Concerted Effort of the Nation to Overcome Drugs" and guidelines of the fight to overcome narcotic drugs, but all these shall be in accordance with the guidelines of the Office of the Narcotics Control Board.
2. 3. To direct, command, expedite, supervise, follow-up and evaluate the implementation of government agencies and other organs concerned at all levels.
2. 4. To prescribe cooperation guidelines of due process at all levels, to expedite and become effective in preventing and suppressing drugs, including to make clear operation guidelines for such proceedings.
2. 5. To cooperate with foreign countries to reduce the problems of drug production, to control precursors, chemicals, drug producing equipment, transport, import, export and drug traffic.
2. 6. To coordinate the intelligence and security operations relating to drug problems, especially the problems of armed forces along the borders, the trade of war weapons, thefts of vehicles, foreign labour, terrorism and transnational criminal organs.
2. 7. To propose to the Prime Minister or the cabinet to transfer government staff or state enterprise officials who are not suitable in the area, to give rewards, to inflict punishments, to set stimulating criteria, to protect and to guard the civil servants and citizens who prevent and suppress drugs. With the exception of the case where the appointment and transfer of, or order for, officials working on the protection and suppression of drugs to perform other duties is made, the original body shall first seek the opinion of the Director of the NCCD.
2. 8. To appoint a sub-committee or a task force to perform any tasks as assigned by the NCCD.
2. 9. To report regularly on the results of the operations and the situation of drug problems.
2. 10. To perform other tasks as assigned by the Prime Minister and the cabinet.

3. To develop structure, assemble strength, direct, supply logistics, communicate, report, follow up and evaluate the operations of the NCCD and the Operation Centres for Combating Drugs at all levels as prescribed by the Director of the NCCD.

4. All central government agencies of all ministries and departments shall, in all cases, immediately respond to the execution of the NCCD. The Narcotics Suppression Bureau of the Royal Thai Police and provincial police shall particularly render assistance and support to investigate, hold inquiries into complicated cases and suppress large-scale narcotic producers and traffickers, influential persons concerned, as well as perform operations as requested by the Provincial Operation Centres for Combating Drugs.

5. The concerned government agencies shall provide officials to be on duty at the Centres 24 hours, as assigned by the Director of the NCCD. The Director of the NCCD shall have powers to assign duties and responsibilities to the deputy director, assistant director, directors, secretary, and direct the officials working at the Centres to perform any tasks within the powers and duties of the Centres.

6. This order shall substitute any orders contrary to or inconsistent with this order.

...

Prime Minister's Order

No. 31/2546

Re: The Establishment of the Operation Centres for Combating Drugs at Different Levels

...

Appendix A:

Bangkok Metropolitan Operation Centre for Combating Drugs (BMOCCD) shall have the composition, powers and duties as follows:

...

2. Powers and Duties

2. 1. To develop an intelligence system on drugs, to follow up and evaluate the situation of drug problems in the Bangkok Metropolitan area and problems in connection with drugs.

2. 2. To make an action plan, plans and other projects to tackle drug problems in the Bangkok Metropolitan area. To support the action plan to overcome drug problems as prescribed, in cooperation with government agencies, the private sector and civil organs concerned.

2. 3. To order or assign government agencies and offices in the Bangkok Metropolitan area to execute the plans, budget and operations in an integrated approach to prevent

and suppress drugs.

2. 4. To supervise, coordinate, expedite, monitor, follow up and evaluate the operations of drugs prevention and suppression by the government agencies and private sector as well as civil organs concerned in the Bangkok Metropolitan area.
2. 5. To organise campaigns to protect potential drug addicts and vulnerable groups as well as to provide sufficient treatment and rehabilitation for drug addicts in the communities.
2. 6. To set the targets in the suppression of drugs and to appoint a specific team to work in the target areas or to reinforce the operations as requested.
2. 7. To cooperate with the Narcotics Suppression Bureau of the Royal Thai Police, provincial police and government law enforcement agencies to implement the suppression, investigation, expansion of operations, property seizures and eradication of drug networks.
2. 8. To appoint an investigation team to examine the facts and public complaints and to quickly make operations.
2. 9. To propose authoritative officials or the Director of the NCCD to consider rewards or punishments to the operating staff in the Bangkok Metropolitan area and the areas concerned.
2. 10. To follow-up on and evaluate the operations of drug prevention and suppression in the Bangkok Metropolitan area and to advise agencies and organs for the improvement and development of the operations.
2. 11. To regularly report the results of the operations and the situation of drug problems in the Bangkok Metropolitan area to the NCCD.
2. 12. To perform other tasks as assigned or prescribed by the Director of the NCCD.

Appendix B:

Provincial Operation Centres for Combating Drugs (POCCD) shall have the composition, powers and duties as follows:

...

2. Powers and Duties

[As for Appendix A, but substitute "Bangkok Metropolitan area" with "province".]

Appendix C:

Metropolitan Police 1-9 Operation Centres for Combating Drugs (MPOCCD 1-9) shall have the composition, powers and duties as follows:

...

2. Powers and Duties

2. 1. To prepare information of all drug abusers, drug addicts and drug traffickers in the regions, to make the lists of communities with the spread of drug problems, including to survey and to pursue the movement of drug problems in the areas of responsibility.

2. 2. To implement and to cooperate with the government agencies, private sector or civil organs concerned in an integrated approach to be in accordance with the action plan, plans, and other projects as prescribed by the BMOCCD.
2. 3. To organise groups of resource persons and community-relations persons, to rouse the strength of the mass of people in every community in the areas of responsibility to make a concerted effort to fight against drugs and to organise civil voluntary teams for drug protection.
2. 4. To organise treatments and rehabilitation supporting teams for drug abusers and drug addicts in the communities.
2. 5. To organise development activities to support drug abusers and drug addicts to abstain from and quit drugs.
2. 6. To organise drug suppression teams to press, suppress and purge drug traffickers in the areas of responsibility and to coordinate with the BMOCCD to support the drug suppression operation teams to implement the tasks that are beyond their capability.
2. 7. To cooperate with the Narcotics Suppression Bureau of the Royal Thai Police, provincial police and government law enforcement agencies to execute the suppression, investigation, expansion of operations, property seizures and eradication of drug networks.
2. 8. To appoint investigation teams to examine the facts and public complaints and to quickly make operations.
2. 9. To propose to officials with authority or the Director of the BMOCCD to consider rewards or punishments to the operating staff in the areas of responsibility and the areas concerned.
2. 10. To regularly report the results of the operations and the situation of drug problems in the areas of responsibility to the BMOCCD.
2. 11. To perform other tasks as assigned or prescribed by the Director of the BMOCCD.

Appendix D:

District or Minor District Operation Centres for Combating Drugs (DOCCD/MDOCCD) shall have the composition, powers and duties as follows:

...

2. Powers and Duties

[As for Appendix C, but substitute "BMOCCD" with "POCCD".]

...

**APPENDIX B: Sample of summons order for drug suspects
(Translation)**

Public announcement

Ban Paew District, Samut Sakhon Province

Instruction to Report

As the government has a policy to give amnesty to people that have been misguided [and involved in drugs business] to report or turn themselves in to the authorities, such as district chiefs, district police chiefs, directors of public health centers, Kamnan [heads of sub-districts] or village chiefs.

The office of Ban Paew District would like to announce the following instructions for people that have been dealing drugs or involved with drugs usage:

1. To report to the nearest public health centers on 18 February 2003 from 8.30 – 17.00 hrs to have medical test.

2. After they finish step 1 above, they must report to the authorities at the district meeting hall, located at the office of Ban Paew District on 20 February 2003 at 9.00 hrs. The District Chief, District Police Chief and Director of District Public Health Center will give them identification cards.

The Anti-Drugs Center of Ban Paew District will not guarantee the safety of those who fail to follow the above instructions.

13 February 2003

- Signed -

(Mr. Burin Rungmancee)

District Chief

Director of the Anti-Drugs Center of Ban Paew District

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