

THE BECKLEY FOUNDATION  
DRUG POLICY PROGRAMME

A DRUGSCOPE BRIEFING PAPER



# Thailand's 'War on Drugs'

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The Beckley Foundation Drug Policy Programme (BFDPP) is a new project dedicated to providing a rigorous, independent review of global drug policy. The aim of this partnership between the Beckley Foundation and DrugScope is to assemble and disseminate information and analysis that supports the rational consideration of these sensitive policy issues at international level and leads to the more effective management of the widespread use of psychoactive substances. It brings together the Beckley Foundation, a charitable trust set up to promote the investigation of the science of drug use, and DrugScope, the UK's leading centre of expertise on drugs.

## SUMMARY

This Beckley Briefing Paper is concerned with the Thai 'war on drugs', which commenced in February 2003 in response to an explosion in methamphetamine use in this region of East Asia, and which has resulted in thousands of deaths and tens of thousands of arrests. The Beckley Foundation Drug Policy Programme (BFDPP) believes that the proper basis for evaluation of drug policy is *effectiveness* in minimising drug related harms. But the BFDPP has also argued that the pursuit of harm minimisation should always 'respect universal human rights and, subject to this requirement, local judicial norms and practices' (Roberts M, Klein A and Trace M, 2003, p. 6). The Thai 'war on drugs' fails to satisfy the BFDPP criteria on these grounds, because it was conducted in a way that violates the basic rules of justice that determine the moral and legal limits of what can be legitimately done by the state in pursuit of social objectives. It is nonetheless instructive to consider the effectiveness of Thai policy both on its own terms (what has the impact been on prevalence?) and in terms of the wider agenda for building the evidence base (what has the impact been on drug related harms?). This investigation is worthwhile because it can provide insights into the strengths and limits of enforcement as an instrument of drug policy, by examining what is perhaps the toughest and most uncompromising recent manifestation of this approach. This is the subject matter of this Beckley briefing.<sup>1</sup>

## INTRODUCTION

On 1 February 2003, the Thai government, under Prime Minister Thaksin Shinawatra, launched a 'war on drugs', with the objective of achieving a massive reduction in use and availability. Thaksin talked of banishing drugs from "every square inch" of Thailand within four months. The chosen means was tough enforcement – including extra-judicial action by the police and other law enforcement agencies (alongside – in theory at least – of improved treatment provision for drug users).

The belligerent tone of the Thai 'war on drugs' was set when Thaksin baldly announced that 'there is nothing that the Thai Police cannot do' – thus pointedly citing the words of a former Thai police chief known to have orchestrated political assassinations in the 1950s. 'Drug traders are ruthless to our children, so being ruthless back to them is no bad thing', he explained. In similar vein, the Thai Interior Minister, Wan Muhamad Nor Matha declared that traffickers would 'be put behind bars or vanish without trace'. 'Who cares?', he asked, 'They are destroying our country'. Following these pronouncements a 'war on drugs' was unleashed in Thailand that would claim more than 2,000 lives (see HRW 2004, p. 9). In addition, more than 70,000 people allegedly involved in the

<sup>1</sup>It should be noted at the outset that this briefing does not itself investigate the claims about human rights abuses that have been made against the Thai authorities. On this issue, it relies heavily on the HRW report on Thailand, Not enough graves – The war on drugs, HIV/AIDS and Violations of Human Rights, which was published in June 2004, and to which readers are referred.

drugs trade were to be arrested (*ibid*), with Human Rights Watch (HRW) concluding that many – often innocent – arrestees were intimidated into making false confessions and denied due process of law.

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### BACKGROUND

The Thai ‘war on drugs’ was a reaction to the explosion in the use and availability of methamphetamines (and particularly evidence of growing use of these powerful synthetic drugs by young Thais). Methamphetamine is a synthetic, central nervous system stimulant, with a high potential for abuse and dependency. Its effects are similar to those of cocaine, but they last for longer. Prolonged and heavy use is linked to psychological problems, such as paranoia and hallucinations. The use of methamphetamine was outlawed in Thailand by the *Narcotics Act 1979*. Until comparatively recently its use was believed to be largely restricted to truck drivers and other people working long hours, who used the drug to help them keep awake and alert (it was known in Thailand as the ‘diligence drug’).

In a document published in February 2002, the UN Office of Drugs and Crime (UNODC) highlighted the ‘recreational’ use of ‘amphetamine type stimulants’ (ATS) as a serious problem throughout East Asia. The UNODC stated that ‘the abuse of ATS [in this region] over the past ten years has presented an increasing, serious threat to the health, economic and social fabric of families, communities and nations ... it is threatening to become a part of mainstream culture’ (UNODC 2002, p. 1, see also Drug Intelligence Brief 2003). The Thai Government estimated that the use of methamphetamine rose by 1000 per cent between 1993 and 2001 (Reid G and Costigan G 2002, cited in HRW 2004). In 2002, the UNODC reported that around 2.4 per cent of Thais aged twelve to sixty five – and 4.5 per cent of males – were using methamphetamine (UNODC 2004, cited in HRW 2004). It has been estimated that the Thai market accounted for around 700 million pills in 2002 alone, equivalent to ten pills for everyone in the country (Phongpaichit P 2003).

The explanation of the exponential rise in methamphetamine use is not entirely clear, but four factors have been identified as significant (*ibid*).

**1 The disruption of the heroin trade.** In 1995, the Burmese government captured the war lord and leading heroin trader, Khun Sa. The consequence of such law enforcement operations targeting heroin appears to have been that both traffickers and users have tended – to some degree – to switch to substitute drugs. There is also evidence that there was some shift in investment from heroin to amphetamines by drug producers in Burma.

**2 Social context.** In 1997 around 2 million people lost their jobs in a Thai economic crisis, some of whom were vulnerable to being recruited into drug use and/or supply.

**3 Marketing strategies.** The method of ‘pyramid selling’ – where users are encouraged by dealers to sell drugs themselves to pay for their own drug purchases – has proven a highly effective way of rapidly expanding the market.

**4 Profitability.** The methamphetamine trade is massively profitable. Even before the ‘war on drugs’ the production cost of a pill was estimated to be as low as 5 US cents, and its sale price anywhere between \$1.5 and \$2.5 (figures from Phongpaichit P 2003).

The rise of ATS abuse in East Asia has posed a major challenge to policy makers in this region. But it is also important to retain a sense of perspective. First, research suggests that the majority of an estimated two and a half million Thais who were using methamphetamines prior to the ‘war on drugs’ were light users. Many were using no more than one or two pills a month. There were perhaps half a million people who could be classified as more serious users (see *ibid*). Second, the focus on the challenges presented by ATS in East Asia should not obscure the persistence of older and more entrenched problems. The region encompassing Burma, Thailand and Laos (the so-called ‘golden triangle’) has long been associated with the heroin trade. There are still between 100,000 and 250,000 heroin injectors in Thailand, and this group was profoundly effected by the Thai ‘war on drugs’ (HRW 2004, p. 2).

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### THE THAI ‘WAR ON DRUGS’

#### PAST FAILURES

Thaksin’s ‘war on drugs’ was partly a response to the failure of the ‘scare campaign’ that had been the initial Thai response to the methamphetamine problem. The Thai government had coined the term ‘ya ba’ (literally ‘mad drug’) for methamphetamines. The Thai media had profiled stories in which use of ‘ya ba’ was identified with psychotic reactions, violence and self-harm. There was a poster campaign in which celebrities and senior public figures warned of the dangers of the drug. In a country where corrupt public officials (including police officers) were known to be involved in trafficking, there were also television advertisements to shame officials who were sheltering the drug trade (for further discussion, see Phongpaichit P 2003).

None of this worked. The reasons for the failure of the Thai ‘scare campaign’ will be familiar from the history of similar campaigns elsewhere in the world. In particular, the claims that were made about the harmful impact of ‘ya ba’ were

exaggerated, with the consequence that young Thais tended to reject Government information and advice as unreliable.

### SETTING THE POLICY PARAMETERS

A new approach was identified and set out at the First National Workshop on the Strategy to Overcome Drugs, which was hosted by the Thaksin government and held at Chiang Rai in Thailand on 10 and 11 March 2001.

A four-point plan was drawn up at this meeting (see Thai Narcotics Control Board at [www.oncb.go.th/document/epolicy.htm](http://www.oncb.go.th/document/epolicy.htm)):

- 1 A heavy emphasis was placed on stringent law enforcement. Punishments would be increased for corrupt public officials, and rewards introduced for officials who co-operated with the policy of drug suppression. As Thaksin was later to put it ‘at three Baht (US \$ 0.07) per methamphetamine tablet seized a government official can become a millionaire by upholding the law, instead of begging for kick backs from the scum of society’.
- 2 There would be strict control of the importation of precursor chemicals.
- 3 The need to foster co-operation with international organisations and the international community to tackle drug production and distribution was acknowledged (in fact, the Thai ‘war on drugs’ was to alienate this community, inviting widespread condemnation, including from the UN and the US).
- 4 There was a pledge to remove the barriers to treatment for people with serious drug problems. It was stated that ‘such addicts must be able to receive medical treatment and rehabilitation as soon as possible after facing any legal charges. In addition, the Government will set up a system that will provide services for the treatment, rehabilitation, vocational training and acclimatization of drug addicts in order that they may be able to return to the mainstream of society’ (*ibid*).

A key feature of Thaksin’s approach was its managerialist temper, with targets for arrests and seizures for public officials in each Thai province. If they failed to meet these targets they could lose their jobs or face other sanctions. Conversely, arrests and seizures could attract financial rewards. This contributed to the levels of violence and corruption that accompanied Thailand’s ‘war on drugs’.

### THE DEATH COUNT

The war on drugs was launched with the signing of Prime Minister’s Order 29/B.E. 2546 on 28 January 2003. It called

for the suppression of drug trafficking by all means ‘ranging from soft to harsh including the most absolutely severe charges subject to the situation’. On the day that it commenced (1 February 2003), it was reported that four people had been killed. By 16 February, the Ministry of the Interior was saying that 596 (alleged) drug dealers had been shot dead in a period of a little over two weeks. By the end of 2003 – with figures being retrospectively revised downwards in response to public concerns – the Royal Thai Police reported a total of 1,329 drug-related homicides since February 2003, of which – or so the police claimed – only 72 had been killings by the police, who acted in self-defence. Few, if any, observers – inside or outside of Thailand – accept this claim at face value, some commentators believe that the Thai Government effectively operated a ‘shoot to kill’ policy.<sup>2</sup> It is difficult to verify official figures, but HRW concludes that in excess of 2,000 people were killed in the course of the Government crackdown, and highlights ‘the arbitrary arrest or blacklisting of several thousand more, and the endorsement of a policy of extreme violence by Government officials at the highest level’ (HRW 2004, p. 1).

### UNRELIABLE LISTS

Local authorities were required to draw up lists of suspected drug dealers. Preparation was rushed, and open to abuse by police and other public officials looking to settle old scores. HRW reports that ‘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 to March 7 2003, compared to twelve complaints during the preceding seven weeks. The most common complaints included being named on a 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 the police (Office of the National Human Rights Commission of Thailand 2003, cited in HRW 2004, p. 20).<sup>3</sup>

<sup>2</sup> The claim that the police were not involved in the majority of the killings was central message to the propaganda campaign that accompanied the Thai ‘war on drugs’. As Thaksin himself put it, ‘in this war, drug dealers must die. But we don’t kill them. It’s a matter of bad guys killing bad guys’ – the official story was that drug dealers were killing other drug dealers to prevent them from co-operating with police and passing on information to the authorities. Even if this were true, the Government undoubtedly exploited the bloodshed to spread terror and confusion as a means of deterring drug dealers and users and demonstrating to the public that it meant business. Pasuk Phongpaichit (2003) explains that ‘the Government went out of its way to publicise these deaths. Every night, the TV news on government-controlled channels opened with clip after clip of people lying in pools of blood. Every day, the authorities released statistics of the deaths, arrests and seizures to date’.

<sup>3</sup> Once on the list, the only way off, according to one rights activist, is to “buy your way off the list, surrender at a police station or end up with a bullet in your head”. It was reported that some people who went to the police to surrender or clear their names were shot by unidentified gunmen on the way home (quoted in HRW 2004).

### SUSPECTS' RIGHTS AND FAILURES OF DUE PROCESS

There have been numerous reports from Thailand of people being arrested by the police and intimidated into making false confessions. The HRW report provides first hand accounts.

Karn S, a 25-year-old female drug user, told HRW: 'I could hear him [my boyfriend] being beaten. I heard the cops say "Don't fight back, just accept it. If you have drugs, just hand them over". When he said that he didn't have any, they said, "Why did you throw them away?". He 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.". She continued: '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 with a sting operation". So we brought the cops to a drug dealer we knew, but he wasn't there.'

Thai P, a 28 year old male injecting drug user, recalled that '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 trouble?" So I confessed'.

There are many other stories of this sort. Aside from the obvious human rights issues, the persecution of innocent people diverts time and resources from the pursuit of the people who run the Thai drug trade.

### DEMONISING DRUG USERS

An investigation conducted for the Beckley Foundation on opinion within Thailand concluded that the Thai public 'like the way that the Government has separated drug users from drug sellers ... the government would send these users to be remedied in the rehabilitation centre, and they are exempt from legal processes'.<sup>4</sup> Prime Minister's Order 29/B.E. 2546 stated that 'if a person is charged with a drug offence, that person will be regarded as a dangerous person who is threatening social and national security'. Beckley's Thai-based investigation explained: 'the public consented with the government's strict and decisive policy. The drug sellers are seen as serial murderers. They deserve to be sentenced to death. If the governmental officers do anything that leads to the end of drug sellers' lives, the public see that it is reasonable and appropriate. The drug sellers are dangerous, and, if alive, cannot provide any good effects for the country.' The evidence is clear that most of those who were arrested or killed – if they were guilty of drug offences at all – were drug users or people involved in low level supply as a way of supporting their own habits. Few, if any, were 'threatening social and national security'.<sup>5</sup>

This is a familiar story. Everyone involved in the drugs trade, at any level, is portrayed as the stereotypical 'drug trafficker'. In reality only a small minority fit the stereo-type, and this group is the most difficult to intercept and prosecute, and tends to evade detection and punishment – this appears to have been largely the case in Thailand.

### TREATING DRUG ADDICTS

The climate of violence and fear had perverse consequences for access to drug treatment – originally a central component of the Thai government's overall strategy. HRW found that many Thais reported for treatment as an alternative to arrest or murder, and that a significant number were not even drug users. It reports that 'a survey of 3,066 people who attended state-run rehabilitation centres from March 24 to April 4, 2003 (the period corresponding with the height of the war on drugs), found that 6 per cent had never used any drugs before, and 50 per cent had quit using before the war on drugs began' (HRW 2004 p. 32). Conversely, it is likely that some people with genuine problems were deterred from accessing treatment centres for fear of being identified as drug users and targeted by the police.

HRW found that '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' (HRW 2004, p. 33). This falls short of even the most basic international standards of effective treatment of addiction. Central to the Thai approach of 2003-4 was the ferocious attack on the *supply* of drugs. The promised investment in demand reduction initiatives failed to materialise.

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### DID IT WORK?

There are difficulties in providing an objective assessment of the Thai 'war on drugs'. As Pasuk Phongpaichit observes: 'one of the problems about describing and assessing the kind of campaign the Thai government conducted ... is that the nature of the campaign, and the controversy it creates, make it difficult to know what is true and what is not' (Phongpaichit P 2003) . Nonetheless it is possible to reach some broad conclusions about the effectiveness of an approach to a serious drug problem that set out to disrupt supply by spreading terror and confusion among – largely low level – drug dealers.

<sup>4</sup> Due to the sensitive nature of this material the BFDPP's Thai based informants wish to remain anonymous.

<sup>5</sup> Although it has been reported that the threat of violence did lead some arrestees to identify major dealers. Along with powers to investigate bank accounts, this has resulted in some notable successes the Thai police have had higher up the pyramid, including the recent seizure of a haul of 9 million pills (Phongpaichit P 2003).

### THE IMPACT ON USE AND AVAILABILITY

The stated aim of the Thai government was to reduce the use and availability of methamphetamines. By the end of 2003, Thaksin was declaring “victory” on the prevalence front. The Prime Minister conceded that drugs had not disappeared from the country (always an impossible target). However, he declared that Thailand was ‘in a position to declare that drugs, which formerly were a big danger to our nation, can no longer hurt us’. The claim that there was a significant fall in the availability of methamphetamines is supported by key indicators, most notably the sharp increase in the retail price to \$6 or \$8 per pill (figures provided in Phongpaichit P 2003). But what impact did this fall in availability have on overall drug use and is it sustainable in the longer term? Interestingly, the most recent figures put the price of a methamphetamine pill in Thailand at anywhere between \$2.4 and \$6, which suggests that the supply may have increased already over the past year (figures cited in personal correspondence with Pierre- A. Chouvy).

Note two points in particular.

- 1 **Substitution.** There are reports that many Thai drug users simply switched to other drugs. A first hand report from Thailand on behalf of the BFDPP claims that ‘the drug users who have low incomes change to volatile substances (for example, lacquer and thinner), as they are legal, cheap and convenient to buy from a shop. For the drug users who have high income, they still use the same kind of drug. Cocaine is new for Thai drug users. Thais have started using cocaine widely in the past year’. It is not yet possible to verify this claim with research evidence, but the anecdotal reports are suggestive and disturbing.
- 2 **Sustainability.** There are obvious questions about the sustainability of any fall in the availability of methamphetamines. The steep rise in prices suggests that, while supply has fallen, little inroad has been made on demand. Methamphetamine trafficking is potentially more profitable now than before the ‘war on drugs’. Pasuk Phongpaichit – who is an economist at Bangkok University - puts the point with force and clarity: ‘it seems to me as an economist that, if you attack the supply but do little about the demand, then the result is rising prices, rising profitability, and hence increased entrepreneurship’. He continues: ‘I suspect that is why such suppression-oriented approaches have persistently failed in other countries’ (Phongpaichit P 2003).

### THE IMPACT ON DRUG-RELATED HARMS

The BFDPP has argued that cutting prevalence should be viewed as a means of preventing drug-related harm, and not as an end in itself. All else being equal, a reduction in the use and

availability of damaging substances will reduce the harms associated with them. All else is often not equal, however. It is important to balance the gains from a reduction in prevalence against the costs of drug policies.

Consider six points.

- 1 **Violence and corruption.** There are the harms associated with a police clampdown on drug dealers that has resulted in many deaths and injuries (as well as failures of due process, etc) – often inflicted on innocent Thai citizens, or people at the lowest ends of supply pyramids.
- 2 **Perverse consequences.** For example, as a direct consequence of the terror and confusion sown by the police clampdown (and the unreliability of hurriedly compiled blacklists), there was a farcical misdirection of treatment resources. Thai treatment facilities filled up with people who did not have drug problems. Many people who did have problems were too scared to access them. This – along with a lack of investment in facilities – contributed to the failure of the Thai ‘war on drugs’ to address the demand-side, which is universally recognised as an indispensable component for any credible drug strategy.
- 3 **Health.** Prior to the ‘war on drugs’ Thailand was widely admired for the effectiveness of its policy to combat the spread of HIV/AIDS as a result of unsafe sexual practices (the so-called ‘100 per cent condom’ campaign), but there has been resolute opposition to extending this approach to injecting drug users. There is a lack of needle exchange and other harm reduction services in Thailand. The ‘war on drugs’ did not create these problems, but it exacerbated them. HRW found that Thaksin’s war drove many drug users into hiding and away from the few existing services that might help to protect them from HIV/AIDS and other drug related harms.
- 4 **Imprisonment.** Between 1996 and 2002, the Thai prison population increased by 250 per cent. By the end of this period, 53 per cent of all Thai prisoners were inside for drug-related offences - nearly three quarters (70 per cent) of prisoners in Bangkok (Phongpaichit P 2003). Thailand’s prisons are now among the most overcrowded in the world. The HRW report concludes that during the ‘war on drugs’, ‘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 programmes were wholly inadequate ... 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’ (HRW 2004, p. 2). There are even reports of prisoners

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making their own 'syringes' out of sharpened ballpoint pens. There is abundant evidence from around the world that the incarceration of non-dangerous offenders in overcrowded prisons can exacerbate the causes of drug dependency and crime.

- 5 **Crime.** Many Thais supported Thaksin's campaign because they were concerned about their own security. In fact, the overall impact on crime is not clear. The 'war on drugs' was accompanied by a rise in low-level property crime (such as bag snatching). This could partly be a consequence of small-time drug dealers switching to other sources of income and/or users trying to raise money to purchase 'ya ba' as prices rose. (There is also evidence that disrupted drug markets can be more violent than stable ones.)
- 6 **Switching.** As noted earlier, many drug users appear to have responded to the shortage of methamphetamines by switching to other potentially harmful drugs. Disturbance in the market can be associated with an increase in violence due to battles over the new patterns of supply, and an increase in health damage, as users rapidly move onto drugs that they have less knowledge of, taking risks with dose levels and methods of ingestion.

These – and other – costs need to be balanced against evidence of a short-term fall in the availability and use of methamphetamine.

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### CONCLUSION: UNIVERSAL RIGHTS AND LOCAL PRACTICES

#### HUMAN RIGHTS

Three weeks after the commencement of the 'war on drugs', on 23 February 2003, Asma Jahangir, the United Nations Special Rapporteur on Extrajudicial, Summary and Arbitrary Executions, expressed 'deep concern' about reports from Thailand (HRW 2004). A year later, in February 2004, the US State Department was noting that 'there was a significant increase in killing of criminal suspects' in Thailand and that the country's human rights record had 'worsened with regard to extra-judicial killings and arbitrary arrests' (US Department of State 2004). The Thaksin government was robust in response to these external interventions. Responding to the Special Rapporteur's comments, Thaksin declared that 'the UN is not my father. We as a UN member must follow international regulations. Do not ask too much'. The US was roundly dismissed as an 'annoying friend'. As if to underline its indifference to world opinion, the Thai Government followed the US intervention by announcing a new round of drug suppression, which would result in the arrest of 839 people in Bangkok in a single day.

Within Thailand, there were protests against the excesses of the 'war on drugs', notably from the constitutional monarch, King Bhumibol, who responded to the Prime Minister's announcement of victory in December 2003, by expressing his misgivings in a television and radio broadcast. 'I have to say this because the Prime Minister announced victory yesterday', King Bhumibol explained, 'I know the Prime Minister does not like warnings, because warnings can be irritating ... As for the criticism of the 2,500 deaths ... who will take responsibility?' (HRW 2004, p 8 fn 7). There is also evidence of a public reaction against the extent of the bloodshed, particularly following instances where children and other obvious 'innocents' were caught in the crossfire. And yet, the report from inside Thailand commissioned by the BFDPP suggests that there is a high level of public support for Thaksin's approach. Our Thai informants explained that 'when the government claimed that they knew nothing about the killings or homicides, the public do not believe it, but at the same time do not oppose either. This is because it (killings/homicides) has helped to drop the amount of the drug users and sellers. The incurable disease is something that should be terminated. People feel more secure.'

#### CULTURAL DIVERSITY, MISINFORMATION AND DEMONISATION

The BFDPP has highlighted the scope for legitimate differences in approaches to drug policy to reflect the diversity of cultures, belief systems and political norms. The Thai government has resented external interference, perhaps with a sense that this is an attempt to impose 'Western' norms and approaches in an East Asian context.

Should we take these arguments seriously?

Summary execution of minor criminals is unacceptable in any context. But it would anyway be a mistake to over-estimate the significance of cultural difference here. Reading between the lines, public support for the 'war on drugs' within Thailand does not reflect a fundamental difference in values between East Asia and the West (although, undoubtedly, there are important differences), but a *distortion* of public perceptions within Thailand, fuelled by misinformation and the demonisation of drug users and low level dealers.

For example, the BFDPP's investigation in Thailand reported widespread claims that, for example, 'many drug users have had hallucinations, and captured randomly a passer-by as a hostage. Several times the hostages were injured to death'. No doubt there is some basis for these stories, but it seems likely that they are wildly exaggerated. Support for the Thai 'war on drugs' was sustained by ensuring that the public believed that the people losing their lives – and being subject to arbitrary arrest – were 'dangerous' drug criminals. In reality, many victims of the 'war

on drugs' were ordinary Thai citizens, who had been using drugs or had got involved at the lowest levels of drug supply pyramids. A propoganda war preceded and accompanied the killings and arrests.

The demonisation of all those involved in drug use is a familiar pattern. Images – often wildly exaggerated – of the most violent and ruthless drug traffickers are promoted as typical of all drug users, as justification for the need for urgent action, which can include the breach of normal standards of human rights and judicial process. Few would argue against strong action to deal with the criminal gangs at the top of supply pyramids. In reality, however, the vast majority of drug users are either only marginally involved in the market or, as addicts, are most effectively dealt with through treatment of their drug dependency, rather than punishment.

The lessons of history were confirmed once again. By suppressing the evidence base and demonising a section of the population, it is possible to legitimise human rights violations.

#### THE LESSONS ON EFFECTIVENESS

The violence unleashed by the Thai government on 1 February 2003 created terror and confusion among drug traders and users, which – not surprisingly – had a genuine impact on the supply of methamphetamines. The laws of economics and the lessons of experience (see, for example, Bush W, Roberts M and Trace M 2004) suggest that these gains are unlikely to be sustained in the longer term – particularly as police action disproportionately targeted people at the lower reaches of the supply pyramid. A shortage of accessible and high quality treatment services – and other interventions to tackle the causes and contexts of drug misuse – suggest that the 'ya ba' problem may have – to a certain extent – been temporarily *suppressed*, but that it has not gone away. Nonetheless, there appear to have been genuine *short term* gains in terms of prevalence. These need to be balanced against the costs – including the damage to Thailand's human rights record, increased risk of infection from blood borne diseases and the pressures on the prison system. Regardless of the outcomes of any cost-benefit analysis, the bottom line is that Thai policy crossed lines that should never be crossed in a civilised society. Thus, HRW concludes its report in strident terms: 'while Thailand's human rights record may yet improve, those who lost their lives as a result of the war on drugs – whether from the bullet or a shared syringe – will never recover'.

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## USEFUL WEBSITES

[www.internationaldrugpolicy.net](http://www.internationaldrugpolicy.net)  
[www.beckleyfoundation.org](http://www.beckleyfoundation.org)  
[www.drugscope.org.uk](http://www.drugscope.org.uk)

## TIMELINE OF THAILAND’S “WAR ON DRUGS”

**February 2001:** Thaksin Shinawatra assumes office. He declares the suppression of narcotic drugs as a top priority.

**January 28, 2003:** Thaksin issues Prime Minister’s Order 29/B.E. 2546 (2003), calling for the absolute suppression of drug trafficking.

**February 1, 2003:** The “war on drugs” officially begins. Four people are killed. By February 8, the death toll stands at 87.

**February 16, 2003:** The Ministry of the Interior announces that 596 people have been shot dead since February 1, eight of them by police in self-defence. The government actively publicizes the deaths on state-controlled television and radio as well as in newspapers, claiming that drug dealers are killing their peers.

**February 19, 2003:** The head of Thailand’s Forensic Sciences Institute, Dr. Porthip Rojanasuna, is suspicious that Royal Thai Police are not seeking the Institute’s help in differentiating so-called gangland killings from extrajudicial executions.

**February 24, 2003:** The UN Special Rapporteur on extrajudicial, summary or arbitrary executions, Asma Jahangir, expresses ‘deep concern’ at events in Thailand.

**February 26, 2003:** The Interior Ministry bans the release of statistics on drug-related deaths.

**May 2003:** Prime Minister Thaksin declares “victory” in the war on drugs and announces a second phase that will last until December. The Royal Thai Police announce that 2,275

people have been killed since February 1, of whom 51 were shot by police in self-defence.

**August 2003:** Thaksin announces that Thai security forces will ‘shoot to kill’ Burmese drug traffickers on Thai soil.

**October 2003:** Thailand’s foreign minister informs the U.S. State Department that 2,593 homicide cases occurred in the country since the previous February, roughly double the normal level.

**December 2, 2003:** Thaksin again declares “victory” in the war on drugs and presents cash awards to agencies and officials who had taken part.

**December 15, 2003:** The Royal Thai Police report 1,329 drug-related homicides (out of 1,176 separate incidents) since February 2003, of which 72 (in 58 incidents) were been killed by police.

**February 2004:** The U.S. State Department reports that Thailand’s human rights record has ‘worsened with regard to extrajudicial killings and arbitrary arrests.’

**February 27, 2004:** Thaksin calls the United States an “annoying friend” for its human rights report and orders a new round of drug suppression, resulting in the arrest of 839 people in Bangkok in one day.

Adapted from a timeline provided by Human Rights Watch. The full version is at [http://hrw.org/english/docs/2004/07/07/thaila9014\\_txt.htm](http://hrw.org/english/docs/2004/07/07/thaila9014_txt.htm)