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Rapid Policy Assessment and Response

**The Social and Legal Risks for Injection Drug Users  
Participating in HPTN 058 in Chiang Mai, Thailand**

**A Rapid Policy Assessment**

**Indrajit Pandey, Somnaek Chatchawan, Wichulada Matanbun,  
Sukanya Isarangkun Na Ayuddhaya, Corey Davis and Scott Burris**

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## Acknowledgments

## Summary

The National Institutes of Health has funded *HPTN 058: A Phase III randomized controlled trial to evaluate the efficacy of drug treatment in prevention of HIV infection among opiate dependent injectors* (“the 058 Trial”). The trial will be conducted at Heng Chien, Guangxi Zhuang Autonomous Region, Urumqi, Xinjiang Uighur Autonomous Region of China and Chiang Mai, Thailand. Recognizing the potential for injection drug users (IDUs) to be exposed to excess risk of arrest or other negative legal consequences by virtue of their participation in the research study, the HPTN 058 protocol requires the annual monitoring of law and its implementation related to IDUs participating in the trial. To assess the risks to IDUs of participating in the clinical trial, the HPTN 058 Protocol Team commissioned this report.<sup>1</sup>

Using a Rapid Policy Assessment methodology, local researchers in Chiang Mai collected relevant laws and conducted interviews with 44 informants. These interviews took place between July and September 2006. Informants included research participants, injection drug users, public health personnel, law enforcement and judicial officials. Informants were asked about police practices in relation to drug users, research projects involving drug users and public health interventions targeting drug users.

The research produced the following key findings:

1. Active drug users are subject to arrest and compulsory treatment or imprisonment;
2. Interviewees report that police will sometimes beat injection drug users to obtain confessions, that arrestees are often not informed of their legal rights, and that prisons are substandard. Therefore, there is physical risk to being identified by the police as an injection drug user;
3. IDUs are often thought of as being ‘unrecoverable,’ and the police are rumored to keep lists of known IDUs and round up ‘the usual suspects’ when politically convenient;
4. Even after being released from prison, the social stigma is such that IDUs may not be able to work or return to the towns from which they came;
5. Drug treatment facilities seem inadequate, and even when they exist they may be out of reach of IDUs because of cost or stigma;
6. Local police officers have considerable discretion in how they enforce drug laws;
7. Close communication between the research team and law enforcement, beginning before the trial, would be necessary to ensure that the safety of study-enrolled IDUs is not compromised by police action;
8. If there is cooperation with police, the chance of direct interference/arrests at the research site or in connection with research activities is low;
9. This protective effect, however, does not extend to research participants who may have committed other crimes, or if crimes are being committed at the research site;
10. Given communication between researchers and police, research participation may

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<sup>1</sup> This analysis for the China sites is presented in a separate report.

- be protective against police action;
- 11.** IDUs are a mobile population and are subject to arrest for drug possession and other crimes, so there may be a problem with retention and regular attendance;
  - 12.** It is reported that heroin and opium use is much reduced in the Chiang Mai region, with the majority of new injectors using methamphetamine or a poly-drug combination. This may have implications on the ability to recruit eligible enrollees.

We conclude that while drug users in Chiang Mai, as elsewhere, are subject to a variety of socioeconomic, dignitary and physical harms due to stigma and criminalization, these harms are not more likely to occur because of participation in this research as long as local law enforcement is educated about the research and agrees to a policy of non-interference with the study. In fact, enrollment may even have a protective effect if researchers successfully interface with local police.

Sponsors, researchers and IRBs should be aware, however, that it may be difficult to guarantee both the support of the police and the anonymity of study enrollees, as several high level official informants suggested that study participants might need to carry a study identification card to protect them from police interference. We also emphasize the need for discretion in all aspects of study implementation in light of the severe social stigma associated with being known as an injection drug user in the greater community.

## **Introduction**

### **1.1. Specific Aims**

#### **The specific aims of the RPA are:**

- 1.** To use RPA to document laws and law enforcement practices in Chiang Mai, Thailand that may increase risks faced by IDU participation in HPTN 058;
- 2.** To compile and deliver to the HPTN 058 protocol team a legal risk analysis based on the findings of the RPA that clearly indicates any evidence of elevated risk to participants that may result from their screening and enrollment in the study;
- 3.** To recommend to the protocol team strategies to reduce or eliminate possible law and enforcement related risks posed to study screening and enrollment procedures.

### **1.2. Background and Significance**

It is estimated that between 2 million and 3 million Thais (roughly 5 percent of the population) currently use illegal drugs.<sup>2</sup> The Thai Office of Narcotics Control Board estimates an increase of 25,000 new drug users every year.<sup>3</sup> According to 2001 estimates, 274,200 of the current drug users are heroin users, with the preferred method of administering being by injection. It is estimated that 70 per cent to 80 per cent of Thai heroin users inject.<sup>4</sup> The estimates also indicated that the prevalence of injecting heroin saw an increase from 52 per cent in 1993 of all heroin users to 70 per cent in 1998.

Available estimates indicate that of all new HIV infections in Thailand, Injecting Drug Users (IDUs) accounted for 5 per cent while heterosexual transmission accounted for approximately 84 per cent, with mother to child transmission (MTCT) and blood transfusion accounting for 4.4 per cent and 0.03 per cent respectively.<sup>5</sup> However, these numbers are questionable because attempts to ascertain the number of IDUs are generally compromised by unwillingness of IDUs to identify themselves as such due to the harsh penalties and social stigma associated with being a drug user.

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2 UNODC. Drugs and HIV/AIDS in South East Asia. A regional Project for reducing HIV Vulnerability from Drug Abuse (AD/RAS/02/G22).

3 UNODC, 2004. Review and Assessment of Current Organizational Structure of the Office of Narcotics Control Board (ONCB) – Thailand – and its Capacity to Understand and Respond to the Emergent Issues on Drug Abuse Related HIV/AIDS Epidemic. UNODC Regional Center for East Asia and Pacific. Nov. 2003.

4 Journal of AIDS (JAIDS). Vol.33. No.2. 1 June 2003.

5 Epidemiology Division, MOPH, Thailand. <http://www.aidsthailand.org/aidsenglish/situation>.

In early 1990, it was estimated that 60 per cent of those under HIV treatment were IDUs.<sup>6</sup> Although more recent statistics are not available, anecdotal evidence strongly suggests that recent efforts have not been directed at this population. In fact, it seems as though the policy of the Thai Office of the Narcotics Control Board is to direct resources to other populations.<sup>7</sup>

This RPA addresses law and law enforcement practices as structural factors that influence the social risks that may be faced by study-enrolled IDUs. It is premised on the view that the influence of law and law enforcement practices on study enrolled IDUs has not been adequately studied, and that this influence is significant enough to warrant examination and the use of tactics to decrease possible risks to study enrolled IDUs from legal actors. There is a paucity of evidence on the manner in which participating in a study such as HPTN 058 may affect IDU risk due to law enforcement activity. This RPA attempts to discern such risks and how they may be alleviated or eliminated.

This research addresses two needs that have remained unmet for some years. First, researchers studying the health of IDUs (and other marginalized populations) have long recognized that laws and law enforcement practices may pose risks to study-enrolled IDUs, but for a variety of reasons have not done a great deal to directly address these factors. In a quite similar way, the recognition of the importance of structural factors in health has so far outstripped research and intervention premised on that ecological view of health. Second, concerns about the legal and other social risks are far as we are aware virtually never investigated by empirical means. RPA fills these unmet needs by providing a comprehensive examination of law, policies, and law enforcement practices as factors structuring the risks of study-eligible IDUs.

### **1.3 Laws and Law Enforcement Practices as Important Structural Factors in IDU Risk**

A substantial body of evidence supports the hypothesis that drug-related laws and policies influence risks among IDUs. Law and law enforcement practices exert a potent, durable influence on injection risk in many places. Since many of these negative consequences arise as a function of being identified as an IDU, any force that would serve to ‘out’ such persons can have severe negative consequences.

While the purchase and possession of syringes is not a crime in Thailand, it appears unlikely that police-drug user relations are significantly different than in places that do regulate syringes. Police generally have the discretion and the dexterity to deploy a wide variety of criminal and public order laws to accomplish their street control mission, and research indicates that they do so in the area of drug use.

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6 UNODC, 2004. Review and Assessment of Current Organizational Structure of the Office of Narcotics Control Board (ONCB) – Thailand – and its Capacity to Understand and Respond to the Emergent Issues on Drug Abuse Related HIV/AIDS Epidemic. UNODC Regional Center for East Asia and Pacific. Nov. 2003.

7 *ibid.*

## **1.4 Rapid Policy Assessment**

Rapid Policy Assessment is a method for collecting information about how laws and law enforcement practices influence health. It was devised by a team led by Scott Burris, Patricia Case and Zita Lazzarini, with funding from the Open Society Institute and the National Institutes of Health.

Rapid assessment and intervention has emerged as important tool to guide public health interaction, particularly in areas without the resources or infrastructure to support the timely gathering and analysis of data using standard epidemiological methods. The need for “rapid assessment” of epidemiological situations has been recognized and such assessments have been implemented in a variety of settings faced with HIV outbreaks.

## Research Procedures

### 2.1 Details of Interview Subjects

The RPA identifies three types of key informants:

- 1) systems participants who have a good overall view of police/health/drug systems which may impact on the transmission of HIV among IDUs;
- 2) interactor participants who interact with IDUs on a day to day basis and are able to provide information about how each system works at a practical level; and
- 3) IDU participants who describe their daily interaction with law enforcement, as well as the legal, public health, and drug treatment systems with which they interact.

Among the 44 informants, 8 are “System” informants who are higher level officials from local public health and public security departments, or other observers who have information on how the law enforcement system works as a whole in the study location, 20 are “Interactors” who are front-line police officers, public health clinicians, research staff, treatment staff, and other functionaries who work within the system and have perhaps deeper though less broad knowledge of its workings, and 16 are injection drug users (IDUs) who meet the following criteria:

- 1) At least 18 years old;
- 2) Willing and able to provide informed consent for study participation;
- 3) Opiate dependent by self-report;
- 4) Injected opiates at least twelve times in the last 28 days, according to self-report;
- 5) If female, medically unable to become pregnant or using an effective method of contraception.

These inclusion criteria mirror those for enrollment in the 058 trial.

The local research team interviewed a total of 44 key informants, as follows:

System/ Interactor	Number
<b>Legal System</b>	
Prison official	1
Judge	1
Prosecutor	1
Policy-makers or local authorities	1
<b>Legal Interactors</b>	

Police: Supervisory	2
Police: Street-level	2
Prison Guards	2
<b>Public Health Systems</b>	
Public health authorities	1
Narcological or drug treatment facility official	1
NGO director of organization working with HIV	1
Harm reduction worker	1
<b>Public Health Interactors</b>	
Public health clinicians	2
Emergency/ casualty department physicians	2
Harm reduction workers	2
Narcological or drug treatment facilities	2
NGO staff working in HIV field	2
<b>Research System and Interactors</b>	
People who have at least 6 months experience staffing research study involving drug users	3
Scientific investigators operating a research study with drug users	1
<b>Total</b>	<b>28</b>

**Table 1: Key Informant Interviewees**

Participants or former Participants in drug user studies	Number
New Injectors	2
Female non-pregnant IDU	2
Locally significant minorities IDU	2
Other IDUs	2
Drug users who have not been study participants	Number
New Injectors	2
Female non-pregnant IDU	2
Locally significant minorities IDU	2
Other IDUs	2
<b>Total</b>	<b>16</b>

**Table 2: IDU Interviewee Demographics**

## **2.2 Recruitment and Interview Procedure**

The interview process was semi-structured and targeted to the level of the interview (system, interactor, or IDU) and covered the following topics:

- 1) legal;
- 2) criminal justice;
- 3) injection drug use and public health response;
- 4) HIV/AIDS and other communicable diseases.

Specific questions addressed enforcement of drug and syringe laws, any criminalization of HIV exposure or transmission, operation of courts and prisons, drug policy politics, criminal justice data and known or suspected risks to study-enrolled IDUs. Emphasis within the interviews varied based on the knowledge and experience of the interviewee. The RPA research tools include screening questions for each topic area that allow those interview subjects with no background or experience in a specific area to skip that area.

The researchers approached each potential subject individually and explained the goals of the study and the options available to potential participants, including the option not to participate. This discussion included the role of confidentiality, the rights of research subjects, and steps taken by researchers to protect confidentiality. At the completion of the discussion the potential subject was given a consent form to review and with which to indicate whether or not they consent to participate.

System interviewers began their work by sending formal letters to the chosen informants to set up a time and place to meet. Most of the system interviews took place in the informants' workplace where privacy was provided. Some interactor informants were chosen through similar means, with the rest being found through snowball methods. IDU informants were found mainly through snowball methods.

Some of the system interviewees were high ranking government officials. In such cases, the interviewees would not allow the interviewers to have the sessions tape recorded, as those officials were supposed to ask permission from their superiors before they were permitted to reveal any government confidential information, especially information on operational matters which might have some impact on future operations. The interviewers were allowed to take copious notes of these interviews and believe that the lack of oral recording allowed the interviewees to be more frank than they would have otherwise been. No such problems were encountered with the interactor or IDU interviews.

Data were collected from July to September 2006 in the Muang District, Chiang Mai Province, Thailand.

## **2.3 Context of the Study Area: Chiangmai Province, Thailand**

The province of Chiangmai is situated in the Northern part of Thailand, approximately 750 kilometers away from Bangkok, the capital of the country. Chiangmai has a total area of 20,107 square kilometers, which makes it the second largest Province in the country. Chiangmai consists of 22 districts and 2 King Amphors.

In 2004, according to the national census statistics, the province was composed of 1,630,769 people. 312,442 are classified as “Hill tribe” members, the country’s largest minority. 45.6% of Chiangmai citizens earned their living through trading and business services, 37.0% are agricultural laborers and farmers; and the rest are general employees.

22 public health hospitals, 1 University hospital, 265 Public Health Stations, 13 private hospitals, 441 clinics and 14 community health care centers provide care. The ratio of medical staff was 1:1,982; dentist personnel was 1:7,197; pharmacist 1:7,014; and nurses 1:1,461. The number of beds per population was 1:283.

The great majority (91%) of the Chiangmai population is Buddhist, while 5.6% identify as Christian. There are 1,423 Buddhist temples and 260 Buddhist monk residences, while there are 573 Christian churches.

## Legal Environment<sup>8</sup>

Over the past few decades Thailand has come to incorporate extensive narcotics laws in an effort to combat its drug abuse and trafficking problem. The Narcotics Control Act of 1976<sup>9</sup> forms the pivotal penal enactment and is the cornerstone of this effort. Although Thailand has recently attempted to forge a more inclusive approach to drug use through the enactment of the Narcotics Addict Rehabilitation Act B.E. 2545 (2002), the government is still mainly reliant on a penal approach to drug use.

Research in the field suggests that about 69 percent of Thai inmates are serving sentences for drug related offences<sup>10</sup>. While there are laws in force pertaining to first time offenders and minors under 18 years of age charged with drug related offences, preventive and intervention efforts on HIV transmission among IDUs remain to be implemented with the drug treatment facilities sorely lacking in their approach and programmatic content. Prison settings in Thailand further compound vulnerability by increasing the risk of exposure to HIV for drug users, thereby fuelling the epidemic among them and others.

In Thailand, drugs such as ganja, marijuana and opium have been part of traditional, religious, medicinal and recreational practices for years, especially amongst the hill-tribes in Northern Thailand. Injecting drug use became widespread only in the mid-1980s and has been on the rise ever since. This shift from traditional to injectable drugs is attributed to various social, economic and legal developments, particularly prohibition and banning of the “traditional” drugs.<sup>11</sup>

The Narcotics Control Act of 1976 and its subsequent amendments<sup>12</sup> has had a major impact on the manner in which drugs are used in Thailand. The introduction of a harsh penal regime that bans the production, possession, consumption, sale and use of manufactured and psychotropic drugs and opium and its derivatives has resulted in a shift to heroin use through smoking and injection and an increase in the use of Amphetamine Type Stimulants (ATS). Thai law criminalizes the possession of extremely minor amounts of drugs, forcing users to carry very small quantities and ultimately leading to difficulty in drug users attaining 'highs' through less hazardous methods of administration such as oral intake and encouraging a shift to riskier methods, particularly injecting drug use. The penal regime under the Thai narcotics laws and related enactments prescribes

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8 This summary is taken from a review of Thai drug law prepared for this assessment by Indrajit Pandey: Indrijit Pandey, “Law on the Books and High Risk Populations in Thailand”, available at <http://www.temple.edu/lawschool/phrhcs/rpar/about/thai.pdf>. The complete report includes a detailed overview of Thai drug laws and other laws relevant to the social risks and health care of IDUs involved in HPTN 058.

9 The Narcotics Control Act 1976 (as amended by the Narcotics Control Act (2002)).

10 Treerat et al 2000; Peak 2001. Revisiting ‘The Hidden Epidemic’ – a situation assessment of drug use in Asia in the context of HIV/AIDS. Pp 212.

11 Choopanya K, Vanichseni S, Des Jarlais D.C, Plangsringarm K, Sonchai W. et al. 1991. Risk factors and HIV seropositivity among injecting drug users in Bangkok. AIDS. 5:pp1509-1513.

12 Act on Prevention & Suppression of Narcotics; Narcotics Suppression and Prevention Acts and others.

severe punishments, makes all offences under it cognizable and non-bailable, and also gives wide powers of search, seizure and arrest to the police.<sup>13</sup>

IDUs in Thailand are often treated very harshly by law enforcement authorities. For example, an international NGO in a published report reported beatings of Akha villagers in Chiang-Rai and the mistreatment of other hill tribe villagers by army personnel in the Royal Thai Army (RTA) sponsored drug detoxification camp. In another documented incident, NGOs concerned with the welfare of highlanders reported that police and military units carried out several warrantless searches of villages for narcotics (under authority granted by the Narcotics Prevention and Suppression Act of 1979) in northern provinces during 2002.<sup>14</sup> Further, under the existing Narcotics law, there is a presumption of guilt against the possessor of any drugs or apparatus for the manufacture of any drugs. The penal regime also makes any attempt or abetment punishable with the same severity as if the offence was actually committed. The Narcotics Suppression and Prevention Act in its display of power regards minimal attention to support structures within the law for de-addiction, detoxification and referral of drug users.

However, of late there has been some shift in the Thai legislative thinking and some amendments to drug related laws have been introduced focusing on support parameters and rehabilitation mechanisms. Chief among these is the “Rehabilitation of Narcotics Act, 1991” and its subsequent amendments in 2002. The amended Act of 2002 distinguishes itself from its predecessors inasmuch as it recognizes in principle that users are akin to patients and not criminals and recognizing the importance of a multisectoral approach to drug use reduction. However, this development, though positive, has proved to be largely lacking in substance or conviction, betraying a lack of sensitivity to the needs of drug users and a prejudicial view of drug use. The view bears testimony that despite reiterated principles of reform and multisectorality<sup>15</sup> the majority of effort is still directed towards drug use and abuse are highly punitive.

The Act on Suppression and Prevention remains unaltered in accommodating the logic for which the Narcotics Addicts Rehabilitation Act of 2002 came into effect (i.e., addicts are more patients than criminals), fear of harsh criminal sanctions still stands out as the main tool of prevention and control. Studies have suggested that harsh criminal sanctions leave drug users widely exposed to exploitation, harassment, abuse and arrest by the law enforcement machinery.<sup>16</sup> This in turn proves problematic from a public health perspective as it prevents drug users from accessing prevention, harm reduction, and treatment information and services. Moreover, legal provisions pertaining to abetment,

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13 See Code of Criminal Procedure, Narcotics Control Act, The Narcotics Act of B.E. 2522 (1979), Narcotics Prevention and Suppression Act of 1976.

14 Thailand-Country Reports on Human Rights Practices - 2002 Released by the Bureau of Democracy, Human Rights, and Labor, 2003

15 Volume 119, Part 96A. Government Gazette, 30th September 2002.

16 In May 2001, two women accused a police officer of raping them in jail while they were serving a sentence on drug charges. The officer was suspended from duty and released on bail. Thailand-Country Reports on Human Rights Practices - 2002 Released by the Bureau of Democracy, Human Rights, and Labor March 31, 2003.

preparation and attempt have a severe impact on the manner in which interventions with IDUs are able to function.

In 1997, the Thai government's policy on HIV/AIDS recognized the importance of harm reduction methods vis-à-vis HIV/AIDS in decreasing the vulnerability of drug users, but at the same time declined any support on harm reduction approach that targeted injecting behavior. It was not until 2001 that the Ministry of Public Health advocated the reform in the narcotics regulation to extend the methadone treatment period.

The country's schizophrenic approach to drug policy is evident in the conflicting laws passed and orders issued by the government. For example, in contravention of the ideas expressed by the Rehabilitation of Narcotics Act, Prime Minister Thaksin Shinawatra announced on 28 January 2003 that a 'war on drugs' would begin on February 1, and continue until April 30, at which time the country would be 'drug-free'.<sup>17</sup> This led to the establishment of the National Command Center for Combating Narcotic Drugs (NCCB) under the chairmanship of the Deputy Prime Minister.

Data on the impact of the Prime Minister's plan to fight narcotics shows drug users have been rendered even more vulnerable to HIV infection, abuse and stigmatization. This stepped-up government War on Drugs, characterized by extrajudicial killings, false charges and blacklisting, has had disastrous consequences.<sup>18</sup> As a direct result of government policy, users trying to escape police arrest and forced rehabilitation were pushed further underground and away from critical support and services.

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<sup>17</sup> Ministerial Order No. 29/2546.

<sup>18</sup> Human Rights Watch. Not Enough Graves: The War on Drugs, HIV/AIDS and Violations of Human Rights. June 2004, Vol.16, No. 8 (C).

## Key Findings From the Qualitative Research<sup>19</sup>

### 4.1 Recent History of Drug Use and Policy in Chiang Mai

In the past, opium and heroin were plentiful and potent in Chiang Mai. Consequently, users were easily addicted to the drug and it was very difficult to stop using. In 1996, methamphetamine (Yaba) spread amongst the youth and teenagers. Later, during 1997-2001, the drug became even more widespread.

During 2001-2002, ongoing anti-drug activities became more concentrated, with the Ministry of Defense, the Ministry of Public Health and the Ministry of the Interior working together to address the drug problem. In the beginning of 2003, Prime Minister Thaksin Chinawatarra declared that Thailand would be free of narcotics during his era. His narcotics policy, termed the “War on Drugs,” led to the arrest and extrajudicial killing of a great number of drug users and traffickers. Most recently, during 2005-2006, this harsh drug suppression has waned.

According to system interviewees, fully 60% of criminal charges in the past year were drug related. Of these drug charges, 95% were for methamphetamine; the other 5% were for heroin, opium, ecstasy and ‘ice’. Only 2% of drug arrests in the province are believed to be for heroin or opium. The Chiangmai prison warden estimated that 80-90% of the prisoners were charged with methamphetamine offenses. Heroin users seemed to be mostly absent from the prison, perhaps because most heroin users tend to be older. Other popular drugs were Ketamine, Methamphetamine, Crystal meth and Cocaine. However, these expensive drugs were not widely used because of their high price. The low price of methamphetamine may help explain its recent popularity.

### 4.2 Policing Practices

According to a police informant, the police seemed to have as many as 50-60 drug missions that were conducted on a 24 hour basis, 365 days a year. Some officers complained about the bureaucracy involved in the different organizations running drug suppression and the difficulty of arresting known drug users.

*“Local citizens had asked me many times about this matter, but to take a person into jail was not an easy job. The seizure of narcotics was the first evidence to arrest people and put them in prison.”* (Street-level police - Interactor)

There were also incidents where certain groups were given special treatment, and where males were treated differently than females:

*“Once, I arrested a pregnant woman, but I sympathized with the woman, so I released her. I later found out that after I released her she went back to her house and started selling drugs again.”* (Street-level police - Interactor)

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<sup>19</sup> All data in this section comes from the qualitative interviews. Where appropriate, quotes from interviewees are presented.

*“If IDUs were males, the search could be done immediately. But if IDUs were females, they had to be brought to the police station to be searched by female police officers.” (IDU-13)*

*“Policemen treated male and female differently. They arrested male IDUs, while they let female IDUs go. In my mind, I thought that women always have some privilege and extra mercy from the police authority.” (IDU-8)*

There were also widespread allegations of bribery on the part of government officials, particularly police:

*“It was possible that wealthy and rich IDUs could bribe the policemen with money or a mobile phone.” (IDU-13)*

*“Bribery could go up to the prosecutor, but not all the way to court and judge. A prosecutor could be bribed as much as ten thousand Baht.” (IDU-4)*

*“If pretty IDUs were arrested, they could be released through their beauty or having sex with the policeman.” (IDU-8)*

*“Sexual relationships with policemen became very common amongst female IDUs.” (IDU-14)*

Some noted that the police would arrest those who had physical signs of drug use, even absent evidence that they were currently using drugs:

*“The police looked for pale, unhealthy looking people with scars on their arms. On many occasions the police authority could not find the drug in the IDU’s bodies, but they could see injection scars on their arms.” (IDU-8)*

*“One day, I was arrested by the police authority due to marks on my body. The policemen took me to the police station and asked me to let them examine my urine. After the verification that I had no purple color in my urine the policemen let me go home.” (IDU-4)*

There were also allegations that police planted evidence. There is even a word in the Thai language for such acts: “Yat Ya”.

*“Policemen had lots of drugs and they will put the stuff into people’s pockets. Each sub-district had set a target for arresting of IDUs at least 30 cases a month. (IDU-11)*

*“Firstly, after arrest, the police authority would put drug trafficking charge on IDUs. If we denied, they would torture us.” (IDU-8)*

The police would sometimes coerce arrestees into being informants. This could earn their freedom, but could also be very dangerous:

*“A person informed me that the police authority wanted to use drug users as spies to catch drug traffickers. One person was arrested but then released as a spy for the police.” (Harm reduction worker - Interactor)*

*“If found to be informants, IDUs face beating and torturing. Fire and flame were put on some parts of their bodies. The shocking of certain parts of the body such as testes and penis was also performed on when they were found to the spies of the police authority.” (IDU-8)*

*“Policemen usually asked IDUs to work for the police authority as spies. But most of the IDUs declined to be spies for it was very risky. So, the risk to be killed both inside and outside of the prison was equally the same.” (IDU-13)*

The police seemed to believe that IDUs could not be able to stop using drugs; thus, there was a risk that the same person might be arrested even after he stopped using drugs. Therefore, when policy makers decided that a certain number of drug arrests were required, the police authority would normally go back to their old list of names of the IDUs to get the required numbers.

System interviewees normally differentiated between youth and adult and drug users and drug traffickers. The interrogation of youth is done under the supervision of a council which consists of a lawyer, psychiatrist or psychologist, prosecutor, and social worker. The punishment given to juveniles was different from that of adults and is based on environmental factors and the cause of crime concerning narcotics and other incentives. The goal was set on how to solve the problem rather than on the punishment.

The judges of juvenile court came from people from all walks of life based on their achievement and success as well as reputation. Some of them came from Non-Government Organizations (NGOs). Some punishment might concern sending the children to work in these NGOs or sending them to families where they would return to normal life and to live in their own community. The Judge interviewees stated that it was a basic principle for the court to emphasize the correction on juvenile behaviors rather than to punish them.

### **4.3 Interrogation Procedures**

Normally, when narcotics arrests take place, the arrested persons would be delivered to the police station for interrogation. During this period of time, the arrested persons would be put in detention in the jail of the police station in the area where crime occurred. They typically remain there for approximately 2 days.

After arrest, the police are supposed to inform arrestees of their rights, for instance, the right to meet a lawyer. Additionally, some policemen might make copies of the criminal rights and gave them to the arrestee. According to procedure, before interrogation, the police authority would let the arrested persons read their rights and sign a paper acknowledging them. A Prosecutor interviewee, however, stated that this procedure was not always followed.

According to the prosecutors interviewed, use of force during interrogation is illegal. However, the current law does not allow the prosecutor to be involved in the interrogation process, except in the case of juveniles, where the prosecutor has to join the interrogation according to the law. The prosecutor reported that there is a conflict between the police and the prosecutors on the matter of the use of force by the police.

The police informants, however, claimed that there are no rules on the use of force and threats during interrogation. They reported that, before 1994, force and threat of force during interrogation were commonplace. If the police authority wanted the arrested persons to be spies for the police, they would bargain with them by using force and threatening as a mean to persuade them to cooperate.

However, in 1994, the police authority announced order article number 1212, which holds supervisors directly responsible for the actions of their subordinates. However, street-level police report that the use of force in interrogation is still a common occurrence.

*“Police always use force when they arrested IDUs, particularly in the safe house or during interrogation. The using of force could be any thing, kicking, beating, the use of fire and electrical short circuit or electrical shock and so on. Besides using of force, there could be other kinds of threatening such as shot gun fires. Sometimes, the police men used dogs, big dogs, to threaten me.”* (IDU-9)

#### **4.4 State of Prisons**

All interviewees questioned on the matter agreed that the prisons are overcrowded, with each room packed with 40-70 prisoners. Each room had a selected leader to look after everything in the room. Prisoners are expected to refer to guards as “Master” and to bow their heads when the guards walk by. Red rice was the staple food. The red rice was still very hard and difficult to swallow, especially in the winter. Those with means, however, were able to purchase other food or have it brought in from the outside.

Health care in the prison is handled by a physician with prisoners as his assistants. It was universally described as dismal.

*“The doctor did not want to give us medicine. When we caught a cold, he gave us only two tablets of paracetamal. It was difficult to get out of the prison to get medical care. A relative was required to sign the paper for outside medical treatment.”* (IDU-6)

*“Prisons detained prisoners without discrimination of HIV or Tuberculosis (TB). If the coughing was not so severe, we would never know that the person had TB. However, if the disease signs were clear and vivid, the prisoner warden would send the patients to the hospital. But if not a severe case, the chance that the prisoner might see the doctor would be very difficult.”* (Emergency Physician - System)

Several IDUs reported that syringes were not easy to come by in prison, which leads to sharing amongst IDUs. Additionally, high-risk sexual activity was reported:

*“The wage for labor in sexual activities had been paid in term of cigarettes. Nonetheless, a strong personality male prisoner would have chance to make love with a good looking young prisoner. Afterwards, they would call each other buddies. The payment could be done in some other ways, such as, taking good care of the sexual partner as protector or body guard. Thus, powerful prisoners would always have youngsters to provide sexual pleasure for them.” (IDU-8)*

Although HIV education was reported inside the prison, it is unclear how effective it was:

*“HIV knowledge was given by the warden of the prison. Knowledge from outsiders would come to the prison 3-4 times a year. Mostly, it was preventive knowledge on HIV. It was difficult to understand exactly about the HIV disease. Some people said, if sexual intercourse had been done through anus, the disease would not come into contact with the person. Therefore, it was hard to believe the lecturers on the matter of HIV.” (IDU-9)*

Violence was noted, with deaths sometimes occurring as a result. There were two kinds of violence in the prison, violence between the prisoners themselves and violence between prisoners and guards:

*“Violence often starts when one prison gang tries to collect money from other prisoners. They threatened each other and demanded for money as a protective mean. The amount of money required was negotiable.” (IDU-4)*

*“I was one of the gang members and they told me to collect money from other prisoners. The payment could be done through cash or via cigarettes. This group was involved with narcotics. There were some kinds of narcotics for sale in the prison. Another kind of violence came from the conflict between the prisoners and the warden or the prison guards who could punish prisoners without rules or regulation. Beating was a common practice amongst the warden and the guards. The bates were made out of plastic pipe surrounded with rubber. Some prisoners died of this kind of beating.” (IDU-8)*

#### **4.5 Police Interference in Similar Studies**

Many of the Systems interviewees suggested that in order to avoid risk to IDUs the police and governmental officials must be a part of the process, and police interference in the past was noted.

*“During the time of war on drugs, the police authority came to pick up our volunteers to make them serve as drug buyers. The doctor told the police that the patients were now free from consuming narcotics. However, the police authority insisted to take the patient to work for the police as drug buyer.” (Scientific investigator operating a research study with drug users - System)*

*“In the past, the police authority used to come to [the treatment center] to arrest IDUs. Consequently, the center was afraid that their patients would not come to the*

*center to receive medical care and treatment. Thus, the drug treatment center wrote a letter to notify the police authority that their patients were afraid of coming to the center. Furthermore, the police authority of the police branch had kept an eye on the patients of [the clinic] for narcotics arrest. After the notification letters had been sent out the cases disappeared from the scene and the cooperation with the police was simply handled.”* (Official of drug treatment center - System)

*“There were some cases that the police authority arrested IDUs of the project to have their urine tested.”* (Person involving a research study on drug users - Interactor)

The prosecutor suggested that there should be a list of volunteers; their names should be put in records as reference. He also believed that there should be coordination with local and national police.

#### **4.6 Perceptions of Current Drug Policy**

Most of the police interactor informants supported the “war on drugs” policy because they believed it was effective in reducing drug use. However, many of the non-police system informants were not pleased with the country’s current drug policy:

*“I am not content with the war on drug policy, since it is not the way to solve the problem. I think narcotics could not be solved through law alone. Drug users are patients, not criminals. Thus, the issue must be along term problem.”* (Scientist on study working with drug users - System)

Interviewees generally believed that the punishment for narcotics offenses should be lighter than that for other offenses and noted that punishments for traffickers tended to be much higher than those for users, although users were often sentenced to “rehabilitation” and then, in some cases, prevented from returning to their homes.

*“IDUs were considered to be patients and required medical treatment at the narcotics rehabilitation center. The training at the center was something like a military training.”* (IDU-13)

*“Since there was no room in the prison, sometimes court sent out minor cases to the rehabilitation center for cure and for treatment as well as training. Most of the activities consisted of plantation, growing trees, and agricultural activities.”* (IDU-13)

#### **4.7 Stigma and Social Attitudes**

Although they are sometimes looked at as victims of peers or drug traffickers, drug users are generally held in low regard amongst non-IDU informants. The stigma is less for methamphetamine users. Heroin or opium users are considered more serious than methamphetamine users for heroin users are believed to steal belongings of the people in the village causing more trouble than the methamphetamine users.

After imprisonment, it is difficult for IDUs to reenter society. Neighbors normally gossip about their drug behaviors and make it difficult to live among them. Consequently, the IDUs may separate themselves and live their lives out of the neighborhood for they could not live with their old friends both in home and in their workplace.

*“People always thought of drug users as criminals who stole their property for the sake of exchanging for money to buy drugs for use in their habits.”* (Research staff involving drug users - Interactor)

*“Drug addicts had been called in Thai language as “Ai Khi-ya”, but amongst the addicts, they called themselves “Chao-ya”. The community or society of drug addicts disliked and hated Ai Khi-ya and Chao-ya. They looked down upon them and discriminated them as outsiders. Therefore, drug addicts had to find friends as drug addicts; and they gather themselves into groups.”* (IDU-12)

Most system interviewees viewed drug traffickers and drug users as “bad people” who destroyed their society and their community by means of making youth in the neighborhood become drug users.

*“The government should provide occupational training for the people who returned from jails and prisons. People in the community often treat drug users negatively and would not let them return to their jobs or the community.”* (Harm Reduction Director - System)

*“When people deserted them, drug addicts formed up their own society. If employers knew that his employees were drug addicts, they would fire them immediately for if they let addicts stay at their factories, the addicts would not be able to work for them anyway. Educational institutes, if they learned that their students were addicted to drugs, would call the parents and have them resign their children from being students at the schools.”* (IDU-13)

Non-injection drug users were generally not considered to be the problem that injection drug users were, and are generally treated better.

This system of stigmatization often means that even those who are able to kick the habit have nowhere to go and may end up resuming drug use.

*“The stigma of being drug users or drug traffickers was the cause of pushing the people back into their old habits of consuming drugs or trafficking drugs.”* (Treatment Center worker - Interactor)

*“People with HIV are stigmatized after they leave prison. They then have the stigma both of HIV and drugs. This kind of stigma had spiritual effect as well as physical effect, which attached to their minds.”* (NGO staff working with HIV positive people - Interactor)

Acceptance of HIV positive individuals often depends on how the person contracted the disease. For example, wives who got infected from their husbands would be viewed with sympathy. On the other hand, people generally have little sympathy for people infected with HIV through drug use.

Physicians often viewed IDUs as HIV transmitters, although they also realize that the stigma of being identified as HIV+ would be harmful to patients. However, some also believe that if the doctor put an HIV marker on the patient's bed, it would be good for the hospital staff, as they would be more vigilant not to be infected by the patient.

*“There was no separation between HIV patients. However, the hospital workers had a secret notification among themselves to let their personnel know which patient were HIV positive. Mostly, the hospital personnel learned from interviewing and from the observation of the signs and symptoms.”* (Emergency Physician - System)

#### **4.8 Access to Health Services**

Most Systems interviewees believed that currently there were enough Treatment and Rehabilitation Centers for drug users since district and local hospitals could treat and deal with drug users. However, some stated that in reality few hospitals want to accept drug users. In fact, the Northern region had only one treatment center. An official at the Chiang Mai drug treatment center reported that, during the War on Drugs, the number of patients was reduced by 50%.

*“Hospitals generally set standards and criteria to avoid accepting the drug users into their patient list. Eventually, drug users would disappear from their hospitals for the difficulty in receiving the medical treatment. There are not many private clinics for drug dependence treatment in Chiangmai province; and most of them treated patients with bad manners, such as looking down upon patients. As a result, the patients did not want to go to such places.”* (Harm Reduction Director - System)

*“Theoretically, there were so many hospitals, but only few hospitals that admitted drug users as their patients for they were afraid of drug users to overwhelm their services.”* (Scientific investigator operating a research study with drug users - System)

*“Methadone was a drug of choice for use in the treatment of drug users; but the cost of treatment was very high. However, most of heroin drug users were very poor and they could not afford to have such medical treatment.”* (Scientific investigator operating a research study with drug users - System)

*“IDUs have some trouble accessing health services. They themselves refused to go to treatment center due to the fact that they did not want to be under restriction and regulation.”* (Harm reduction worker - Interactor)

## Conclusion

We conclude that while drug users in Chiang Mai, as elsewhere, are subject to a variety of socioeconomic, dignitary and even physical harms due to stigma and criminalization, these harms are not more likely to occur because of participation in this research as long as local law enforcement is involved in the process and agrees to a policy of non-interference with the study. In fact, enrollment may even have a protective effect if researchers successfully interface with local police.

U.S. Sponsors, researchers and IRBs should be aware, however, that it may be difficult to guarantee both the support of the police and the anonymity of study enrollees, as several Systems informants suggested that study participants might need to carry a study identification card to protect them from police interference. This research also found widespread stigma amongst community members, and lack of treatment resources for drug using individuals.

Based on our research, the RPA team makes the following recommendations:

1. The research team should work with local law enforcement, drug treatment and public health officials to promote their understanding of and cooperation with the research project. In doing so, they should:
  - regard local law enforcement, drug treatment and public health officials as key stakeholders in the research, who will be in a position to influence or participate in new programs based on the research findings;
  - emphasize the deterrent effect of arrests at the site on IDU trust and participation;
  - educate stakeholders about addiction and the benefits of treatment and access to health and social services at every opportunity.
2. The research team should reflect upon and develop internal operating procedures for communicating with authorities to maximize benefits and autonomy and minimize risks to participants. The research team should ensure that local staff members are trained in proper privacy and confidentiality procedures and that procedures are in place to handle requests for information that may come from governmental agencies and actors.
3. The research team should be mindful that stigmatization from community members may also be a risk factor for IDUs, as identification as an IDU may cause a person to lose his/her employment and support system. Systems should therefore be designed to minimize the chance that a person will be inadvertently identified to the community as a study member.

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Current versions of the RPAR tools and training materials are available on the world wide web at <http://www.rpar.org>.