



CHAPTER II

NARCOTICS SITUATION IN THAILAND

2.1 Overall narcotics situation in the country

Opium is perhaps the drug that has longest history in Thailand, which the problem began to be serious in the early Bangkok period as opium was produced in large quantities in the northern mountain areas in the north and across the border in Myanmar. In the beginning opium was consumed mainly by hilltribe people and urban labourers in big cities especially in Bangkok. Throughout several decades following the ban of opium production in 1956, trade and use in the country, the efforts of the Thai government and various national and international organisations to eradicate opium production in the country resulted in a significant decrease in the total cultivation area as well a decline in the overall production of opium.¹

In 2001, it was estimated that there were 7,312,200 people in Thailand who had used drugs at least once. Out of this number 907,000 had used opium; 28,600 people had used the drug within the past year and 12,300 within 30 days prior to the survey. It has been suggested that even if the opium production was largely eradicated, the number of opium abusers in the country would remain stable as many would be unable to stop their addictive habit, although some may change to abuse more widely available drugs such as heroin and methamphetamines.²

According to Renard,³ in the 1960s and 1970s heroin became increasingly popular in Bangkok's urban areas where opium was more difficult to find. In the early 1980s when opium dependence was common in rural areas, particularly in the north, the regional distribution of the heroin dependent treatment population was higher in Bangkok than in the provincial regions. Each year, the number of heroin abusers steadily increased.

¹Ronald Renard, Opium reduction in Thailand 1970 - 2000: A thirty - year journey (Bangkok: Silkworm Books, 2001), p. 36.

²ONCB, www.oncb.go.th.

³Ibid, pp. 20, 33 - 34.

In 1993, the TDRI⁴ estimated that the minimum number of drug addicts in Thailand that year was 1,267,590 out of which 214,180 abused heroin. While the number of addicts was rather high, less than 25% received treatment and rehabilitation. Nevertheless, since 1994, heroin addicts ranked the highest among all types of addicts receiving treatment throughout the country. This changed in 2000 when methamphetamine addicts outranked heroin addicts, as illustrated in the table below.

Table 1. Heroin and methamphetamine patients from 1994 - 2002⁵

Year	Heroin	Methamphetamine
1994	43,735	447
1995	48,895	1,113
1996	33,746	4,036
1997	24,728	10,024
1998	21,757	14,529
1999	15,575	11,134
2000	14,758	19,253
2001	12,758	23,621
2002	10,370	21,165

Most of the methamphetamines sold in the country in the beginning were primarily produced locally, with base materials were imported. Pill-makers, who were found in many provinces around the country, mixed the substances and pressed them into pills. They then supplied the drug to wholesalers all over the country who in turn sold to smaller traders. By 1995-1996, methamphetamines had spread to every province.⁶ However, due to an increasingly high demand and harsh suppression by the Thai government, methamphetamines are now imported mainly from ethnic minority groups from Myanmar in the Golden Triangle area. The amount of smuggled

⁴TDRI, Cited in Chaimongkol Chanta, Community Involvement to reduce Drug Use in Children and Youth. Tambon Bo Luang, Chiangmai, 2003, p. 8.

⁵ONCB, Thailand Narcotics Annual Report, 2003, p. 78.

⁶Pasuk Phongpaichit, Sungsidh Piriyaarangsana & Nualnoi Treerat, Guns, girls, gambling, ganja: Thailand's illegal economy and public policy (Chiangmai: Silkworm Books, 2003), p. 105.

methamphetamines has increased each year. The ONCB estimated in 2003 that the production of methamphetamines in the Golden Triangle was about 700-800 million tablets per year and no less than 80% of the total production was sent to Thailand.⁷

In the past, methamphetamine use was mainly for work. The earliest methamphetamine users were truck drivers and agricultural workers. Truck drivers would take the drug in order to drive all day and night to make many trips in a short time as this would enable them to earn additional income as this was based on the number of trips completed. For agricultural workers, who are the largest group of methamphetamine users, the consumption developed from a former habit of using pain-killers containing caffeine. After the public health department banned the production of this formula, use of methamphetamines began to spread among sugar cane cutters, rubber tappers and other agricultural labourers.⁸

Similar to the truck drivers and agricultural workers, many labourers in factories also used methamphetamines to gain energy which enables them to work longer hours and earn extra money. For many factory labourers, their reason for initially taking methamphetamines was either by their own choice or at their employers urging. Sometimes employers would mix the drugs into the drinking water which caused the workers to become addicted later. Taking methamphetamine thus became a normal part of the workplace culture in many factories. Workers taking methamphetamine know that the drug is addictive and illegal, and yet many of them choose to continue using.⁹

The next group of methamphetamine abusers is students. In the past, many took the drug to help them work harder, particularly during exam periods. For some, it gradually became habitual. More recently, the use of methamphetamines among young people is more associated with curiosity and fun rather than work. According to the

⁷ONCB, Thailand Narcotics Annual Report 2003, p. 27.

⁸Pasuk Phongpaichit, Sungsidh Piriyaarangsarn & Nualnoi Treerat. Guns, girls, gambling, ganja: Thailand's illegal economy and public policy, p. 102.

⁹Chutima Rermrut, Cited in Niramol Pliencharoon, The study of amphetamine diffusion criteria in school of Thailand (Bangkok: Department of Physical Education, Ministry of Education, 2000), p. 39.

statistics from the TDRI,¹⁰ in 1998 of the approximately 2,000,000 people who used methamphetamines in Thailand, about 600,000 – 700,000 were students.

A household survey of communities in the central region¹¹ also found the methamphetamine epidemic to be very serious. The density in numbers of people selling and taking drugs was high and some people could identify specific households which were involved. In some cases people who refused to be interviewed were later discovered to be the main drug dealers in the community. When asked whether or not they had seen drugs, most people interviewed said they had, with the main drug being methamphetamines. Having seen the drugs could be interpreted as having a higher chance of being associated with drug-related activities.

Since the beginning of 2003 when the Thai government began its “War on Drugs” campaign (which will be discussed later in the policy section), the country’s drug epidemics, especially its methamphetamine epidemic, was “halted” as a result of the serious suppression strategy which made drug users and traders afraid of arrest. Large quantities of methamphetamines were seized and many abusers and traders were arrested. However, the demand for the drug still exists. An ONCB officer¹² predicted that as methamphetamines continue to be manufactured in large quantities in Myanmar and are smuggled into Thailand, it is inevitable that the methamphetamine epidemic will continue to be serious despite the government’s efforts in addressing the problem. Also, the import of the drug from Myanmar continues along the border areas in the north and northeast, and traders have adapted their marketing strategy to sell the drugs at a discount price to motivate internal drug dealers to run their business again.

According to a recent survey by ABAC Poll¹³ regarding the narcotics situation in Thailand, after two years of the “War on Drugs” campaign the methamphetamine epidemic was more serious in March 2005 than in February 2004. The return of methamphetamines was most serious in Bangkok and the southern region. In 2005,

¹⁰TDRI, Cited in Chaimongkol Chanta, Community Involvement to Reduce Drug Use in Children and Youth, Tambon Bo Luang, Chiangmai, 2003.

¹¹Apha Siriwongse Na Ayutthaya, Narcotics drugs: Situations in central Thailand in 2001 (Bangkok: Social Research Institute, Chulalongkorn University, 2001).

¹²Kongphetch Kulsudjaritkul, Thailand drug abuse and control report 2002 - 2003, p. 3.

¹³ABAC Poll, Reports on the estimation of narcotics situation in 25 provinces around the country after two years of the war on drugs campaign: comparison between February 2004 and March 2005 (Bangkok: Assumption University, 2005).

68.4% of people in Bangkok said that there were methamphetamine problems in their community. In the south, 62.4% admitted the existence of the drug problem in their community, while the number was only 29.7% in 2004. The survey also reported that the main groups of Thai people still involved with methamphetamines were out of school youths, the unemployed, labourers and students.

Marijuana is another kind of drug posing problems in Thai society. It is grown throughout Thailand. Prior to 1990, marijuana cultivation was primarily located in the northeastern region. As a result of narcotics crop control policy of the government at that time, large areas of marijuana cultivation were destroyed each year. While the drug continued to be illegally grown throughout the country, the biggest marijuana cultivation area since the 1990s has been the northern region.¹⁴ However, because the existing demand for marijuana throughout the country and despite the narcotics crops eradication by the government, the ONCB¹⁵ reports that the main cultivation of marijuana has shifted back to the jungles in the past decade, far from residences in northeast

More recently in 1993, the TDRI¹⁶ estimated that the minimum number of drug addicts in Thailand was 1,267,590 out of which 326,080 were marijuana addicts: marijuana addicts were second only to addicts of volatile substances (411,603 addicts). Students continued to be the largest group of marijuana abusers. In that year more than 50% of student drug addicts were marijuana users.

Marijuana abuse has been stable in the recent years due to the scarcity of other drugs as a result of government suppression and the continual availability of marijuana because of its relatively cheaper price. Marijuana use has spread to both rural and urban areas of Thailand, especially in larger cities and tourist cities throughout the country.¹⁷ While in the past many marijuana abusers were students, this has changed.

¹⁴ONCB, Thailand Narcotics Annual Report, 1995, p. 4.

¹⁵ONCB, Thailand Narcotics Annual Report, 2002 and 2003.

¹⁶Ibid., p. 8.

¹⁷ONCB, Thailand Narcotics Annual Report 2002, p. 18.

The age of those who have ever used marijuana is highest among those 25-44 years olds, 45-65 years olds, and 12-24 years olds, respectively.¹⁸

There are also a variety of volatile substances that are used in Thailand including benzene, paint thinner, waxing oil, lacquer, different types of glue, and nail polish, with the most common being thinner and glue.¹⁹ The ONCB²⁰ reports that volatile substances such as glue, thinner and lacquer have long been popular among youths aged 11-17 years in all parts of the country. The substances are easily available at low prices. Some children with less money may buy a tube of glue which is rather inexpensive, pour it into a plastic bag and inhale it. These children usually have an elementary education and come from poor families, particularly in densely populated communities. Curiosity and influence from friends have been the two main factors for taking volatile substances. Most of these children do not seek treatment.

A survey by the TDRI revealed that in 1993 volatile substances abusers were the largest group of drug addicts in Thailand. Out of a total 1,267,590 drug addicts, 411,603 were volatile substances addicts.²¹ Between 1994 and 1997 there were 90,000 volatile substances offenders arrested throughout the country. About 80% of those arrested were new cases that had never been arrested before. The number of volatile substances users has tended to increase about 23% each year.²²

The figures remained high in 2001, when the number of people in Thailand who “have ever used” volatile substances was estimated to be 399,900. Of this figure, 199,700 had used the volatile substances in the past year, and 101,200 in the 30 days prior to the survey.²³ The ONCB reported in 2003 that volatile substances, glue and thinner in particular, were more of an epidemic in 2003 than in the past, due to the shortage of methamphetamines in the Thai drug market, as these substances were readily available and inexpensive. Apha Siriwongse Na Ayutthaya’s findings also

¹⁸Substances academic network administrative committee, Status of drugs and substances use (Bangkok: ONCB, 2003), p. 12.

¹⁹Ibid., p. 15.

²⁰ONCB, Thailand Narcotics Annual Report 1997, p. 16.

²¹Ibid., p. 8.

²²Ibid., p. 32.

²³Kongphetch Kulsudjarit, Thailand drug abuse and control report 2002 - 2003 (Bangkok: ONCB, 2003), p. 16.

support this.²⁴ According to this study, from 1995-2001 methamphetamines was the main drug used by children sent to detention centers. After the aggressive drug suppression by the government in 2003, methamphetamines availability was much more limited and the methamphetamine users, many of whom had previously used volatile substance, returned to volatile substances use again.

Ecstasy is one of the newest drugs in Thailand and according to the ONCB, the drug came to Thailand in the late 1980s.²⁵ It is known locally as “*Ya E*” or “*Ya Love*”. It is imported from Western countries, particularly the Netherlands, the United Kingdom, Sweden, the United States of America, and Australia, through air routes and the postal service. Due to the increasing demand in the region, ecstasy production later spread to some East and Southeast Asia countries. It is also believed that ecstasy has been produced by some ethnic minority groups along the Thai-Myanmar border in the north and smuggled into Thailand since mid-1997.²⁶

In the early period, one tablet of ecstasy cost 800 – 1,500 baht. Since the worldwide price of the drug has decreased in the recent years and the drug can now be produced in the region, the price of a single tablet is now only 350 – 600 baht.²⁷ The lower price may be one factor that has contributed to the spread of the drug among other groups of the people in the country. It is now not necessarily used only among wealthy people, as in the past. In 1998, there were 183 ecstasy cases in 13 provinces, and 14,798 grams of ecstasy were seized. The figure increased to 627 cases in 26 provinces and 330,152 grams of seized in 2003.²⁸

Although the number of cases has been rather high, the actual number of ecstasy abusers is likely to be much higher. In 2001, the ONCB stated in its “Narcotics Annual Report” that there were only 383 ecstasy cases throughout the country that year. However, a survey by the ONCB’s Substances Academic Network Administrative Committee revealed that in that year out of total 7,313,200 people in

²⁴Apha Siriwongse Na Ayutthaya, “Volatile Substances,” In ONCB, Situations with methamphetamines, ice, marihuana, kratom, volatile substances, ecstasy, ketamine and cocaine, 2003, p. 17.

²⁵Apha Siriwongse Na Ayutthaya, Narcotics drugs: Situations in central Thailand in 2001, p. 25.

²⁶ONCB, Thailand Narcotics Annual Report 1997, p. 103.

²⁷ONCB, Thailand Narcotics Annual Report 2002, p. 18.

²⁸Substances academic network administrative committee, Status of drugs and substances use, p. 21.

Thailand who “have ever used” drugs, 360,100 have used ecstasy with 46,500 having used within the past year, and 17,700 within 30 days of the survey.²⁹ This suggests that although the number of ecstasy cases is relatively low each year, there may in fact be a large number of Thai people abusing the drug throughout the country, with this number increasing every year. The amount of seized ecstasy has also been increasing, which may suggest that the law enforcement is successful or this could also suggest the demand is increasing which means there is a larger quantity of the drug available to be seized.

It appears that the ecstasy epidemic in Thailand will continue to spread as drug abusers do not receive treatment and there will be a subsequent demand for the drug. The cost of ecstasy may continue to decrease over time as it is more widely produced locally in the region, as the cost for locally produced drugs is significantly lower than those imported from Western countries. Additionally, low-cost ecstasy brings in high profits making it increasingly attractive to traffickers who import it. Inexpensive, locally produced ecstasy would allow more people to be able to afford the drug.

2.2 Narcotics situation in northern communities

It has been suggested that opium and heroin were the primary drugs used in the north before other drugs were spread in the region. The opium cultivation eradication efforts by the Thai government resulted in decreased opium production and consumption. Thus began the shift from opium to heroin. Though the two drugs are used in the lowland areas as well, most abusers live in the northern hill areas where opium can be locally produced in hidden areas. Most often, however, both opium and heroin are smuggled in from across the border in the Golden Triangle area. The ONCB³⁰ reports that the two are easily available in the north because there is still a high demand by the local people, especially among those living in the hill areas and tourists.

In more recent years as methamphetamines became more widespread in the region, some opium and heroin abusers shifted to use methamphetamines because of

²⁹Kongphetch Kulsudjarit, Thailand drug abuse and control report 2002-2003, p. 16.

³⁰ONCB, Thailand Narcotics Annual Report 2003, p. 30.

its wider availability and lower price. There was a survey of drug abuse in the north in 2001 and it was found out that as many as 41,500 people had abused methamphetamine in the 30 days prior to the survey.³¹

Methamphetamine use has been a problem in the north for many years and became increasingly so around 30 years ago. In the past 15 years, it reached epidemic proportions and has seen the highest number of users emerge in the last 10 years.³² Initially, the drug was imported from overseas, and later produced locally in regions throughout the country. Over the years the ONCB has reported a crack down on methamphetamine labs all over the country, including the north. Currently, much of the drugs used in the region are from the Golden Triangle area as local production was no longer able to meet the increasing demand.³³

Many villages near the northern Thai border commonly store the methamphetamine shipments before they are distributed into the region and around the country. Major drug traffickers include Chinese Haw, hilltribe people, Thais, foreigners, and organised crime networks. Methamphetamine trafficking networks in the north are perceived to be rather complex involving many groups of people both inside and outside the country.³⁴ This is because areas in the region serve as distribution centers and trafficking routes makes the drug readily available and at cheaper local price. Wholesalers typically buy the drug from border villages and sell it on to other retailers in communities throughout the region.

The influx of methamphetamines into the region resulted in easy access, unlimited supply, cheap prices, and incentives to trade because of high profits; thus, the methamphetamine epidemic has been so severe in most northern communities for the past decade. For example, in 1997 the ONCB reported that there was an average of around 2 – 3 million methamphetamine tablets crossing the border into the region every month.³⁵ A study on drug suppression which included 144 police officers in

³¹ Aphinan Aramrak, Household survey report on the estimation of number of people involved with drugs in northern region (Chiangmai: Health Science Research Institute, Chiangmai University, 2003), p. 17.

³² Ibid., p. 36.

³³ ONCB, Thailand Narcotics Annual Report 2003, p. 26.

³⁴ ONCB, Thailand Narcotics Annual Report 1997, p. 20.

³⁵ Ibid., p. 17.

Lumphoon province between 1996 and 1997³⁶ revealed that around 82% of the officers had had an experience in arresting a methamphetamine case. Some had arrested as many as 50 cases in a single year. However, the police officers admitted that regardless of how effective law reinforcement was in arresting people, the situation continued to worsen as the number of new methamphetamine traders continued to increase, many of whom had the support of local government officers. Some of these officers even acted as traffickers and traders themselves.

Another study³⁷ found that some Chiangmai villages had a very high percentage of drug abuse among youths in the past few years with rates of 50%, 75%, 95% and even 99% of the total number of youths in the village. Many of these young people slept during the day, did not work, and went out socialising at night. The situation was very tense in some villages where most people did not want to go out at night because of safety fears for their well-being. Those who did go out at night were suspected of being involved with drugs.

The same study also revealed that in most of the villages there were many convenient places for young people to use to engage in drug-related activities, such as abandoned houses, cemeteries, snooker shops, farmers' huts, or forests on the outskirts of villages. When some did not have money to buy drugs, their friends would share with them. Many decided to work only to make enough money while others began to steal, in order to feed their habit. Some villages campaigned against drug use by setting up sports activities for children. Many of these children would later take the opportunity after playing sports to get together and use drugs. A number of children had received treatment and rehabilitation but after they returned home, they went back to their old habit because many other people were still taking drugs and access continued to be easy; resistance was very difficult.

The methamphetamine epidemic in the northern region declined sharply after the government began its "War on Drugs" campaign in January 2003, as drugs were then rather difficult to find and therefore became more expensive. Drug trafficking

³⁶Junjaras Limthaworn, Factors contributing to methamphetamine suppression of the police: a case study of Lumphoon Province, 1998. Found at ONCB, <http://www.oncb.go.th>.

³⁷Chaimongkol Chanta, Community Involvement to reduce drug use in children and youth, Tambon Bo Luang, Chiangmai, 2003.

networks were broken and drug trafficking was temporarily stopped while some traffickers were arrested and others fled away to other regions or countries. However, it was reported that during the first three months of the campaign, more than 200 million tablets of methamphetamine pills were kept in border villages both in Thailand and Myanmar. Only about four months after the campaign was launched the supply of methamphetamines started to return to the region. Distribution was necessary as the drug had continued to be produced in factories across during the campaign for sale in the future.³⁸

Thus, the drug epidemic was able to return as the supply was ready and waiting and the demand was still there. However, written documentation on the narcotics situation in the north after the launch of the “War on Drugs” campaign is limited. A private interview was conducted with a judge working for the Chiengrai Youth and Family Court³⁹ in order to gain a better understanding of the most recent drug situation in the region. The judge said that “War on Drugs” was successful to a certain extent in that some of the problems decreased by around 30%. However, there continues to be new cases brought to the court each day. Around 70% of the cases are related to methamphetamine possession and consumption. The youngest age of youths associated with methamphetamines is 10 years old. Methamphetamine retailers remain in almost every village. The main causes for youth involvement with drugs in Chiengrai are multifold. Some see taking drugs as fashionable, so they follow their peers. Some out of school youths are unemployed with little or nothing to do. Many become petty thieves or dealers to make money to buy drugs. A number of female youths slept with drug dealers in exchange for the drugs.

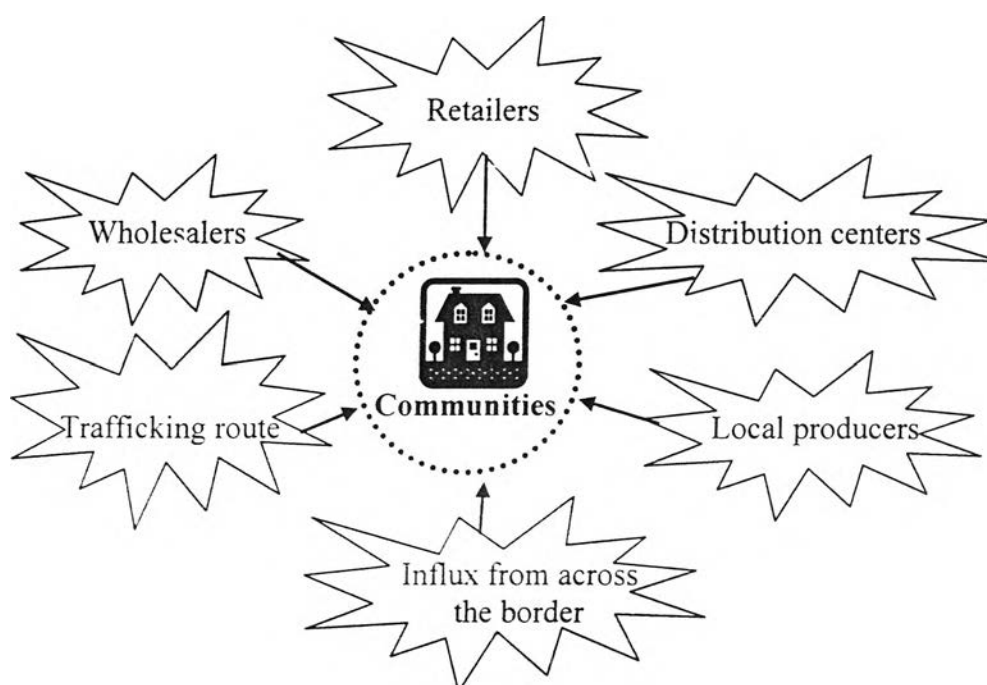
Regarding the government policy to tackle the problems, the judge indicated that most of the work of the government did not deal with the causes of the problems such as unemployment, demand reduction and the involvement of some government officials in drug trade. On a community level, the government encouraged communities to have committees and village defense volunteers to monitor and report the drug situation in their communities. In some villages this strategy made people afraid of being caught, while in others it has not worked very well because there is still

³⁸ONCB, *Thailand Narcotics Annual Report 2003*, p. 29.

³⁹The judge requested his/her name not be revealed.

demand for the drug and some of the committees were even involved in the drug trade themselves. Most of the people in the province are rather poor and many people would like to get rich quick to satisfy their increasing taste for materialism. Law enforcement is also not strict, as youths are still allowed to enter entertainment places to drink alcohol and take drugs. The judge predicted that the situation would remain like this until the causes of the problems were dealt with effectively.

Figure 2. Summary of main factors for availability of methamphetamines in northern communities⁴⁰



2.3 Thai government policy on narcotics suppression and prevention

Narcotics control in Thailand has largely been the responsibility of the Office of the Narcotics Control Board (ONCB) which was established in 1976 as a department of the Office of the Prime Minister; it was later transferred to fall under the Ministry of Justice in 2002. The ONCB head office is in Bangkok and there are regional offices in central, northern, northeastern and southern Thailand. Narcotics control in Thailand has been undertaken according to the framework of the National Drug Control Plan which was set up in 1978. Each plan covers a period of five years. The present plan is the ninth in the series, running from 2002 to 2006. The National

⁴⁰Summarized from different studies and reports referred to throughout the thesis.

Drug Control Plan has four main strategies; narcotics crop control, narcotics suppression, narcotics prevention, and treatment and rehabilitation.

Despite these prevention and treatment strategies, Thailand has, for a long period of time, developed to become part of essential trafficking routes and a transit center for narcotic drugs; increasing amounts of drugs are smuggled through the country each year and trafficking networks are becoming more and more complex. It is even believed that many influential people, such as politicians, are deeply involved in the trade because of its high profitability.⁴¹ Because massive amounts of drugs pass through the country every year, drugs are subsequently widely available for domestic consumption. For these reasons the narcotics situation in Thailand remains critical regardless of the government's efforts to prevent and suppress the consumption and trading of narcotic drugs.

In addition, as described in the previous sections, drug epidemics, especially the methamphetamine epidemic, were very severe and critical from the late 1990s until approximately 2002. The number of methamphetamines abuser increased rapidly amongst all groups regardless of ages, sex and occupation, while millions of tablets continued to be smuggled into the country each year to meet the increasing demand. The government's strategies on narcotics prevention and suppression seemed insufficient. It was believed that at that time Thailand was the world's largest per capita consumer of methamphetamines, with five percent of its 63 million people thought to be users.⁴²

The drug crisis led the Thai government, under Prime Minister Thaksin Shinawatra, to declare its "War on Drugs" in January 14, 2003 in which drug traffickers and traders were severely punished and drug abusers and addicts were considered patients who deserved proper treatment and rehabilitation.

According to a report issued by the National Human Rights Commission of Thailand, due to a limited time frame and pressures by the government and related

⁴¹Pasuk Phongpaichit, Sungsidh Piriyarangsarn & Nualnoi Treerat. Guns, girls, gambling, ganja: Thailand's illegal economy and public policy, p. 110.

⁴²Don Pathan, Toxins for Thaksin and his War on Drugs, <http://www.irawaddee.com> (1 December 2003).

authorities to hasten the compilation process of the name list, the process was carried without a careful examination and confirmation of the accuracy of names on the list to ensure that they were, in fact, involved with illegal drugs. As a result, many names added to lists merely because there were grounds for suspicion, but there was not verifiable proof or evidence. While many drug dealers were arrested and their assets seized, it was said that they were only small-time players in a much bigger and complex business. The government was unable to deal with the “big-fish” or influential figures involved with drug trafficking and trading in the in the country.⁴³

During the first three months of the campaign more than 2,000 people are believed to have been killed. The police said these individuals were killed by drug mafia figures to prevent these small time dealers from naming their criminal bosses and higher-ups. Only a small number died as a result of police acting in self defense. However, only one-fifth of the murderers of these more than 2,000 people were arrested; the vast majority of these murders remain unsolved and unresolved by police.⁴⁴

Methamphetamines, the main drug targeted in the “War on Drugs” campaign seemed to disappear from communities for a number of months while drug trafficking and trading networks were interrupted. Nualnoi Treerat, a Thai expert on drug issues and the underground economy in Thailand, said in a newspaper interview in November 2003 that it had been difficult to find methamphetamines where they had previously been readily available for sale. People who had the drug may have buried or destroyed it for fear of arrest. Subsequently the cost of the drug increased from 50 – 60 baht to 400 – 500 baht per tablet.⁴⁵

As described previously, despite the government’s harsh suppression throughout the county, drugs from neighbouring countries continued to be produced and were ready to be smuggled into Thailand at any time. Therefore, in the later periods of the “War on Drugs” campaign the government did try to safeguard communities by increasing the number of anti-drug volunteers at the community level

⁴³Thailand Human Rights Commission, “The Government’s War on Drugs in Right(s) Perspective,” *Right Angle* 2 (April-June 2003). Available at <http://www.nhrc.or.th>.

⁴⁴Nantiya Tangwisutijit, “Drug War: Victory at What Price.” *The Nation* (30 November 2003).

⁴⁵Ibid.

as well as in schools and workplaces. These volunteers were in place to monitor the drug situation and report cases to appropriate and concerned authorities to ensure drug traders would be arrested and drug abusers would receive treatment. The target number of nationwide volunteers is 3,000,000 persons.⁴⁶

One of the policies of the “War on Drugs” campaign has been to see as many drug addicts as possible to receive treatment to “return to be good citizens in society.” The list of people involved with drugs compiled by provincial organisations led large numbers of drug abusers to report themselves and receive treatment and rehabilitation to avoid harsher punishments. Such on-going campaigns also aim to encourage the public to view drug abusers as patients in need of care rather than criminals as a means of getting the public to understand and forgive users. This approach has resulted in many drug abusers turning themselves in and being offered participation in treatment and rehabilitation programs.

Several special campaigns on drug prevention have also been carried out for specific target groups, particularly among youth. The majority of these activities have been educational aimed at providing preventive education on the danger of drugs. Other approaches focused on youth spending free time engaged in useful activities such as playing sports or music, often using young movie stars and singers as presenters and spokespersons. The main campaign aimed at youth was “To be Number One” and chaired by Princess Ubonrattana. The concept of this campaign was that everyone can be number one at one thing or another without drugs. Under the campaign, several activities were carried out for youth to give them a forum to demonstrate their talents in areas such as sports, music, singing, aerobics, and cheerleading. Special contests were conducted for these activities.

Some people find it difficult to believe the government’s various activities which are part of the “War on Drugs” campaign, particularly activities for youths, will really be able to solve the drug problem in Thailand. A study of the narcotics situation in Khon Kaen province⁴⁷ revealed that after more than six months of the campaign

⁴⁶ONCB, Thailand Narcotics Annual Report, 2003, p. 67.

⁴⁷Reported in Nantida Puangthing, “Drugs: positive image proves a poser,” The Nation (18 August 2003).

there was not much change in the drug situation in communities in that people continued to abuse drugs, even though some of them were declared drug-free communities. For example, two of the districts' top sportsmen used drugs regularly. They told researchers that during one all-night drug session they smoked a total of 70 methamphetamine tablets. These two respondents belong to a team that was promoted under the government's anti-drug campaign.

There are other various documents which have reported that despite the ongoing activities under the “War on Drugs” campaign, the drug situation may have gotten worse. One such report was published by Assumption University⁴⁸ and was a recent survey conducted to estimate the extent of the narcotics situation between 2004 and 2005 in provinces throughout the country. The survey found that in 2004 54.3 percent of the people stated that their communities had drug problems; this number was up to 62.2 percent in 2005. The highest number were involved with methamphetamines and included the following groups (in order of highest percentage of users): out-of school youth, unemployed people, labourers and students. The report also showed that 44.9 per cent believe government officials are connected to the drug trade and 41.7 per cent believe local politicians and their associates are also involved. As much as 67.8 per cent of the people surveyed stated that they no longer trusted the government to solve the problem.

One of the primary contributing factors to what many see as the failure of the “War on Drugs” to solve drugs problems in all communities is because most, if not all, of the campaigns and activities are top-down, ready-made activities which were carried out in all areas of the country, both urban and rural communities. In addition, emphasis was put on arresting offenders and enrolling users in drug dependence treatment centers. Manop Kanato, director of the Academic and Drug Information Development Network in Northeast Thailand, said that even though people are willing to cooperate with the government agencies in tackling drug problems, projects have

⁴⁸ABAC Poll, Reports on the estimation of narcotics situation in 25 provinces around the country after two years of the war on drugs campaign: comparison between February 2004 and March 2005 (Bangkok: Assumption University, 2005).

been more of a blueprint for all areas in Thailand. This does not work well because the activities have been merely carried out only for policy's sake.⁴⁹

Therefore, the government may be more effective in its campaign if it were to put more effort on studying the complexity and unique dynamics of different communities in both urban and rural areas in order to develop more contextually appropriate activities that suit the characteristics of different communities. If this type of study were carried out properly, it would likely find that residents in communities know their community and their local drug situation better than policy-makers based in wealthy, urban centers. These same community residents are also best able to develop suitable and sustainable solutions to solve these same problems. The government would then be able to develop activities or campaigns to support different communities in solving their problems, while at the same time carrying out other law enforcement policies to suppress drug trafficking and trade in the country.

This type of bottom-up approach was carried out by the Northern office of the ONCB. They categorized northern communities into urban, semi-urban, rural and hilltribe communities. They then sought model villages for each type of community to act as a funding body. It is believed that these model communities have been successful in tackling drug problems in their community. One such model community was Maehugpattana Village which was chosen as the case study community for this thesis. This type of work by the ONCB was started several years before the “War on Drugs” was launched in 2003. It is generally agreed that if the government had put more effort on working closely with communities and the community level, the “War on Drugs” would have been more successful.

One of the policies of the “War on Drugs” campaign has been to see as many drug addicts as possible to receive treatment to “return to be good citizens in society.” The list of people involved with drugs compiled by provincial organisations led large numbers of drug abusers to report themselves and receive treatment and rehabilitation to avoid harsher punishments. Such on-going campaigns also aim to encourage the public to view drug abusers as patients in need of care rather than criminals as a means

⁴⁹“War on Drugs.” The Nation (5 June 2005).

of getting the public to understand and forgive users. This approach has resulted in many drug abusers turning themselves in and being offered participation in treatment and rehabilitation programs.

Several special campaigns on drug prevention have also been carried out for specific target groups, particularly among youth. The majority of these activities have been educational aimed at providing preventive education on the danger of drugs. Other approaches focused on youth spending free time engaged in useful activities such as playing sports or music, often using young movie stars and singers as presenters and spokespersons. The main campaign aimed at youth was “To be Number One” and chaired by Princess Ubonrattana. The concept of this campaign was that everyone can be number one at one thing or another without drugs. Under the campaign, several activities were carried out for youth to give them a forum to demonstrate their talents in areas such as sports, music, singing, aerobics, and cheerleading. Special contests were conducted for these activities.

Some people find it difficult to believe the government’s various activities which are part of the “War on Drugs” campaign, particularly activities for youths, will really be able to solve the drug problem in Thailand. A study of the narcotics situation in Khon Kaen province⁵⁰ revealed that after more than six months of the campaign there was not much change in the drug situation in communities in that people continued to abuse drugs, even though some of them were declared drug-free communities. For example, two of the districts' top sportsmen used drugs regularly. They told researchers that during one all-night drug session they smoked a total of 70 methamphetamine tablets. These two respondents belong to a team that was promoted under the government's anti-drug campaign.

A criticism of the government campaigns for youth was published in the editorial section of a local newspaper⁵¹ and suggested that today’s youths do not find the anti-drug messages very persuasive. The government has also tried to enhance law enforcement with big-budget public relations campaigns. These campaigns involve

⁵⁰Reported in Nantida Puangthing, “Drugs: Positive Image Proves a Poser,” The Nation (18 August 2003).

⁵¹“Grand New Drug War Looming,” The Nation (12 April 2005).

showcasing wealthy teenage singers and film stars as “role models.” But few people appear to be affected or influenced by what some claim are rather unimaginative campaigns. Over the years, countless numbers of these campaigns have been carried out with no serious effort made to evaluate their effectiveness. Since large and ever-growing numbers of youth continue to be persuaded by drug pushers to become involved with drugs, the article suggested that there should be new strategies to encourage and persuade youth to participate in anti-drug campaigns.

There are other various documents which have reported that despite the ongoing activities under the “War on Drugs” campaign, the drug situation may have gotten worse.

One such report was published by Assumption University⁵² and was a recent survey conducted to estimate the extent of the narcotics situation between 2004 and 2005 in provinces throughout the country. The survey found that in 2004 54.3 percent of the people stated that their communities had drug problems; this number was up to 62.2 percent in 2005. The highest number were involved with methamphetamines and included the following groups (in order of highest percentage of users): out-of school youth, unemployed people, labourers and students. The report also showed that 44.9 per cent believe government officials are connected to the drug trade and 41.7 per cent believe local politicians and their associates are also involved. As much as 67.8 per cent of the people surveyed stated that they no longer trusted the government to solve the problem.

One of the primary contributing factors to what many see as the failure of the “War on Drugs” to solve drugs problems in all communities is because most, if not all, of the campaigns and activities are top-down, ready-made activities which were carried out in all areas of the country, both urban and rural communities. In addition, emphasis was put on arresting offenders and enrolling users in drug dependence treatment centers. Manop Kanato, director of the Academic and Drug Information Development Network in Northeast Thailand, said that even though people are willing

⁵²ABAC Poll, Reports on the estimation of narcotics situation in 25 provinces around the country after two years of the war on drugs campaign: comparison between February 2004 and March 2005 (Bangkok: Assumption University, 2005).

to cooperate with the government agencies in tackling drug problems, projects have been more of a blueprint for all areas in Thailand. This does not work well because the activities have been merely carried out only for policy's sake.⁵³

Therefore, the government may be more effective in its campaign if it were to put more effort on studying the complexity and unique dynamics of different communities in both urban and rural areas in order to develop more contextually appropriate activities that suit the characteristics of different communities. If this type of study were carried out properly, it would likely find that residents in communities know their community and their local drug situation better than policy-makers based in wealthy, urban centers. These same community residents are also best able to develop suitable and sustainable solutions to solve these same problems. The government would then be able to develop activities or campaigns to support different communities in solving their problems, while at the same time carrying out other law enforcement policies to suppress drug trafficking and trade in the country.

This type of bottom-up approach was carried out by the Northern office of the ONCB. They categorized northern communities into urban, semi-urban, rural and hilltribe communities. They then sought model villages for each type of community to act as a funding body. It is believed that these model communities have been successful in tackling drug problems in their community. One such model community was Maehugpattana Village which was chosen as the case study community for this thesis. This type of work by the ONCB was started several years before the “War on Drugs” was launched in 2003. It is generally agreed that if the government had put more effort on working closely with communities and the community level, the “War on Drugs” would have been more successful.

⁵³“War on Drugs,” *The Nation* (5 June 2005).