The war on drugs hasn't worked in Thailand and it hasn't worked at the global level.

After 50 years of harsh drug prohibition enforcement policies throughout the world following the 1961 UN Single Convention on Narcotic Drugs, the only people smiling are the drug dealers and the officials in their pay.

The UK drug policy coalition “Count the Costs” (countthecosts.org) states that “The war on drugs creates massive costs, resulting from the enforcement-led approach that puts organised crime in control of the trade.” These costs are listed by the coalition as:

1. Undermining development and security, fuelling conflict;
2. Threatening public health, spreading disease and death;
3. Undermining human rights;
4. Promoting stigma and discrimination;
5. Creating crime, enriching criminals;
6. Deforestation and pollution;
7. Wasting billions on drug law enforcement.

With the global HIV/AIDS epidemic has come the realisation that criminalisation of drug users has been an important contributing factor to the spread of HIV, as it has prevented drug users from accessing Aids education and health services.

It has also hampered efforts to encourage injecting drug users to use clean needles and syringes rather than sharing injecting equipment with others.

This realisation has led to the concept of "harm reduction": that it is much better to focus on reducing the harmful effects of drug use to a minimum, than to go all out for total abstinence, which is generally unrealistic and unachievable.

In countries with strong harm reduction programmes, injecting drug users are encouraged to make use of many kinds of HIV prevention services such as needle and syringe exchange facilities, drug-injecting centres and long-term methadone substitution.

Although possession of drugs may remain illegal, police and health officials agree to turn a blind eye to drug users participating in these programmes.

The achievements of harm reduction programmes in reducing the spread of HIV, not only among drug users but also among the general population, has been evident in many countries.

Thailand, on the other hand, has completely failed to control the spread of HIV among injecting drug users due to the continued criminalisation of drug possession (even for personal use) and continuous harassment of known drug users by the police.

During the past 18 years the incidence of HIV infection among injecting drug users has remained at a shocking level of around 40%.

Because the drug problem in Thailand is so visible and unacceptable to the public, every government has to put on a show of toughness to get votes. Unfortunately it is not the big drug dealers who are affected by the various “wars on drugs” but rather the unfortunate drug users.

Everyone knows why it is impossible to get rid of the big drug dealers in Thailand (and in many other parts of the world). Big drug dealers are rich and powerful and camouflaged among politicians and high-ranking officials. The war on drugs affects only small dealers, couriers and drug users.

At present Thailand’s prisons are seriously overcrowded, chockful of low-income and small-time drug users who couldn’t afford to bribe the police. Last month, for example, we had a total of 209,378 people in detention, of whom 110,660 were convicted or awaiting trials on drug-related offences. Most of these people should not be in prison. They should be with their families, and getting good health services.

Earlier this year the present government, in a move to appease voters, announced an accelerated programme to place 30,000 drug users in compulsory rehabilitation centres between January and April. For this purpose a number of makeshift rehab centres were set up, many in military settings run by the armed forces. Police have been busy doing drug tests at entertainment places and rounding up known drug users.

Such compulsory detainment, which can last from 7 days to up to 6 months, rarely has successful results as the drug users haven’t voluntarily participated and the centres lack professional staff. The rehab centres just cause misery and hardship to the detainees (and their dependents) while the government gets to look good.

Now the progressive global perspective on dealing with the drug trade is moving towards decriminalisation of drug possession for personal use. In 2009, the Latin American Commission on Drugs and Democracy, co-chaired by former presidents of Brazil, Colombia and Mexico, stated in its report: “Prohibitionist policies based on the eradication of production and on the disruption of drug flows as well as on the criminalisation of consumption have not yielded the expected results. We are farther than ever from the announced goal of eradicating drugs.

“The long-term solution for the drug problem is to reduce drastically the demand for drugs in the main consumer countries.”

The commission saw the need to “change the status of addicts from drug buyers in the illegal market, to that of patients cared for in the public health system”.

In 2001 Portugal abolished all criminal penalties against possession of marijuana, cocaine, heroin and methamphetamines in small amounts for personal use. Habitual drug users were encouraged to seek health treatment, but there were no penalties for non-compliance. A scientific study carried out 5 years later found that drug use among teenagers was less than before the changes, HIV incidence among injecting drug users was lower, and the number of drug users making use of treatment had nearly doubled.

The idea of decriminalising drug use (but not drug dealing) is to open the way for drug users to seek treatment voluntarily, focus resources on mass education and health campaigns rather than on fruitless detention, and at the same time reduce the consumer market for drugs.

It is high time that Thailand adopted this kind of effective and humane approach to the drug problem, rather than continue stuffing our prisons and rehab centres with victims.
simply to make our politicians look good.

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