

Drug dependence treatment in Thailand: Progress against persistent concerns

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Introduction

In 2016, the Kingdom of Thailand formally decided to re-allocate responsibility for drug dependence treatment from the Ministry of Justice (MOJ) to the Ministry of Public Health (MOPH) by the end of 2018.¹ The reforms are designed to increase voluntary access to client-centred drug dependence treatment where the MOPH will be expected to develop guidelines, operating standards and monitoring and evaluation indicators to assess performance.² Although Thailand's drug treatment system has raised significant concerns over the past 15 years,³ this change is intended by the Government to indicate a shift in the overall approach to drug use and dependence to one based on health and human rights.⁴

For the transition from public security to public health management of drug dependence treatment to generate positive results, the MOPH will require significant support to ensure adequate capacity to deliver drug treatment services that accord with scientific and international standards. Challenges to an effective transition lie in two key areas:

1. The objectives and guiding principles for a national drug treatment system based on principles of health and human rights are yet to be established, and need to be improved and aligned with international guidelines and good practices in order to generate better health outcomes for people who are dependent on drugs.

2. Diversion of people caught using drugs to drug treatment will still be managed and coordinated under the 2002 *Narcotic Addict Rehabilitation Act*, which retains punitive and coercive elements such as forced urine testing by law enforcement officers.⁵

This paper offers a brief analysis of these two challenges in light of current policies and practices, along with recommendations for overcoming them to ensure the implementation of a drug treatment system that can result in improved health and human rights outcomes for people who use drugs and people dependant on drugs.

Existing objectives and principles of the national treatment system

In Thailand, the overall objectives of the national drug dependence treatment system have not been explicitly defined, although achieving abstinence from drug use remains a compelling goal. Since 1991, the MOJ of Thailand has held overall responsibility for the treatment of drug dependence and for the management of drug treatment and rehabilitation centres.⁶ For example, the 2002 *Narcotic Addict Rehabilitation Act* has not defined the objectives of the national treatment system but has emphasised that the 'rehabilitation centre shall be an institution for treatment under the Penal Code' and that the 'rehabilitation centre shall be a

unit of the Department of Probation of MOJ'.⁷ In 2004, Thailand's Minister of Justice defined the objectives of the national treatment strategy as follows: 'First, there should be no new drug addicts; second, all existing drug addicts are under a proper treatment, rehabilitation, or continuing care programme; and third, communities are empowered to protect themselves against drugs'.⁸

The majority of drug treatment options in Thailand do not comply with medical standards:⁹ beyond counselling delivered through the therapeutic community model, treatment programmes include religious therapy, vocational training, relapse prevention, electronic monitoring, and restorative justice—often through means of coercion and detention.¹⁰ However the Matrix model¹¹ and other community-based options¹² are increasingly being deployed outside of detention and prison settings.¹³ What is referred to as 'voluntary treatment' in Thailand, is generally not 'voluntary' as it features elements of coercion, e.g. where clients can be 'volunteered' by family members without their consent. This is despite the fact that research from Thailand shows that detention in drug treatment centres is associated with reduced access to health care as well as reduced health-seeking behaviours.¹⁴

In addition, significant abuses have been perpetrated in the name of drug dependence treatment, including denial of medication or treatments to alleviate the symptoms of withdrawal, shackling of patients to prevent escape, physical discipline including military-style drills, and punishments, including physical abuse.¹⁵

Principles for an evidence-based national drug treatment system

A committee of drug treatment experts from Southeast Asia has highlighted the need for national drug treatment mechanisms to be led, managed and operated by public health professionals instead of public security or law enforcement agencies,¹⁶ in alignment with international guidelines on responding to drug use and drug dependence.¹⁷ Such leadership

by the public health sector, along with appropriate guiding principles to ensure effective implementation, is instrumental to promote and achieve improved health outcomes.

The principles below have been developed by Thai civil society stakeholders with experience in the delivery of drug treatment services after a comprehensive desk review of available evidence and good practice,¹⁸ as the ideal set of principles to guide the delivery of drug dependence treatment services in Thailand. These are framed below as recommendations for the MOPH prioritising a health and human rights approach in their implementation of a reformed national drug dependence treatment system.

- 1. Not every person who uses drugs needs treatment:** only a small proportion of people who use drugs will develop dependence and require clinical treatment;¹⁹ the majority of people who use drugs do not develop dependence and therefore do not require treatment. A positive urine test is not a reliable indicator of dependence or even drug use. Instead, the treatment needs of each individual must be identified through the use of a rigorous clinical assessment tool. Comprehensive assessments, diagnostic and treatment planning should be the basis for developing individualised treatment plans that can effectively address the specific needs of each patient. This will require training of medical professionals on drug use, drug dependence and evidence-based treatment.
- 2. Evidence-based interventions:** treatment interventions must be based on scientific evidence of clinical effectiveness, cost effectiveness, safety of clients and communities. Clinical effectiveness should be measured against quality of life indicators instead of against only achieving and sustaining abstinence, as the overall objective should be improved health and social outcomes.
- 3. Access to services in the community:** treatment and social support services must be available, accessible and affordable in the community – on a voluntary basis and without

Box 1. Urine testing

Urine testing for the purpose of detecting illicit drug use has long been used in various settings. However, urine testing in the field – outside clinical settings – conducted by law enforcement officers was only introduced in the 2000s in Thailand. During the 2003-2004 war on drugs, urine testing was introduced more systematically,²⁰ and remains one of the cornerstones of the national drug control strategy today,²¹ where the practice is used in the context of punishment instead of public health or social support.²²

A 2004 study comparing client consent for urine testing across settings in Thailand noted that when conducted in the field by law enforcement, as opposed to in clinical settings by medical professionals, people were not given the option to refuse undergoing the test.²³ The study also noted concerns about contamination of samples collected in the field. One nurse informally supporting a harm reduction project in Thailand also confessed that such tests, especially those used to detect amphetamine-type stimulants (ATS), yielded a high proportion of false positives and negatives.²⁴ Despite the limitations, field urine testing conducted by law enforcement remains a common practice, focused on reducing the number of people who use ATS.

Urine tests are often used as evidence of drug use in Thailand, and those who test positive are often coerced into treatment in order to avoid legal repercussions.^{25,26} However, positive urine tests are not reliable indicators of drug dependence, since they only show that specific drug metabolites are present in the person's body. Nor are they reliable evidence of drug consumption, given that drug metabolites could have entered the person's body in a number of ways (for example, sitting next to someone smoking a substance that is being tested). In a court of law that recognises the presumption of innocence, the burden should therefore be on the State to prove that the drugs entered the person's body through illicit drug use, beyond a reasonable doubt.

fear of stigma or punishment. Ideally, drug dependence treatment services should be integrated in the national health system and made available at regular health service outlets as well as through community health mechanisms.

4. **Client-centred services:** services for people who use drugs must facilitate access to a menu of treatment and social support services from which patients can voluntarily choose the option that best meets their needs, recognising that expanding treatment options improves recovery.²⁷
5. **Meaningful involvement:** meaningful roles and responsibilities must be shared with both people who use drugs engaged in treatment and with civil society and community representatives who are positioned to offer technical assistance in implementing and supporting government efforts in delivering drug dependence treatment.
6. **Monitoring, evaluation and standardisation:** a comprehensive and transparent set of indicators to assess the performance of the national drug treatment system must be developed with contributions from people who use drugs and their community and civil society representatives. Regular monitoring of drug dependence treatment services, as well as periodic internal evaluations and external assessments must be integrated in the operations of the national drug treatment system. To date, no external evaluation of the Thai drug treatment system has ever been performed. Results of regular monitoring and evaluations must be used to improve performance and contribute to standardisation of service delivery. National service standards, aligned with international guidance,²⁸ must be captured, documented and made available to health service providers while their capacity must be strengthened to implement drug dependence treatment services that best meet the needs of clients.

Conclusion and recommendations

The shift from criminal justice to public health management of Thailand's drug dependence treatment system is a promising opportunity for the MOPH, as well as for civil society and community organisations engaged in the implementation of effective drug treatment services. The following concrete recommendations are proposed for consideration by the MOPH to address the challenges outlined above in establishing an effective, health- and human rights-led national drug treatment system:

1. Clearly define the objectives of the Thai drug treatment system, aligned with international guidelines, best practices and evidence, recognising that 'abstinence' may not be the only nor most desirable outcome of treatment
2. Develop national guidelines, standards, and indicators to support effective delivery of drug treatment services
3. Train the current drug treatment workforce to ensure adherence to national guidelines
4. Conduct regular internal and external evaluations to assess performance.

Endnotes

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