



Experiences with compulsory drug detention among people who inject drugs in Bangkok, Thailand: A qualitative study



Thomas Kerr^{a,b,*}, Will Small^{a,c}, Prempreeda Pramroj Na Ayutthaya^d, Kanna Hayashi^{a,c}

^a British Columbia Centre on Substance Use, St. Paul's Hospital, 608 - 1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada

^b Faculty of Medicine, University of British Columbia, 317-2194 Health Sciences Mall, Vancouver, BC V6T 1Z3 Canada

^c Faculty of Health Sciences, Simon Fraser University, Blusson Hall, 8888 University Drive, Burnaby, BC V5A 1S6, Canada

^d IRGT, a Global Network of Transgender Women and HIV, 436 14th Street, Oakland, CA 94612, USA

ARTICLE INFO

Article history:

Received 19 September 2017

Received in revised form 9 November 2017

Accepted 11 November 2017

Available online xxx

Keywords:

Drug law enforcement

Drug testing

Injection drug use

Harm reduction

Compulsory drug detention

Thailand

ABSTRACT

Background: Thailand has employed a system of compulsory drug detention centres (CDDCs) where drug users are confined following arrest. Although concerns regarding CDDCs persist, research focused on CDDCs in Thailand is limited. We undertook this study to explore experiences with CDDCs among people who inject drugs (PWID) in Thailand.

Methods: Data were derived from the Mitsampan Community Research Project, a mixed-methods study involving PWID in Bangkok. Between July 2011 and June 2012, semi-structured, in-depth interviews were conducted with PWID who had been exposed to CDDCs. Interviews explored experiences with CDDCs, including conditions and program structure within CDDCs, and the impacts of CDDCs on on-going patterns of drug use. Audio-recorded interviews were transcribed verbatim, and a thematic analysis was conducted.

Results: Participants included 27 individuals, including 12 women. Participants indicated that CDDCs varied in their design and structure, although most described the conditions as being poor and unsanitary, with overcrowding and limited access to clean water and adequate nutrition. Most participants were placed in military-operated CDDCs and subjected to long hours of physical exercise and forced labour as punishment, which staff perceived as being essential to attaining a drug-free lifestyle. Many participants also experienced severe verbal abuse and violence by staff. Access to healthcare was limited and often denied, and individuals living with HIV/AIDS were typically unable to access antiretroviral therapy. None of the participants described being exposed to evidence-based addiction treatment, and most participants reported returning to drug use immediately upon release.

Conclusion: This study raises concerns regarding CDDCs in Thailand, including poor conditions and human rights violations within CDDCs, as well as a lack of access to appropriate healthcare and addiction treatment. CDDCs appear to be contributing to the stigmatization of drug users, while also perpetuating drug use rather than meeting the intended objective of facilitating “rehabilitation”.

© 2017 Elsevier B.V. All rights reserved.

Introduction

In many settings throughout the world, the primary response to illicit drug use relies upon punitive drug law enforcement and control efforts. A consequence of this focus is the growing investment in mandatory or coerced treatment approaches for illicit drug users (Caplan, 2006; Klag, O'Callaghan, & Creed, 2005; Lunze, Idrisov, Golichenko, & Kamarulzaman, 2016; Urbanoski,

2010; Zhang, Roberts, & Lansing, 2013). In several Asian countries (including Thailand, Vietnam, Laos, Burma, Cambodia, Malaysia and China), millions of people who inject drugs (PWID) have been placed in compulsory drug detention centres (CDDCs) (Csete et al., 2011; Program IHRD, 2010; United Nations, 2012). CDDCs differ considerably in design (Program IHRD, 2010), and often include forced detoxification, forced labour (as in China), educational approaches, or participation in military training (as in Thailand) (Kamarulzaman & McBrayer, 2015; Pearshouse, 2002). There have been growing concerns that CDDCs fail to incorporate evidence-based addiction treatment approaches (Cohen & Amon, 2008a; Kamarulzaman & McBrayer, 2015), and that human rights violations often occur in such settings (Amon, Pearshouse, Cohen,

* Corresponding author at: BC Centre on Substance Use, 608 - 1081 Burrard Street, Vancouver BC V6Z 1Y6, Canada.

E-mail address: uhri-tk@cfenet.ubc.ca (T. Kerr).

& Schleifer, 2013). In 2012, twelve United Nations agencies called for the closure of all CDDCs (United Nations, 2012). This call appears to have had little impact due in part to claims by government officials, and some scientists, that CDDCs are effective (Wu, 2013), despite the lack of high quality data demonstrating the effectiveness of CDDCs (Program IHRD, 2010; Werb et al., 2016).

Thailand has been contending with longstanding dual epidemics of illicit drug use and HIV/AIDS among PWID (Reid & Costigan, 2012; UNAIDS, 2015). The Thai government has referred to the use of illicit drugs as a “national crisis” and has united various sectors of society as a “national force” to combat this crisis. Thailand’s 2002 *Narcotic Addict Rehabilitation Act B.E. 2545* reclassified people who use drugs as “patients” instead of “criminals,” although possession and consumption of illicit drugs remain criminal offenses (Office of the Narcotics Control Board of Thailand, 2011a). This new legislation fuelled the development of a large system of CDDCs (referred to as *bangkap bambat* or “forced treatment”) where those charged with illicit drug use are confined to undergo “rehabilitation” (Pearshouse, 2002). Notably, in 2003, a “war on drugs” campaign was launched to suppress drug trafficking and included the goal of placing 300,000 drug users into treatment, mostly through compulsory drug detention (Hayashi, Small, Csete, Hattirat, & Kerr, 2013; Humam Rights Watch, 2007). The number of people who use drugs that were targeted to undergo rehabilitation programs later increased to 400,000 in 2011 (Hayashi et al., 2013; Office of the Narcotics Control Board of Thailand, 2011b; Vejjajiva, 2009). Although Thailand’s official policies emphasize voluntary access to drug treatment, CDDCs continue to function as the principal means to enrol people who use drugs into “rehabilitation”, and in 2011, approximately 60% of those in drug treatment were placed in CDDCs (Office of the Narcotics Control Board of Thailand, 2011a).

Although the system of CDDCs was developed in part as an alternative to incarceration, people mandated to a CDDC are typically detained in prison for about 45 days while their cases are processed (Pearshouse, 2002). A previous review indicated that the majority of the 84 centres in operation in 2008 were run by the Royal Thai Army, Air Force or Navy (Pearshouse, 2002). Centres run by the military typically house between 100 and 400 individuals, while the smaller number of centres run by the Ministry of the Interior usually hold between 30 and 50 individuals (Pearshouse, 2002). A typical stay in a CDDC is between three to six months, although this period can be extended upon review. It has been estimated that there were approximately 102,000 people in CDDCs in Thailand in 2011 (Office of the Narcotics Control Board of Thailand, 2011a).

Despite diverse concerns expressed about CDDCs (Amon et al., 2013), few studies have sought to systematically investigate CDDCs and their impacts. Although a small number of evaluations from different settings suggest high rates of relapse following exposure to CDDCs (Liu, Grusky, Zhu, & Li, 2006; Zhou & Li, 1999), we know of no in-depth qualitative studies of PWID’s experiences within CDDCs in Thailand. Therefore, we undertook this qualitative study to examine recent experiences with CDDCs Thailand among PWID. We sought to characterize the conditions and structures within Thai CDDCs, experiences with CDDC staff, access to healthcare and addiction treatment within CDDCs, and the impacts of CDDC exposure on on-going patterns of drug use.

Methods

Ethics statement

This study was approved by the research ethics boards at Chulalongkorn University and the University of British Columbia.

Data collection

The study was informed by Rhodes’ Risk Environment Framework (Rhodes, 2002; Rhodes, 2009), which focuses on how features of the social, structural, and physical environments interact with individual behaviour to shape drug-related harm. Therefore, the Risk Environment Framework facilitates exploration of how features of distinct spaces or environments, such as CDDCs, that are exogenous to individuals, operate to create risks. Such features can operate at the micro-, meso- and macro-levels of influence (Rhodes, 2002; Rhodes, 2009). Data for this study were generated through in-depth interviews with PWID participating in the Mitsampan Community Research Project (MSCRP), a collaborative research effort involving the Mitsampan Harm Reduction Centre (a drug user-run drop-in centre in Bangkok, Thailand), Thai AIDS Treatment Action Group (Bangkok, Thailand), Chulalongkorn University (Bangkok, Thailand), and the British Columbia Centre for Excellence in HIV/AIDS at the University of British Columbia (Vancouver, Canada). Launched in 2008, this serial cross-sectional mixed-methods study aims to investigate drug-using behaviour, healthcare access, and drug-related harms among PWID in Bangkok. The present study was conducted as part of the larger qualitative study that sought to explore PWID’s experiences with policing, CDDCs, and access to healthcare.

Between July 2011 and June 2012, semi-structured in-depth interviews were conducted with 48 PWID in Bangkok. Potential participants were recruited face-to-face from the concurrent quantitative arm of the project as well as through peer-based outreach efforts and word-of-mouth, and were invited to attend the Mitsampan Harm Reduction Centre or O-Zone House (another drop-in centre in Bangkok) in order to participate in the study. Adults residing in Bangkok or in adjacent provinces who had injected drug(s) in the past six months were eligible for participation. We prioritized the recruitment of individuals with relevant experiences (e.g., having been in CDDCs) and made efforts to attain balance in age, gender, and HIV serostatus.

Two bilingual (i.e., spoke Thai and English) Thai research assistants (including one study author: PPNA) were trained to conduct interviews in Thai based on a semi-structured interview guide. Both interviewers were women, had master’s degree in health-related disciplines, and have been involved in the MSCRP as local research assistants prior to the present study. The pre-existing relationship with the study population facilitated rapport between participants and interviewers. With regard to exposure to CDDCs, the interview guide was structured in accordance with our conceptual framework and focused on a range of physical/environmental, social, and structural factors with potential to shape individual health and overall experience within CDDCs. Specifically, we sought to elicit discussions about: the conditions within the CDDC, including food, sleeping arrangements, and hygiene; program structure and activities; experiences with CDDC staff; interactions with other PWID within CDDCs, access to healthcare and addiction treatment; the impacts of CDDC exposure on participants’ on-going drug use patterns. The interview guide was reviewed by local community research partners, and their feedback informed refinement of the questions. Interviewers were also encouraged to employ additional questions and probes to explore each individual participant’s experience.

Throughout the data collection process, the research team discussed the content of interview data as well as the focus and direction of subsequent interviews. Data collection continued until data reached a point of saturation (additional participants’ narratives reiterated points made previously and no new themes or topics emerged). All participants provided informed consent and were interviewed by one of the two interviewers. No participants dropped out from interviews. All interviews were

Download English Version:

<https://daneshyari.com/en/article/7512323>

Download Persian Version:

<https://daneshyari.com/article/7512323>

[Daneshyari.com](https://daneshyari.com)