

CHAPTER 2

IMPACT OF PATTERNS AND DYNAMICS OF METHAMPHETAMINE TRAFFICKING FOR THAILAND'S SECURITY

A. Overview

The purpose of this chapter is to answer the first research question by considering the ways in which the patterns and dynamics of methamphetamine trafficking have become a threat to Thai national security. In order to have a more complete analysis related to international relations and the concept of threats to security, it is necessary to start with the global context, which shows the patterns for the major types of illicit drugs in terms of (1) major markets and (2) trends in production, trafficking and consumption. The four major types of drugs are opiates, cocaine, cannabis and amphetamine-type stimulants (ATS). The focus for this research question is methamphetamine as an ATS, but its significance as an illicit drug at the international, regional and national levels derives in part from how its patterns and dynamics compare to the other three types in terms of production, trafficking and consumption.

At the global level, the main source of information is the United Nations Office on Drugs and Crime (UNODC) based on data and analysis from reporting countries. While there are inherent problems in getting accurate information about illicit drug activities, it is possible to consider general patterns at the international, and regional level, as well as the national level in Thailand.

In descriptive terms, the patterns refer to consumption, production and trafficking, as well to efforts at control through law and order measures and health measures to control abuse. Production refers to the process, which includes the chemical precursors necessary for methamphetamine production and the final product of methamphetamine pills. The sources of the chemical precursors and methamphetamine pills in different countries of the Asian region are also an important part of the patterns and dynamics.

The routes and methods of trafficking in methamphetamine from major sources in Myanmar are next identified. The trafficking routes which pass through many countries in the Mekong Subregion are thoroughly explored as well as the methods traffickers utilize to hide their illegal shipments from authorities. The abuse of methamphetamine which concerns directly about Thailand as it has served as the largest consuming market for Myanmar-produced methamphetamine pills is included with the price dynamism and the recent trends of methamphetamine abuse.

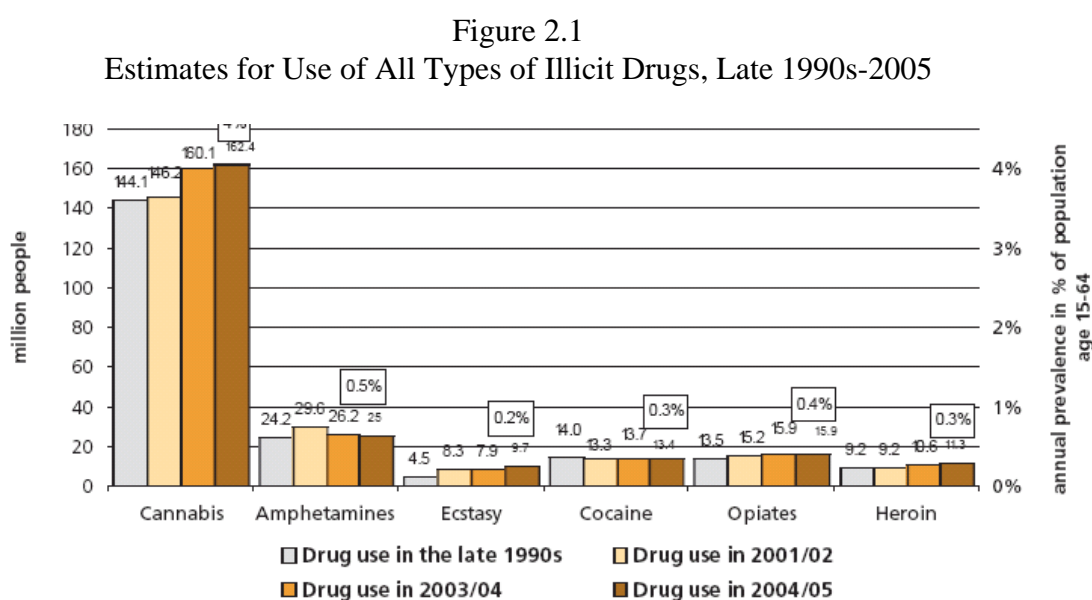
B. Global Patterns and Dynamics of Illicit Drug Markets with a Focus on Methamphetamines

Like any market, illicit drug markets consist of consumption, production and distribution. As noted by UNODC, it is possible to look at the drug situation with a long-term view covering a period of ten years and from a shorter-term view based on year-on-year trends. Both views can help in assessing how serious the drug situation

is, how drug prevention efforts are working and what policy-making initiatives have been taken.¹

1. Consumption patterns

Figure 2.1 shows the trend in illicit drug use worldwide from the late 1990s to 2005, which allows for a comparison among the various types of drugs. While cannabis has been most widely used, ATS are the next type of widely used drugs, which includes amphetamines as the second most widely used, followed by ecstasy. During this period, about 26 million people on average worldwide were using amphetamines. On an annual basis, the prevalence was about 0.5 per cent of the world's population who were 15 to 64 years old.



Source: UNODC, *2006 World Drug Report vol. 1* (New York: United Nations, 2006), p. 35.

¹ UNODC, *2006 World Drug Report Volume 1* (New York: United Nations, 2006), p. 31.

Table 2.1 provides information that compares estimates of the prevalence in use of the four main types of drugs in 2001 and 2005. About 226 million people used some type of illicit drugs in 2001, but this number declined to about 213 million in 2005. Cannabis was the most prevalent drug used in all regions of the world, but ATS was the second most prevalent overall. Among all regions, Asia had the highest prevalence for ATS in 2001 and 2005, even though the numbers had declined significantly. While the number of people using opiates in Asia had increased from 2001 to 2005, this was mostly in Central Asia and South Asia along the drug trafficking routes coming out of Afghanistan.²

Table 2.1
Annual Prevalence Estimates of Abuse of Four Types of Drugs, 2001 and 2005
(million people)

Region and subregion	ATS ^{a/}		Cannabis		Cocaine		Opiates	
	2001	2005	2001	2005	2001	2005	2001	2005
Africa	2.25	2.11	33.21	38.20	.91	1.09	.92	.98
Americas, of which:	5.60	5.71	36.70	37.60	9.08	8.61	1.86	2.14
North America	2.56	3.79	23.54	30.90	6.35	6.37	1.50	1.31
South America	3.04	1.92	13.16	6.70	2.74	2.24	.36	.83
Asia	22.50	13.70	54.88	49.10	.15	.32	7.46	8.48
Europe, of which:	3.31	2.75	34.09	30.50	3.71	4.05	4.56	3.86
West and Central		2.22		23.40		3.94		1.40
South-East		.18		1.70		.07		.17
Eastern		.35		5.40		.04		2.29
Oceania	.62	.62	3.93	3.40	.23	.17	.14	.09
GLOBAL	34.28	24.89	162.81	158.80	14.08	14.25	14.94	15.55

Sources: UNODC, *Global Illicit Drug Trends 2003* (New York: United Nations, 2003). UNODC, *2007 World Drug Report* (New York: United Nations, 2007).

Note: ^{a/} ATS does not include ecstasy.

² UNODC, p. 74.

UNODC observed that in 2001, about two thirds of the abusers of amphetamines were in East and South-East Asia, while the Americas and Europe together accounted for one fourth of global abuse of amphetamines.³ By 2004/2005, about 15 million people or more than 60 per cent of the world's amphetamine users lived in Asia, and most were methamphetamine users in East and South-East Asia.⁴ There are typical profiles for different ATS, however. Some types of ATS are for recreational use, but a number of countries, especially in East and South-East Asia, suffered from a serious methamphetamine problem, and related social-political issues of violence, serious health degradation and increased demand for treatment. Methamphetamine is in general more potent than amphetamine and thus causes more serious health problems and increased problems of drug-related violence.⁵

According to more recent data shown in Figure 2.2, more than 50 per cent of ATS produced in the world was for consumption in Asia. Among regions associated with use of methamphetamine, abusers in North and South-East Asia accounted for 97 per cent of all methamphetamine use in Asia. From the mid-1990s, Thailand was the largest consuming country of methamphetamines and remained so until a market crackdown by authorities in 2003.⁶

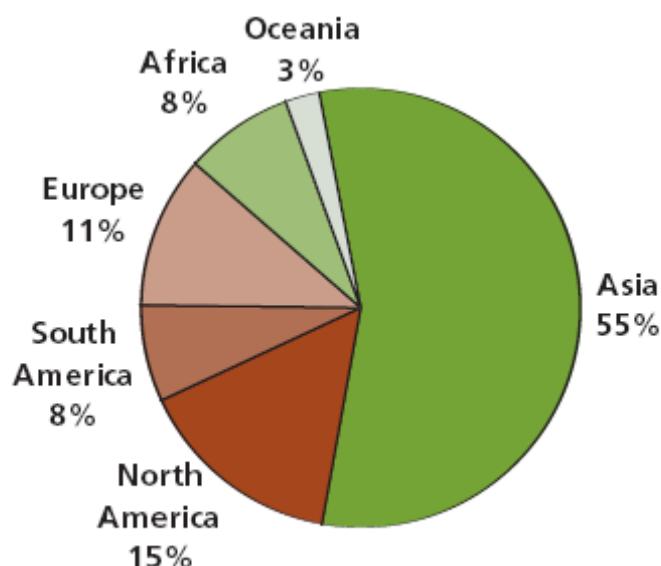
³ UNODC, *Global Illicit Drug Trends 2003* (New York: United Nations, 2003), p. 141.

⁴ UNODC, *2006 World Drug Report*, p. 143.

⁵ UNODC, *Global Illicit Drug Trends 2003*, p. 141.

⁶ UNODC, *2007 World Drug Report* (New York: United Nations, 2007), p. 151.

Figure 2.2
Global Share of ATS Users by Region, 2005



Source: UNODC, *World Drug Report 2005* (New York: United Nations, 2006), p. 151.

Evolving patterns of the main illicit drug markets in recent years provides an uneven picture, depending on the drugs and the regions considered. Overall, the evolution of world heroin and cocaine markets showed some tendencies toward declining usage. The picture was characterized by fairly widespread and somewhat stable usage for cannabis and a more mixed situation for synthetic drugs. (ATS).⁷

By 2005 and 2006, the consumer market for opiates has remained stable, despite important increases in the countries along major trafficking routes. Countries and regions experiencing an increase in heroin usage include those surrounding

⁷ UNODC, *Global Illicit Drug Trends 2003*, pp. 7-11.

Afghanistan (Pakistan, Iran and Central Asia), as well as Russia, India and parts of Africa. Many of these areas have high levels of poverty and HIV/AIDS, making them vulnerable to the worst effects of this drug. The consumer market for cocaine has stopped expanding in North America, but cocaine is making inroads into new and growing markets. Consumption increased significantly in Europe, especially Italy, Spain and the United Kingdom. Cocaine use has increased in Africa, notably in countries of western Africa. Consumer markets for cannabis appear to have grown somewhat smaller in North America. There was also a decline of cannabis use in the Oceania region (mainly Australia and New Zealand), which has had the world's highest prevalence rates for cannabis. However, increased cannabis use has been reported in Africa and in most countries of South America. The situation in Europe and Asia is mixed.⁸

Demand for methamphetamine and amphetamine increased strongly in most parts of the world during the 1990s, but has stabilized overall, particularly in North America. With close to 25 million consumers, the global market for ATS (excluding ecstasy) has become larger than the markets for cocaine or heroin. Between 15 and 16 million of these users are thought to consume methamphetamine, the most powerful form of the amphetamine type of drugs.⁹

The patterns and trends for consumption clearly show that there is a drug problem worldwide, but it is still unclear the extent to which it is under control. Moreover, the type of control that is needed at the national, regional and global levels requires further analysis in order to find out how control of illicit drugs, especially

⁸ UNODC, *2007 World Drug Report*, pp. 11, 13, 14.

⁹ *Ibid.*, pp. 16-17.

ATS, is seen as a security problem, a legal problem and a social problem for a country such as Thailand..

2. Production patterns

On the production side of the illicit drug market, opium, coca and cannabis are plant-based and start as cultivated agricultural products. On the other hand, ATS are synthetic drugs that include the chemically-related amphetamine, methamphetamine and ecstasy. ATS start with readily available chemicals, in easily concealed laboratories, which makes it difficult to assess the location, extent and evolution of production. The discussion in this section focuses on production of opium and ATS as the two most significant drugs originating in Asia.¹⁰

In 2004-2005, the trend in global production of all types of illicit drugs had stabilized, although there was wide variation in different regions. According to the UNODC, for example Afghanistan was responsible for 82 per cent of global opium production in 2006.¹¹ Such concentration of production in a single area of the world does not occur for any other illicit drug. One reason for this concentration was the long-term progress in eliminating other sources of supply, mainly in South-East Asia. Poppy cultivation in South-East Asia has been down by more than 85 per cent since the mid-1990s. There was a significance reduction in opium cultivation in Myanmar and Lao People's Democratic Republic. Despite a 10 per cent reduction in the area

¹⁰ Cannabis is produced worldwide, but many countries can only estimate production while others do not have the capacity or resources to make estimations. Potential cocaine production was concentrated in South America among Colombia, Peru and Bolivia, where production estimates are not easily made, although national monitoring systems have been set up. UNODC, *2007 World Drug Report*, pp. 64, 96.

¹¹ Ibid., p. 38.

under cultivation, potential heroin production has increased, because Afghan fields have been more productive than fields in South-East Asia. In 2006, global opium production reached a record high of 6,610 metric tons, which was a 43 per cent increase over 2005.¹²

In 2003, UNODC reported that it was undertaking a global survey on ATS. Seizures of laboratories and end-products, as well as reports on consumption, indicated that the ATS market had been expanding in 2001 and 2002. However, law and drug enforcement officials detected and dismantled more laboratories worldwide since the start of the twenty-first century, particularly in the United States. Production patterns have also been changing, partly in response to actions by drug control agencies.¹³

The ATS market began stabilizing since 2003 and global production of ATS increased by a considerable amount, when compared to the late-1990s. South-East Asia was still the largest production area for methamphetamine.¹⁴ UNODC reported that the major production locations were mostly in Myanmar, China and the Philippines. According to the statistics, Thailand has not been a major methamphetamine-producing country, but it has been a major consuming country for methamphetamine products from elsewhere in the region.¹⁵ This reflects the transnational nature of the drug problem, because it cuts across geographical territories, political and economic spheres. Each country in the region has its own

¹² UNODC, *2007 World Drug Report*, p. 10.

¹³ UNODC, *Global Illicit Drug Trends 2003*, p. 9.

¹⁴ UNODC, *2007 World Drug Report*, p. 16.

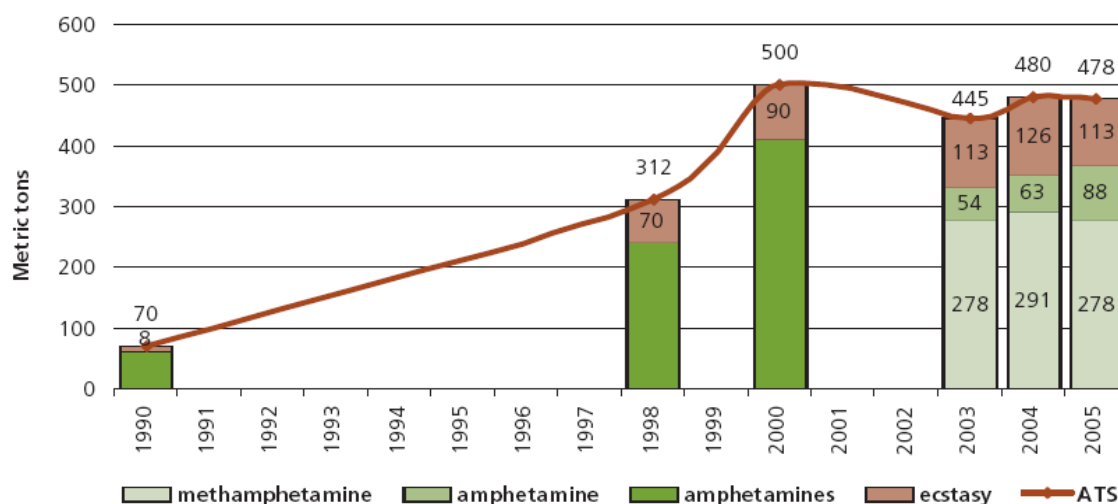
¹⁵ Ibid.

function in the illegal drug industry, but they all experience the impact of the drug problem in one way or another.

Among the various types of ATS produced, trends in the relative importance of methamphetamine production became significant from 2003, as shown in Figure 2.3. The share of methamphetamine in production of ATS was greater than amphetamines and ecstasy combined. It was estimated that about 480 metric tons of ATS was produced in 2005, of which 290 metric tons was methamphetamine, 80 metric tons was amphetamine and 110 metric tons was ecstasy. According to UNODC, most ATS production, particularly methamphetamine, continued to be in North America, East Asia and South-East Asia.¹⁶

Figure 2.3

Global Production Estimates of Various ATS, 1990-2005



Source: UNODC, 2007 *World Drug Report*, p. 125.

¹⁶ UNODC, 2007 *World Drug Report*, p. 124.

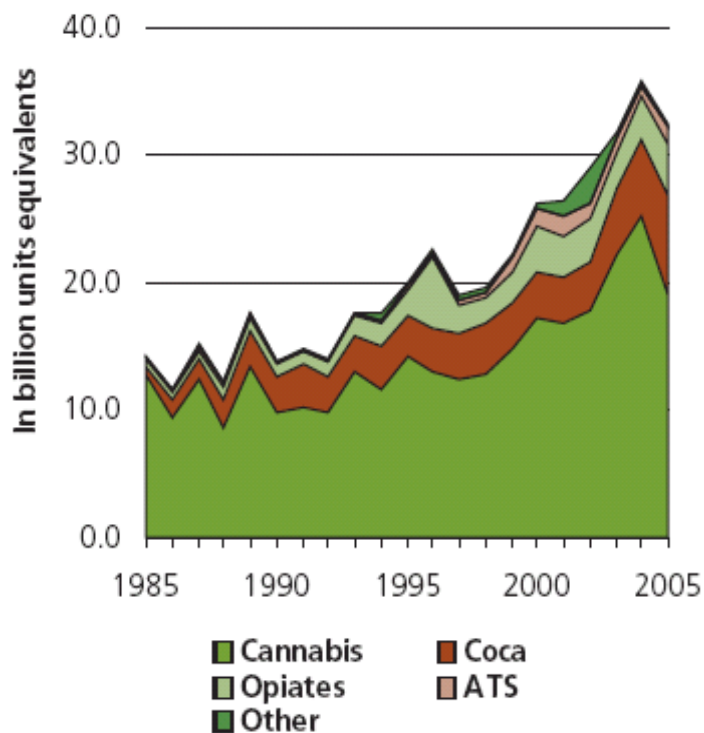
3. Patterns of trafficking and control

Trafficking involves the distribution of the illicit drug products and the main interest for this research is distribution across borders into Thailand. The indicator used to see patterns and trends in trafficking is data on seizure of illicit drugs by law and drug enforcement officials, as well as seizure of laboratories in the case of ATS. Control is generally measured in the form of seizures, which includes the final drug product, the production laboratories and the precursor chemicals.

When comparing seizures of the main types of drugs over time, figure 4 shows that seizures have increased overall with a peak in 2004 and a slight decline in 2005. Based on calculations of unit equivalents (in order to enable comparison of the four main types), more than half of all seizures (59 per cent) in 2005 were cannabis, followed by coca-related substances (24 per cent), opiates (12 per cent) and ATS (4 per cent).¹⁷

¹⁷ UNODC, *2007 World Drug Report*, p. 29.

Figure 2.4

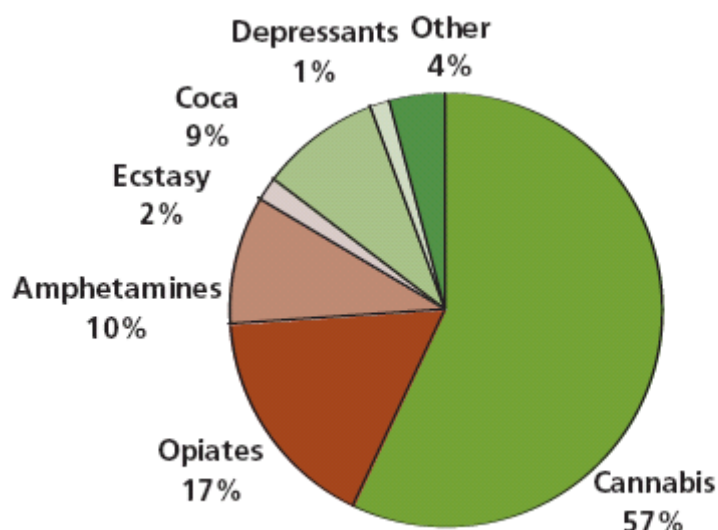
Global Drug Seizures in Unit Equivalents, 1985-2005 ^{a/}

Source: UNODC, 2007 *World Drug Report*, p. 27.

Note: Unit equivalents calculated in terms of typical consumption units (at street purity): cannabis herb: 0.5 grams per joint; cannabis resin: 0.135 grams per joint; cocaine: 0.1 grams per line; ecstasy: 0.1 grams per pill, heroin: 0.03 grams per dose; amphetamines: 0.03 grams per pill; LSD: 0.00005 grams (50 micrograms).

Another way to look at the pattern of seizures is according to the number of cases reported to UNODC. Figure 2.5 shows the percentage share for the major illicit drugs from a total of 1.5 million drug seizure cases. The top three were cannabis, opiates and ATS.

Figure 2.5
Global Seizure Cases by Type of Drug, 2005 (percentage share)



Source: UNODC, 2007 *World Drug Report*, p. 26.

In terms of quantity, the largest seizures worldwide in 2005 were for all forms of cannabis at more than 9,700 metric tons; cocaine amounting to 752 metric tons; opiate expressed in heroin equivalents amounting to 125 metric tons; and ATS amounting to 43 metric tons.¹⁸

When focusing on Asia, opiates are trafficked along two major routes. First, Afghanistan supplies to neighboring countries, the Middle East, Africa and Europe. Second, Myanmar and Lao PDR supply mainly China and Oceania, particularly Australia. As mentioned earlier, Afghanistan is the world's major supplier, while Myanmar and Lao PDR have reduced their supplies. Opiate seizures in South-West Asia increased by 22 per cent in 2005, but declined by 12 per cent in South-East Asia.

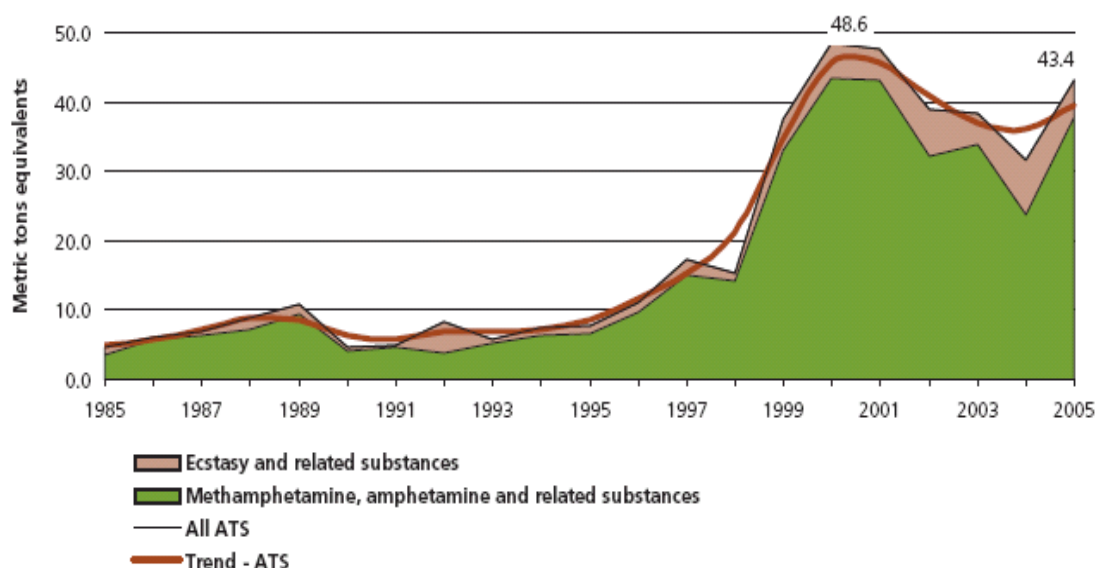
¹⁸ UNODC, 2007 *World Drug Report*, p. 26.

Countries surrounding Afghanistan accounted for 67 per cent of opiate seizures, while South-East Asia and Oceania accounted for 10 per cent.¹⁹ As a center for opiate production and trafficking, South-West Asia has clearly replaced South-East Asia in the world market. However, ATS production and trafficking, particularly methamphetamine, has largely replaced opiates as the main illicit drug in South-East Asia.

Figure 2.6 presents the trend for seizures of ATS, which shows that methamphetamine and amphetamine are the major form of illicit ATS drugs worldwide. There is a clear picture of increased seizures in the late 1990s with a peak in 2000-2001 followed by slight decline in 2003 then a modest increase in 2005.

Figure 2.6

Quantities of Various Forms of ATS Seized, 1985-2005



Source: UNODC, 2007 *World Drug Report*, p. 134.

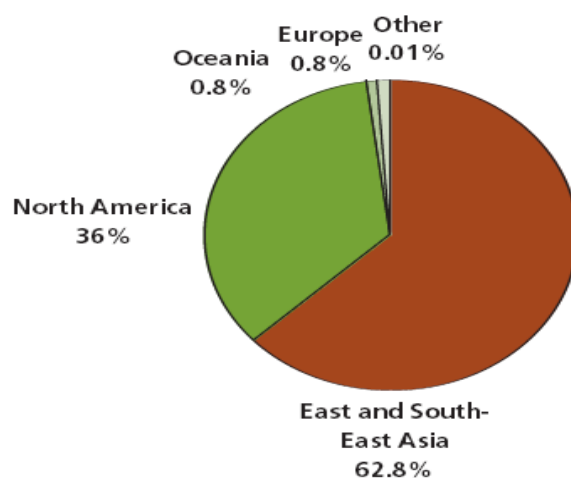
¹⁹ UNODC, 2007 *World Drug Report*, p. 46.

In 2005, most ATS seizures contained methamphetamine, which is the same pattern as previous years. Total ATS seizures during 2005 amounted to 43.4 metric tons and methamphetamine accounted for 40 per cent, amphetamine for 30 per cent and non-specified amphetamines for 18 per cent.

Figure 2.7 shows that East and South-East Asia and North America are the main locations for seizures of methamphetamine, although the drug has now spread to every region in the world. The share of East and South-East Asia in global seizures of methamphetamine increased from 58 per cent in 2004 to almost 63 per cent in 2005. This suggests that the market size for methamphetamine in East and South-East Asia has been growing. In comparison, North America, which is the second largest market for methamphetamine, seizures declined from 38 per cent in 2004 to 36 per cent in 2005.

Figure 2.7

Breakdown of Global Methamphetamine Seizures by Region, 2005



Source: UNODC, 2007 *World Drug Report*, p. 137.

A more detailed breakdown on methamphetamine seizures shows that the largest seizures in 2005 were reported in China (39 per cent), followed by the United States (30 per cent) and Thailand (14 per cent).²⁰ According to the analysis by UNODC, the shift in the top three seizure rankings during recent years reflects both the nature of the drug problem and national authorities' reaction to it. In the 1990s, 2002 and 2003, Thailand was reported to have the world's largest seizures of methamphetamine, but it was ranked third in 2004 and 2005.²¹ It is significant, however, that Thailand is a country with a much smaller population in comparison to China and the United States, yet it ranks among the top three worldwide.

The seizure and dismantling of laboratories is one aspect of control through the interdiction of ATS supply. In 2005, over 95 per cent of ATS laboratories dismantled worldwide were producing methamphetamine. Methamphetamine production is highly dispersed and can be produced in sophisticated superlabs (mostly in the United States and Mexico), as well as in kitchen-labs. These small, easily improvised kitchen labs form the greatest share of dismantled methamphetamine labs. The total number of dismantled labs worldwide grew from about 550 in 1990 to a record high of 18,500 in 2004. The number then declined to 13,400 in 2005, of which the United States accounted for 95 per cent of all dismantled methamphetamine labs. A total of 49 methamphetamine labs were dismantled in East and South-East Asia in 2005, but this was a lower level than 64 dismantled labs in 1999 and 63 labs in 2001.²²

²⁰ UNODC, *2007 World Drug Report*, p. 137.

²¹ *Ibid.*

²² *Ibid.*, pp. 126-128.

The extent and effectiveness of control through laboratory seizures is open to question based on this information. That is, South-East Asia, particularly Myanmar and China, is still a major location for methamphetamine production and levels of production have stabilized at fairly high levels while lab seizures have declined. The subregional and intra-regional aspects of these trends need to be considered in order to understand whether a strong security threat to Thailand still exists.

Patterns and dynamics of ATS trafficking not only involve the final products, but also the precursor chemicals, ephedrine and pseudo-ephedrine. These precursor chemicals are generally regulated, but the illicit market has been quick to adapt to take advantage of weak regulatory regimes in some countries. Trafficking in ATS precursor chemicals continues is predominantly among different regions worldwide, while trafficking in ATS has been mostly intra-regional (as discussed in the next section).

According to UNODC, improved efforts to monitor and control production and trade in precursor chemicals has helped reduce the high levels of ATS production since the late 1990s. China and India are major sources of ephedrine and pseudo-ephedrine produced legally, but it has been easy to divert these precursor chemicals for illicit ATS production, especially methamphetamine. When countries' monitoring and regulatory regimes become more effective, there are more seizures of precursor chemicals and this gives some indication of where methamphetamine production takes place.

ATS precursor seizures rose from 5 metric tons in 1990 to a record high of 323 metric tons in 2004. By 2005, seizures had declined to 54 metric tons.²³ In 2005, Asian countries accounted for 89 per cent of ephedrine and pseudo-ephedrine seizures worldwide. The largest seizures in Asia over the period 2004-2005 were reported from China, followed by the Philippines, Myanmar, Indonesia and India. Smaller seizures of precursor chemicals were made in Hong Kong and Thailand.²⁴ About half of the seized ATS precursors seized worldwide could have been used for the production of methamphetamine and a quarter each for the production of amphetamine and ecstasy. Global seizures of ATS precursors in 2005 included ephedrine and pseudo-ephedrine were in quantities sufficient to produce about 28 metric tons of methamphetamine.²⁵ These numbers point to problems with control of illicit trade in precursors. It seems that smuggling of precursor chemicals has not been suppressed, since it was mentioned above that about 480 metric tons of ATS was produced in 2005, of which 290 metric tons was methamphetamine. This is significant for Thailand's approach to controlling or suppressing its methamphetamine market as a security matter.

4. International approaches to the drug problem

In addition to the patterns and trends described for the global market in methamphetamine as an illicit drug, it is important to consider how Thailand's national security fits within the context of international approaches that states have agreed to take in order to solve the drug problem. Within the classical realism

²³ UNODC, *2007 World Drug Report*, p. 125.

²⁴ *Ibid.*, p. 129.

²⁵ *Ibid.*, p. 125.

paradigm of the first research question, Thailand's participation in efforts at international cooperation gives some understanding about Thai ideas of whether national security is only a matter of unilateral action or whether multilateral action is involved. In either case, the focus is on the government as the main actor with sovereign power to define security and related actions.

International agreement on the need to contain the drug problem is based on ideas of shared responsibility at the international level between producing and consuming states; at the regional level among neighboring countries; and at the national level among all sectors of society. The aim is to improve public health and public security around the world, but the main approaches involve judicial systems and law enforcement. In effect, the government is the leading sector for taking responsibility and working at cooperation.

There are three main international agreements directly related to the drug problem.²⁶ First is the Single Convention on Narcotic Drugs, 1961 along with an amending protocol of 1972.²⁷ The Convention focuses on cannabis, cocaine and opium and aims to combat drug abuse by coordinated international action based on a combination of control and intervention. The Convention spells out substances under different control schedules in order to limit the possession, use, trade in, distribution, import, export, manufacture and production of drugs exclusively to medical and scientific purposes. State parties are supposed to give annual reports on relevant laws and regulations, cases of trafficking, estimates of legal drug requirements and names

²⁶ Two related agreements, the United Nations Convention against Transnational Organized Crime (2000) and the United Nations Convention against Corruption (2003), are not covered in this discussion.

²⁷ This single convention replaces nine conventions, protocols and agreements covering illicit drugs made during the period from 1912 to 1953.

of government authorities that license or certify imports and exports of controlled drugs. State parties are encouraged to arrange for preventive and repressive action against illicit trafficking in drugs by spelling out punishable offenses. However, the Convention also says that the state parties should include measures for treatment, education, after-care, rehabilitation and social reintegration for drug abusers.²⁸ Thailand participated in writing the Convention and the protocol of 1972. In addition, Thailand acceded to both the Single Convention and the 1972 protocol.²⁹

The second international agreement is the Convention on Psychotropic Substances, 1971, which establishes an international control system for an expanded, more diversified spectrum of drugs of abuse. This includes controls over a number of synthetic drugs according to their abuse potential, which includes the amphetamine-type substances, including methamphetamine. A set of control schedules has been set up with various types of limits on possession, use, distribution, import, export and manufacture. The Convention requires state parties to give annual reports on important changes in relevant laws and regulations, cases of trafficking or seizures and names of government authorities that control international trade in these drugs. State parties should have measures for preventing abuse of psychotropic drugs, including treatment, education, rehabilitation and social reintegration. Action against illicit traffic should include preventive and repressive measures that spell out punishable offenses. Moreover, state parties may adopt stricter and more severe measures of control than those provided by the Convention, if necessary for

²⁸ United Nations, *Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961* (New York: United Nations, 1972).

²⁹ UNODC, "Single Convention on Narcotic Drugs, 1961," www.unodc.org/pdf/treaty_adherence_convention_1961.pdf. (Accessed 13 July 2007).

protecting public health and welfare.³⁰ Thailand participated in the writing process and acceded to the Convention in 1975.³¹

The third international agreement is the United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1988. The rationale behind this Convention was to consider the various aspects of the drug problem as a whole, especially those not envisaged in existing international instruments. In effect, this means that the drug problem could not be addressed exclusively at the national level only by states, and its global scope and complexity went beyond existing levels of international cooperation. There was a need to provide comprehensive measures against drug trafficking, including provisions against money laundering; confiscation of proceeds, property and funds from illicit drug trafficking; and the diversion of precursor chemicals. International cooperation would now aim at extradition of drug traffickers, controlled deliveries, mutual legal assistance and transfer of proceedings for criminal prosecution from one country to another.

For the first time, the 1988 Convention recognized that drug issues went beyond the public health and social problems of drug abuse at the national level. The state parties to the Convention stated their deep concern about the magnitude and trend in production, demand and trafficking in illicit drugs, because of the threat to people as well the adverse effects on the economic, cultural and political foundations of society. Illicit trafficking in drugs was now recognized as an international criminal activity generating large financial profits and wealth, which enabled transnational

³⁰ United Nations, *Convention on Psychotropic Substances, 1971* (New York: United Nations, 1971).

³¹ UNODC, "Convention on Psychotropic Substances, 1971," www.unodc.org/pdf/treaty_adherence_convention_1971.pdf. (Accessed 13 July 2007).

criminal organizations to penetrate and corrupt governments, legitimate businesses and all levels of society. For the first time, the Convention said that the links between illicit drug trafficking and other related organized criminal activities threatened the stability, security and sovereignty of states.³²

In order to carry out obligations under the Convention, states have been called on to take legislative, administrative and any other measures that conform with their domestic legislative and judicial systems. The Convention recommends using domestic law to establish criminal offences covering 11 types of activities. Among the activities are: having property acquired, possessed or used as a result of criminal drug activities; having equipment or materials or substances used in or for illicit drug cultivation or production; participating or associating in any conspiracy to commit, aid or facilitate any offences established in the Convention; and concealing or disguising the illicit origin of property or assisting any person involved in drug offences.³³

The Convention also obligated states to adopt measures that would enable authorities to identify, trace, and freeze or seize proceeds, property, and so forth for the purpose of eventual confiscation. Courts or other competent authorities should be empowered to order that bank, financial or commercial records be made available or be seized. A state could not use bank secrecy as a reason for not taking such measures. Extradition should cover offences listed in the Convention and be included in any extradition treaties between states who are party to the Convention. States should also provide the widest measure of mutual legal assistance in investigations,

³² United Nations, *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, 1988 (New York: United Nations, 1988), p. 1.

³³ *Ibid.*, p. 3.

prosecutions and judicial proceedings in relation to criminal offences established in the Convention. Seven types of activities were listed as being covered by mutual legal assistance along with procedures for making such requests, as well as conditions for refusing to provide such assistance.³⁴

The Convention recommends that state parties should take appropriate actions to prevent the diversion of substances listed by the United Nations Commission on Narcotic Drugs that are used for the illicit manufacture of narcotic drugs or psychotropic substances.³⁵ This list includes the ATS precursor chemicals ephedrine and pseudo-ephedrine. It was also recommended that states implement systems of control and monitoring.

As in the case of the other two drug conventions, this one allows a state to adopt measures that are stricter or more severe than provided by the Convention if the state thinks such measures are desirable or necessary to prevent or suppress trafficking in illicit drugs. Overall, the Convention defers to the authority of the governments acting in the name of the state, especially since the threat to security and sovereignty has been made explicit. At the same time, higher levels of cooperation are expected among the states in order to address the increased complexity and more transnational nature of highly organized trafficking in illicit drugs.

Thailand participated in the meetings to draft the Convention document, which entered into force in 1990. Thailand acceded to the Convention in 2002.³⁶

³⁴ United Nations, "Convention against Illicit Traffic" pp. 5, 7-9.

³⁵ Ibid., p. 12.

³⁶ UNODC, "United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988," www.unodc.org/pdf/treaty_adherence_convention_1988.pdf. (Accessed 13 July 2007).

C. Thailand in the Context of Regional and Subregional Patterns of Trafficking in ATS

From the mid-1990s to 2001, East and South-East Asia was probably the largest production area of illicit methamphetamine in the world. Important production sites during this period were located in China, Thailand and Myanmar. Compared with the period 1991-1995, the number of clandestine methamphetamine laboratories detected in the 1996-2001 period more than quadrupled. Seizures of methamphetamine precursors also increased during 1996-2001. Seizures of end-products show that in 2001, 84 percent of all methamphetamine seized worldwide took place in East and South-East Asia. Such a high share of seizures suggested easy access to precursor chemicals, large-scale methamphetamine production and intensive consumption and trafficking across the region.³⁷

From 1996 to 2001, illegal methamphetamine production in Thailand accounted for 29 per cent of all methamphetamine seizures in East and South-East Asia. In 2001, seizures in Thailand reached 8.4 tons, which was the largest worldwide and surpassed 4.8 tons for China. Thailand reported dismantling 10 clandestine methamphetamine laboratories in 2001 and more than 120 between 1991 and 2001. Due to increased enforcement efforts by the Thai government, drug trafficking networks set up alternative production sites in neighboring countries, especially in Myanmar. The Thai domestic market and its export market for methamphetamine continued to boom, although local production did not seem to increase in recent years.

³⁷ UNODC, *Global Illicit Drug Trends 2003*, p.35.

The largest increase of methamphetamine production in the second half of the 1990s took place in Myanmar. Thailand estimated that at least 700 million pills, equivalent to almost 70 tons of methamphetamine had been smuggled into Thailand every year across the Thai-Myanmar border. Most methamphetamine production in Myanmar takes place close to the Thai and Chinese borders in areas where the central government has had limited control,. Many groups in northeastern Myanmar already involved in illegal heroin manufacture and trafficking have also become involved in manufacturing and trafficking methamphetamine. According to UNODC, some reports suggest that among the producers of methamphetamine are groups that used to be part of the Khun Sa drug network, groups related to the United Wa State Army and other groups. Thai authorities estimated that about 60 large clandestine laboratories in Myanmar produce the bulk of illegal methamphetamine shipped to Thailand. The lack of effective control could explain why the Myanmar government reported only 5 methamphetamine laboratory seizures in 2001.³⁸

Smaller-scale production of methamphetamine in the region, as indicated by seizures of clandestine laboratories, took place in Hong Kong, the Republic of Korea, the Philippines, Indonesia and Malaysia. Particularly in the Philippines and Indonesia, domestic production appears to have increased in recent years. Japan is another major market for methamphetamine, which originates mostly in China and is smuggled in.³⁹

According to statistics from the Thai government Office of the Narcotics Control Board (ONCB) on methamphetamine seizures in the 1990s, both the number

³⁸ UNODC, *Global Illicit Drug Trends 2003*, pp. 35-36.

³⁹ *Ibid.*, pp. 36-37.

of legal cases and weight of methamphetamine seized increased every year, with sharp increases from 1996 to 1998 as shown in Table 2.2.

Table 2.2
Methamphetamine Seizures in Thailand by Number of Legal Cases and Weight,
1994-1998

	Number of cases	Weight in kilograms
1994	12,627	450
1995	19,585	539
1996	51,569	805
1997	62,014	1573
1998	110,921	2778

Source: ONCB, *Annual Report 1998-1999* (Bangkok: ONCB, 1999), p. 4.

By the early twenty-first century, East and South-East Asia was still a major center of global methamphetamine production, and China, Myanmar and the Philippines were the main countries of origin. UNODC reported that 75 methamphetamine laboratories were dismantled in the region in 2001, but by 2004 that number had gone down to 13. Between 2002 and 2004, most methamphetamine laboratories seized in Asia were in China, the Philippines, Taiwan Province of China, Myanmar, Cambodia, Hong Kong and Malaysia.⁴⁰

Most methamphetamine production in China has been located in the South-East in Guangdong Province, adjacent to Hong Kong, followed by Fujian province,

⁴⁰ UNODC, *2006 World Drug Report* (New York: United Nations, 2006), p. 126.

located off the coast of Taiwan Province of China.⁴¹ Myanmar has continued to play an important role as a production site for methamphetamine, as reflected in reports from neighboring countries. Illicit markets in Thailand have been supplied by methamphetamine produced in Myanmar and about 20 per cent of the Chinese market was supplied by Myanmar as well. The number of dismantled laboratories in Myanmar has been low, with four laboratories dismantled in 2002, one in 2003, one in 2004 and three in 2005.⁴² Production in Myanmar is mainly in Shan state, notably in the Wa region on the border with China. Recent reports to UNODC suggested that production is also taking place in areas controlled by the ethnic Chinese Kokang, the Shan State Army-South and the Kachin Defense Army (KDA).⁴³

On the other hand, the government of Myanmar has made greater efforts against trafficking, leading to a number of large seizures, such as 12 million methamphetamine tablets in January 2006. This was four times the total seized in 2005.⁴⁴

According to information provided to UNODC by the Government of Thailand, domestic methamphetamine production had largely ceased following a crackdown in 2003.⁴⁵ From the statistics in Table 2.3, number of arrest cases and the number of methamphetamine pills seized peaked in 2002 with 167,810 arrest cases and almost 96 million pills confiscated. According to the ONCB, trafficking and

⁴¹ UNODC, 2006 World Drug Report, p. 128.

⁴² Ibid., p. 129.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

abuse of methamphetamine remained a serious problem for Thailand even after 2003.⁴⁶

Table 2.3
Arrest Cases and Tablet Seizures in Thailand, 1998-2005

	Arrest cases	Million of tablets
1998	131,366	33.5
1999	154,029	50.2
2000	180,293	84.0
2001	169,148	94.0
2002	167,810	95.9
2003	63,595	71.5
2004	34,860	31.1
2005	30,807	15.4

Source: ONCB, *Thailand Narcotic Control Annual Report 2005* (Bangkok: ONCB, 2005), p. 55.

Methamphetamine produced in Myanmar dominated as the drug abused by Thai workers and young people throughout the country. By 2001, methamphetamine had accounted for nearly 70 per cent of all addictions in Thailand.⁴⁷ During the period

⁴⁶ Office of the Narcotics Control Board, *Thailand's Narcotics Annual Report 2004* (Bangkok: ONCB, 2002), p. 4.

⁴⁷ Patrick Zickler, "Thailand Conference Focuses on Methamphetamine Research," *NIDA Notes* 16, no. 1 (March 2001).

2000-2001, the prevalence rate for Thai people 15 to 64 years old was 5.6 per cent.⁴⁸

By 2004, the prevalence rate was reported to be 0.7 per cent.⁴⁹

According to research and analysis by a Thai economist and her colleagues, the methamphetamine boom began in 1996 and by 2002 had created a market estimated at 700 million pills, equivalent to about 10 pills for every Thai man, woman and child.⁵⁰ Besides the growth in production in Myanmar, several social and economic factors in Thailand contributed to the drug boom. The economic crisis in July 1997 caused the Thai economy to shrink 12 per cent in one year. About 2 million people lost their jobs, including one in eight people in the urban labor force. Some took drugs for consolation while many more began to sell drugs as a way to make money when other opportunities were not available.⁵¹

The supply system was a fast growing version of pyramid selling. A seller sells to a user, and in turn encourages the user to develop his own set of customers in order to generate the income for his own consumption. This pyramid process made the market expand very quickly and widely. One person could make a living by selling 3 to 5 pills a day. Cost of production was no more than 5 US cents, the cost at the border was about 50 cents and the sale price in the market was US\$ 1.50 to US\$ 2.50 per pill.⁵² Such a price mark-up made the drug business very lucrative, even if a large quantity of pills was seized in transit. In fact, maybe ten times the amount seized was making it into the Thai market.

⁴⁸ Jane C. Maxwell, "Emerging Research on Methamphetamine," *Current Opinion in Psychiatry* 18 (2005): 236.

⁴⁹ UNODC, *2006 World Drug Report Vol. 2* (New York: United Nations, 2006), p. 388.

⁵⁰ Pasuk Phongpaichit, "Drug Policy in Thailand," paper presented at the First International Symposium on Global Drug Policy, Lisbon, Portugal, 2003.

⁵¹ Ibid.

⁵² Ibid.

One social concern was the growing number of drug-related prisoners. From 1996 to 2002, Thailand's prison population increased by 250 per cent and about half of the prison sentences in the country were drug related. As the public became concerned about the social impact, the government tried public relations campaigns to reduce demand. "Ya ba" or "mad drug" was invented as a new Thai term for methamphetamines. Mass media carried stories about violence and psychotic reactions of heavy users. Anti-drug messages were communicated throughout the country. Public service advertisements were made to shame policemen and other government officials involved in getting rich from the drug trade pyramids. Such social approaches did not stop the spread of drug use and the public relations campaign may have had the opposite effect, according to some research. More people, including children, became interested in the drug, it became fashionable and its usage spread into schools. Young people described the drug as fun, dealers recruited children as sub-dealers, and the market expanded further. By 2000, almost a third of the volume of methamphetamines may have been sold in schools. Young people found that the drug made them alert and happy, so they stopped believing that it was a mad drug as the authorities had said. Dr. Pasuk reported that one study found that young people were taking more methamphetamine as a way to defy the police and authorities.⁵³

As a result, public opinion identified methamphetamine as the worst social problem facing Thailand. Government agencies increased public worries by saying that there were 5 to 6 million "addicts". The prime minister claimed there were 3

⁵³ Pasuk Phongpaichit.

million users in schools alone.⁵⁴ Dr. Pasuk noted that research indicated about 2.5 million Thai people actually took methamphetamine, but 2 million of these were very light users, taking only 1 to 2 pills a month. It was estimated that about 500,000 were more serious users or addicts.⁵⁵ Since border control, peer pressure and panic awareness was seen as ineffective, the problem seemed to be getting out of hand. This set the stage for the government crackdown known as the 2003 War on Drugs designed by Prime Minister Thaksin Shinawatra.

D. Methamphetamine as a Security Issue in Thailand

As mentioned in the conceptual framework, the general understanding of security issues in classical realism focuses on the state's capacity in terms of military response to external threats. Most aspects of the drug problem involving methamphetamine have been considered as internal domestic matters to be handled by the judicial system and the public health authorities. As noted by one government agency, the principle behind the government's drug control policy has been prevention first and suppression second, which means that drug addicts would be given treatment and drug traffickers would be suppressed and punished.⁵⁶ Treatment came under the Narcotics Addict Rehabilitation Act B.E. 2534 (1991) and punishment came under the Narcotics Control Act B.E. 2519 (1976), the Narcotics Act B.E. 2522 (1979) and the Act on Measures for the Suppression of Offenders in an Offence

⁵⁴ Pasuk Phongpaichit.

⁵⁵ Ibid.

⁵⁶ ONCB, *Thailand Narcotics Annual Report 2002* (Bangkok: ONCB, 2002), p. 40.

Relating to Narcotics B.E. 2534 (1991).⁵⁷ The latter act covers conspiracy and seizure of assets. By virtue of these acts, the Thai government presumes that it has the capability to control the drug problem with methamphetamine as an internal, domestic matter. At the point where the Thai authorities perceive that methamphetamine use by Thai people has become an epidemic, then the government capability to control becomes open to question.

The one significant aspect that the Thai government has considered as an external threat is the production and trafficking of methamphetamine from the border area of Myanmar into Thailand. However, production in Myanmar and trans-border trafficking have been viewed as external threats to the health and well-being of Thai people, not as an explicit security threat. The Thai response has been in terms of drug enforcement at the border and not so much as a threat involving direct use of force against the external threat. The Office of the Narcotics Control Board (ONCB), the Police Narcotics Suppression Bureau, and the Royal Thai Army Third Region Command, which covers northern Thailand, have been primarily responsible for the implementation of national level drug enforcement programs. These agencies coordinate activities with local police and enforcement bodies, such as the Border Patrol Police, Provincial Police, and the Royal Thai Customs Service.

The situation for Thai national security started changing in a significant way by the late 1990s and at the turn of the century when the dynamics of domestic politics in Myanmar affected the armed criminal and insurgent groups involved with methamphetamine production and trafficking. As early as January 2000, the Thai military had identified methamphetamine production along the northern border and

⁵⁷ ONCB, p. 28.

the epidemic of methamphetamine abuse as threats to national security.⁵⁸ According to one report, by November 2000 the head of the Thai National Security Council identified drug trafficking as the major threat to Thailand's national security.⁵⁹

Thai officials were blaming the methamphetamine epidemic on producers and traffickers linked to the Myanmar government, which was trying to gain control over the border area forming part of Shan State through alliance with the United Wa State Army (UWSA), the major methamphetamine producers in the region. At the same time, several armed groups, including the Shan State Army, the Democratic Karen Buddhist Army and the Karen National Union, were fighting each other and Myanmar government forces, as well as competing for control of the trade in methamphetamine. The boundary between Thailand and Myanmar consists of rugged and mountainous jungle that has not been demarcated, and from late 1999 and early 2000, it was becoming more militarized and unstable.⁶⁰

Since 1999, the protracted internal conflicts of Myanmar have flared up in the northern border areas with Thailand and this has coincided with the major growth in illicit methamphetamine production and trafficking into the Thai market. The security implications were clear to the Thai military and they saw UWSA as a proxy fighting and business force for the Myanmar government. One report said that Thai officials claimed that Myanmar was conducting narcotics aggression against Thailand.⁶¹

At the same time, there was a major offensive by the Myanmar military with

⁵⁸ Global Security, "Thailand's War on Drugs," <http://www.globalsecurity.org/military/world/war/thai-drug-war.htm>.

⁵⁹ Pierre-Arnaud Chouvy, "Drugs and War Destabilise Thai-Myanmar Border Region," *Jane's Intelligence Review* (1 April 2002)

⁶⁰ Ibid.

⁶¹ Chouvy.

the help of UWSA to displace and forcibly relocate ethnic Shan populations away from the border in order for Wa populations under UWSA control to move in.⁶² UWSA had extended its territory, built new villages and set up methamphetamine factories closer to the border. As the Thai military determined that drug trafficking was the major security threat, the Internal Security Operations command (ISOC) changed from an anti-communist unit into an anti-drug unit. ISOC designed a defense system comprised of the Third Army and the National Security Council. The Third Army started a Territorial Defense Training Scheme to arm 592 border villages and train them in self-defense against armed incursions and drug traffickers.⁶³

The security threat was actually a complicated combination of cross-border violence, drug trafficking and insurgency, plus the forced relocation of ethnic minorities who fled over the border to Thailand into refugee camps. The conflict and chaos was in an area where the border was unclear, and this gave an advantage to heavily-armed drug traffickers with numerous routes through jungles and mountains. In 1998 and 1999, the Thai police and military had tried to close the border areas directly opposite the drug laboratories, but drug trafficking continued and some had been re-routed through northeastern Thailand.⁶⁴

During 2000, Thai military leaders were calling for action in the form of surgical strikes into Myanmar against the drug factories, but the government of Chuan Leekpai tried to use diplomacy by suggesting joint border patrols to the Myanmar government. The leaders in Myanmar rejected Thailand's diplomatic efforts, while the

⁶² Sai Myo Win, "Shan: The Thai-Burma Border Conflict and Shan Resistance," report to the Unrepresented Nations and Peoples Organization, 28 February 2001. <http://www.unpo.org/article.php?id=255>. See also, *Asia Times*, 24 February 2001.

⁶³ Chouvy. See also *Bangkok Post*, 13 February 2001.

⁶⁴ ONCB, p. 10.

Thai military warned about the large quantities of methamphetamine ready to be trafficked across the border.⁶⁵ At the same time, Thailand was reported to be covertly arming the Shan State Army in order to fight the government-back UWSA.⁶⁶

The Thai military's clear perception that the combination of drug trafficking and ethnic groups in armed conflict was a security threat must be seen in the context of a past pattern of a divided policy towards Myanmar. That is, since the late 1980s, the army had been the lead policy-maker, determining the direction and substance of the country's ties with neighboring countries, especially Myanmar. The National Security Council (NSC) had played an assertive role as well. Thai military leaders had established a tradition of close ties to the junta leaders in Rangoon and preferred personal talks to resolve bilateral issues, especially concessions and business deals.⁶⁷

When Chuan Leekpai became prime minister, key government security agencies had to change their roles and act as coordinators, especially with the Ministry of Foreign Affairs (MoFA). When a new army chief was appointed in 1998, the army cooperated closely with the MoFA to work out a common policy towards Myanmar. Moreover, officials at the MoFA, especially the foreign minister, deputy foreign minister and permanent secretary, took the lead on policy towards Myanmar. They stated that the nature and interest of Thai foreign policy would be based on respect for human rights and democratic principles.⁶⁸ This appeared to be a united Thai policy about cooler, more distant relations with the government in Myanmar

⁶⁵ Kavi Chongkittavorn, "Thai-Burma Relations," in *Challenges to Democratization in Burma-Perspectives on Multilateral and Bilateral Responses*, ed. IDEA (Stockholm: International Institute for Democracy and Electoral Assistance, 2001), p. 126.

⁶⁶ S. Sivaraman and Apichart Suttiwong, "Hill-tribe Warriors Fight a Proxy War," *Asia Times*, 28 July 2000. www.atimes.com/se-asia/BG28Ae01.html.

⁶⁷ Kavi Chongkittavorn, pp. 119-120.

⁶⁸ *Ibid.*, pp. 126-128.

without a strong statement of the security threat from drug trafficking. In fact, the dynamics of interactions with various ethnic groups and drug traffickers at the border fueled ongoing military tension between the two countries and the threat to security was seen in military terms.

When the government of the newly-elected prime minister, Thaksin Shinawatra, came to power in early 2001, the policy towards Myanmar shifted drastically. With strong support from the Defense Minister, Chavalit Yongchaiyudh, Thailand dropped all conditions for political liberalization and improvement of human rights inside Myanmar. Thai leaders visited Myanmar and emphasized a friendlier approach. The new prime minister had made a campaign promise to get rid of narcotics along the border, but the strategy was based on restoring full trade relations in exchange for cooperation to control trafficking and improve border security. The MoFA was sidelined with the new economic approach and the Ministry of Defense took charge of policy-making towards Myanmar.⁶⁹ Tension along the border in the North had been reduced, but the impact on methamphetamine trafficking was not very great. Large quantities of methamphetamine continued to enter the country, indicating that production was continuing. However, according to ONCB, traffickers began to change their smuggling routes. The western and the north-eastern borders of Thailand were used more frequently for trafficking with smaller size shipments. In the case of methamphetamine shipments in large quantities, traffickers used the sea route through southern Thailand and armed forces from UWSA escorted drug caravans over land.⁷⁰

⁶⁹ Kavi Chongkittavorn, p. 129.

⁷⁰ ONCB, *Thailand Narcotics Annual Report 2002*, p.11.

From the start, the Thaksin government made solving the drug problem one of its urgent policies, but the focus was mainly on the domestic market. In a statement to the Parliament in February 2001, the Prime Minister stated that establishing drug rehabilitation centers would be accelerated along with implementing effective drug suppression and prevention measures. The slogan “Strength of the Nation” would be used to raise public awareness about combating drugs and mobilize government agencies and the general public to fight drug problems at all levels. According to the rationale, since drug problems had been a major part of the recent economic crisis, then a macro-level strategy covering the whole nation was needed.

The government issued two orders in 2001: (1) Office of the Prime Minister’s Order Number 119, the Concerted Effort of the Nation to Overcome Drugs and (2) Office of the Prime Minister’s Order Number 228, the Action Plan to Overcome the Drug Problem.⁷¹ The Action Plan targeted 29,543 villages in 76 provinces within target areas around the country as identified by the Government according to their general conditions, such as border area with trafficking, very severe epidemic areas and normal epidemic areas.⁷² An intensive information and public awareness campaign now accompanied the combination of prevention and suppression activities.

As noted earlier in the analysis by Phasuk, some parts of the information campaign increased public fears about the social problem, while some public awareness approaches were ignored as exaggerations. The Concerted Effort and the Action Plan focused mostly on the domestic social dangers with emphasis on the whole country “fighting” and “combating” drugs together with the government as the

⁷¹ ONCB, pp. 64-65.

⁷² Ibid., pp. 62-67.

leader. It was recognized that the methamphetamine supply was coming from across the border, but it was considered more as an illegal economic activity rather than a security threat. Producers and traffickers in Myanmar were not singled out for suppression, but the government seemed to think that the border could be closed and that would control supply. The Royal Thai Police were designated as the responsible agency for the narcotics suppression part of the Action Plan with the aim of eliminating the drug cartel and influential group near the border area.⁷³ Such a vague reference suggests that the targeted suppliers and traffickers were in Thailand and could be treated as a domestic problem to be solved by law enforcement.

By 2002, according to ONCB, the drug situation remained serious despite what it referred to as the radical measures used by the government. Supply of methamphetamine seemed to exceed demand and it was still the most widespread illicit drug in Thailand. The quantity trafficked from neighboring countries had increased and prices had gone down. This was expected to continue into 2003 due to surplus supplies in the Thai market.⁷⁴ In effect, the Concerted Effort and the Action Plan did not seem to be working. The government's reaction to this information was a drastic move away from "Strength of the Nation" mobilization of the public and the government, with important implications for identifying the threat to security.

Beginning in February 2003, the Thaksin government instructed police and local officials that persons charged with drug offenses should be considered security threats and dealt with in a ruthless and severe manner.⁷⁵ In late January 2003, the

⁷³ ONCB, p. 67.

⁷⁴ Ibid., pp. 16-17.

⁷⁵ Human Rights Watch, "Thailand: Not Enough Graves," *Human Rights Watch* 16, no. 8 (C) (June 2004): 1.

government issued Prime Minister's Order No. 29/2546, The Fight to Overcome Narcotic Drugs. The stated purpose was to quickly, consistently and permanently eradicate the spread of narcotic drugs and overcome narcotic problems, which threatened the nation.⁷⁶ The aim was to eradicate methamphetamine in three months with a four-part campaign. First, users would be considered patients in need of treatment, not criminals to be punished. Second, dealers would be targeted for suppression and arrest, as well as death. Third, each province was assigned targets for the number of arrests and seizures with the threat that senior officials would lose their jobs if targets were not met. Fourth, police and other officials were rewarded financially -- cash for each arrest and a percentage share of any assets seized. As noted by Dr. Pasuk, the fight reflected the business thinking of the Thaksin government based on the use of targets, incentives and a time-line.⁷⁷

In a business sense, words such as security threat and war on drugs could be seen as symbolic advertising and branding a marketing initiative, quite similar to previous campaign “Strength of the Nation”. In political terms, however, the security implications for balancing the safety, well-being and health of Thai citizens against the government’s responsibility to provide justice and order had yet to be considered.

The fight to overcome drugs was much more than simple problem-solving and it was intended to be more than a war on drugs in name only. When the Prime Minister announced the campaign, he said, “Because drug traders are ruthless to our children. So being ruthless back to them is not a big thing.... It may be necessary to

⁷⁶ Human Rights Watch, 52-56. Two other Prime Minister’s orders were issued at the same time. Order Number 30/2546 established the National Command Centre for Combating Drugs and Order Number 31/2546 established the Operation Centres for Combating Drugs at Different Levels.

⁷⁷ Pasuk Phongpaichit.

have casualties... If there are deaths among traders, it's normal..."⁷⁸ He sometimes referred to drug users as patients in need of drug treatment, but the policies and statements effectively endorsed extreme state-sponsored violence against anyone associated with the drug trade.⁷⁹

Setting up a National Command Centre showed the intention to take war-like action, since the established structures and procedures of the government bureaucracy were by-passed and all government agencies at all levels had to support the war in a unified, result-oriented management system. However, the power, resources and work to carry out the war was actually at the local level in the form of the operation centers. Such operation centers had to reach the targets in the suppression of drugs, appointed teams to work in the target areas and cooperated with the Narcotics Suppression Bureau of the Royal Thai Police, provincial police and law enforcement agencies to suppress, investigate, expand operations, seize property and eradicate drug networks.⁸⁰ More significantly, the operation centers had the duty to prepare information on all drug abusers, drug addicts and drug traffickers in the various regions and make the lists of communities affected by the spread of drug problems. This was the origin of the blacklists and watch-lists used to carry out the drug war.

People on the blacklists and watch-lists were considered arbitrarily as drug suspects or coerced into mandatory drug treatment. According to a report made to the United Nations High Commissioner for Refugees (UNHCR), the Ministry of Interior reportedly had a list containing 41,914 names of people who were "targets of monitoring". While the authorities were under no obligation to tell people that their

⁷⁸ Pasuk Phongpaichit.

⁷⁹ Human Rights Watch, 50.

⁸⁰ Ibid., 56.

names were on these blacklists, police reportedly used the lists to summon people for questioning. In some cases, people would turn themselves in, hoping to clear their names. As reported by Amnesty International, many of the extra-judicial killings took place when suspects were returning to their homes from police stations.⁸¹

One result of the initial three-month phase of the war on drugs was about 2,275 extrajudicial killings. At first, the government claimed that the police had killed only 51 people in self-defense and the rest died in battles among dealers.⁸² According to ONCB, over the three-month period, assets worth about 1,400 million baht and 15.5 million methamphetamine tablets were seized while 1,795 major drug traffickers and 15,356 drug dealers were arrested. In addition, approximately 285,185 drug abusers voluntarily reported to the authorities in order to receive treatment and rehabilitation services nationwide.⁸³ In terms of such results-oriented quantities reported by the government, the drug war appeared to be success.

However, a closer look in terms of national security points to several contradictions that show how the notion of threats to the nation had been manipulated so that the ends justified the means. That is, Thai people had become the threat to security and subject to a military-style offensive. The government's focus on targets meant that extreme actions were taken in the name of security, while people had little or no recourse to the judicial system in order to defend themselves. According to press reports and eyewitness accounts made to Human Rights Watch, the drug war

⁸¹ W. Courtland Robinson, "Thailand: Background Paper on Human Rights, Refugees and Asylum Seekers," paper prepared by Writenet for UNHCR, Geneva, July 2004, p. 8.

⁸² Human Rights Watch, 9.

⁸³ ONCB, *Thailand Narcotics Annual Report 2003* (Bangkok: ONCB, 2003), p. 87. This total is somewhat higher than the number reported in 2004 based on data from the Ministry of Public Health.

was based on the blacklists and watch-lists, which were not carefully prepared and were open to abuse and misuse by police and local authorities.⁸⁴ Once a person was on the list, the only options were to buy one's name off the list, surrender at a police station, declare that one is an addict and go to treatment or end up being shot. Case studies based on interviews and complaints made to the National Human Rights Commission showed that police often coerced confessions, planted drugs and forced arrested people to name others.⁸⁵

According to experts, some drug users, as well as non-users, reported for drug treatment during the war on drugs simply because they saw it as the only way to avoid arrest or possible murder.⁸⁶ As a result, in the first three months of the war on drugs, almost 231,000 people voluntarily entered the drug treatment system, according to Ministry of Public Health data, and they accounted for 94 per cent of the overall total (245,123). About 226,000 people in drug treatment were listed as first time users, which means they accounted for 92 per cent of the overall total.⁸⁷ If it is assumed that first time users entered voluntarily, then they accounted for 98 per cent of that total (231,000). Since the total number of people going into drug treatment was about 250,000, this was close to the target of 300,000. However, the idea that a war on drugs could end drug addiction in Thailand seems to be misleading, since the vast majority of people were volunteers and first-time users who entered drug treatment.

⁸⁴ Human Rights Watch, 20-21. By late February 2003, even senior government officials, such as the Police Chief and the Minister of Interior began to question the accuracy of the government's drug suspect lists.

⁸⁵ Human Rights Watch, 20, 22.

⁸⁶ Ibid., p. 32.

⁸⁷ ONCB, *Thailand Narcotics Annual Report 2004*, (Bangkok: ONCB, 2004), pp. 60-62.

In effect, the war on drugs based on results-oriented targets had created a climate of fear and the emphasis on security had undermined civil and political rights of citizens based on arbitrary blacklisting and extra-judicial killings. Citizens' health was also undermined as health experts feared that a new wave of HIV infection and other health complications would break out among those drug users who had been driven into hiding or had been imprisoned in high-risk detention environments.⁸⁸ Human rights defenders, including members of the National Human Rights Commission, were subject to criticism and harassment whenever they spoke against the war on drugs or communicated with the United Nations High Commissioner on Human Rights about people living in fear and having their rights violated.⁸⁹

On 16 April 2003, the ONCB announced that amphetamines were now merely a criminal problem rather than a threat to national security. A high-level official from ONCB said,

This reduction has come because the government declared its war on drugs less than three months ago. Drugs users and dealers in certain provinces across the country (...) have virtually halted all activity due to the stringency of the government's drugs suppression measures. This tough stance has pushed up the average price of amphetamine tablets to 300 baht each with some areas recording prices as high as 400-500 baht per tablet (...).⁹⁰

It is important to note that despite strong pronouncements about a tough integrated approach to supply reduction, the war on drugs generally overlooked the direct security threat from ATS production in Myanmar. Instead, attention was given to destroying the limited, smaller-scale production inside Thailand, controlling

⁸⁸ Human Rights Watch, 27.

⁸⁹ Ibid., 21.

⁹⁰ "Amphetamines 'no longer risk to national security'" *Chiangmai Mail* II, no. 17 (26 April-2 May 2003). www.chiangmai-mail.com/027/news.shtml#hd22.

precursors going from Thailand into Myanmar and disrupting those parts of drug supply networks inside Thailand.⁹¹ According to ONCB, there were reports that large-scale production still operated outside the country. Interestingly, no mention was made of Myanmar, since diplomatic and business relations had grown very friendly during this period. It was presumed that Prime Minister Thaksin had restored full trade relations with Myanmar in 2001 in exchange for anti-narcotics cooperation and border security.⁹² By 2003, however, there was mostly just discussion and exchange of information between the two countries on drug control, as well as subregional fact-finding and drafting of action plans, but no substantive cooperation.⁹³

In fact, patterns of drug smuggling and smuggling routes had adapted and changed from the northern part to other parts, particularly the northeast and east. Shipments into Thailand were in smaller, more frequent volumes. Large volume smuggling (more than one million pills per case) was found occasionally.⁹⁴

Prime Minister Thaksin declared victory in the war on drugs in early May 2003 and announced a second phase that would last until December. The Department of Local Administration (Ministry of Interior) and the Royal Thai Police fired or disciplined some village chiefs and police officers toward the end of the campaign. However, the government gave cash incentives to police for seized drug assets and disciplined officials who failed to meet arrest targets.⁹⁵

The second phase of the war on drugs focused on rehabilitating and supervising drug abusers in order to enhance community strength nationwide,

⁹¹ ONCB, *Thailand Narcotics Annual Report 2003*, p. 47.

⁹² Kavi Chongkittavorn, p. 128.

⁹³ ONCB, *Thailand Narcotics Annual Report 2003*, pp. 94-97, 100.

⁹⁴ ONCB, *Thailand Narcotics Annual Report 2003*, p. 16.

⁹⁵ Human Rights Watch, 11.

particularly in border areas. The aim was to put an end to the spread of drug abuse in villages and communities or at least minimize the scope of the problem, according to ONCB. Unity coordinators of drug defense were formed at the local level. By the end of the second phase, 83,947 villages/communities were declared as strong and anti-drug. There were almost 3 million unity coordinators of drug defense throughout the country. The government launched a “Sixty-day Countdown Operational Plan” from 1 October to 30 November 2003. Prime Minister Thaksin declared success in the War on Drugs on 3 December 2003 as a tribute for the King’s birthday on 5 December.⁹⁶

This war on drugs makes it clear that the nature of ATS/methamphetamine as a security threat had changed. The Thaksin government looked inward and specifically identified certain groups of Thai people involved with methamphetamine as a threat to national security. The human rights implications, as well as the propaganda value of such a security threat are significant, especially when considering the outcomes of the war on drugs in terms of the citizens and their well-being, not simply in terms of quantitative targets and quotas.

According to one human rights report, the Thai government capitalized on widespread public disdain for drug users in order to mobilize public support for its anti-drug policies. Mr. Thaksin repeatedly referred to drugs such as methamphetamine as a menace to society and a danger to the nation. He referred to people involved in drug trafficking as “the scum of society,” “threats to security” and “wicked people.” The drug war policies had the effect of endorsing extreme violence against anyone associated with the drug trade. Public opinion polls were cited throughout the war on drugs showing widespread support for such violent anti-drug tactics. The

⁹⁶ ONCB, *Thailand Narcotics Annual Report 2003*, p. 88.

government's anti-drug propaganda used the popular myth that drug users are criminals in need of punishment, not persons in need of humane treatment.⁹⁷

During the war on drugs, Thailand's National Human Rights Commission (NHRC) had limited capacity to investigate each allegation it received about what was happening to Thai citizens. However, the NHRC investigated hundreds of cases and produced a summary of problems related to the war on drugs and submitted it to the prime minister in November 2003. The summary underlined four problem areas of the government's suppression policy related to the blacklisting of drug suspects, arrests, extrajudicial killings and asset confiscation. One NHRC commissioner stated that Thaksin's policy had a corrosive effect on the judiciary system. He suggested that any future wars on drugs should adhere to the due process of law and the principles upheld by the judicial system.⁹⁸

In a reply that revealed the national security viewpoint, the ONCB stated that even though there were some human rights concerns at the domestic and international level, the war on drugs had highly been praised by 96.5 percent of Thai people. The government had a firm determination to uphold the rule of law and did not intend for the war on drugs to harm innocent people. However, intentional or unintentional harm and the matter of innocence seemed to be secondary considerations. The ONCB emphasized that each measure taken during the war had been to the benefit of the whole nation. Clearly, the security of the nation is the greater good for which justice, due process and human rights of Thai citizens can be traded off as less important. Propaganda and anti-drug activities at the community level were used to mobilize the

⁹⁷ Human Rights Watch, 50.

⁹⁸ Ibid., 22-23.

general public to accept this view. At the same time, government agencies were organized and mobilized to carry out the actual fight against a security threat posed by Thai people identified as involved with drugs. Prime Minister Thaksin is credited with the commitment and political will to identify and attack such a security threat with support from government agencies and in ways that are advertised as acceptable to Thai people. Seen in this way, the nature of the security threat is subject to the overstated purpose of the government's drug war policy and strategy -- enhance the social, cultural, ethical, administrative and intellectual strength of the nation in order to build Unity for Victory over Drugs.⁹⁹

Experts in drug control, economists and human rights groups have given a picture of the year-long war on drugs that seems to have been effective in reducing supply, due mostly to state-sanctioned violence that was ruthless and suppression-oriented. According to Dr. Pasuk, the nature of the campaign and the controversy it has created made it difficult to know what is true and what is not about the war.¹⁰⁰ Another assessment argued that the laws of economics and the lessons of experience suggest that gains are unlikely to be sustained in the longer term, especially since suppression has disproportionately targeted people at the lower levels of the supply pyramid. Any short-term gains and claims of victory need to be balanced against the costs, such as the damage to Thailand's human rights record, new health risks and pressures on the prison system.¹⁰¹

⁹⁹ ONCB, *Thailand Narcotics Annual Report 2003*, p. 88.

¹⁰⁰ Pasuk Phongpaichit.

¹⁰¹ M. Roberts, M. Trace and A. Klein, "Thailand's War on Drugs," *Drugscope Briefing Paper* no. 5 (Drug Scope and The Beckley Foundation, 2004), p. 7.

Such assessments fail to consider how a national security threat was built into government propaganda in political ways that helped blur the difference between what is true and what is not. Moreover, the context and rationale for the government's action was the assertion that a domestic threat to national security required a war on drugs. The need to formulate and implement a military-style response fits with the classical realist concept of security, even though Thai citizens were targeted as threats and external threats were largely ignored.

E. Concluding points

In answering the research question, the discussion and analysis looked at how the patterns and dynamics of methamphetamine trafficking became a threat to Thai national security. From the perspective of the global context and in comparison with patterns for the major types of illicit drugs, it was found that ATS, especially methamphetamines had the greatest growth in Asia, particularly South-East Asia. Thailand became the largest consuming country of methamphetamines from the mid-1990s until a market crackdown by Thai authorities in 2003. While patterns and trends showed a major drug problem worldwide, a major issue concerned the extent to which it was under control in terms of what action was required at the national, regional and global levels.

According to the information and analysis about how control of ATS, particularly methamphetamine, has become a security problem, a legal problem and a social problem for Thailand, examination showed that the government tried to control the production and distribution side by seizing laboratories and end-products with law enforcement and legal actions. However, the major production locations in South-East

Asia were mostly in Myanmar, China and the Philippines, while Thailand had become a major consuming country for methamphetamine produced elsewhere in the region. By the start of the twenty-first century, the transnational nature of the methamphetamine problem in Thailand and worldwide was clear. Control was in the form of seizures focused on the final product, laboratories and precursor chemicals. According to international statistics, Thailand was reported to have the world's largest seizures of methamphetamine in the 1990s, 2002 and 2003, but it was ranked third in 2004 and 2005.

In South-East Asia, drug control through laboratory seizures seemed to be less effective because Myanmar and China had become major locations for methamphetamine production at high levels. Analysis showed that such subregional and intra-regional patterns involving final products and precursor chemicals presented a strong security threat to Thailand.

The role of international agreements to contain the drug problem was found to be based on ideas of shared responsibility at the international, regional level and national levels with a focus on improving public health and public security based on approaches involving governments, especially the judicial systems and law enforcement. This meant that the government acted as the leading sector for taking responsibility and working at cooperation.

However, United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, 1988 recognized that drug issues went beyond the public health and social problems of drug abuse at the national level. There was a threat to people as well as adverse effects on the economic, cultural and political foundations of society. Illicit drug trafficking was recognized as international criminal

activity that enabled transnational criminal organizations to penetrate and corrupt governments, legitimate businesses and all levels of society. The Convention said that the links between illicit drug trafficking and other related organized criminal activities threatened the stability, security and sovereignty of states. Despite the transnational nature of the drug problem and principles of international cooperation, it was observed that a state is allowed to adopt measures that are stricter or more severe than provided by the Convention, if the state thinks such measures are desirable or necessary to prevent or suppress trafficking in illicit drugs. As a result, United Nations conventions defer to the authority of the governments acting in the name of the state

In this context, Thailand faced a sudden, strong growth in the use of methamphetamine, even as production and trafficking within the country came under better control. According to statistics and government reports, it was found that methamphetamine produced in Myanmar was the main drug abused by Thai workers and young people. By 2001, methamphetamine had accounted for nearly 70 per cent of all addictions in Thailand.

The discussion traced Thailand's methamphetamine boom from 1996 to 2002 in terms of production growth in Myanmar and increasing social and economic problems in Thailand, especially the impact of the 1997 economic crisis. People who lost their jobs used drugs and many more began to sell drugs in the absence of other opportunities. Several social concerns were highlighted as part of Thailand's problem with methamphetamines: a fast growing market based on pyramid selling; growing numbers of prisoners; mass media attention to the violence and dangers of methamphetamines; and growing corruption of government authorities. Social

approaches to solutions did not work even as the public considered drugs as the worst social problem in Thailand. Border control efforts between Thailand and Myanmar as well as public relations campaigns did not have much effect.

According to the analysis, most aspects of Thailand's methamphetamine problem were considered as internal domestic matters to be handled by the judicial system and the public health authorities based on the principle of prevention first and suppression second. These principles underwent adjustment as the drug epidemic became more widespread.

At the same time, the threat to Thai national security was changing significantly since the late 1990s. Domestic politics in Myanmar affected production and trafficking by armed criminal and insurgent groups. In response, the Thai military identified methamphetamine production along the northern border and the epidemic of methamphetamine abuse as threats to national security. The discussion in this chapter emphasized that when the Thai military determined that drug trafficking was the major security threat, the Internal Security Operations command (ISOC) changed into an anti-drug unit and designed a defense system comprised of the Third Army and the National Security Council. The army trained people in border villages in self-defense against armed incursions and drug traffickers. By 2000, Thai military leaders called for strikes against methamphetamine factories, but the civilian government tried a diplomatic approach. Diplomacy failed and the military strengthened its view that drug trafficking and conflict with armed ethnic groups was a security threat, while the government of Chuan Leekpai emphasized human rights issues as a reason to cool all Thai-Myanmar relations. However, other groups in Thailand had close

links to the military leaders in Myanmar and did not want military action to upset these relationships.

Friendlier relations with Myanmar were established when Thaksin Shinawatra took power in 2001 and drug issues were de-emphasized. Despite promises to handle drug problems at the border, trafficking in methamphetamine thrived.

The discussion in this chapter showed that solving drug problems was an urgent policy for the Thaksin government, but its approach was based first on a nationwide information and public awareness campaign intended to accompany prevention and suppression activities. Their rationale was to have a macro-level strategy, since they viewed drug problems as a major part of the recent economic crisis. However, the information and awareness campaign was not very successful.

As the analysis showed, the Thaksin government emphasized the domestic social dangers of methamphetamine in terms of the whole country fighting and combating drugs lead by the government. Producers and traffickers in Myanmar were not considered a security threat and were not a target for suppression. Instead, the government thought that closing the border would control supply. The police were given responsibility for the narcotics suppression near the border area, which shows how the drug problem was considered as a domestic problem that law enforcement could solve. However, the drug situation remained serious despite government efforts. The Thai government's reaction was a drastic move re-identified the nature of the threat to security.

In order to understand how methamphetamine has been considered as a security issue for Thailand, the principle of national sovereignty in addressing the threat from drugs has prevailed in various forms. That is, national efforts and

responses were considered as the acceptable approach at the international, regional and national levels. The analysis showed that this principle could be taken to an extreme as in the case of Thailand's 2003 War on Drugs. From February 2003, the Thaksin government instructed police and local officials that anyone charged with drug offenses should be considered a security threat to be dealt with in a ruthless and severe manner. In simple terms, the government's drug war made use of targets, incentives and a time-line in order to quickly, consistently and permanently eradicate the spread of drugs, particularly methamphetamines.

Further analysis and discussion in this chapter showed that a drug war did not balance the safety, well-being and health of Thai citizens against the state-sponsored violence that took place in the name of governmental responsibility. As a result, over 2,000 extrajudicial killings occurred during the initial three-month phase of the war on drugs. Thai people were considered as threats to security and subject to extreme government action, with little or no recourse to the courts of justice.

The discussion pointed to the ways in which the War on Drugs traded off human rights in the name of a threat to national security. Creating a climate of fear and prioritizing security had undermined civil and political rights of Thai citizens. When the government declared that it had won the drug war, it announced that amphetamines had become merely a criminal problem rather than a threat to national security. However, this research pointed out that patterns of drug smuggling and smuggling routes had adapted and changed, while production remained concentrated in the northern border area with Myanmar.

Thailand's War on Drugs clearly showed the changing nature of the security threat from methamphetamines. The government tended to look inward and

specifically identify certain groups of Thai people as a threat to national security. The violence and human rights violations were overlooked or not investigated thoroughly. The judicial system was considered as undermined due to blacklisting, arbitrary arrests and extrajudicial killings.

The Thai government insisted that the war had benefited the whole nation, which showed that they considered the security of the nation above the human rights of Thai citizens. However, in answer to the research question about the nature of the drug threat to Thai national security, the discussion referred to an assessment that it is unlikely that the gains from the drug war can be sustained over the long term. Short-term gains had to be balanced against the damage to Thailand's human rights record, new health risks and pressures on the prison system. It was argued in this chapter that even as the understanding and responses of the Thai government to the drug problem had evolved since the mid-1990s, priority was always placed on the independent, unilateral capabilities of the nation to protect its security.

The discussion and analysis showed that Thailand might have accepted the principles and words stating that methamphetamines were a transnational threat, but action was at the national level with little effort to take concerted action at the international or regional levels. Despite international consensus that drug problems could no longer be addressed solely by national action, Thailand had decided to address the growing security threat from methamphetamines on its own by giving almost all of its attention to the domestic aspects.