

THAILAND COUNTRY REPORT

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OVERVIEW

In 2012, the drug situation in Thailand still caused grave concern as the illegal drug activities remain functioning nationwide. The number of drug related arrests decreased from 233,024 in 2011 to 199,699 in 2012 and the number of drug users/abusers registered for treatment was at the record of 408,756 in 2012 after the slightly increase from 131,544 in 2010 to 175,953 in 2011. Yaba is still the major drug of abuse and being most trafficked while the abuse of and trafficking in ICE continues to grow significantly. Northern border has long been the main gateway of illegal drugs flow to Thailand, while north-eastern border has been increasingly used with higher frequency and volume of drug trafficking. Suvarnabhumi Airport has been the main gateway for drug smuggling by Middle-East and West African groups, while postal parcel and air and sea cargo were also used more frequently. New groups of drugs traffickers have been discovered, while old groups still active. Among those there has been found that many drug users turn to be drug traffickers. Prisoners in several prison settings as well as ex-prisoners have taken great parts in drug trafficking cycle and enlarge their syndicates through out the country.

Strategy: the Kingdom's Unity for Victory over Drugs

I. National Agenda to Overcome Drugs

In response to Her Majesty the Queen's grave concern on the drug problem reflected by Her Majesty's birthday speech on 11 August 2011, the Royal Thai government led by Prime Minister Yingluck Shinawatra has announced the drug control policy as a national agenda calling upon all sectors of the Thai society to unite and concert their efforts to overcome the drug problem. In her policy statement to the National Assembly on 23 August 2011, the drug problem is highlighted as one of the urgent policies to be implemented in the first year of the government.

In line with the Order of the Prime Minister Office, No. 154/2554 (2011), dated 9 September 2011, the national drug control strategy called "the Kingdom's Unity for Victory over Drugs" was lunched to be a national implementation guideline for all agencies concerned. In implementation of the drug control policy in the first year of the current administration, the concept of 7 plans, 4 adjustments, 3 principles, 6 priorities was revealed by Deputy Prime Minister Police Captain Chalerm Yubumrung, the director of the National Command Centre for Drugs Elimination (NCCDE). In its second year, during 1 October 2012- 30 September 2013, seven implementation plans remains the national guideline under the 2013 Operation Kingdom's Unity for Victory over Drugs.

Moreover, to continue the national campaign against drugs, the Royal Thai government launched the 2013 Operation Kingdom's Unity for Victory over Drugs on 1 October 2012 as the national drug control guideline during 1 October 2012- 30 September 2013. The Operation focuses on 4 preventive measures including drug abuse prevention, risk prevention, recidivism prevention and community prevention. Moreover two additional operations have been implementing during 1 October – 31 December 2012. The first one is under the NCCDE's Order No. 24/2012 dated 8 October 2012 entitled "Reassuring Community for the Misguided Youth to Overcome Drugs: 90-day Proactive Operation on Community Surrounding." It aims to reduce the magnitude of the drug problem in the most affected area of drugs in 3 communities in Bangkok and 9 communities in 9 regional areas of Thailand. The second one is under the NCCDE's Order No. 25/2012 dated 8 October 2012 called "Reassuring Community for the Misguided Youth against Drugs: 90-day Proactive Operation on Nationwide Community Surrounding." It focuses on putting in place proactive measures to solve the drug problem in 928 target areas throughout the country including all 50 districts in Bangkok and 878 targeted districts. With an aim to solve the drug problem at the community level, the two operations have been introduced under four following concepts; single command, integrated measures, people participation and area approach.

II. Drug Control Policy

With an aim to put an end to the nation-wide spread of drug abuse, the drug control policy is to mobilize the national efforts to fight against drugs. The government policy comprises of 4 main elements. Firstly, in dealing with drug abusers/addicts, it is to reaffirm a principle of drug abusers/addicts being patients who are subject to be properly treated, given a second chance to reintegrate to a society and provided with systematically after-care services. Secondly, in order to prevent vulnerable groups and general public from being involved in illegal drugs, all segments should be encouraged and being united as a national force to combat drugs. Thirdly, in the suppression of drug traffickers, drug dealers, drug influential people and wrongdoers, it is to uphold the rule of law which law enforcement efforts should be strictly implemented. Lastly, to early detect the drug problems, international cooperation on control and interdiction of illegal drugs and precursor chemicals shall be proactive and managed in an integrated and effective manner.

III. 7 Implementation Plans

During 1 October 2012- 30 September 2013, seven implementation plans remains the national guideline under the 2013 Operation Kingdom's Unity for Victory over Drugs but each of those focuses on different targets, as follows;

7 Plans

Plan 1: Community Empowerment: Communities/villages across the country remain the most important elements of the implementation of the drug control policy where they must be aware of the danger of drugs as a common threat requiring mutual efforts to overcome the problem. In 2012, it is targeted that 50 percent of the total number of 84,320 communities nationwide must be strengthened, compared to the target of 60,584 communities/villages in 2011. It now focuses on quality work of community empowerment. In doing so, the nationwide communities would be reclassified into five groups which are community with no drug problem, community along the borders, community under the Queen' Fund Project, community up to 7-step empowerment and community with serious drug problems. Community with no drug problem must maintain their status. Community along the borders must be at the forefront to prevent the drugs from the outside into the country. Local drug control volunteers, therefore, would be set up and encouraged to concert their efforts with the local authority to protect their own community from drugs. Community under the Queen's Fund Project would be standardized and the number of those must be increased to 50 in each province. Community up to 7-step empowerment must be reviewed and able to create their own drug control plan. Community with serious drug problem must be identified. Then a command post, an integrative force of related local authorities, must be set up in each village/community.

Plan 2: Demand Reduction and Treatment: Drug abusers/addicts would be treated as patients suffering of health problems and given a second chance to be back on track and reintegrating to their families and societies. Drug treatment duration would expand to cover one-year after care program to ensure that there is no recidivism. Three existing drug treatment systems including voluntary system, compulsory system and correctional system must be reviewed and enhanced with an aim to provide a better treatment to 300,000 drug abusers/addicts nationwide, compared to the target of drug treatment provision for 400,000 drug addicts/users in 2012. Totally, there are 700,000 drug patients targeted to be followed up within this year. In doing so, voluntary treatment system remains a major channel putting in place various models of treatment aiming to encourage behavioral changes which may be taken place in the hospitals, the temples, confined compulsory treatment centers, special treatment centers or military camps, etc. Each district must also set up a screening center to classify the drug addicts/users according to their level of addiction to ensure the proper treatment model provided. The screening centre is an

additional measure to prevent the negative effect of behavioral imitation between the hard core and the astray. Community will play a leading role in term of following up the drug addicts/users undergone the treatment. Community members who register as drug control volunteers would be encouraged to actively involve in reaching the ex-addicts/users for testing their uric samples, paying a home visit and organizing recreational activities in the community.

Plan 3: Potential Demand Reduction: It is to build up immunity to drugs among the high risk groups of people including in school, school drop out youth and workers with an aim to discourage initial use of drugs and stop the rising number of new drug abusers/addicts. Schools remain the major player on drug prevention. In doing so, 11,490 schools and 1.5 million primary students nationwide are set as the target of prevention programs. Student would be taught to be aware of the danger of drugs and encouraged to participate in various programs of recreational activities and life skill trainings to dissuade them from falling victim to drugs. Each province must set up a Social Order Task Force to closely monitored and controlled risk areas and places, particularly, entertainment places, massage parlors, computer service centres and commercial residences. CCTC and street security light would be installed in risk areas and places to monitor threats and deter crimes. More working places would also be encouraged to participate in the Project called “White Factory” or “Drug-free Factory.” Public awareness campaign to the danger of drugs would be launched through mass media, for example, television programs, radio, newspaper and social media, etc.

Plan 4: Supply Reduction: Law enforcement efforts on drug control would be escalated while strictly being uphold the rule of law. It is to step up counter drug measures particularly in investigating and prosecuting major drug criminals and identifying, freezing and confiscating drug criminal assets. In doing so, drug intelligence centres would be set up in each police station linking to the centre of police headquarter and the National Command Centre for Drug Elimination in the ONCB. Drug criminal networks must be disrupted, with the target of 40,000 broken cases in 2013. Each 9 regional authorities must identify at least one major drug network as their mutual target to be investigated. Also it is targeted that 2,000 million baht of drug-related asset must be seized and forfeited. Asset forfeiture measures undertaken by the ONCB, the AMLO and the Revenue Department must be managed in an integrative manner between the a criminal case of asset forfeiture under the 1991 Act on Measures for Suppression of Offenders in an Offence relating to Narcotics, a civil case of asset forfeiture under the 1999 Anti Money Laundering Act, fine punishment measure and taxation measure. In addition, drug trafficking by prison gangs must be reduced and the corrupt state official must face a harsh punishment. The number of super maximum security prisons would be expanded from 5 in 2012 to 8 in 2013 while the operation of search and surrounding must be undertaken in the suspicious prisons to ensure no drug trade managed behind bars.

Plan 5: International Drug Control Cooperation: In pursuit of the Drug-Free ASEAN 2015, it is to seek cooperation with ASEAN countries in enhancing interdiction efforts along the borders and preventing the new generations from getting involved in illegal drugs. It is also vital to keep on the momentum of the national and regional efforts in the preparation towards ASEAN Economic Community. Cooperation with drug-producing countries, drug-transit countries and neighboring countries in particular must be strengthened in the suppression of illegal drug production and trafficking. In doing so, implementation of ASOD Work Plan must be reviewed and revived and cooperation amongst relevant Sectoral Bodies under the APSC (ASEAN Political and Security Community) and ASCC (ASEAN Socio-Culture Community) must be promoted. Also cooperation with neighboring countries, at bilateral and multilateral levels, must be level up in all dimensions, including intelligence sharing, precursor chemical control, joint border interdictions, joint counter drug operations and capacity building. Moreover, due to the success in applying alternative development in solving the problem of opium poppy cultivation, cooperation

on alternative development would be highlighted and its best practice would be shared with foreign countries. The Royal Project Foundation (RPF) and the Mae Fah Luang Foundation (MFLF) would be promoted as the centres of excellence for learning alternative development concepts of Thailand.

Plan 6: Border Interdiction: It is to strengthen interdiction efforts along the borders and reduce the inflow of illegal drugs from the outsides. Border areas in the upper North are the main priority areas of strengthening interdiction pressure, while northeastern and central borders are the second and the third priority. In doing so, the Royal Thai Army and Internal Security Operations Command (ISOC) are assigned as major responsible agencies in carrying out border interdiction efforts and concerting their forces with relevant agencies in the areas. For interdiction management in inner areas, it is under the responsibility of the Royal Thai Police. More license plate recognition systems would be installed at the main check points to monitor suspicious vehicles. A number of measures would also be imposed to control public transportations and postal services from being used by drug traffickers. Control of International Airports nationwide would also be heightened. Communities/villages along the borders must be strengthened and empowered to be border defensive lines against drugs.

Plan 7: Integrative Management: It is to enhanced effectiveness of national drug control management at every level with focus on the central, provincial and district levels. Five additional special plans are introduced to solve the drug problems in five specific areas, including the upper North borders, northeastern borders, Bangkok and nearby provinces, the southernmost provinces, opium cultivation areas in Omkoi District of Chiangmai Province. Also a specific plan to combat ICE is highlighted to address its rising problem. Drug control personnel, structure, mechanisms and budget must be reviewed, adjusted and strengthened according to the changing drug situation.

IV. Mechanisms and Management

For an effective implementation of the drug control policy, the National Command Centre for Drugs Elimination (NCCDE) has been established and chaired by Deputy Prime Minister Police Captain Chalerm Yubumrung as the director of the NCCDE. In this regard, the Secretary-General of NCB and Permanent Secretary of Minister of Interior are joint secretariats of the NCCDE. It aims to direct, command, supervise and follow-up implementations of all agencies concerned at national level. In response to the changing drug situation, NCCDE's command centre chaired by Secretary-General, NCB convenes every day. At functional level, the Command Centre for Drugs Elimination at ministerial/departmental level have also been set up to ensure that NCCDE's commands have seriously been taken by functional authorities in an integrative manner at every level as follows,

- 1) Command Centres for Drug Elimination of Ministry of Justice, Ministry of Interior, Ministry of Defense, Ministry of Education, Ministry of Public Health, the Royal Thai Police, the Supreme Commander of the Royal Thai Armed Force, the Royal Thai Army, the Royal Thai Navy, the Royal and Thai Air force.
- 2) Provincial Command Centres for Drugs Elimination (PCCDE), set up in each province throughout the country, led by the governor of each province.
- 3) District/ Minor District Operation Centres for Drugs Elimination (DOCDE or MDOCDE), led by Chief of District or Chief of Minor District
- 4) Command Centre for Drugs Control in Bangkok
- 5) Commander Center for Drug Interdiction in the North Border
- 6) Commander Center for Drug Interdiction in Southernmost Provinces

DRUG SITUATION IN THAILAND

Methamphetamine (Yaba tablet)

Methamphetamine (YABA pill) is a major drug of abuse in Thailand. Most Yaba has been produced in neighboring countries. In 2012, 95.1 million tablets of Yaba were seized, increasing from 55 million tablets in 2011. The retail price of Yaba remains stable at US\$ 5- 8.5.

Opium

Opium cultivation in Thailand has no longer been considered as the major problem of the country as the cultivation areas have been reduced to not more than 1000 ha for a decade. According to the annual opium cultivation survey in 2011-2012, conducted by the ONCB, it was found that total area under opium poppy cultivation decreased by 3.82%- from 216 ha in 2010-2011 to 208 ha 2011-2012. The cultivation areas were discovered in 6 provinces in the North, 73% was in Chiang Mai Province (48% in Omkoi District). Thus since 2010, the ONCB, in cooperation with the Highland Research and Development Institute (Public Organization) and agencies concerned at local and national level, have revived alternative development program in the areas of Omkoi district under the Project entitled “Expanding Project of the Royal Project (2010-2013).”

Marihuana

The continual eradication and suppression during the past 25 years has dramatically dropped down. Most marihuana has been smuggled into the country from neighboring countries for some domestic demands and mostly for international markets, for instance, European countries and to Malaysia via Thailand-Malaysia border. In suppression of drug smuggling along the borders, the seizure of marihuana reached the record of 24 metric tons in 2012.

Heroin

Thailand has been one of the transit countries for heroin trafficking from the Golden Triangle to the global market. Due to the decrease in heroin supply in the Golden Triangle, the West African drug trafficking syndicates organize international heroin trafficking from the Golden Crescent by air traveling. The West African syndicates usually use Pakistani and Thai nationals to China, Malaysia and Thailand. In 2012, 127 kilograms of heroin was seized, while the seizure of heroin reached the recorded of 954 in 2005. It was found that heroin would be concealed in internal body and personal luggage.

Heroin trafficking route : Pakistan – Malaysia/Thailand

Golden Triangle-Thailand-Malaysia/Australia (Sea route)

Methamphetamine Hydrochloride (ICE)

No production of ICE is reported in Thailand. Methamphetamine Hydrochloride or ICE is rather smuggled into Thailand via Thailand-Myanmar border for domestic consumption and further trafficking to Malaysia, the Philippines, Hong Kong SAR, and Japan. Since 2009 more amount of ICE from Iran have been seized at Suvannabhumi Airport, Thailand. In 2011 the West African group involve in trafficking ICE from African countries to Thailand and South east Asia countries. ICE seizure has been on the rise since 2000, which was at the record of 1,603.4 kgs in 2012. However In 2012, 8 Iranian drug offenders were arrested with 28.9 kilograms of ICE which continually decreased from the arrest of 35 Iran nationals with 61.4 kilograms of ICE in 2011 and the arrest of 79 Iranians with 108.7 kilograms of ICE in 2010. The methods of

concealment have been found in luggage, coffee bag, body attached and ingestion. ICE Trafficking routes are as follows:

ICE trafficking route: Tehran(Iran)-Bangkok ,
Tehran(Iran)-Syria-Turkey-Bangkok
Tehran(Iran)-Doha (Qatar) -Bangkok
Istanbul(Turkey)-Bangkok
Dubai(UAE)-Bangkok , Abu Dhabi(UAE)-Bangkok
Amman(Jordan)–Damascus(Syria)-Bangkok
Addis Ababa(Ethiopia)-Bangkok-Malaysia
Mali- Addis Ababa(Ethiopia)-Bangkok-
Benin –Bangkok
South Africa-Ethiopia-Bangkok
Gana-Bangkok
Nigeria- Cairo-Bangkok
Myanmar –Bangkok-Philippines

Ecstasy

Ecstasy is mostly trafficked into Thailand from Malaysia. Epidemic areas can be found in Bangkok and tourism-based provinces. However due to the high price (US\$ 12-18), Ecstasy abuse is yet limited to the wealthy young group. Ecstasy is one of club drugs often used in private parties or entertainment places. The arrest of ecstasy was at the highest in 2002. Since 2010, the arrests show downward trend.

Cocaine

African drug trafficking network remains a key syndicate actively involving in cocaine trafficking from producing countries in South America to Thailand by air passengers. Thai and Filipino nationals are often used as drug couriers.

Cocain trafficking route: Brazil-UAE-Philippines/Cambodia/Laos-Bangkok
Benin/Kenya –Bangkok
Brazil-Spain-Singapore/Cambodia/Malaysia-Bangkok
Peru-Germany-Bangkok
Qatar-Philippines-Bangkok

Ketamine

Ketamine abuse has been found in Thailand since 1989. Classified as club drugs like ecstasy, Cocaine, ICE and ketamine abuse is often found in entertainment places or small parties held in private apartments. In 2011 Ketamine in powder forms, has frequently smuggled into Thailand from India. In 2010, 10 Indian ketamine couriers were arrested with 150 kgs of ketamine and 25.8 kilograms in 2011, which the trafficking route is from India to Thailand. The seizure of ketamine was dramatically dropped from 72 kilograms in 2011 to 8.8 kilograms in 2012.

Pharmaceutical preparations seizures

Since 2009, large quantities of pharmaceutical preparations were smuggled from Thailand into drug producing sites in the Golden Triangle area to produce methamphetamine. Cold medicine tablets containing pseudo ephedrine from Thailand , Malaysia and Republic of Korea were seized along Thailand border area and Suvannabhumi airport. During 2008 – 2012, a total seizure was 48.2 million tablets.

Drug Suppression

Statistics on Drug Cases and Offenders in Thailand (Year 2000- 2012)

Year	Cases	Offenders
2003	102,334	108,315
2004	55,423	60,668
2005	71,539	78,508
2006	82,864	90,845
2007	106,599	116,333
2008	141,665	153,407
2009	174,509	188,803
2010	181,981	196,756
2011	233,024	248,128
2012	199,699	212,667
2013	243,297	257,167

**Statistics on Major Drug Seizures and Cases in Thailand (1998-2012)
(As of 11 April 2013)**

Methamphetamine (YABA)

Year	Cases	Million Tablets
2000	180,293	84
2001	169,148	94
2002	167,810	95.9
2003	63,595	71.5
2004	34,860	31.1
2005	54,072	17.7
2006	59,272	13.8
2007	81,896	14.1
2008	115,836	22.2
2009	138,642	27.4
2010	145,820	54.1
2011	189,128	55.0
2012	160,868	95.1
2013	18,938	32.8

Methamphetamine Hydrochloride (ICE)

Year	Cases	Kilograms
2000	5	0.4
2001	3	0.01
2002	41	8
2003	70	49
2004	195	47
2005	586	323
2006	966	94
2007	1,496	48.3
2008	2,016	54.1
2009	3,767	213
2010	8,709	705
2011	22,442	1,241.3
2012	21,053	1,603.4
2013	1,861	554.5

Heroin

Year	Cases	Kilograms
2000	4,925	385
2001	3,482	475
2002	2,756	635
2003	1,609	437
2004	686	820
2005	491	954.6
2006	424	92.8
2007	430	294.6
2008	394	199.8
2009	705	143.1
2010	724	137.6
2011	1,031	547.5
2012	860	127.5
2013	92	159.3

Dried Marihuana

Year	Cases	Kilograms
2000	19,891	10,320
2001	20,525	10,921
2002	20,633	12,404
2003	15,525	13,773
2004	7,476	9,907
2005	7,219	13,288
2006	10,245	11,573
2007	10,968	14,961.6
2008	10,966	18,893.8
2009	15,132	18,089.3
2010	12,869	18,023.7
2011	13,037	12,914.5
2012	10,433	24,373.5
2013	1,024	4,688.4

Ecstasy

Year	Cases	Tablets
2000	375	72,182
2001	383	68,089
2002	591	150,895
2003	664	132,990
2004	563	124,980
2005	335	34,607
2006	361	27,210
2007	338	92,339
2008	470	49,688
2009	402	60,649
2010	174	16,445
2011	172	21,437
2012	116	5,501
2013	10	1,022

Ketamine

Year	Cases	Kilograms
2000	149	38
2001	187	95
2002	250	27
2003	325	98
2004	164	164
2005	100	48
2006	108	21.8
2007	76	2.8
2008	146	18.3
2009	201	20.5
2010	165	166.4
2011	199	78.1
2012	133	8.8
2013	18	0.5

Volatile Substances

Year	Cases	Kilograms
2000	13,106	455
2001	10,649	360
2002	13,200	454
2003	15,410	536
2004	8,839	279
2005	6,470	169.45
2006	7,619	231.29
2007	6,619	152.1
2008	6,231	165.7
2009	6,234	163.9
2010	4,833	131.6
2011	3,602	102.4
2012	1,993	67.0
2013	144	4.0

Cocaine

Year	Cases	Kilograms
2000	16	4
2001	25	5
2002	57	15
2003	87	11
2004	119	12
2005	88	6.8
2006	155	37.6
2007	128	18.9
2008	91	11.5
2009	96	9.2
2010	77	31.1
2011	63	31.8
2012	62	17.9
2013	12	47.5

Precursor Control

Thailand is not a chemical producing country. Most chemicals and precursors are imported for medical and industrial purposes. To control the diversion of precursors and essential chemicals from legitimate industry, the Precursor Chemical Control Committee has been set up since 1993 to formulate national strategy on precursor control, supervise the precursor control and implementation, and integrate the efforts among precursor control agencies concerned. In accordance with the 1988 UN Convention, 23 chemicals listed in the table I and table II, have been controlled in Thailand. Moreover, in respond to domestic concern, 8 additional precursors and chemicals are also under control, comprising Acetyl Chloride, Chloroform, Ethylidine Diacetate, Glacial Acetic Acid, Phosphorus Trichloride, Phosphorus Pentachloride, Thionyl Chloride and Caffeine. For Thailand, there are 5 laws applied to control the 31 chemical substances mentioned above, including Narcotic Act B.E.2522 (1979), Psychotropic Substances Act B.E. 2518 (1975), Import and Export Act B.E.2522 (1979), Hazardous Substances Act B.E.

2535 (1992) and Commodities Control Act B.E.2495 (1952). Pre-Export Notification (PEN) is also conducted to discourage diversion of precursors and essential chemicals to the illicit manufacture of narcotic drugs and psychotropic substances.

In 2012, Ministry of Public Health issued two announcements to keep the use of pseudoephedrine under control. The first one states that pseudoephedrine has now been categorized as psychotropic substances, schedule II and shall not be sold, distributed or imported by any means. Possession of pseudoephedrine-containing medication at any health services or chemists is now prohibited and the medicines shall be returned to manufacturers or importers accordingly. Under the second announcement, any individuals or organizations found to have been in possession of psychotropic substances, Schedule I and II, will be prosecuted according to the law. They could face an imprisonment of 1-5 years and a fine of 20,000-100,000 baht if less than 5 grams of pseudoephedrine were found. However, any amount higher than that could send an owner to an imprisonment of 5-20 years and a maximum fine of 400,000 baht.

International Cooperation

Thailand has placed high importance of international cooperation in the fight against drugs. Priority has been given to the cooperation with neighboring countries, in term of information sharing, law enforcement and capacity building as well as narcotic crop control and alternative development. The annual bilateral meetings have been held with Cambodia, China, Laos, Malaysia, Myanmar, and Vietnam which alternately host the meeting. Besides, cooperation under ASEAN framework in the pursuit of Drug-Free ASEAN 2015 has been one of the major commitments of Thailand in the field of drug control cooperation. Thailand also has cooperation with a number of international organizations, particularly, UNODC, ASEAN, the Colombo Plan and ICPO/Interpol as well of non-governmental organizations such as WIF, IOGT, IFNGO, NCA, Daytop international, etc.

In 2012, Thailand hosted Workshop on ASEAN+3 Airport Interdiction Task Force on 1-3 May 2012 and Special ASEAN Ministerial Meeting on Drug Matter on 30 August 2012. On 17 September 2012, the ONCB and the CCDAC, together with the MFLF and PBANRD signed the Memorandum of Understanding on the Cooperation on Sustainable Alternative Livelihood Development at the Doi Tung Development Project, Chiang Rai Province. In 2012, Thailand and Peru in close collaboration with UNODC jointly promoted the International Guiding Principles on Alternative Development to be adopted in the 56th CND during 11-15 March 2013.

Asset Forfeiture

In 2012, a total value of assets seized was at US\$ 59.50 million under the Act on Measures for the Suppression of Offenders in an Offence Relating to Narcotics B.E. 2534 (1991), comparing to US\$ 46.97 million in 2011. From 1992 to 2013, a total value of assets seized was at 14,392 baht or about US\$ 480 million.

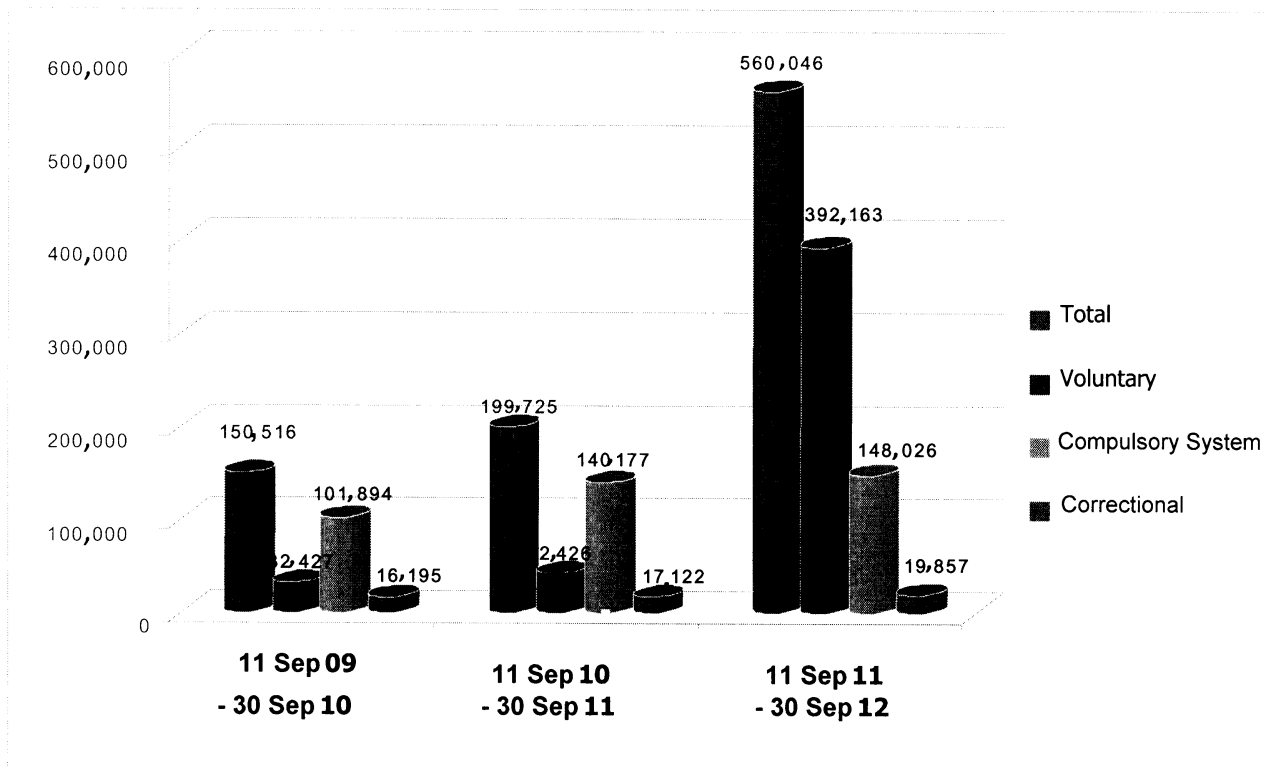
**Statistics of Asset Forfeiture in Thailand
1992-2013
As of 31 March 2013**

Year	Number of Examination (Persons)	Asset Forfeiture Value (Million Baht)
1992	4	11.4
1993	38	84.2
1994	44	115.9
1995	57	139.3
1996	92	107
1997	188	236
1998	284	174.3
1999	257	178.1
2000	449	247
2001	811	487.2
2002	1,042	709.6
2003	1,838	2,318.0
2004	1,059	683.5
2005	1,238	869.8
2006	1,639	1,036.9
2007	1,453	595.0
2008	1,834	768.6
2009	2,009	929.5
2010	1,792	1,140.5
2011	2,761	1,409.2
2012	4,955	1,785.5
2013	1,140	365.38
Total	24,984	14,392.0

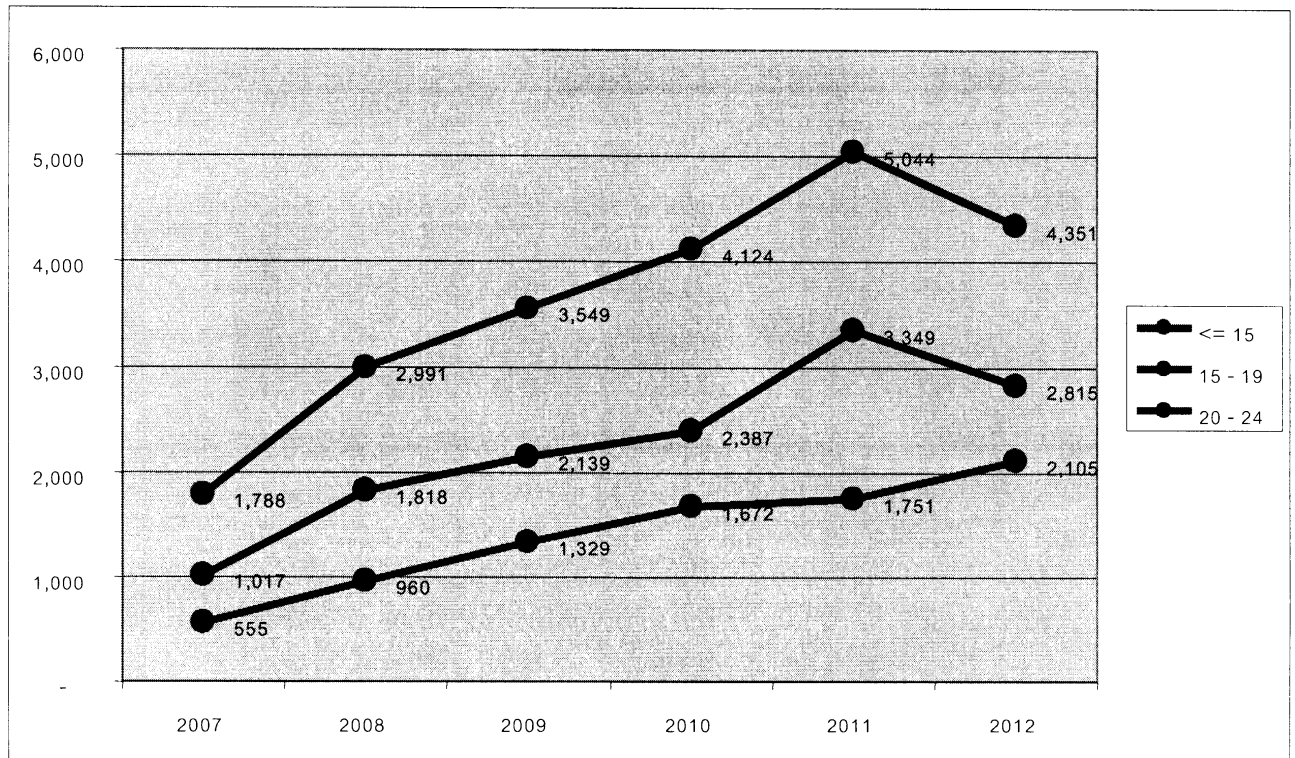
Drug Demand Reduction

Drug abusers and addicts are regarded as “patients” who should receive appropriate treatment and rehabilitation. Drug addicts and abusers are encouraged to report themselves to the authorities for further treatment and rehabilitation provided in various modules. Drug abusers and addicts are classified before entering the treatment and rehabilitation system. Self-report drug abusers are sent to behavioural-psycho-social modification programmes run by agencies concerned while self-report drug addicts are sent to voluntary treatment facilities. Vocational training schemes are given to those who have already undergone treatment and rehabilitation. Aftercare services are also provided to assist recovering addicts or users to reintegrate into their communities.

Statistic showing number of addicts who have undergone treatment and rehabilitation programme (2010-2012) : Compare with 3 periods (11 Sep-30 Sep)



Number of addicts having undergone drug treatment and rehabilitation programme (2007-2012)



ICE addicts who have undergone drug treatment and rehabilitation programme

