THAILAND UPR IV 2026
UPR FACTSHEET

PRISON CONDITIONS AND THE RIGHT TO HUMANE TREATMENT IN DETENTION IN THAILAND

Brief Assessment of the Implementation of the 3rd Cycle UPR Recommendations

Thailand's prison and immigration detention systems continue to fall short of international standards requiring all persons deprived of liberty to be treated with humanity and respect for their inherent dignity. Chronic overcrowding remains a structural problem, contributing to inadequate sleeping space, sanitation, access to water, bedding, nutrition, healthcare, and hygiene products. Women, LGBTIQ+ persons, refugees, asylum seekers, and persons with physical or mental health conditions face additional risks of discriminatory, degrading, or otherwise inadequate treatment.

During its 3rd UPR cycle, Thailand received five recommendations directly relevant to prison conditions and the treatment of persons deprived of liberty, all of which it supported. Thailand supported recommendations to reform the penitentiary system and ensure humane detention conditions, prevent abuse and ill-treatment by law-enforcement authorities, combat discrimination and violence based on sexual orientation and gender identity, and provide healthcare to migrants, refugees, and asylum seekers in detention centres. However, these commitments remain only partially implemented, with persistent gaps in prison conditions, healthcare, protection of detainees in vulnerable situations, and immigration detention.

84%
of Thailand's prisons and correctional facilities were over capacity
120 of 143 facilities
as of December 2025

~70%
of Thailand's prison population was incarcerated for drug-related offences
2025

REALITIES ON THE GROUND

Challenges	Case, Facts, and Comments

Challenge 1: Chronic overcrowding and inadequate basic living conditions undermine the right to humane treatment

Chronic overcrowding remains a structural problem in Thailand's prison system and continues to undermine minimum conditions necessary for humane detention. Overcrowding places sustained pressure on sleeping space, sanitation, water, bedding, nutrition, and hygiene, while limiting prisons' ability to provide safe and adequate living conditions.

The consequences extend beyond overcrowding. As of December 2025, **91,633 of 212,659 convicted prisoners (approximately 43%) had been imprisoned before.** This figure highlights the need to examine whether imprisonment and support after release are helping people rebuild their lives; it does not, by itself, measure the effectiveness of rehabilitation programmes. Interviews with prisoners and former prisoners document inadequate water, hygiene, healthcare and rehabilitative activities in some facilities.

Prison overcrowding worsened significantly in 2025. Thailand's prison population rose to 301,020 in December 2025, exceeding 300,000 for the first time since September 2021. 120 of the country's 143 prisons and correctional facilities (84%) held more people than their intended capacity. Buri Ram Provincial Prison operated at 517% of capacity, Roi Et Provincial Prison at 221%, and Krabi Provincial Prison at 194%. These figures point to severe pressure on living space and basic services across the prison system.

Drug-related incarceration remains a major driver of prison overcrowding, accounting for approximately 70% of the total prison population in 2025.

Death sentences for drug offences have a disproportionate impact on women. Between January and December 2025, the number of people under sentence of death rose by approximately **13%, from 378 to 429**. The number of women under sentence of death rose by **36%**, from **39 to 53; 52 of the 53 women (98%)** had been convicted of drug-related offences.

This UPR Factsheet was prepared by **Union for Civil Liberty, Manushya Foundation, Young Pride Foundation, Non-Binary Thailand, Thai CSOs Coalition for the UPR and UN Mechanisms**

REALITIES ON THE GROUND

Challenges | **Case, Facts, and Comments**

Thailand should reduce reliance on incarceration and bring conditions of detention into line with its obligations under the **ICCPR** and **Convention against Torture**, guided by the **Nelson Mandela Rules** and **Bangkok Rules**.

In the worst document facilities,
Each prisoner only had:

- 0.48 m2 of sleeping space
- 1 towel for bedding
- 2 minutes to shower
- 1 toilet shared with 35-50 other inmates
- THB 48 daily food budget

Severe overcrowding also hampers appropriate prisoner classification and separation, while many pre-trial detainees continue to be held with convicted prisoners.

Overcrowding has translated into severe deficiencies in basic living conditions. In the worst documented facilities, prisoners reportedly had as little as 0.48 m² of sleeping space per person, access to running water for only one hour per day, and only a towel for bedding. In some prisons, inmates were allowed only two minutes to shower or provided with three bowls of water each, while a single toilet served approximately 35 to 50 inmates. Shortages of soap, clean water, and medication were also associated with contagious skin conditions.

Adequate nutrition also remains a concern. The daily food budget remained THB 48 per prisoner, an amount insufficient to prevent malnutrition and further compounding health risks associated with overcrowded detention conditions.

Challenge 2: Inadequate healthcare and mental-health services expose prisoners to serious and preventable harm

Access to timely and adequate healthcare remains inconsistent across Thailand's prisons. Chronic overcrowding places additional pressure on already under-resourced health services, including shortages of medical personnel, equipment, medication, and emergency-care capacity, while mental-health services remain particularly limited. Delays in treatment or transfer to appropriate medical facilities can expose prisoners to serious and preventable harm.

Pro-democracy activist **Netiporn 'Bung' Sanesangkhom** died in detention during hunger strike

Prison healthcare remains under-resourced and unevenly accessible. Healthcare services in many prisons are understaffed and lack adequate medical equipment and supplies, while medical waiting times can reach up to one week in the worst-performing facilities.

Delays in emergency treatment can have severe consequences. In one documented case, a prisoner who suffered a stroke resulting in full left-side paralysis waited eight days before being transferred to the Department of Corrections Hospital. The death in custody of 28-year-old human rights defender **Netiporn 'Bung' Sanesangkhom** on 14 May 2024, while she was held in pre-trial detention and on hunger strike, has also raised serious concerns about access to timely and adequate emergency healthcare.

Mental-health care remains particularly inadequate. Prison mental-health services are largely limited to the prescription of sedatives and are practically accessible only to prisoners displaying severe or obvious symptoms, leaving those with mild or moderate conditions without adequate treatment.

Challenge 3: Degrading and discriminatory treatment persists, with disproportionate impacts on women and LGBTIQ+ prisoners

Women and LGBTIQ+ prisoners continue to face detention practices that do not adequately protect their health, privacy, safety, and dignity. Inadequate gender-sensitive healthcare and hygiene, insufficient protection of transgender prisoners, and the routine use of restraints reflect broader gaps in humane and non-discriminatory treatment.

Overcrowding exacerbates the health and hygiene challenges faced by women prisoners. At the Central Women's Correctional Institution, approximately 120–140 women are housed in rooms of around 110 m², making specialised health screening for elderly and other vulnerable women impossible. Menstrual-hygiene provision also varies significantly between prisons, with supplies in some areas reported to be as low as six sanitary pads over six months.

LGBTIQ+ prisoners remain exposed to violence, harassment, and inadequate protection. Transgender women and other LGBTIQ+ prisoners held in male prisons remain exposed to physical assault, sexual harassment, verbal abuse, intimidation, and unwanted touching, with limited protection from prison authorities. Gender-affirming hormone therapy became available to transgender women in at least one correctional facility in 2025, representing some progress, but access to appropriate gender-responsive care remains uneven.

REALITIES ON THE GROUND

Challenges | **Case, Facts, and Comments**

Routine use of restraints also continues to raise concerns about degrading treatment. Ankle shackles are routinely used on prisoners, including persons held in pre-trial detention, and remain in place during court appearances, causing physical pain and humiliation.

Challenge 4: Prolonged immigration detention and life-threatening conditions expose refugees and migrants to serious harm

Refugees, asylum seekers, and migrants held in Thailand's Immigration Detention Centres (IDCs) remain exposed to prolonged and potentially indefinite detention without a statutory time limit or effective access to judicial review. Severe overcrowding, poor sanitation and ventilation, inadequate healthcare and basic necessities, violence, and restricted independent monitoring further undermine detainees' health, safety, and dignity.

Suan Phlu Immigration Detention Centre in Bangkok, Thailand. Refugees and asylum seekers may be held for months or years without a statutory time limit on immigration detention.

SOURCE: Jack Taylor/AFP (2022)

Overcrowding and inadequate basic conditions remain severe. At Suan Phlu IDC, a single room measuring approximately 6-10 metres wide by 20 metres long can hold 80-140 detainees. Recent testimonies also describe detainees sleeping on floors in tightly packed conditions, while those able to pay THB 1,000-4,000 per night may secure slightly more floor space or a thin folding mattress, making even marginally better sleeping conditions dependent on detainees' financial means.

Women, children, and persons with health conditions face heightened risks. At the Bang Khen Mother and Children Reception Centre, women who were ill reportedly had to wait two to three days to see a doctor, while babies developed untreated skin rashes in hot and unsanitary conditions. Nappies were also severely restricted: one mother reported receiving mouldy nappies and no replacement when requested. At the Suan Phlu IDC, a detainee with high blood pressure was initially prevented from accessing the clinic until the following day, while medication sent by her lawyer was refused; after the clinic itself lacked the necessary medication, she did not receive it until four days later.

Violence and degrading treatment remain serious concerns. Multiple witness accounts describe physical assaults and handcuffing by detainee "room leaders" at Suan Phlu, particularly against women and persons with mental-health conditions, with witnesses indicating that IDC officials were aware of the abuse but failed to intervene effectively. One elderly woman with mental-health difficulties was reportedly beaten so severely that she lost hearing in one ear.

LGBTIQ+ detainees face additional risks linked to the binary detention system. Transgender women may be placed in male facilities and subjected to forced nudity and genital examinations to determine cell placement, while some LGBTIQ+ detainees have been held in prolonged solitary confinement purportedly for their protection. Access to gender-affirming healthcare is also severely restricted, including interruption of hormone replacement therapy, exposing transgender detainees to serious physical and psychological harm.

Prolonged detention remains a serious concern. The absence of a statutory time limit on immigration detention allows refugees and asylum seekers to be held for months or years. Two Montagnard refugees arrested on 23 February 2025 remained in immigration detention in 2026 while applying through Thailand's National Screening Mechanism.

Prolonged detention in such conditions can be life-threatening. In 2023, a Uyghur asylum seeker died of liver failure after nine years in immigration detention at the Suan Phlu IDC, amid serious health problems and longstanding deficiencies in healthcare and detention conditions.

Independent monitoring of IDCs also remains highly restricted, limiting external scrutiny of detention conditions and treatment.

In 2024, the Committee against Torture (CAT) expressed grave concern over indefinite immigration detention, the lack of proper access to judicial review, and allegations of deplorable, life-threatening conditions in immigration detention centres.

RECOMMENDATIONS

1. On Challenge 1: Chronic overcrowding and inadequate basic living conditions undermine the right to humane treatment

1.1	In line with the CAT Concluding Observations (2024), the Human Rights Committee follow-up recommendation (2020), and its Concluding Observations (2017), reduce prison overcrowding through greater use of non-custodial measures and alternatives to detention and imprisonment, including by reducing reliance on imprisonment for drug-related offences.
1.2	In line with the 3rd cycle UPR recommendations made by the Russian Federation and Ukraine (2021), the Human Rights Committee follow-up recommendation (2020), and its Concluding Observations (2017), ensure humane prison conditions in accordance with the Nelson Mandela Rules, including adequate accommodation, sanitation, access to clean water, nutrition, and hygiene.
1.3	In line with the CAT Concluding Observations (2024), ensure that pre-trial detainees are kept separate from convicted prisoners in all detention facilities, and strengthen prisoner classification to ensure appropriate separation according to legal status, security risk, and individual needs.
1.4	Remove the death penalty for drug-related offences from Thai law, commute existing death sentences for such offences, and formalise the moratorium on executions while working towards abolition of the death penalty, in line with the Committee Against Torture's 2024 Concluding Observations.

2. On Challenge 2: Inadequate healthcare and mental-health services expose prisoners to serious and preventable harm

2.1	In line with the CAT Concluding Observations (2024), ensure timely and adequate physical and mental healthcare for all prisoners, including emergency care and continuity of treatment, in accordance with the Nelson Mandela Rules.
2.2	Ensure sufficient qualified healthcare personnel, medicines, and medical equipment in all prisons, and prompt referral and transfer to external medical facilities where necessary.
2.3	Ensure that mental-health services are accessible to prisoners with mild and moderate as well as severe conditions, including through appropriate assessment, counselling, psychosocial support, and treatment beyond the routine prescription of sedatives.

3. On Challenge 3: Degrading and discriminatory treatment persists, with disproportionate impacts on women and LGBTIQ+ prisoners

3.1	In line with the CEDAW Concluding Observations (2025), ensure that women prisoners have access to gender-sensitive healthcare and adequate hygiene, including appropriate health screening and sufficient menstrual-hygiene products, in accordance with the Bangkok Rules.
3.2	In line with the Human Rights Committee Concluding Observations (2017), protect LGBTIQ+ prisoners from violence, harassment, and discrimination, and ensure detention practices respect their safety, dignity, and gender identity, including consistent access to appropriate gender-responsive healthcare.
3.3	Prohibit the routine use of restraints on prisoners, including pre-trial detainees and during court appearances, and ensure that restraints are used only where strictly necessary and proportionate, in accordance with the Nelson Mandela Rules.

RECOMMENDATIONS

4. On Challenge 4: Prolonged immigration detention and life-threatening conditions expose refugees and migrants to serious harm

4.1	In line with the CAT Concluding Observations (2024) and the Human Rights Committee Concluding Observations (2017), end prolonged and indefinite immigration detention by ensuring that detention is used only as a measure of last resort, for the shortest possible period, subject to regular and effective judicial review, and establish a clear statutory maximum period of detention.
4.2	In line with the CAT Concluding Observations (2024) and the Human Rights Committee Concluding Observations (2017), end prolonged and indefinite immigration detention by ensuring that detention is used only as a measure of last resort, for the shortest possible period, subject to regular and effective judicial review, and establish a clear statutory maximum period of detention.
4.3	In line with the 3rd cycle UPR recommendation made by Iraq (2021), ensure timely and adequate healthcare for migrants, refugees, and asylum seekers in detention, including emergency and mental-health care and uninterrupted access to necessary medication, with particular attention to women, children, and persons with specific health needs.
4.4	Protect detainees in vulnerable situations from violence and degrading treatment, including by ensuring that transgender detainees are placed in accordance with their gender identity, are not subjected to forced nudity or genital examinations, and have uninterrupted access to gender-affirming healthcare.
4.5	In line with the CAT Concluding Observations (2024), ensure independent monitoring of all Immigration Detention Centres by granting the NHRCT, relevant civil society organisations, and international monitoring bodies regular and unannounced access, including confidential interviews with detainees without risk of reprisal.

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SCAN HERE

Scan to access the **Joint UPR Submission on Thailand's Prison System**

For more information, evidence and data, please refer to the References and/or contact
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