



THE RIGHTS OF PEOPLE LIVING WITH HIV & PEOPLE WHO USE DRUGS IN THAILAND

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

During the 3rd UPR cycle in November 2021, Thailand received 278 recommendations from 106 States, of which it supported 218 and noted 60. Recommendations touching directly on the rights of people living with HIV (PLHIV) and people who use drugs (PWUD) clustered around four commitments: to move away from a punitive approach to drug use and consider abolishing or imposing a moratorium on the death penalty for drug-related offences; to expand harm reduction and non-discriminatory access to healthcare; to end stigma and discrimination against PLHIV and key populations, including in workplaces; and to review criminal penalties applied to drug consumption.

Since the 3rd UPR, Thailand has adopted the Narcotics Code B.E. 2564 (2021), which introduced treatment-oriented pathways and incorporated harm reduction into the drug-dependence framework, and has consolidated the principle that “people who use drugs are patients.” In parallel, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) have been integrated into the Universal Health Coverage benefit package (in 2020 and 2022 respectively), and HIV self-testing kits have been registered and progressively made available.

However, this assessment shows that Thailand has partially implemented a small number of recommendations and persistently failed to implement most of the recommendations relevant to PLHIV and PWUD. Drug use and possession for personal use remain criminalised. As of December 2025, drug-related offences accounted for 70.34 per cent of the prison population, and 72.96 per cent of prisoners under sentence of death had been convicted of drug-related offences. Among women, that figure rises to 98 per cent. The National Human Rights Commission of Thailand (NHRCT) has documented shackling, chaining and coercive drug testing in treatment facilities and public workplaces. HIV-related stigma continues in healthcare and workplaces, and the abrupt 2025 freeze of US foreign assistance, including PEPFAR and USAID funding, has placed the community-led HIV response for key populations, particularly PWUD, sex workers, transgender people, and men who have sex with men, under serious strain.



70.34%

of the prison population are held for drug-related offences.



98%

of women prisoners on death row had been convicted of drug-related offences.

REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments

Challenge 1: PLHIV continue to face stigma and discrimination in healthcare and workplaces

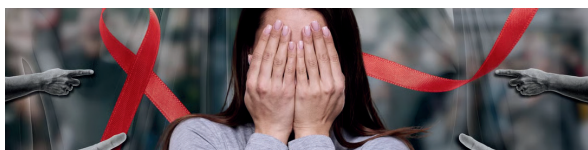
Thailand has made real progress on the biomedical HIV response. By 2022, 90 per cent of the estimated 507,009 PLHIV who knew their status were on antiretroviral therapy, and 97 per cent had achieved viral suppression. Universal ART is provided free of charge to all PLHIV. PrEP and PEP have been integrated into the Universal Health Coverage benefit package since 2020 and 2022 respectively. Since 2021, the Thai FDA has registered four HIV self-test brands.

The 2025 Thailand Stigma Index 2.0 found that stigma persists below the surface of a strong national response.

16 per cent of participants reported experiencing discrimination in healthcare settings in the past year. Among women living with HIV, almost one in ten experienced prejudice while accessing health services, including coercion about contraception. 39 per cent of participants reported feeling ashamed of their HIV status. Self-stigma was especially high among key populations and younger people.

REALITIES ON THE GROUND

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However, Thailand still does not have a comprehensive and all-inclusive anti-discrimination law that protects PLHIV, PWUD and key populations from discrimination on the grounds of HIV status or drug use. Section 15 of the Labour Protection Act does not include PLHIV or PWUD among the population groups explicitly protected from workplace discrimination, and Article 5.6.1 of the Thai Labour Standards on Corporate Social Responsibility, which prohibits discrimination on the basis of HIV/AIDS, remains a voluntary guideline for businesses.

Discrimination against PLHIV is also embedded in State employment rules. Under the Regulation of the Police Commission on Qualifications and Prohibited Characteristics for Appointment as a Police Officer B.E. 2566 (2023), Clause 2(14) of the annexed list of diseases and conditions incompatible with police service expressly includes "AIDS and/or HIV infection (HIV)" (Section 11.8.5). HIV status is therefore treated in law as a bar to public employment in the police service, without any individualised assessment of the person's health, capacity or duties.

Case, Facts, and Comments

Workplace discrimination against PLHIV persists.

PLHIV continue to face persistent discrimination during recruitment and in the workplace, notably due to the lack of anti-discrimination provisions in national legislation, including through unconsented HIV screenings at hiring or during employment and termination on the basis of a positive result. In its 2024 concluding observations, the Committee against Torture also noted the ongoing risk of intersectional discrimination against trans women who use drugs, including reluctance to seek assistance when subjected to harassment or violence by law-enforcement officials.

Discrimination on the basis of HIV status is documented across education and employment.

A girl without civil registration status and living with HIV was denied admission or asked to withdraw from four schools after her health status was disclosed.

The schools cited concerns raised by teachers and parents. As a result, she was excluded from her fundamental right to education and unable to study alongside other children.¹

A woman living with HIV was denied employment despite meeting all qualifications, passing the recruitment examination and interview, and being instructed to report for work as a temporary (daily) employee. She was subsequently informed that she had failed the medical examination due to her HIV status.²

An LGBTQ+ person living with HIV was suspended and effectively dismissed from a company where they had worked for seven years, after their HIV status was discovered.³

Challenge 2: Drug use and possession remain criminalised and drive mass incarceration

The Narcotics Code B.E. 2564 (2021) introduced treatment-oriented pathways but did not decriminalise drug use or possession for personal consumption. Drug consumption remains prohibited and may be punished by up to one year of imprisonment and/or a fine of THB 20,000 (Section 162), while possession for consumption may be punished by up to two years of imprisonment and/or a fine of THB 40,000 (Section 164).

In June 2024, the Government reduced the quantity of amphetamine and methamphetamine benefiting from the statutory presumption of possession for consumption to no more than one use unit or 100 mg, with a 20 mg limit for crystal or powder methamphetamine (Ministerial Regulation No. 2, B.E. 2567 (2024)). Possession above this threshold does not itself establish trafficking, but the person no longer benefits from the statutory presumption and the purpose of possession must be determined from the evidence.

Continued criminalisation undermines the treatment-oriented approach reflected in the 2021 Narcotics Code, which is based on the principle that "people who use drugs are patients", not criminals. Criminal sanctions expose PWUD to arrest, prosecution and imprisonment, reinforce stigma, and can deter them from seeking healthcare and State protection.

Drug offences continue to dominate Thailand's criminal justice system.

As of December 2025, 211,740 people, or 70.34 per cent of the total prison population, were incarcerated for drug-related offences. Drug-related cases before courts of first instance increased by 15 per cent, from 382,800 in 2024 to 440,069 in 2025, nearly 97 per cent of which concerned methamphetamine or amphetamine. Between 1 October 2025 and 31 May 2026, the Government reported 203,637 drug-related arrests, a 20.36 per cent increase over the comparable previous period, but did not disaggregate those arrests by personal use, possession, distribution or trafficking.



Judicial alternatives to incarceration remain limited.

In 2024, alternatives to incarceration under sections 166 and 168 of the Narcotics Code and section 56 of the Criminal Code were used in 13,763 cases, representing only 6 per cent of the 231,987 first-instance cases involving personal use or possession for personal use.

The 2024 threshold has been challenged as inconsistent with human rights standards.

At a January 2026 NHRCT consultation on the implementation of the Narcotics Code, participants raised concerns that the one-unit threshold had contributed to PWUD accounting for 71 per cent of the prison population and that it was inconsistent with the principle of decriminalisation and human rights standards.

¹ Data collected from MovED's data collection system, case no. 10043, available at- www.move-d.org

² Data collected from MovED's data collection system, case no. 10020, available at- www.move-d.org

³ Data collected from MovED's data collection system, case no. 10018, available at- www.move-d.org

REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments



Challenge 3: The death penalty continues to be imposed for drug-related offences

In its 2017 concluding observations, the Human Rights Committee reiterated concern that Thai law punishes drug-related offences with death even though they do not meet the “most serious crimes” threshold under Article 6(2) of the ICCPR, and called on Thailand to consider abolishing the death penalty and, pending abolition, to limit its application to the “most serious crimes.” General Comment No. 36 subsequently confirmed that this threshold is limited to crimes of extreme gravity involving intentional killing and that drug offences can never serve as the basis for the death penalty.

Thailand has not brought its law and judicial practice into line with this standard. In its 2024 concluding observations, the Committee against Torture remained concerned that courts continued to impose the death penalty for drug-related offences, highlighted the significant number of women sentenced to death for such offences, and noted reports that death-row prisoners were excluded from drug rehabilitation and other programmes available to the general prison population.

The death penalty for drug offences disproportionately affects women.

As of December 2025, 313 of 429 prisoners under sentence of death, or 72.96 per cent, had been convicted of drug-related offences. Among women, 52 of 53 prisoners under sentence of death, or 98 per cent, had been convicted of drug-related offences.

Thailand has taken no steps toward abolition since the 3rd UPR.

Drug offences therefore remain central to Thailand’s continued retention and imposition of the death penalty, despite the Human Rights Committee’s clear interpretation of Article 6 and its recommendation at the 2nd UPR to consider abolishing capital punishment for drug offences, which Thailand supported. No official moratorium on executions has been established, and no drug-related death sentences have been commuted en masse since the 3rd UPR cycle.



Challenge 4: PWUD face arbitrary detention, coercive drug testing and ill-treatment in unregulated “treatment” facilities

The 2021 Narcotics Code abolished the former statutory compulsory rehabilitation system, but coercive risks remain where criminal enforcement and treatment intersect. Under section 115, officials may search and test a person reasonably suspected of drug consumption, inquire into treatment willingness and temporarily hold a person for up to 24 hours following a positive test for referral and related procedures.

In 2024, the NHRCT found that temporary custody before it is established that the person is a drug user or possesses drugs for personal consumption raises presumption-of-innocence concerns and that broadly defined places of custody create risks of excessive discretion. It also recommended revising Office of the Narcotics Control Board (ONCB) forms and guidance that could bar future access to voluntary treatment and trigger prosecution where treatment is not entered, completed or satisfactorily certified. In February 2026, the Cabinet acknowledged a report on agency responses proposing to clarify when temporary custody may be used, designate custody locations with CCTV, revise implementation guidance, and involve public-health agencies, PWUD and civil society.

NHRCT findings between 2024 and 2026 confirm that abusive treatment remains a pressing concern.

In April 2026, the NHRCT opened fact-finding into a pondok school in Krabi that was providing drug treatment and rehabilitation without legal registration, following allegations of suffering during treatment, improper treatment practices and management, inadequate living conditions and violations of human dignity. In September 2025, the NHRCT separately found that an unregistered foundation in Narathiwat had used ankle shackles and chained people to trees as part of treatment and discipline, violating human dignity and rights. In June 2024, the NHRCT found that a drug-treatment centre in Pattani had used shackles to restrain people receiving treatment.

Blanket drug testing in public workplaces has been found to violate human rights.

In April 2026, the NHRCT found that blanket drug testing of personnel at a local-government authority in Khon Kaen violated human rights. Staff had been required to undergo urine testing without individualised reasonable grounds and were warned that refusal could affect their employment, effectively compelling them to submit to testing without free consent.

Documented abusive practices



REALITIES ON THE GROUND

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Challenge 5: Punitive drug policies and the 2025 US aid freeze threaten harm reduction and the HIV response for key populations

Before the 2021 reform, access to harm-reduction services was severely limited: by 2018, only 14 needle and syringe programme sites remained operational, and people who inject drugs received an average of only ten clean needles and syringes per year. The 2021 Narcotics Code (sections 108 and 117) incorporated harm reduction into the drug-dependence treatment framework and requires treatment and rehabilitation facilities to provide harm-reduction measures as appropriate.

In her 2026 report to the Human Rights Council following her February 2025 country visit, the UN Special Rapporteur on the right to health stressed that criminalisation remains a barrier to healthcare for PWUD, who may fear legal consequences, judgment and harassment. She recommended comprehensive harm-reduction services, including needle and syringe programmes, drug-dependence treatment, HIV testing and counselling, antiretroviral therapy, prevention and treatment of sexually transmitted infections, and opioid-overdose management with naloxone, together with the removal of financial barriers and support for community-led services.

The June 2025 reclassification of cannabis as a controlled herb requiring a medical prescription, coupled with the Public Health Minister's publicly signalled intention to reclassify it as a Category 5 narcotic, has added further uncertainty and enforcement risk around drug-related conduct without a clear public-health rationale.

The 2025 US foreign aid freeze has directly disrupted community-led HIV services for key populations.

Thailand's HIV response for key populations, including men who have sex with men, transgender women, sex workers, migrant workers and PWUD, has relied heavily on the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID). A 2025 estimate by Thai civil society organisations projected that the funding freeze would affect 93,186 individuals, including 92,970 MSM, transgender women and sex workers, and 650 PWUD, who receive Reach, Recruit, Test, Treat, Prevent and Retain (RRTTPR) services provided by civil society clinics. UNAIDS data shows that assistance from donor countries fell by 23 per cent between 2024 and 2025, with testing funding down 22 per cent in high-burden countries and a 38 per cent decline in PrEP use globally.



93,186

people in Thailand projected to have been impacted by the US foreign aid freeze



650

PWUD
(persons who use drugs)

Meaningful participation of PWUD in drug policy remains limited.

In February 2026, Cabinet materials recorded a proposal for consultation and participatory processes involving public-health agencies, PWUD, relevant state bodies and civil society when revising implementation guidance under the Narcotics Code. The Special Rapporteur on the right to health has similarly recommended regularised dialogue with people affected by policy, meaningful participation and community-led harm reduction. The extent to which such participation is institutionalised and capable of influencing drug policy remains unclear.



RECOMMENDATIONS



1. On Challenge 1: End stigma and discrimination against PLHIV and key populations

1.1

Adopt a comprehensive anti-discrimination law that prohibits discrimination on all grounds, including HIV status, drug use, sexual orientation and gender identity, and covers healthcare, employment, education, housing and public services.

1.2

Amend the Labour Protection Act to explicitly include PLHIV, PWUD and key populations among the groups protected from workplace discrimination, and prohibit mandatory HIV testing at recruitment and during employment.

1.3

Implement the Thailand Partnership for Zero Discrimination in all healthcare settings, with disaggregated monitoring of stigma and discrimination experienced by women living with HIV, key populations, and younger PLHIV.

1.4

Review, amend or repeal State regulations and administrative practices that restrict rights on the basis of health status, including the Regulation of the Police Commission on Qualifications and Prohibited Characteristics for Appointment as a Police Officer B.E. 2566 (2023), which classifies HIV infection as a prohibited condition for appointment.

1.5

In the comprehensive anti-discrimination law, define discrimination to include direct, indirect intersectional discrimination, and establish accessible, effective and independent mechanisms for complaints, protection and remedies, with particular attention to intersectional discrimination against women, LGBTIQ+ persons, and stateless children living with HIV.



RECOMMENDATIONS

- 1.6 | Ensure that civil registration and legal status recognition processes are effectively linked to access to education and healthcare, so children without civil registration status, including those living with HIV, are not excluded from schooling or health services.



2. On Challenge 2: Decriminalise drug use and possession for personal use

- 2.1 | Decriminalise drug use and possession for personal use, including by reviewing the June 2024 one-unit threshold and ensuring that personal use is clearly distinguished from trafficking and other serious drug offences.

- 2.2 | Ensure that PWUD are not subjected to arrest, prosecution or imprisonment solely for drug use or possession for personal use, and adopt a clear timeline for legislative amendment of sections 162 and 164 of the Narcotics Code B.E. 2564 (2021).

- 2.3 | In line with the treatment-oriented principle that “people who use drugs are patients,” expand the use of judicial alternatives to incarceration and disaggregate arrest data by personal use, possession, distribution and trafficking.



3. On Challenge 3: Abolish the death penalty for drug-related offences

- 3.1 | In accordance with Article 6(2) of the ICCPR and Human Rights Committee General Comment No. 36, abolish the death penalty for all drug-related offences.

- 3.2 | Commute all existing drug-related death sentences and establish an official moratorium on executions pending abolition, with particular attention to the disproportionate impact of the death penalty on women convicted of drug-related offences.

- 3.3 | Ensure that people on death row have equal access to drug rehabilitation and other programmes available to the general prison population, in line with the Committee against Torture’s 2024 concluding observations.



4. On Challenge 4: End arbitrary detention, coercive drug testing, and ill-treatment in “treatment” facilities

- 4.1 | Ensure that temporary custody under section 115 of the Narcotics Code is used only where lawful, necessary and proportionate, with effective safeguards including designated custody locations with CCTV, clear time limits, and access to legal counsel.

- 4.2 | Ensure that drug-dependence treatment is genuinely voluntary and based on free and informed consent, including the right to refuse or discontinue treatment without punitive consequences, and revise ONCB forms and guidance accordingly.

- 4.3 | Effectively regulate and independently monitor all drug treatment and rehabilitation facilities, close unregistered facilities using shackles, chains or other ill-treatment, and provide effective remedies and rehabilitation to survivors.

- 4.4 | Prohibit blanket or coercive drug testing without a lawful, necessary and proportionate basis and genuine consent, and ensure that health information is not routinely used for criminal, disciplinary or discriminatory purposes.



5. On Challenge 5: Sustain and expand comprehensive harm reduction and the HIV response

- 5.1 | In line with the 2026 recommendation by the UN Special Rapporteur on the right to health to Thailand, expand comprehensive, scientifically grounded, community-led harm reduction nationwide, including needle and syringe programmes, opioid agonist therapy, overdose prevention and naloxone, HIV and viral-hepatitis prevention and treatment, and equivalent services in prisons and other closed settings.



RECOMMENDATIONS

- 5.2** | Develop and implement a sustainability roadmap for the HIV response, with adequate domestic financing to protect community-led services for key populations from the disruption caused by the 2025 US foreign aid freeze, in coordination with UNAIDS and civil society networks.
- 5.3** | Institutionalise the direct and meaningful participation of PLHIV, PWUD and organisations led by them in the development, implementation and review of all drug laws, treatment standards, harm-reduction and HIV policies, in line with the recommendations of the Special Rapporteur on the right to health.



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