



## Research paper

## Experiences with urine drug testing by police among people who inject drugs in Bangkok, Thailand



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## ABSTRACT

**Background:** Thailand has relied on drug law enforcement in an effort to curb illicit drug use. While anecdotal reports suggest that Thai police frequently use urine toxicology to identify drug users, little is known about the prevalence or impacts of this practice among people who inject drugs (IDU). Therefore, we sought to examine experiences with urine drug testing by police among IDU in Bangkok.

**Methods:** Data were derived from a community-recruited sample of IDU in Bangkok participating in the Mitsampan Community Research Project between July and October 2011. We assessed the prevalence and correlates of being subjected to urine toxicology testing by police using multivariate Poisson regression. **Results:** In total, 438 IDU participated in this study, with 293 (66.9%) participants reporting having been tested for illicit drugs by police. In multivariate analyses, reports of drug testing by police were independently and positively associated with younger age (adjusted prevalence ratio [APR]: 1.28), a history of methamphetamine injection (APR: 1.22), a history of incarceration (APR: 1.21), having been in compulsory drug detention (APR: 1.43), avoiding healthcare (APR: 1.15), and HIV seropositivity (APR: 1.19), and negatively associated with access to voluntary drug treatment (APR: 0.82) (all  $p < 0.05$ ).

**Conclusion:** A high proportion of IDU in Bangkok were subjected to drug testing by police. Young people and methamphetamine injectors were more likely to have been tested. The findings indicate that drug testing by police is associated with the compulsory drug detention system and may be interfering with IDU's access to healthcare and voluntary drug treatment. These findings raise concern about the widespread practice of drug testing by police and its associated impacts.

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## Introduction

The use of illicit drugs continues to be associated with significant harms to individual health as well as to society. Traditionally, many countries have attempted to address this problem through the enforcement of drug laws that criminalize those involved in illicit drug use and trafficking (United Nations Office on Drugs & Crime [UNODC], 2008). However, it has been increasingly recognized that this approach has likely compromised efforts to ensure access to addiction treatment and other healthcare services among

drug-using populations (Global Commission on Drug Policy, 2011; Wood et al., 2010). In recent years, some countries have started to decriminalize personal use of certain controlled substances and invest resources in the provision of evidence-based health services for these populations (Rosmarin & Eastwood, 2012). Other countries, including Thailand, have opted to strengthen drug law enforcement efforts and expand compulsory drug detention systems, in an attempt to reduce the demand for and use of illicit drugs (Cohen & Amon, 2008; Pearshouse, 2009; Wolfe & Saucier, 2010).

Thailand has experienced a longstanding epidemic of illicit drug use (Assanangkornchai et al., 2008; Reid & Costigan, 2002). During the 1970s, Thailand became the world's biggest opium trafficking site, and heroin has since been a major driver of drug-related harm in the country (Reid & Costigan, 2002). Since the late 1990s, there has been an explosive increase in the use of methamphetamines, which are among the most popular drugs of abuse today in this

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setting (Assanangkornchai et al., 2008; Reid & Costigan, 2002). In response, the country has established punitive drug laws, including the death penalty for drug-related offences (Gallahue & Lines, 2010). Although in 2002, a new law entitled *Narcotic Addiction Rehabilitation Act B.E. 2545* reclassified people who use drugs as “patients” not “criminals,” prior drug laws that penalize illicit use of controlled substances have continued to be enforced (Office of the Narcotics Control Board of Thailand [ONCB], 2007). As such, the new legislation created a system of compulsory drug detention centres (referred to as *bangkap bambat* or “forced treatment”). Under this system, those charged with illicit drug use are diverted from prisons to compulsory drug detention centres, most of which are run by the military (Pearshouse, 2009). Since the launch of this system, the Thai government has repeatedly implemented police crackdowns on people who use drugs (Human Rights Watch, 2004). Between 2008 and 2011, Thai drug policies were revised several times, and the number of people who use drugs targeted to undergo rehabilitation programs has increased from 60,000 in 2008 to 400,000 in 2011 (Narcotics Control Board of Thailand, 2009; ONCB, 2006, 2011; Vejjajiva, 2009).

In the past decade, Rhodes’ Risk Environment Framework (Rhodes, 2002) has been applied extensively to examine the effect of intensive police crackdowns on the health of IDU (Strathdee et al., 2010). In brief, the framework posits that various social, structural and environmental factors exogenous to an individual play a prominent role in shaping individual behaviours and health outcomes among IDU (Rhodes, 2002, 2009). Street-level drug law enforcement practices are considered a key feature of the micro-level risk environment shaped by macro-level structures (e.g., drug laws and policies) (Burriss et al., 2004). A review of previous research shows that intensified policing practices can directly harm IDU, such as in the form of physical violence (Cooper, Moore, Gruskin, & Krieger, 2004; Sarang, Rhodes, Sheon, & Page, 2010). They can also interact with other elements of the risk environment and increase IDU’s vulnerability to poor health outcomes (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Maher & Dixon, 2001; Small, Kerr, Charette, Schechter, & Spittal, 2006). For example, intensified police presence may displace IDU into other locations and disrupt healthcare service provision to this population (Small et al., 2006).

Despite a large body of scientific literature documenting the adverse impacts of police crackdowns in the Americas, Australia, and the former Soviet Union countries, few comparable studies have been undertaken in Southeast Asia where features of the risk environment surrounding IDU, including the extent and nature of police crackdowns, are quite distinct from that which has been described in Western settings (Kerr, Small, & Wood, 2005). Further, previous studies tended to focus on the aggregate effects and consequences of police crackdowns rather than on specific policing tactics. In Thailand, drug law enforcement officers have the power to perform drug testing on anyone based upon reasonable suspicion under the *Narcotics Control Act* (Section 14) (ONCB, 2007). According to the ONCB (Sirisabphaya A, personal communication, April 9 & October 24, 2013), the Thai police use two types of rapid urine toxicology screening kits based on the immunochromatographic technique: one screens for methamphetamines only, while the other screens for multiple drugs. Anecdotal reports suggest that the Thai police frequently exercise this power and use urine tests on the streets of Bangkok. In principle, positive test results are to be confirmed by a laboratory test (Sirisabphaya A, personal communication, October 24, 2013). A recent qualitative study exploring experiences with policing among IDU in Bangkok has indicated inappropriate use of this tool by police, including forcing people to urinate in public places and using positive test results as a means of extortion (Hayashi et al., in press). However, we know of no studies that investigated factors associated with this practice. Therefore,

we sought to identify the prevalence and correlates of experiencing urine drug testing by police among a community-recruited sample of IDU in Bangkok, Thailand.

## Methods

### Study design

Data for this study were derived from the Mitsampan Community Research Project, a collaborative research effort involving the Mitsampan Harm Reduction Center (MSHRC; a drug user-run drop-in centre in Bangkok, Thailand), Thai AIDS Treatment Action Group (Bangkok, Thailand), Chulalongkorn University (Bangkok, Thailand), and the British Columbia Centre for Excellence in HIV/AIDS/University of British Columbia (Vancouver, Canada). This serial cross-sectional study aims to investigate drug-using behaviour, healthcare access, and other drug-related harms among IDU in Bangkok. The specific methods employed have been described in detail elsewhere (Hayashi et al., 2012). In brief, between July and October 2011, the research partners surveyed 440 community-recruited IDU in Bangkok. Potential participants were recruited through peer outreach efforts and word-of-mouth, and were invited to attend the MSHRC or O-Zone House (another drop-in centre in Bangkok) in order to be part of the study. Recruitment criteria included adults residing in Bangkok or in adjacent provinces who had injected drug(s) in the past six months. All participants provided informed consent and completed an interviewer-administered questionnaire eliciting a range of information, including demographic characteristics, drug use patterns, and experiences with drug law enforcement and accessing healthcare. Upon completion of the questionnaire, participants received a stipend of 350 Thai Baht (approximately US\$12). The study was approved by the research ethics boards at Chulalongkorn University and the University of British Columbia.

### Participants and measures

All participants who completed the interview were eligible for inclusion. The sample was restricted to individuals who provided complete data for the present analyses. The primary outcome of interest in this study was experiencing urine toxicology testing by police, defined as answering “Yes” to the following question: “Have you ever been tested for drugs by police?” In the present study setting, “having been tested for drugs by police” referred to having been subjected to urine toxicology testing by police.

Guided by the Risk Environment Framework (Rhodes, 2002) and previous international literature suggesting that the police typically target minority groups and people of lower socio-economic status in many settings (Choongh, 1998; Cooper et al., 2004; McAra & McVie, 2005), a broad set of explanatory variables were hypothesized to be potentially associated with the outcome. These variables included: age (below or above median age; <38 years vs. ≥38 years); gender (male vs. female); education level (<secondary education vs. ≥secondary education); having a legal full-time or part-time job in the past 6 months; obtaining income from illegal sources in the past 6 months (i.e., drug dealing, sex work, theft or panhandling); heroin injection; midazolam injection (a short-acting benzodiazepine); methamphetamine injection (i.e., methamphetamine pills [locally called *yaba*] or crystal methamphetamine powder [locally called *ice*]); syringe sharing; ever incarcerated; ever in compulsory drug detention; ever accessed voluntary drug treatment; ever disclosed illicit drug use to a doctor; reporting avoidance of healthcare; having ever accessed any of the four drop-in centres for drug users in the greater Bangkok area; reporting feeling ashamed about being a drug user; HIV serostatus (positive vs. negative or unknown); and

non-fatal overdose ever. Consistent with previous studies examining experiences with policing among IDU in this setting (Hayashi, Ti, Buxton, et al., 2013; Hayashi, Ti, Csete, et al., 2013), age was treated as a dichotomous variable. As in a previous study (Milloy et al., 2010), non-fatal overdose was defined as a period of loss of consciousness or breathing. All variables were coded dichotomously as yes vs. no, unless otherwise stated. All variables related to drug-using behaviour referred to any time in the past.

### Statistical analyses

For bivariate and multivariate analyses, we used the prevalence ratio as a measure of association rather than the odds ratio because the frequency of the outcome exceeded 10% (McNutt, Wu, Xue, & Hafner, 2003). First, we used Poisson regression with the robust variance to examine bivariate associations between reports of drug testing by police and the explanatory variables, which gave us unadjusted prevalence ratios with corresponding 95% confidence intervals (Spiegelman & Hertzmark, 2005). Next, we used an *a priori*-defined statistical protocol that examined factors associated with the outcome by fitting a multivariate robust Poisson regression model that included all variables that were significantly associated with the outcome at the  $p < 0.05$  level in bivariate analyses. All  $p$ -values were two-sided. All statistical analyses were performed with SAS version 9.3 (SAS Institute Inc., Cary, NC, USA).

### Results

Among 440 participants, two individuals had incomplete data and were therefore excluded from the analysis. As a result, a total of 438 IDU participated in this study, including 87 (19.9%) women. The median age was 38 years (interquartile range: 34–48 years). In total, 293 (66.9%) individuals reported having ever been tested for illicit drugs by police.

Table 1 shows the results of bivariate analyses. As shown, reports of drug testing by police were significantly and positively associated with younger age (prevalence ratio [PR]: 1.32; 95% confidence interval [CI]: 1.16–1.51); methamphetamine injection ever (PR: 1.33; 95% CI: 1.11–1.60); ever incarcerated (PR: 1.25; 95% CI: 1.05–1.50); ever in compulsory drug detention (PR: 1.58; 95% CI: 1.43–1.74); ever disclosed illicit drug use to a doctor (PR: 1.16; 95% CI: 1.01–1.34); avoidance of healthcare (PR: 1.19; 95% CI: 1.04–1.36); and HIV seropositivity (PR: 1.18; 95% CI: 1.02–1.36). Ever accessed voluntary drug treatment was significantly and negatively associated with the outcome (PR: 0.81; 95% CI: 0.71–0.92).

Table 2 shows the results from the final multivariate Poisson regression model. As shown, reports of drug testing by police were independently and positively associated with younger age (adjusted prevalence ratio [APR]: 1.28; 95% CI: 1.12–1.45); methamphetamine injection ever (APR: 1.22; 95% CI: 1.03–1.44); ever incarcerated (APR: 1.21; 95% CI: 1.02–1.44); ever in compulsory drug detention (APR: 1.43; 95% CI: 1.29–1.58); avoidance of healthcare (APR: 1.15; 95% CI: 1.01–1.30); and HIV seropositivity (APR: 1.19; 95% CI: 1.02–1.38). Ever accessed voluntary drug treatment (APR: 0.82; 95% CI: 0.71–0.94) was independently and negatively associated with the outcome.

### Discussion

We found that two thirds of a sample of IDU in Bangkok reported having been tested for illicit drugs by police. In multivariate analyses, reports of drug testing by police were independently and positively associated with younger age, methamphetamine injection, HIV seropositivity, incarceration, compulsory drug detention, and avoidance of healthcare. In contrast, individuals

who had experienced drug testing by police were less likely to have accessed voluntary drug treatment.

To our knowledge, the present study is the first to describe the prevalence and correlates of experiencing drug testing by police among IDU. We found that this policing tactic has been widely used with IDU in Bangkok. This is concerning given the potential for abusive use of this tool by the police in Bangkok (Hayashi et al., *in press*). The findings that experiencing drug testing by police was independently associated with younger age and methamphetamine injection may reflect the fact that Thai authorities have attached great importance to a widespread epidemic of methamphetamine use among young people in the country (Cohen & McGregor, 2010; ONCB, 2010). Thus, young people may be easy visible targets for police. Methamphetamine injectors may have exhibited some overt intoxication or withdrawal symptoms of methamphetamine use (Riley & Pates, 2010) when police approached them. Despite international literature suggesting that people of lower socio-economic status tend to be viewed as “usual suspects” by the police (McAra & McVie, 2005) and are therefore likely to be subjected to stop-and-search procedures, indicators of lower socio-economic status (e.g., unemployment) were not associated with experiencing urine drug testing by police in the present study. Although access to voluntary drug treatment was independently and negatively associated with the outcome, some drug treatment programs are provided as part of the universal healthcare scheme (Sakunphanit, 2008), and therefore, people who accessed such treatment are not necessarily considered of higher socio-economic status in this setting. These findings may suggest that the police in Bangkok may use other markers when targeting suspects and undertaking this particular policing task. Qualitative accounts provided by IDU in Bangkok (Hayashi et al., *in press*) have also indicated that factors typically leading to encounters with police include certain individual characteristics (e.g., younger age and prior contact with the local police) and physical environments (e.g., vicinities of methadone clinics), which are not necessarily direct indicators of lower socio-economic status.

Importantly, those who experienced drug testing by police were more likely to have ever been in compulsory drug detention centres. As documented in a previous report (Human Rights Watch & Thai AIDS Treatment Action Group, 2007), police may have obtained information on people who had underwent compulsory drug detention centres through registries and approached these people. It is also very likely that those who had been subjected to drug testing by police were subsequently sent to compulsory drug detention centres because these centres primarily serve those charged with illicit drug consumption (Pearshouse, 2009). The finding that reports of drug testing by police were also independently associated with incarceration supports this interpretation, given that those charged with illicit drug consumption are typically detained in prisons while being assessed for eligibility for compulsory drug treatment (Pearshouse, 2009). As well, given the incremental increases in the number of drug users that the Thai government has targeted for rehabilitation over the past several years (Narcotics Control Board of Thailand, 2009; ONCB, 2006, 2011; Vejajiva, 2009), Thai police may have extensively employed drug testing to meet the predetermined quotas. Regardless, our findings indicate that forcible drug testing by police may be linked in important ways to the compulsory drug detention and prison systems.

We also found that individuals who experienced drug testing by police were more likely to be HIV-positive and have been in prison. As past research has linked the incarceration of IDU in Thailand to rising HIV infection rates within this population (Beyrer et al., 2003; Buavirat et al., 2003), it is concerning that the extensive use of drug testing by police may result in the incarceration of a large number of IDU and thereby serve to fuel transmission of HIV among

**Table 1**  
Bivariate analyses of factors associated with experiencing drug testing by police among a community-recruited sample of IDU in Bangkok, Thailand ( $n=438$ ).

Characteristic	Ever tested for illicit drugs by police		Prevalence ratio (95%CI)	p-Value
	Yes 293 (66.9%)	No 145 (33.1%)		
<i>Socio-demographic characteristics</i>				
<b>Age</b>				
<38 years old	159 (54.3%)	48 (33.1%)	1.32 (1.16–1.51)	<0.001
≥38 years old	134 (45.7%)	97 (66.9%)		
<b>Gender</b>				
Male	234 (79.9%)	117 (80.7%)	0.98 (0.84–1.16)	0.837
Female	59 (20.1%)	28 (19.3%)		
<b>Education level</b>				
<Secondary education	116 (39.6%)	56 (38.6%)	1.01 (0.89–1.16)	0.845
≥Secondary education	177 (60.4%)	89 (61.4%)		
<b>Having a legal full-time or part-time job<sup>a</sup></b>				
Yes	146 (49.8%)	70 (48.3%)	1.02 (0.89–1.16)	0.760
No	147 (50.2%)	75 (51.7%)		
<b>Income from illegal sources<sup>a</sup></b>				
Yes	30 (10.2%)	9 (6.2%)	1.17 (0.97–1.41)	0.103
No	263 (89.8%)	136 (93.8%)		
<i>Drug use behaviour</i>				
<b>Heroin injection ever</b>				
Yes	262 (89.4%)	136 (93.8%)	0.85 (0.71–1.02)	0.078
No	31 (10.6%)	9 (6.2%)		
<b>Midazolam injection ever</b>				
Yes	245 (83.6%)	114 (78.6%)	1.12 (0.93–1.36)	0.233
No	48 (16.4%)	31 (21.4%)		
<b>Methamphetamine injection ever<sup>b</sup></b>				
Yes	230 (78.5%)	91 (62.8%)	1.33 (1.11–1.60)	0.002
No	63 (21.5%)	54 (37.2%)		
<b>Syringe sharing ever</b>				
Yes	190 (64.9%)	86 (59.3%)	1.08 (0.94–1.25)	0.269
No	103 (35.1%)	59 (40.7%)		
<i>Experiences with criminal justice system</i>				
<b>Ever in prison</b>				
Yes	230 (78.5%)	96 (66.2%)	1.25 (1.05–1.50)	0.013
No	63 (21.5%)	49 (33.8%)		
<b>Ever in compulsory drug detention</b>				
Yes	79 (27.0%)	4 (2.8%)	1.58 (1.43–1.74)	<0.001
No	214 (73.0%)	141 (97.2%)		
<i>Healthcare access</i>				
<b>Ever accessed voluntary drug treatment</b>				
Yes	215 (73.4%)	124 (85.5%)	0.81 (0.71–0.92)	0.001
No	78 (26.6%)	21 (14.5%)		
<b>Ever disclosed drug use to a doctor</b>				
Yes	183 (62.5%)	75 (51.7%)	1.16 (1.01–1.34)	0.037
No	110 (37.5%)	70 (48.3%)		
<b>Avoid accessing healthcare</b>				
Yes	85 (29.0%)	27 (18.6%)	1.19 (1.04–1.36)	0.010
No	208 (71.0%)	118 (81.4%)		
<b>Ever accessed a drop-in centre</b>				
Yes	237 (80.9%)	116 (80.0%)	1.02 (0.86–1.21)	0.827
No	56 (19.1%)	29 (20.0%)		
<i>Internalized stigma</i>				
<b>Feeling ashamed of being a drug user</b>				
Yes	215 (73.4%)	104 (71.7%)	1.03 (0.88–1.20)	0.718
No	78 (26.6%)	41 (28.3%)		
<i>Health outcomes</i>				
<b>HIV serostatus</b>				
Positive	61 (20.8%)	19 (13.1%)	1.18 (1.02–1.36)	0.027
Negative or unknown	232 (79.2%)	126 (86.9%)		
<b>Non-fatal overdose ever</b>				
Yes	83 (28.3%)	36 (24.8%)	1.06 (0.92–1.22)	0.426
No	210 (71.7%)	109 (75.2%)		

IDU: people who inject drugs; CI: confidence interval.

<sup>a</sup> Denotes activities in the 6 months prior to the interview.

<sup>b</sup> Methamphetamine includes methamphetamine pills and crystal methamphetamine powder.

IDU inmates. In light of this finding, it is important to note that the World Health Organization (WHO) and other United Nations (UN) agencies recommend providing evidence-based HIV prevention services (e.g., sterile syringe distribution) within prisons and ensuring the continuity of HIV treatment and care as HIV-positive

detainees transition between prison and the community (WHO, UNODC, & Joint United Nations Programme on HIV/AIDS, 2012). However, many settings including Thai prisons do not provide sterile syringes. Although antiretroviral therapy (ART) is available free of charge to all prisoners in Bangkok, a previous report suggested

**Table 2**  
Multivariate Poisson regression analysis of factors associated with experiencing drug testing by police among a community-recruited sample of IDU in Bangkok, Thailand ( $n = 438$ ).

Variable	Adjusted PR	95% CI	<i>p</i> -Value
Younger age ( $<38$ years vs. $\geq 38$ years old)	1.28	(1.12–1.45)	$<0.001$
Methamphetamine injection ever <sup>a</sup> (Yes vs. No)	1.22	(1.03–1.44)	0.023
Ever in prison (Yes vs. No)	1.21	(1.02–1.44)	0.030
Ever in compulsory drug detention (Yes vs. No)	1.43	(1.29–1.58)	$<0.001$
Ever accessed voluntary drug treatment (Yes vs. No)	0.82	(0.71–0.94)	0.004
Ever disclosed drug use to a doctor (Yes vs. No)	1.11	(0.97–1.27)	0.145
Avoid accessing healthcare (Yes vs. No)	1.15	(1.01–1.30)	0.038
HIV serostatus (Positive vs. negative or unknown)	1.19	(1.02–1.38)	0.024

IDU: people who inject drugs; PR: prevalence ratio; CI: confidence interval.

<sup>a</sup> Methamphetamine includes methamphetamine pills and crystal methamphetamine powder.

that inmates who received ART in prison faced administrative barriers to continuing it upon release (Human Rights Watch & Thai AIDS Treatment Action Group, 2007). Therefore, our findings underscore a need to improve HIV prevention and treatment efforts in Thai prisons.

Of particular concern are the findings in relation to healthcare access. Experiences with drug testing by police were independently associated with avoidance of healthcare, suggesting that those who experienced drug testing by police might be deterred from accessing healthcare. This is consistent with a vast international literature showing that drug law enforcement activities often interfere with health service delivery to IDU (Kerr et al., 2005; Small et al., 2006). Likewise, the finding that reports of drug testing by police were negatively associated with the enrolment in voluntary drug treatment may suggest that those who were forced to undergo drug testing by police may have retreated into more hidden settings and therefore were less likely to access voluntary drug treatment programs afterwards. Alternatively, it is also possible that individuals who accessed voluntary drug treatment may have had less visible signs of illicit drug use and were therefore less likely to be an immediate target for police. Although more research is needed to explore these associations, our findings suggest that the widespread use of drug testing by police may be negatively affecting IDU's health-seeking behaviour in this setting.

Facilitating access to evidence-based addiction treatment among people who use drugs is a key means of responding to epidemics of illicit drug use and HIV infection (Volkow & Montaner, 2011). As is evident in the findings of the present study and previous reports (ONCB, 2010; Pearshouse, 2009), the compulsory drug detention system is the principal strategy employed by the Thai government to increase access to rehabilitation from drug use, and drug testing by police may be playing a critical role in this system. However, previous reports indicated that prior to compulsory drug treatment, people were routinely detained in prison with little or no medical assistance for drug withdrawal symptoms (Human Rights Watch, 2012), and compulsory drug detention centres did not appear to reduce drug use among IDU upon release (Csete et al., 2011). Furthermore, 12 UN agencies have recently stated that these centres threaten the health and human rights of detainees and called upon the government to close down the centres (International Labour Organisation et al., 2012), which was also echoed by the UN Special Rapporteur on torture (Méndez, 2013). Considering these reports and the harms

found to be associated with the drug testing by police in the present study, the Thai government should carefully reconsider the purpose, as well as potential benefits and harms of this practice.

This study has several limitations. First, we cannot infer causation from this observational study. While it is plausible that urine toxicology testing resulted in individuals ending up in compulsory drug detention, due to the cross-sectional study design, we were unable to assess temporal relationships between the outcome and explanatory variables. Further, like any other observational studies, the observed patterns of experiencing urine drug testing by police may be explained by residual confounding. In particular, while research from other settings suggests instances of racial profiling by police (Choongh, 1998; McAra & McVie, 2005), data on ethnicity were not available to us. Future research should address this limitation. Second, the self-reported data may have been affected by socially desirable responding or recall bias. However, we note that this type of data has been commonly utilized in observational studies involving IDU and found to be valid (Darke, 1998; Weatherby et al., 1994). Third, as the study sample was not randomly selected, our findings may not be generalizable to other populations of IDU in Thailand or elsewhere. Although it could be argued that some selection biases may have been operating, whereby individuals who access harm reduction services may be more or less likely to be subjected to drug testing by police than those who do not, we note that 20% of our sample included those who had never attended a drop-in centre for drug users, and access to the drop-in centres was not associated with the outcome. Therefore, it is unlikely that this particular selection bias affected our results.

In sum, we found that a high proportion of a community-recruited sample of IDU in Bangkok reported having been tested for illicit drugs by police. Young people and methamphetamine injectors appeared to be the primary targets of this drug law enforcement tactic. Our findings also indicated that urine toxicology testing by police is linked to the compulsory drug detention system and other indicators of drug-related harm, including reduced access to healthcare. These findings raise serious concern about the use of drug testing by police in its current form.

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## Conflict of interest

None declared.

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