**Author's response to reviews**

**Title:** Reports of Evidence Planting by Police among a Community-Based Sample of Injection Drug Users in Bangkok, Thailand

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**Author's response to reviews:** see over
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Dear Editorial Board Members of BMC International Health and Human Rights:

Re: MS: 2082282301261212 – “EVIDENCE PLANTING BY POLICE AMONG A COMMUNITY-BASED SAMPLE OF INJECTION DRUG USERS IN BANGKOK, THAILAND”

Thank you for your email dated May 11, 2009 and for the opportunity to revise our manuscript. We found the suggestions of the reviewers to be very helpful and we believe that our manuscript is substantially improved as a result of the advice received. We have taken all of the reviewers’ suggestions into consideration and have sought to incorporate their suggestions in all instances.

A revised version of the manuscript has been prepared, and details of all the revisions are provided here. We hope you find these revisions acceptable. If there is any other information you require, please do not hesitate to ask. Thank you again for your consideration.

Yours sincerely,

[Signature]

Thomas Kerr
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Response to Reviewer Nick Crofts

1. We thank Dr. Crofts for his many helpful suggestions. We agree with Dr. Crofts that at times the paper does not specify that the data being presented is self-reported data about drug planting by police. We have made several changes throughout the manuscript to clarify this. These changes have involved inserting text to indicate that the data was self-report. For example, the proportion of participants that paid a bribe to avoid arrest has been clarified in the Results (third paragraph on page 7):

“59 (48.3%) reported paying the police money in an attempt to avoid arrest.”

Statements in the Discussion have also been amended for greater clarity, (second paragraph page 7; third paragraph on page 8):

“Our findings help to corroborate previous anecdotal reports by suggesting that Thai police routinely plant drugs...”

“Police corruption in the form of evidence planting documented by IDU self-report in the present study...”

2. Dr. Crofts requested that we comment on the rationale supporting the selection of independent variables. We have clarified our approach in the Methods (second paragraph on page 5):

“The primary aim of this analysis was to document the prevalence of self-reported evidence planting by police. In secondary analyses, demographic and drug use variables were used to compare IDU who reported ever having drugs planted on them by police with those who did not. These variables of interest were selected on the basis of having some potential explanatory power and included: median age {...} Multivariate logistic regression was then used to identify those variables independently associated with reporting evidence planting by police.”

3. Dr. Crofts requested that we elaborate future directions for research. The following section has been added to identify a role for future longitudinal and
qualitative research study to further examine interactions between police and IDU in Thailand of the Discussion (first paragraph of page 11).

“We recommend further research, including longitudinal studies that seek to tease out the temporal relationship between the experience of drug planting and risk behaviours such as overdose and syringe lending. Qualitative research methods could be used to shed light on the types of circumstances that result in drug planting, as well as the effects of these events on the behaviors of IDU.”

4. Dr. Crofts raised the question “what can be done about this phenomenon?”, and further pointed to the growing efforts to work with police. In light of these points, we have added the following text of the Discussion section (second paragraph on page 10):

“The findings of the present study suggest a continued need to address police practices that affect IDU. Indeed, numerous efforts have been made to change policing practices as a means of reducing the health and social consequences commonly associated with policing that target illicit drug use. Examples include the provision of harm reduction training for police officers, or involving police directly in harm reduction activities (Burris et al., 2004; Forell & Price, 1997; Grund et al., 1992). While a small number of evaluations have indicated some positive benefits of such efforts, such as increased awareness of health issues and harm reduction among police and greater collaboration among partners, the impacts have generally been modest, and success in achieving many of the more ambitious goals associated with these initiatives has proved difficult (Hough, 2002; Midford et al., 2002; Smith et al., 2000). Further, the available evidence indicates that substantial barriers to change exist within police structures and cultures (Goldstein, 1990; Paoline, 2004; Zhao, Lovrich, & Robinson, 2001). As well, while police departments may accept policies that complement public health efforts, the behavior of individual police officers on the street may deviate from department policies (Burris et al., 2004; Goldstein, 1990; Hough, 2002). Introducing novel methods to address
policing practices that compromise health and violate human rights is therefore important. A small number of novel practices have been implemented in the United States and Australia through the use of specialized trainings, public and police surveys, and proactive police oversight mechanisms (Prenzler & Ronkin, 2003), although there is a clear need for ongoing development in this area.”

5. The dates for data collection in the abstract have been corrected to July – August 2008.

6. Reference 30 (Department of Probation, 2005) has been replaced by a recent report on compulsory drug treatment centers in Thailand (Pearshouse, 2009).

7. Reference 31 (Reid, 2002) has been corrected.

Response to Reviewer Daniel Reidpath

1. We thank Dr. Reidpath for his review of our manuscript. Dr. Reidpath requested that we comment on the limitations of self-report in documenting drug planting by police. We have elaborated on the potential limitations of self-report in the Discussion (second paragraph on page 10):

“First, the study relied primarily on self-report, and therefore the results could be susceptible to socially desirable reporting. Though previous research has found self-report by drug users to be sufficiently reliable in descriptions of drug-related problems, socially desirable reporting of drug use and risky behaviours as well as memory difficulties remain concerns. However, features of this community-based research study, including recruitment and interview administration by peer drug users and paperless consent acquisition, may help to reduce social desirability bias and enhance the validity of self-report in the present study.”

2. Dr. Reidpath requested that the title clearly mention that this study is based on self-report. The title of the paper has now been changed to reflect this methodology and has been changed to: Reports of Evidence Planting by
Police among a Community-Based Sample of Injection Drug Users in Bangkok, Thailand

3. As pointed out by Dr. Reidpath, the methodology in the current paper does not allow for the validation of previous anecdotal reports of drug planting by police. As such, we have revised the paper to better reflect the limitations of our findings. For example, statements in the discussion section have been clarified (second paragraph on page 7; first paragraph on page 8):

“Our findings help to corroborate previous anecdotal reports by suggesting that Thai police routinely plant drugs…”

“Our findings indicate that evidence planting by police is indeed another way in which abuse of power by police may be exerted in Thailand, perhaps for the purpose of maximizing rates of arrests for drug possession or for the simple purposes of extortion.”

4. Several changes have been made throughout the paper to clarify the limitations of the present study with respect to identifying causation. Dr. Reidpath raised this issue as a concern. For example, the limitations in the present study relating to inferring causality for the observed association between syringe lending and drug planting by police has been clarified in the Discussion (last paragraph on page 8):

“Police corruption in the form of evidence planting documented by IDU self-report in the present study is also concerning because it is associated with high risk behaviours for infectious disease spread, such as syringe lending. Though causal relationship can not be inferred in the present study, it may be that after experiencing drug planting by police, IDU become more fearful of arrest or harm by police and less likely to carry drug-related equipment.”

Additionally, the following change has been made to the limitations section of the Discussion (last paragraph, page 10):

“Finally, our study is cross-sectional in nature and therefore the causal relationships in the observed associations cannot be inferred.
We recommend further quantitative and qualitative scientific inquiry to further explore these relationships.”

5. To address Dr. Reidpath’s concern regarding the variables included in our multivariate model, we have inserted as a footnote the names of the variables that were included in the model but not presented in the table (see Table 2).

“The model was adjusted for syringe borrowing, combination drug use, and prescription methadone use. “

Response to Reviewer Mark Stoove

1. We thank Dr. Stoove for his helpful review of our manuscript. As recommended by the Dr. Stoove, the sentence in Results describing the primary outcome of the analysis has been altered to include “of drugs” by police (first sentence of the second paragraph on page 5):

“The primary aim of this analysis was to document the prevalence and correlates of self-reported evidence planting of drugs by police.”

2. The statistical notation in the Results now reads Pearson’s Chi-Square test as requested by the Dr. Stoove (first paragraph of page 6).

3. We have moved the following sentence to earlier in the Results section, as suggested by the Dr. Stoove (last paragraph of page 5):

“We also asked participants to indicate if they paid the police to avoid arrest (yes vs. no) and, if so, the amount paid in Thai Baht.”

4. Dr. Stoove pointed out that the word “clinics” was unnecessarily repeated in a sentence in the Discussion section. This word has been removed (third line of first paragraph of page 9).

5. Dr. Stoove requested that we acknowledge the limitations in inferring causality with respect to the association between overdose and evidence planting of drugs by police. We have revised the section that discusses this association in the Discussion (second paragraph on page 9):
"Further, it has been argued that IDU may inject in a more hurried and opportunistic fashion due to fear of police, which may be exacerbated in settings where abuse of power by police occurs and lengthy prison sentences are enforced for drug possession. Prospective data are needed to confirm the association between overdose and drug planting observed in the present study."

6. Dr. Stoove pointed out that “drug planting” (as noted in Tables 1 & 2) may be more appropriate than “evidence planting. This change has been made to the manuscript, as well as capitalizing the total sample size (N).

7. The capitalization in the row titles in both tables have been made consistent, as noted by Dr. Stoove.

8. Dr. Stoove suggested that we include any anecdotal reports we have regarding the association between midazolam and drug planting. In consultation with the peer interviewers in the study, we have elaborated our hypothesis regarding this observed association in the Discussion (second paragraph on page 9).

   “Midazolam, a legal benzodiazepine with potent amnesic and ventilatory depressant effects,\(^{28}\) was found to be independently associated with evidence planting by police. We postulate that the drowsiness and amnesia associated with benzodiazepine use may allow for easy identification of these IDU by police. Further, it has been argued that IDU may inject in a more hurried and opportunistic fashion due to fear of police, which may be exacerbated in settings where abuse of power by police occurs and lengthy prison sentences are enforced for drug possession."

9. As suggested by Dr. Stoove, we have expanded the limitations section, with particular attention to describing the limits of self-report, particularly with respect to socially desirable reporting (second paragraph on page 10).

   “This study has several limitations. First, self-report was used to gather data, and therefore the results could be susceptible to socially desirable reporting. Though previous research has found self-report by drug users to be sufficiently reliable in
descriptions of drug-related problems, socially desirable reporting of drug use and risky behaviors as well as memory difficulties remain concerns. However, features of this community-based research study, including recruitment and interview administration by peer drug users and paperless consent acquisition, may help to reduce social desirability bias and enhance the reliability of self-report in the present study. Second, the study sample was not randomly selected, and so the findings presented herein may not generalize to other Thai IDU. Finally, our study is cross-sectional in nature and therefore the causal relationships in the observed associations cannot be inferred. We recommend further quantitative and qualitative scientific inquiry to further explore these relationships.”