

## **Implementation of Drug Control Policy through the Subversive Measures and the Compulsory Treatment Strategies: A Few Years After**

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*The current drug control policy that has been enforced since the beginning of 2003 and aimed to address the severity of drug problems in Thailand results in some major changes on drug situations within the country. While the supply of drugs has drastically decreased and subsided as the subversive measures have been strongly enforced through comprehensive counter-narcotics strategies and integrated suppressive networks at the beginning of the implementation of the policy, the strategic policy and practice to reduce the demand for drugs or substance abuse problems through both the newly applied community-based drug treatment programs and the protection from the potential demand for drugs presents rather subtle results at least within the period of a few years after the war on drugs has been declared. As the minor drug suppliers are tackled than the major ones, the hidden supply of drugs and its top level networks have remained intact. The overarching goal of demand reduction or the substance abuse problems have not yet been well managed and solved by the policy and practice measures. As demand for drugs stays constant, the balance of supply tends to be revived particularly when the subversive measures of the suppression of the drug policy have come into a state of relaxation.*

### **1. The Drug situation in Thailand 2002-2003**

As an area of producing, trafficking, as well as an epidemic of drugs, Thailand has recently faced serious drug problems. The types of drugs that have posed the problems in this area includes opium, heroine, marihuana, methamphetamine, solvent, cocaine, and other addictive substances.

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Since the country is situated in a tropical area where a number of addictive plants such as opium and marihuana could be productively cultivated, particularly in the mountainous and remote areas where three countries; Thailand, Myanmar, and Laos share their borders. These areas have long been used by some natives and outlaw groups to cultivate, produce, and traffic drugs such as opium and heroine in the past. As the areas for drug cultivation have been largely reduced due to the suppression of addictive plants and the promotion of other cash crops by substitution policies in the past decade, the area has recently turned to produce other synthetic addictive substances such as methamphetamine.

There are many major types of drugs that have been produced and trafficked in the area such as heroine, marihuana, and methamphetamine. The trafficking of the heroine is concentrated in the northern part of the country since it is next to the opium cultivation areas. Most of the heroine products have been exported to other countries through cross-bordered organized syndicates and some of the products are trafficked for consumption in domestic market. In the last few decades, the majority of heroine trafficking networks have been inactive due to declining market and several networks have been cracked down on by the authorities. Some of the heroine network's members have discontinued their trafficking activities but others have turned them to traffic other types of drugs.

Marihuana trafficking is concentrated in the northeastern and southern parts of the country as well as Bangkok areas. The trafficking of marihuana products is mostly for export to markets in other countries but some are for domestic consumption. Marihuana products have recently decreased as number of traffickers have moved to conduct their trafficking activities in other countries.

Methamphetamine trafficking was wide spread in every part of the country before the implementation of the current drug control policy. The trafficking activities have not been as well organized such as heroine trafficking but there are comprehensive

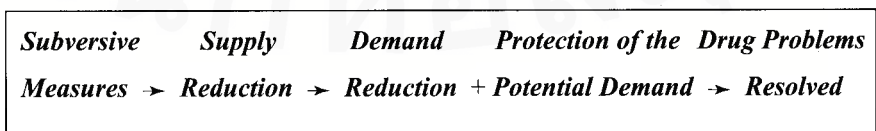
levels of supply networks from large to medium and small quantities as most of the demand for the drug is only for domestic use.

As an area of a drug epidemic, the majority of drug users in Thailand currently take methamphetamines due to availability and cost. There are some other types of drug that have been found to be used locally such as opium among the minority hill tribes, marihuana among farms workers, cocaine among the well-off young adults, and glue and solvent among the lower class and street children. Young Muslims in the south are found to use codeine that comes in the form of cough mixture.

## 2. Drug control policy model

The Drug control policy has been drawn from a simple assumption that if drugs are not available people could not use them thus, the reduction of drug supply through the massive suppression would lead to reduce of demand for drugs. While the drug addicts would be treated and rehabilitated and the potential drug users are protected from the drug culture, the drug problem would eventually be resolved. Thus, the policy elements include the massive suppression of supply, demand reduction, and protection of potential demand. These policy elements have to be implemented dependently on each other so that the goals of policy could be met. The strategic policy model could be simply described by the following chart.

**Chart 1** Drug policy model strategy



The 2003 drug control policy is considered to be one of the most comprehensive strategies to cope with the drug problem that

clearly addresses drug problems; the supply of drug, the demand on drug, as well as the potential demand for drug consumption. The policy model is based on drug problems where the relationship is among human beings as the supplier as well as user of drugs, the substance, and the socioeconomic environment.

For the human being element, the policy model has been developed under the assumption that Thai people had gone through the process of change through social and economic structures of industrialization and the urbanization. The majority of family units which is the basic unit of human beings have been changed from the extended family to the nuclear family where the problem of family dysfunction is more common. The values of materialism pervade through the social and political ideals of new liberalism where the majority of children and youths have to live without sufficient parental supervision. The children and youths are placed at the risk of exploitation and domestic violence as they are not a protected by family members. As the above mentioned problems, a number of children and youths have turned to the culture of drug consumption. The policy model that is based on the problems of human beings as the subject to drug takes into account two different approaches;

1. Risk reduction of those who are in a drug-free culture. The model is designed to protect this potential demand population from drug use culture.

2. To reduce the demand for drugs of the population who are currently using drugs. The policy is designed to create a variety of sufficient drug treatment methods in order to reduce the demand for drugs and to be able to recover from drug addiction.

For then Element of drugs, the policy model is designed to address the situation of the drug epidemic that is wide-spread in every part of the country. The types of drug used include methamphetamine, glue and solvent, marihuana, heroine, opium and others. The policy model for the drug element is simply designed to break the drug or substance from the drug users by putting pressure on the supply by subversive measures that are

composed of both legal and administrative procedures. The area of drug production within the country will be reduced and terminated. The seized drugs and addictive substances will be destroyed.

For the element of the environment, the social environments that encourage drug use cultures will be managed. Thus, the social order policy for environment control has been introduced. Children and youths are to be supervised more by these parents and the authorities. Targeted areas for the implementation of the social order measures are those disorganized communities particularly in the Bangkok Metropolitan area and the urban areas in the major cities in every region such as Chiang Mai, Kon Kaen, Nakhon Rachasima, Nakhon Srithammaraj, and Songkla. In most of these disorganized and urban communities are infected by the drug use culture among youths. This community organization policy also includes the improvement of the physical environment as well as community development projects to create jobs for the unemployed urban poor. The policy model has been systemically designed based on three levels of drug prevention including;

1. The primary prevention level which is designed to protect the youths who have never been exposed to drug use culture however, they are at risk as substantial numbers of drug addicts and drug use populations are prevalent in a large number of areas and are ready to introduce the at risk group to experience the drug use culture. This primary preventive measure includes activities to divert the youths from drug use to measures such as sports and cultural activities.

2. The secondary prevention aims to conduct intervening activities for the occasional drug use population who are not yet addicted to drugs. This is the high risk group for drug addiction. The treatment activities include; the provision of drug information for special targeted groups, drug using information, case counseling, as well as drug treatment programs.

3. The tertiary prevention aims to provide treatment for drug addicts with the goal to change the drug use habit of the drug

addicts to be drug-free behavior. The primary goal is to reduce the substantial numbers of drug addicts particularly methamphetamine and other major types of drug users.

The classifications of the target group populations have been introduced according to the policy model. The basic policy value is centered on the behavioral change theory or the behavior modification theory. The theory poses the assumptions that human behavior is formed by the persons' social environment. The social environment has played a vital role in each person's characteristics. Drug use is learned behavior where the persons could learn from peer groups and other influential groups. The target group populations for behavior change are classified into three different groups;

1. The risk group is those who are at risk for taking drugs. This group may be the most important target group that the policy model aims to address. Without appropriate intervention measures, this groups members tend to use drugs. These particular group members are those juvenile boys and girls, school students, low wage workers, and special groups with personal problems.

2. The group that plays important role in influencing the risk group. This targeted group population is composed of family members, teachers, and friends of those at risk persons. These groups' members dominate the person's knowledge and attitude as well as the personal values.

3. The Authority group who administers drug treatment programs at assigned agencies. The authority group includes administrators, professionals, and the public authorities who run the drug treatment programs.

At the practice level, the target group populations are specified by their status and residential areas for instance, the students in the schools and institutions, vocational students, groups of families and friends, interest groups in the community, the risk group of employees at factories and the business firms, groups of self employed and service workers. The groups that need special attention such as probationers, prisoners, ex-offenders, working



women, ethnic minorities, Thai Muslim in the south, and others.

### **3. Goals of the current Drug Control Policy**

The policy clearly specifies the major goals to reduce the expansion of the drug epidemic and lessen drug problems in the country. The policy is designed not to disturb the social structure and order of society. The policy model also specifies three different target group populations in drug supply and demand reduction; drug producers, drug traffickers, and drug users. These three target group populations need different treatment measures particularly those who are drug users. The policy is designed to address drug use which is different from the past. Although drug taking is still a criminal act according to the current Thai criminal code. This policy addresses the new dimension for drug users. Under the rehabilitative function of the Narcotic Addicts Rehabilitation Act 2002, the drug users are considered to be patients, not criminals, as treated by the old law and they need professional help in the treatment of their addiction. The policy model utilizes three strategic concepts to deal with these problems;

1. The first strategy is to develop mechanisms, and social process to reduce the supporting factors of drug problems.
2. The second strategy is to put into operation prevention and suppression measures.
3. The third strategy is to develop the management potential of the participating agencies.

### **4. Policy implementations**

The current drug control policy has been implemented for more than years. The impacts of the policy could be analyzed through the major activities that are considered to be major elements of the policy; supply reduction, demand reduction, and protection of the potential demand.

4.1 Supply reduction

Supply reduction strategies aim to destroy the drug trafficking structures and networks particularly in the areas where drug trafficking networks are concentrated such as the areas next to drug producing sites in the northern part of the country. The following table shows the results of the implementation of the supply reduction strategy of the policy over the period of one year. According to the policy model, supply reduction can be broken down into three different activities; supply suppression measures, drug prevention measures, and drug searching and seizure measures. Although the results of the supply reduction has shown a large volume of cases on the sub-items for each activities and the figures of major and minor drug supplying activities are unknown, the public impression on supply suppression is that numbers of the major drug trafficking activities; drug producing/drug imports, and major drug possession/possession for sale have been tackled much lesser when compared with the minor ones. Table 1 shows the total number of cases that are the results of the drug control policy implementation that has been broken down by the three major activities.

**Table 1** Shows the results of supply reduction break down by three major activities during February-December 2003

Supply reduction activities	Total Case Number
<b>Supply Suppression</b>	
Drug Producing/Drug Imports	758/639
Major Drug Possession/Possession for Sale	2156/2755
Minor Drug Possession/Possession for Sale	20469/22922
Drug Possession	30491/31847
Drug Using	33671/34407
Total drug seized (Methamphetamine)	40690439 Tablets



**Table 1** Shows the results of supply reduction break down by three major activities during February-December 2003 (Continued)

Supply reduction activities	Total Case Number
<b>Drug Prevention</b>	
Checking Points Operations	582677
Household Searching	167392
Entertainment Business Searching	291945
<b>Drug Searching and Seized</b>	
Total Value in Baht	1795072597

Source: Drug Suppression Division, National Police Bureau December 2003

Table 2 shows the number of all types of drug-related offense inmates who have been confined in prison and correctional institutions for the whole country. The figures show both convicted and on trial inmates for drug-related offenses. The majority of the inmates are those who committed offenses of small quantities of drug possession either for sale or for use. As has been mentioned above a lower number of major drug traffickers have been arrested and prosecuted and with more sophisticated legal counsel their number is not convicted by the courts. Without sufficient legal-based evidence, courts have to the acquit the number of major drug traffickers such as the cases of two major suspects in the northern provinces that recently have been brought up to the decision of the courts to acquit the cases.

**Table 2** Shows the numbers of inmates who have been confined for drug offenses in prisons and correctional institutions for the whole country

Status of Inmates/Sex	Male	Female	Total	Percentage
1. Convicted Inmate	72827	27684	100511	79.13
2. On Trail Inmate	19229	7273	26502	20.87

**Table 2** Shows the numbers of inmates who have been confined for drug offenses in prisons and correctional institutions for the whole country (Continued)

Status of Inmates/Sex	Male	Female	Total	Percentage
Appeal	11820	5366	17156	13.51
Adjudication	4993	1325	6318	4.97
Investigation	2416	612	3028	2.38
Total	92056	34957	127013	100.00

Source: Department of Corrections, Ministry of Justice January 2003

4.2 Demand Reduction

Drug demand reduction strategy aims to reduce the current numbers of drug users through the treatment and rehabilitative programs. The new drug rehabilitative law is the first drug treatment and rehabilitation law that has been promulgated based on the community-based drug treatment strategies. The drug using offense is decriminalized and considered to be a minor offense that the persons who commit the offense need to be treated and rehabilitated as patients rather than to be punished as criminals. This is a remarkable feature of the new drug rehabilitation law. The number of persons who had been either investigated or supervised under the probation on the offenses of drug use before the law has been passed is included to be under the enforcement of this law. The number of adult probationers for drug offenses, mostly for small quantities of drug possession for sale and for use, is shown in the Table 3. The total numbers of drug offense probationers who have been under investigation process is 3157 and under supervision process is 22376.

**Table 3** Shows the number of Adult Probationers  
for drug offenses, 2003

<b>Drug/Offense/Sex</b>	<b>Investigation</b>		<b>Supervision</b>	
<b>Type of Drug</b>	Numbers	Percentage	Numbers	Percentage
Heroin	83	2.63	250	1.12
Marihuana	506	16.03	3571	15.96
Opium	29	0.92	122	0.55
Morphine	3	0.10	13	0.06
Glue and Solvent	29	0.92	2048	9.15
Methamphetamine	2320	73.49	16013	71.56
Others	187	5.92	359	1.60
Total	3157	100.00	22376	100.00
<b>Drug Offense</b>				
Drug Using	206	6.53	7077	31.63
Drug Possession	1347	42.67	12536	56.02
Possession for Use	231	7.32	1494	6.68
Possession for Sale	1373	43.49	1269	5.67
Total	3157	100.00	22376	100.00
<b>Sex</b>				
Male	2575	81.56	19792	88.45
Female	582	18.44	2584	11.55
Total	3157	100.00	22376	100.00

Source: Probation Department, Ministry of Justice, 2003

The minor drug offenses that also need to be treated and rehabilitated under the supervision of probation officers are those who have been released from prison and correctional institutions either on parole or remission of sentence provisions. The total number of adult probationers who have been released in the process of investigation is 39005 and in the process of supervision is 42809 as shown in the Table 4.

**Table 4** Shows the number of Adult Probationers from Parole and Remission of Sentence Provision 2003

Drug/Offense/Sex	Investigation		Supervision	
Type of Drug	Numbers	Percentage	Numbers	Percentage
Heroin	633	1.62	892	2.08
Marihuana	327	0.84	342	0.80
Opium	87	0.22	24	0.06
Morphine	12	0.03	1	0.00
Glue and Solvent	44	0.11	100	0.23
Methamphetamine	35378	90.70	38521	89.98
Others	2524	6.47	2929	6.87
Total	39005	100.00	42809	100.00
Drug Offense				
Drug Using	2594	6.65	3129	7.31
Drug Possession	10515	26.96	11737	27.42
Possession for Use	5320	13.64	6615	15.45
Possession for Sale	20576	52.75	21328	49.82
Total	39005	100.00	42809	100.00
Sex				
Male	29535	75.72	32780	76.57
Female	9470	24.28	10029	23.43
Total	39005	100.00	42809	100.00

Source: Probation Department, Ministry of Justice, 2003

According to the drug addict rehabilitation law, the minor drug offenders particularly drug users are required to be treated and rehabilitated under the drug treatment programs with the supervision of probation officers. The Probation Department has provided supervision services for the drug offense probationers through the probation offices and voluntary organizations which are located within the court jurisdictions (Supasorn, 2002). The law

also covers the juvenile probationers to be supervised by the probation officers and the volunteer probation officers while they are under drug treatment and rehabilitation programs. The total number of juvenile probationers who have been under the supervision by probation officers in 2003 is shown in the Table 5.

**Table 5** Shows the number of Juvenile Probationers for 2003

<b>Drug/Offense/Sex</b>	<b>Supervision</b>	
<b>Type of Drug</b>	Numbers	Percentage
Heroin	11	0.53
Marihuana	138	6.68
Opium	1	0.05
Morphine	8	0.39
Glue and Solvent	211	10.22
Methamphetamine	1665	80.63
Others	31	1.50
<b>Total</b>	<b>2065</b>	<b>100.00</b>
<b>Drug Offense</b>		
Drug Using	590	28.57
Drug Possession	778	37.68
Possession for Use	285	13.80
Possession for Sale	412	19.95
<b>Total</b>	<b>2065</b>	<b>100.00</b>
<b>Sex</b>		
Male	1814	87.85
Female	251	12.15
<b>Total</b>	<b>2065</b>	<b>100.00</b>

Source: Probation Department, Ministry of Justice, 2003

Not all adult and juvenile probationers under investigation and supervision processes that the total numbers have shown in the

Tables 3-5 are required to take drug treatment and rehabilitation programs. The majority of the drug-related offenses probationers are those who use drug and some are drug addicted population that needs to be treated and rehabilitated under the treatment facilities in order to comply with demand reduction policy. The demand reduction strategies aim to expand treatment capacity and services and increase treatment effectiveness so those who need treatment can receive the service.

**Table 6** Shows the comparison of numbers of adult investigation probationers for drug offenses 1999-2003

Type of Drug	Year	1999	2000	2001	2002	2003
Heroin		1887	513	287	191	83
Marihuana		687	671	607	486	506
Opium		80	50	37	30	29
Morphine		170	48	20	30	3
Glue and Solvent		122	111	40	45	29
Methamphetamine		7105	6882	5046	3965	2320
Others		291	96	165	199	187
Total		10342	8371	6202	4946	3157

Source: Probation Department, Ministry of Justice, 2003

**Table 7** Shows the comparison of numbers of adult supervision probationers for drug offenses 1999-2003

Type of Drug	Year	1999	2000	2001	2002	2003
Heroin		2189	1209	972	610	250
Marihuana		7283	5427	4745	4133	3571
Opium		593	318	332	176	122
Morphine		24	16	626	44	13
Glue and Solvent		3781	2597	2242	2589	2048
Methamphetamine		56634	61734	61341	50208	19013



**Table 7** Shows the comparison of numbers of adult supervision probationers for drug offenses 1999-2003 (Continued)

Type of Drug	Year	1999	2000	2001	2002	2003
Others		2311	420	360	490	359
Total		72815	71721	70618	58250	22376

Source: Probation Department, Ministry of Justice, 2003

Tables 6-7 show the comparison of the number of adult probationers under the investigation and supervision processes for minor drug offenses during 1999-2003. The number of adult probationers tends to decrease for both categories of investigation and supervision. The decreasing numbers of adult probationers reflects the more punitive approach of the courts for these types of minor drug offenses partly due to the violations of the probation conditions such as the probationers fail on drug use habit. Decreasing the number of adult probationers during the period has great impact upon the increasing number of the inmates confined in the prisons or correctional institutions that causes the problem of prison overcrowding in the period.

There is a limited number of existing drug treatment and rehabilitation facilities as compared to the number of persons that need to be treated and rehabilitated in order to reduce the demand for drugs as specified in the goals of the policy. There are only a few treatment facilities that provide drugs treatment and rehabilitation programs as their main service. The rest of the treatment and rehabilitation facilities have been assigned and created to support the demand reduction policy by providing drug treatment and rehabilitation programs as their secondary functions.

The demand reduction strategy requires cooperation of the multi-partnership professions in the process of treatment and rehabilitation. The demand reduction strategy has been initiated out of the close cooperation of the multi-partnerships between the

criminal justice system and the treatment and rehabilitation system. Although there is a survey study that found that the multi-partnership professions are in favor of the enforcement of the Narcotic Addicted Rehabilitation Act 2002 (Aksornkij, 2003). At the practical level there is a problem of a much lowest intake in the number of drug users who have been referred to be diagnosed and treated into the assign drug treatment centers due to the investigation officers found the practical guidelines under the Act as too complicated to practice, thus the law has not been effectively enforced for a certain period of time after it has been passed.

Some of the survey studies found that the investigation officers are not confident that the new drug rehabilitation law can solve the drug use problems even they are in favor of the law (Therapatana, 2003 and Inyai, 2004). The new drug rehabilitation law which is a major instrument for demand reduction policy, has been somehow distorted at the practical level. For instance, there are a number of the minor drug offense cases that should be referred to the treatment and rehabilitation process according to the new drug rehabilitation law but the investigation officers use their discretionary power to divert the cases into more serious offenses that need the punitive approach. Thus, there is a small proportion of drug use offenses that have been referred to the assigned drug treatment and rehabilitation centers when compared with the total number of the estimated drug use populations.

Table 8 shows number of drug use offenses that have been referred to attend the drug treatment and rehabilitation program at Ladlumkaew Drug Rehabilitation Center in Pathumthani province. The Center is the major drug treatment and rehabilitation facility that provides services in the central part of the country and under the supervision of the Probation Department. When compared with the total number of drug using populations that need to be treated and rehabilitated in order to reduce the demand for drugs and the capacities of drug treatment and rehabilitation facilities, one can see that the goal of drug demand reduction policy is practically

overarched.

**Table 8** Shows the number of cases that have been referred to attend the drug treatment and rehabilitation program at Ladlumkaew Drug Rehabilitation Center in Pathumthani Province March-November 2003

Numbers of Patients	Male	Female	Total
Numbers of newly registers	160	99	259
Numbers of in treatment process Patients	87	62	149
Numbers of Patients Discharged	53	35	88
Numbers of Change in Treatment Plan	7	1	8
Numbers of Escapees	11	-	11
Numbers of Patients Refer Back to Police	1	2	3

Source: Ladlumkaew Drug Rehabilitation Center, the Probation Department, Ministry of Justice 2003

Some survey studies found a high satisfaction level among the drug users who have gone under the compulsory treatment program acquired by the new drug rehabilitation law (Ratanakathikanond and Prungkiattiyos, 2004) but the findings of these survey studies do not necessary review the success of the treatment programs provided for the drug users. As the new drug rehabilitation law has been enforced for less than a year and there is a certain period of time that needs to be allocated for treatment and rehabilitation thus, it is too soon to conduct a concrete evaluation on the compulsory drug treatment programs.

The problem of the demand reduction at the practical level can also be pointed out from the underutilized budget for treatment and rehabilitation and the number of cases expected and the actual number of cases received services as shown in the Table 9. Although the actual number of cases that received services is shown until the month of May the figures of expected numbers are far more than the

actual number of cases who receive services to the end of the year.

**Table 9** Shows budget allocated and budget used for drug treatment and rehabilitative plans of the Probation Department, Ministry of Justice for the fiscal year of 2003

Activities	Budget Allocated	Budget Used	Expected Cases	Actual Cases (May 2003)
Treatment/Rehab	173148100	38945985	15120	2845
Drug Diagnosis	124010340	-----	16800	3721

Source: Document # 3/2546 Probation Department, Ministry of Justice

**4.3 Protection of the Potential Demand**

The main activity of the protection of the potential demand is to assist local communities in developing effective prevention programs for youths who are not yet into the drug use culture. The large amount of budget allocated into a diverse number of activities is shown in Table 10. Problems concerned with this policy strategy are that the outcomes of these types of program activities could not be objectively conducted within a limited period of time.

**Table 10** Shows budget in Baht allocated to the community, networks, and organizations for drug preventive activities and types of communities for the whole country covered by drug control policy

Type of Preventive Activities	Total (Baht)	Percentage
Sports Activities	16471359	10.60
Billboard Campaign	5503445	3.6
Community and Network Workshops	26201919	16.9
Training to Develop Preventive Skills	38640012	25.0
Local Cultural Activities	2922304	1.9

**Table 10** Shows budget in Baht allocated to the community, networks, and organizations for drug preventive activities and types of communities for the whole country covered by drug control policy (continued)

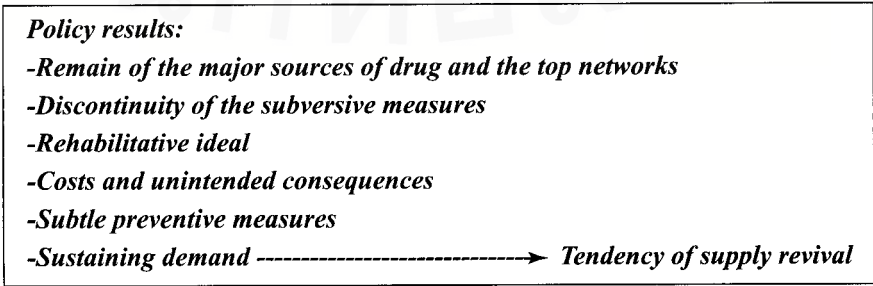
Type of Preventive Activities	Total (Baht)	Percentage
Environment Improvement Activities	347120	0.2
Rehabilitative Activities	6242480	4.0
Drug Surveillance Activities	14130638	9.1
Occupational Promotion Activities	8035385	5.2
Youth Activities	10137140	6.5
Community Plan Activities	26182500	16.9
Total	154814302	100.0

Source: Office of the Narcotics Control Board, Ministry of Justice 2002.

### 5. Analysis for the limits of change

After a few years of the implementation of drug control policy in Thailand, the policy has produced some results on supply and demand as well as the potential demand for drugs as specified in the policy goals. However, numbers of evidences indicate that there is a tendency of the revival of drug supply as the numbers of arrest on drug-related charges are recently increasing. The policy limitations for the changes according to its goals could be analyzed in each of policy results as shown in the following Chart.

**Chart 2** Policy results in the tendency of supply revival



## **6. Remain of the major sources of drug and the top networks**

The subversive measures of drug control policy had a great impact on drug trafficking links within in the Thai jurisdiction. Drug traffickers were largely suppressed in most of the community both in urban and rural areas. More than two thousands of drug-related homicide cases and some of whom were claimed as the drug-link suspects. These homicides involve individuals killed as a result of drug dealing and they were killed with the reason to break their links from the higher levels of their drug linkages. The majority of those who were suppressed thus, were the lower level of the organized drug trafficking circles. As drug control policy has been implemented in a single country and the large volume of metamphetamine has been produced outside the borders. Thus, drug could be smuggled into the country through the well organized cross-border syndicates along the long country border at any possible situation where opportunity is open. Supply of drugs to Thailand has been only temporarily disrupted by a successful subversive measures pose by the drug control policy. Only parts of the drug circles particularly the domestic drug links were largely attacked by the subversive policy. The majority of drug producers may slow down or have to slow down to produce during the policy was vigorously enforced and the top of drug networks remain intact.

## **7. Discontinuity of the subversive measures**

Drug eradication that has been set as the ultimate goal of the policy was expected to achieve at the practice level according to the date lines set by top level of policy decision- makers. Implementation of the subversive measures to eradicate drug has been response by the authority as well as the mobilized public entities as war on drug has been clearly set as the national agenda. However, at the practice level, the local authorities and the responsive bodies



have to face with numbers of difficulties in implementing the policy. For one thing, they had to work in a very complicated situation as the policy had set numbers the policy responsive bodies including the traditional responsive drug suppression and the police authorities. The higher level of authorities also expecting the concrete policy results through the measurable outcomes at each of setting dateline. Furthermore, they have to work against powerful and wealthy drug cartels that generate violent reprisals in several local areas. In general, most of the authorities and policy interests found that the drug eradication programs according to the policy within their responsive areas was a very difficult and frustrating venture. Thus, the subversive measures of the policy that were vigorously enforced at the first phase of the policy implementation and enforcing of the measures tend to be lax towards the end of implementation.

## **8. Rehabilitative ideal**

The current drug control policy presents a different per-spective on drug users and thus the treatment measures for them when compare to the previous drug policy-making episodes. According to the Thai criminal code, using of the legal prohibited-drug is illegal and the penalty for those who violate the law by using the prohibited-drug is imprisonment. At the practical level, those who are arrested for drug using offense with be prosecuted and trial in the court. Upon the approval of guilty, the drug using offenders will be sentenced for their offenses by a certain period of imprisonment in the drug rehabilitative correctional institutions where the therapeutic programs are sporadically provided. Drug treatment programs provided in the correctional institutions, to their nature, are generally considered as the compulsory treatment programs. The compulsory drug treatment and rehabilitation programs provided in the correctional institutions have been evaluated for their effectiveness only during the confinement

period but fail to prove the effectiveness after release from the institutions as high numbers of ex-addicted offenders are projected to be relapsed. The drug treatment and rehabilitation programs provided by the drug control policy are supported by the Narcotic Addict Rehabilitation Act 2002 where the arrested drug users are decriminalized by the criminal justice process as the prosecute of the case to be sustained while the offenders are given chance to be treated and rehabilitated outside the correctional institutions. The process of treatment and rehabilitation is also considered as compulsory as the offenders are required to join the treatment and rehabilitation programs within a certain period of time at either in the residential or non-residential drug treatment centers. Over the longer term, the compulsory drug treatment and rehabilitation programs under this new rehabilitative law and drug control policy are regarded as ineffective for its unrealistic and ideal goal as well as its disappointing results.

## **9. Costs and unintended consequences**

Drug control policy has a variety of indirect cost and unintended consequences. The most obvious of these are the cost associated with the criminal justice system that includes the crime prevention measures to the entire process of the criminal justice system. The implementation of drug control policy results in the crackdowns some of drug-related networks particularly those dealing with the trafficking of the major drug that widely spread at the time, methamphetamine. Although this type of drug has been used among the majority of drug abusers in Thailand at the time. For one reason is that methamphetamine had not been classified as illegal until a few recent years before its mushroomed-spread period, there are variety of substances that have been used among the drug abusers in Thailand. The drug control policy that addresses directly to control the pandemic of methamphetamine results in price- souring of this kind of drug as the large volume of drug was moved out

of the market. The policy also stimulate the rise of consumption the other types of addictive substances including alcohol that is a common precursor for the violent incidents.

The subversive measures of drug control policy has put the criminal justice system, particularly the law enforcement agency into an awkward position as the numbers of unsolved drug-related homicide and violent cases that took place out of the implementing of the drug control policy. Decriminalization of drug using behavior and the drug addicts are treated as the patients in stead of the criminals poses a great impact on the enforcement-oriented policy among the law enforcement officers. The police tend to lax in enforcing the drug control law on drug using offenses particularly at the early period after the policy was implemented. The implementation of drug policy has been expected to be enforced by the entire criminal justice process, however due process principle dominates the system. Numbers of drug-related offenses that have gone through the criminal process were diverted out of the system as lack of inefficient evidences to support for the prosecution and conviction of the offenders. The severe punishment policy for drug offense has put the prison and correctional institutions in a very difficult position. The correctional officers are expected to deal with numbers of difficulties to control drug offenders who were confined in the prisons or correctional institutions and may cause the problems of escape, drug trafficking, as well as prison violence.

## **10. Subtle preventive measures**

The policy dimension of preventive measure has shown the least impact among the others. Preventive measure primarily focus on the risk groups who have been considered to be the potential demand on drug. Although the policy had been designed in the way that all policy dimensions; supply reduction, demand reduction and, the protection of the potential demand, are equally enforced, the assigned authorities have put much of resources and efforts on

supply reduction and demand reduction dimension. Most of the drug preventive programs for the potential demand that have been launched and organized with the subtle objectives and outcomes. The preventive activities failed to draw attention from the target groups as they see such activities are nothing more than to spread the anti-drug message to the high school and vocational students while other young population particularly the unemployed and unskilled labors who are the main target for drug using were left out of touch by the majority of the drug prevention programs.

## **11. Sustaining demand**

Drug control policy aims to reduce the demand on drug through supply reduction and protection of the potential demand. Unfortunately at micro level, drug using behavior does not happened in accord with the demand and supply mechanism. Person may decide to use or not to use drug is very much depend on his or her own unique psycho-social and biological environmental factors. Demand on drug may be on the rise with the level of stress the persons are facing and less to do with the availability or supply of drug. As the suppression of drug goes on in order to comply with the policy, drug using habits of the majority of drug users was disrupted either by the strict suppression to eradicate drug out of the market or the souring price of drug as its scarcity due to the policy. Numbers of drug users may have to be forced for treatment and rehabilitation but by and large demand on drug is always prevailed throughout the period of policy implementation. These hidden demand on drug may be sustained by the consumption of the other types of substance that are both legally and illegally available. Drug users who decide to keep their drug using habits have to pay more for the same quality and quantity of drug as the scarcity during the period when policy was strictly enforced. Substance abuse among some specific groups are less effected by the policy. There are some specific addictive substance such as in the cough mix that has been used among the

young Muslims in the southern part of the country. Although it is prohibited of use without the prescription, the substance was hardly tackled by the policy implementation. As the hidden demand on drug is largely sustained and the revival of drug supply may occur at any chance.

## 12. Suggestions

The contemporary drug control policy has put some impacts on the drug situation in Thailand numbers of ways. Policy had been launched and implemented in several major right directions and has addressed to cope with the problem of drug epidemic in Thai society to some extent. As the drug control policy has been implement for a certain period of time, there are numbers of limitations of change and policy outcomes are becoming obscured and not clear to the public. This article is devoted to a description of the Thai contemporary drug control policy that has been recently changed in some different directions from the previous drug control policy. The article has been concluded with an analysis of why the policy came into short of changes. The public is left with the question of what would be the next possible steps in the public policy on drug control. The article therefore moves on to a consideration of some other suggestions which may have the potential to ameliorate some of the flaws of the current Thai drug control policy.

First, the policy has to be understood and implemented under the socioeconomic and cultural context of the society. Its is obvious that drug trafficking has been organized with the economic incentive that draws a large scale of participants to join in. The majority of Thai population is living under economic stress from either poverty or artificial demand. Numbers of participants who decided to join in the drug trafficking or drug-related activities with the economic incentive decision. There are number of people particularly poor women who had to take responsible for the family expenses were forced to take the risk on drug business after the economic crisis in



1997. Thus, socioeconomic factors such as the high level of social and economic structure that enforce of more equal opportunity among the citizen need to be taken into account for the next possible drug control policy formulation.

Second, although the policy on drug control is mainly considered as domestic policy that need to be supported by the entire partnerships within the country. However, supply and demand on drug could not anymore be control under a single country. The policy thus, need to be formulated and implemented with cooperation of the neighboring countries and also with the collaboration among the countries at both regional and international communities.

Third, the subversive measures that have been claimed as the focal point of the current drug control policy have been forcefully implemented in order to tackle the drug links that result in the reduction of supply. However, the measures were found to be lax untimely thus top networks of drug links still remain in drug trafficking business. The subversive measures need to be consistently enforced within the entire period of implementation to the point that the main drug networks are disrupted. The policy continuity is also need for the strategies on demand reduction and the protection of the potential demand.

Fourth, it is clear that legal mechanism and the criminal justice system are of important in drug control policy but the top networks of drug links are usually well protected by their wealth and powerful links. Thus, the drug control policy needs to be formulated and implemented through the effective legal measures and the criminal justice system.

Fifth, the drug control policy is also to needed to be set for its realistic policy goals that can be achieved by the the policy operating units. The suppression measures that aim to completely tackle on drug-related activities in the local areas are unrealistic that may result in “make-up” figures for the policy implementation reports. Policy goals also need to set for their priorities in each different phase of implementation.



Another suggestion deals with the community partnership that need to participate in for entire policy making process. The current drug control policy has called for community to take part in the war on drug, however the community had no participated or involved in the policy at other stage of policy cycle. Thus, the community actually are asked or requested to participate into the anti-drug programs and projects through the local authorities. Some of the communities have been challenfed for their integrity as the policy places some of the community members at risk position when they have to work against those community members who were dealing with drug trafficking activities.

### **13. Conclusion**

It has been over a few years since the war on drugs through the current drug control policy has been declared by the government. The policy has been formulated to address serious drug problems posed in society at this time. The strategic policy has been drawn out of the system of drug problems this composes of the supply, the demand, and the potential demand for drugs. The policy model thus, is based on the basic assumption that the supply reduction through the subversive measures will lead to demand reduction and as the potential demand is well protected, the drug problems will eventually be resolved. There are a number of changes in the drug situation in Thailand due to the implementation of the policy.

On the demand reduction strategy, the policy has tried to address the problems of demand for drugs; drug addicts, drug users, as well as the potential demand or the at risk group in general. As the number of drug use populations, both drug addicts and taking, is substantial at this time before the implementation of drug control policy, without the sufficient treatment and rehabilitation capacity and services such as effective treatment programs for target intensive treatment services for hardcore drug-use populations and effective prevention programs for the general youth populations,

the goals of the policy on demand reduction is practically overarched. At the practical level of demand reduction strategy, the treatment of drug use populations has not been somehow complied with the policy directions. There are some distortions of policy at the practical level in the justice system thus, there is a lower number of the target populations that should be referred into the processes of drug treatment and rehabilitation programs particularly at the beginning stage of the policy implementation.

On the supply reduction strategy, drug trafficking has been severely tackled by the submissive measures. At the operating level, the policy claims more than one thousand lives who had been involved with drugs either one way another. The common type of drugs that had been illegally bought and sold before the implementation of the policy such as methamphetamine was largely wiped out from the market. As the supply of drug has been drastically reduced at the beginning of policy implementation and the substantial demand for drugs could not be suddenly reduced thus, the supply/demand situation results in the higher price of drug. The subversive measures under the supply reduction strategic policy have had great impacts upon the retail and middle drug suppliers more than the major ones. Lack of the legal-based evidence and the sufficient supporting policy mechanisms, some of the major drug suppliers and their networks remain intact and thus, the ready-to-rise supply again would tend to be revived at any available situation.

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