Thai Community-Based Correctional Programs for Narcotics Addict in Response to the 2002 Rehabilitation Act: A Systems Approach

Decha Sungkawan*

Drug consumption has been a criminal offense in Thailand since the use of opium was prohibited by law that passed in the late 1950s. Using of illicit drug is still a criminal offense under the current Thai criminal law, but the Narcotics Addict Rehabilitation Act 2002 introduces a diversion program into the criminal justice system for those offenders who were charged of drug using. According to the new narcotics law, the suspects of drug using and drug addiction are given chances to receive either compulsory or voluntary drug treatment and rehabilitation programs provided for them at the designate drug treatment and rehabilitation centers while their criminal cases are suspended at the public prosecution offices. Those suspects who comply and complete with the drug treatment and rehabilitation processes with satisfactory results will be discharged from their criminal offenses.

1. Overview of the current situation in Thailand

Drug abuse has been listed as one of the most serious social problems in Thai society for over decades. Since the country listed opium as one of the illicit drugs in the mid of the last century, Thailand has faced a growing number of different drug among the population. The recent official reports on illicit drugs in Thailand include the following major illicit drugs;

1. Methamphetamine is currently reported as the most serious illicit drug in terms of supply and number of abusers. During 1998-2002 there was a large amount of methamphetamines illegally trafficked into the country from neighboring countries together with

* The Criminal Justice Administration Program Director, Faculty of Social Administration, Thammasat University

a small amount of domestically produced for distribution in Thailand. Numbers of official arrests for methamphetamines and the quantity of this drug have been increased drastically in the recent years as shown in Table 1.

Table 1 Number of arrests and the quantity of methamphetamine seized for the whole country

Year	Number of arrests	Weight of drugs seized (Kilograms)	Tablets (millions)
1998	130,689	3,012	33.5
1999	147,789	4,518	50.2
2000	149,827	7,422	82.4
2001	152,773	8,441	93.7
2002*	75,071	5,969	66.3

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

2. Heroine in Thailand has been decreasing in demand recently as it has been replaced by other types of drugs particularly methamphetamines. Since 1999 there is evidence to support that there is no heroine produced domestically in Thailand. Most of the recent supply of heroine that is available is for the low demand market from outside the country. The epidemic of heroine has been drastically reduced due to changes in demands among the users as methamphetamines gain the advantages in both accessibility and cost. The number of official arrests for heroine thus has also decreased as shown in Table 2.

Table 2: Number of arrests and the quantity of heroine seized for the whole country

Year	Number of arrests	Weight of drugs seized (Kilograms)
1998	13,858	541
1999	7,538	405
2000	4,184	386
2001	3,062	475
2002*	1,136	514

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

3. Opium is found to be used mostly among the members of the hill tribe minorities who live along the borders of the country. Although the areas for opium cultivation have been vastly reduced from 54,860 Rai in 1984 to 6,897 Rai in 2001, the opium plantations are still found in remote areas in 11 northern provinces and 1 north-eastern province of Thailand. Similar to the situation of heroine, the number of official arrests for opium have been on the decline as shown in Table 3.

Table 3 Number of arrests and the quantity of opium seized for the whole country

Year	Number of arrests	Weight of drugs seized (Kilograms)
1998	3,834	1,783
1999	3,014	2,046
2000	2,440	1,595
2001	2,188	2,319
2002*	1,077	3,573

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

4. Cannabis Sativa or marijuana that flows in Thailand could be either domestically produced or trafficked from the neighboring countries. Cannabis could be cultivated in any part of Thailand but the major cultivation area for cannabis is concentrated in the north-eastern region. Cultivation of cannabis in Thailand is mainly for domestic use with little being exported. The demand for cannabis in Thailand is currently decreasing as the usage of methamphetamines is on the rise among the drug addicts. The number of official arrests and the quantity of cannabis seized are shown in Table 4.

Table 4 Number of arrests and the quantity of dry cannabis seized for the whole country

Year	Number of arrests	Weight of drugs seized (Tons)
1998	25,714	5.88
1999	22,156	14.68
2000	19,312	10.32
2001	15,294	11.30
2002*	7,727	6.8

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

5. Glues and Solvents are restricted and controlled by law for the limited industrial uses but somehow they are widely abused by numbers of young addicts in Thailand. Glues and solvents are particularly used among the youths from lower and working class families that lack parental supervision. The epidemic of glues and solvents among young addicts is evident in every part of the country but particularly in urban areas. The number of official arrests and the quantity of glues and solvents seized are shown in Table 5.

Table 5 Number of official arrest and the quantity of glues and solvents seized for the whole country

Year	Number of arrests	Weight of seized glues & solvents(Kilograms)
1998	17,983	599
1999	16,929	4,141
2000	12,450	453
2001	10,240	357
2002*	6,149	217

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

6. Ecstasy is an illicit drug trafficked in from overseas and used among specific groups particularly the urban young and teenagers. Ecstasy is usually used among young middle class pleasure seekers while attending entertainment establishments in urban areas. The number of official arrests and the quantity of ecstasy seized are shown in Table 6.

Table 6 Number of official arrest and the quantity of ecstasy seized for the whole country

Year	Number of arrests	Number of ecstasy seized(Tablets)
1998	115	5,919
1999	182	21,794
2000	365	72,177
2001	316	67,120
2002*	206	58,373

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

7. Cocaine was recently introduced into the country by tourists and the affluent class who have drug experience from overseas. Due to the high market price as it is an imported drug item, cocaine use is limited to those who can afford it's high price. Similar to ecstasy, cocaine is used as a stimulant among the entertainment establishment customers. Although the amount of cocaine seized from arrests is low, the number of users are on the rise. The number of official arrests and the quantity of cocaine seized are shown in Table 7.

Table 7 Number of official arrest and the quantity of cocaine seized for the whole country

Year	Number of arrests	Weight of cocaine seized (Kilograms)
1998	22	3.56
1999	16	0.61
2000	16	4.00
2001	14	4.62
2002*	16	7.99

*Compiled on 4th October and the figures shown are for the period of January-September only

Source: Office of the Narcotics Control Board.

8. There are some other types of illicit drug that are found among specific groups in Thailand for instance; Ketamine - a medical substance that is reprocessed into a drug and used among specific groups, Codeine - a mixture for coughing syrup is found to be used among young Muslims in the southern provinces who are prohibited by religion from alcohol consumption.

2. Magnitude and distributions of the narcotics addicts

It is difficult to calculate the exact number of drug addicts in

a society however, there are different ways to estimate that number. Based on the study conducted in concurrence with the National Household Survey of 2000-2001 by the Office of the Narcotics Control Board with the collaboration of researchers from various educational institutions, the approximate drug addict population in Thailand can be estimated from the drug using population aged 12 to 65 years old or approximately 44 million people. The study covers a sampling of 39,000 people from 40 provinces in every region around the country. Types of drugs included in the study are; methamphetamines, heroine, opium, cannabis sativa, hemp, glues and solvents, ecstasy, cocaine, and ketamine. The number of drug addicts for the country were estimated as follows;

1. Approximate 7 million or 16 per cent of the population (44million) that have experienced drug using;

2. Approximate 1.9 millions or 4.3 per cent of the population(44 million)that have used a drug within a 1 year period;

3. Approximate 1 million(998,700) or 2.2 per cent of the population (44million)that have used a drug within the last 30 days;

4. The percentage of people that have used drug within the last 30 days(approximate 1 million) differ by regions in the addiction rate (number of drug addicted persons per 1000) accordingly;

a. Metropolitan Bangkok: estimated number of potential drug users is 40,400 or 10 persons per 1000

b. Greater Bangkok Areas: estimated number of potential drug users is 43,100 or 24 persons per 1000

c. Northern Region: estimated number of potential drug users is 64,600 or 7 persons per 1000

d. Central Region: estimated number of potential drug users is 82,600 or 10 persons per 1000

e. Northeastern Region: estimated number of potential drug users is 486,900 or 30 persons per 1000

f. Southern Region: estimated number of potential drug users is 281,1000 or 49 persons per 1000

Types of drug used among 1.9 million(4.3 per cent of the potential drug users or 44 million) who have admitted using drug within a 1 year period were estimated as follows;

a. The number of methamphetamines user is 1,092,500 or 2.4 per cent of the potential drug users(44 million)

b. The number of cannabis sativa user is 667,200 or 1.5 per cent of the potential drug users (44 million)

c. The number of kratom* user is 643,800 or 1.4 per cent of the potential drug users (44 million)

d. The number of glues and solvents users is 199,700 or 0.5 per cent of the potential drug users (44 million)

e. The number of ecstasy users is 46,500 or 0.1 per cent of the potential drug users (44 million)

f. The number of opium users is 38,600 or 0.1 per cent of the potential drug users (44 million)

g. The number of heroine users is 22,700 or 0.1 per cent of the potential drug users (44 million)

h. The number of ketamine users is 7,200 or 0.02 per cent of the potential drug users (44 million)

i. The number of cocaine users is 4,900 or 0.01 per cent of the potential drug users (44 million)

3. Problems of the narcotics with reference to the criminal justice system

According to Thai law, all activities dealing with illicit drugs, from consumption, possession, and trafficking are considered as crimes. Drug offenses are a major part of criminal activity in every criminal justice sub-systems; law enforcement, court, and corrections. The recent general drug statistic show increasing amount of drug offense cases together with a large number of offenders.

---

* A specific type of the organic addictive drug that has been planted and consumed among the locals for various purposes including as a stimulant agent.

Table 8 Number of general drug offense arrested and number of offenders for the whole country

Year	Number of drug offense	Number of offender
1999	206,170	223,294
2000	222,498	238,153
2001	205,375	218,166
2002	176,480	186,545
2003*	5,024	5,490

*Compiled on 5th March and the figures shown are for the period of January-February only

Source: Office of the Narcotics Control Board.

The drug arrests deal with all the major types of narcotics available in the country. In recent years, different types of narcotic show different trends in term of arrest incidence and quantity seized. While heroine and opium cases are shrinking, methamphetamine cases show an all time high since it was criminalized in 1996. The number of drug offenses by type of drug is shown in Table 9. The quantity of major drugs seized for the same period are shown in Table 10.

Table 9: Number of drug offenses by major types of drugs for the whole country from 1999-2000

Year	Methamphetam.	Cannabis	Glues	Heroine	Opium	Ecstasy
1999	154,028	22,720	17,004	7,872	3,022	183
2000	180,287	19,890	13,107	4,926	2,466	374
2001	167,173	20,461	10,640	3,461	2,284	378
2002	142,761	14,563	12,938	2,170	1,891	484
2003*	4,033	388	420	35	88	20

*Compiled on 5th March and the figures shown are for the period of January-February only

Source: Office of the Narcotics Control Board.

Table 10 Quantity of the major types of drugs seized in Kilograms for the whole country

Year	Methamphetam.	Cannabis	Glues	Heroine	Opium	Ecstasy
1999	4,518	14,684	4,141	404	2,046	5
2000	7,549	10,323	455	384	1,595	18
2001	8,459	10,921	360	474	2,289	17
2002	8,627	12,095	453	634	4,034	37
2003*	1,474	669	16	40	9,684	14

*Compiled on 5th March and the figures shown are for the period of January-February only

Source: Office of the Narcotics Control Board.

Most of the drug investigations are for use in the criminal court. Drug offense numbers prosecuted in the criminal court, juvenile court, and military court are shown in Table 11, 12, and 13 accordingly;

Table 11 Number of drug offenses handled by prosecution offices and criminal courts

Year	No. of investigated cases		No. of cases prosecuted in court	
	Case	Offender	Case	Offender
2000	238,343	256,647	237,882	254,847
2001	247,254	264,126	246,261	262,855
Differ	+ 8,911	+ 7,439	+ 8,379	+ 8,008

Source: Bureau of Prosecution

Table 12 Number of drug offenses processed by the juvenile courts

Year	No. of cases on trial	No. of cases sentenced*
2000	17,937	19,160
2001	14,270	n.a.
Differ	- 3,667	

*Number of cases sentenced in each year plus cases from the previous years
Source: Judicial Information Center, Ministry of Justice

Table 12 Number of drug offenses processed by the military courts

Year	No. of cases on trial	No. of cases sentenced
2000	1,372	1,154
2001	1,483	1,371
Differ	+ 111	+ 217

Source: Bureau of Military Judiciary, Ministry of Defense

The majority of drug offenders who are sentenced to imprisonment with a few felonies getting the death penalty. Drug offences are the highest in number when compare to other type of offenses in prison as well as in the juvenile institution. The number of drug offenders in correctional institutions and juvenile institutions are shown in Table 14 and 15 accordingly;

Table 14 Number of drug offenders in the correctional institution for the whole country

Year	Number of male offenders	Number of female offenders	Total
2000	66,210	22,256	88,466
2001	74,316	26,390	100,706
Differ	+8,106	+4,134	+12,240

Source: Planning Division, Department of Corrections

Table 15: Number of drug offenders in the juvenile institutions for the whole country

Year	Number of male offenders	Number of female offenders	Total
2000	17,901	1,842	19,743
2001	12,014	1,429	13,443
Differ	- 5,887	- 413	- 6,300

Source: Central Juvenile Institution, Ministry of Justice

4. The current drug control policy

A. Policy initiatives

The present Thai government has declared a war on drug and has set drug control as one of its priorities. The government's drug control policy has put prevention over suppression and narcotics addicts are viewed as needing effective medical rehabilitation while drug traffickers will face severe punishment. With this policy as a guideline, the government has called for specific strategies in order to successfully meet these goals. This specific strategy was announced by the government as *"Ruam Palang Pandin"* literally meaning the strategy for strengthening the national integrity to fight drug problems. The strategy is well integrated into the 9th National Economic and Social Development Plan(2002-2006) where human resources are considered as central among other elements for national development. Due to this strategy, attacking drug problems either by prevention, suppression, or rehabilitation measures will take place and with the center being the community. Thus, the community is considered as an operation unit for the war against drugs and community members have to be involved as an essential part of this strategy. The government clearly specifies that the policy invites all public and private entities to participate in the mission but the central coordinating body for the scheme is the Ministry of Interior,

the public office that hold community networks throughout the country. The strategic plan for tackling the drug problem has been implemented using the following steps;

1. Villages and communities are scoped as the operating units to fight drug problems in every measures designed; drug prevention for potential groups such as teenagers, the suppression of drug supplies through strong pressure on the local drug traffickers and street level drug dealers, and drug rehabilitation for those local addicts. The above measures are combined with strengthening the village and community infrastructure that supporting the village, and society as a whole.

2. Focus on coordination and unity among the organizations and involve them in every stages in implementing the plan. Implementation budget have been allocated to every province that is required to implement the plan directed at the target groups at both the village and community level.

3. Set integrative policy on drug prevention and problem solving at the local level by following process;

a) Raising awareness among the youngsters in the village and community on problems concerned with drug use.

b) Chang perception among community members that drug addicts are not simply burdens to their family as well as to the community but are actually productive members of the community who need effective drug rehabilitation programs to contribute to their community.

c) Surveillance of the former drug addicts who have been rehabilitated is expected to be conducted by local volunteers who take on the responsibility of behavioral control of the former drug addicts with a social and culturally sensitive approach.

d) Career and income counseling is an essential part of the rehabilitation process as most drug addicts lack life career skills.

e) Enforcing law order as well as developing social and community organizations to create a social environment that discourages drug use particularly among the young and other

minority groups.

B. Local operating units for drug suppression and prevention measures

The Prime Ministerial Order 119/2544 dated 31 May 2001 has created concrete guidelines for the implementation of the war on drugs. The Order has assigned the provincial, district, and subdistrict offices that are staffed at the different levels with government officers to set up "Operating Centers to Win the War on Drugs" as the operating units to fight with drug problems in their responsive areas.

According to the order, the government officials at the local "Operating Centers" are responsible for following duties on drug suppression and prevention measures;

a) Continuously survey and compile drug information that includes drug using as well as drug trafficking in their areas and present reports for suppression and prevention measures to their higher level offices.

b) Launch the suitable operating plans for drug suppression and prevention for their local areas by focusing on participatory and integrating principles that involve all entities in their areas.

c) Direct and unite all public officers in their areas taking responsibilities for working with other parts of the community in order to gain an effective government drug control policy.

d) Appoint committees, the working groups, or individuals to facilitate the policy with specific drug control measures.

C. Guidelines for the operating centers

The operating centers will take a central role in the various units working in their areas to fight drug problems. The coordinating functions of the centers could be roughly divided into three major measures.

1. Protection and Drug Prevention Measures

The drug control policy requires the protection of the risk groups and general population from drug consumption as its priority. This measure differentiates the risk groups into two different age-groups;

A. General population is protected from drug problems through the following measures; strengthened communities and their networks to fight drug problems in the areas, develop civil society process among individuals and groups in the community, raise awareness on drug problems among community members, unite forces from all sectors to fight against with drug problems, empower civil societies, groups, as well as community members, to expand the roles of community and civil society to use both preventive and suppressive measures in fighting with drug problems, and to follow up closely on the results of drug control policies.

B. Youth and adolescent groups are protected from drug problems by collaboration among the involving agencies; the Ministry of Education, the Ministry of Social Development and Human Securities, the Ministry of Labor, the Ministry of Tourism and Sports, and the various local agencies under the Ministry of Interior. These government agencies are expected to support drug control policy through various measures including; create social forces among youth and adolescent groups to fight with existing drug problems, develop immune systems to protect and prevent adolescents and youth groups from drug problems, to strengthen family and community networks to protect and prevent youth from drug use, reduce the causal factors and conditions that encourage drug problems in local areas, develop and promote the discouraging conditions and factors such as sports and leisure activities for preventing drug using among the young, to encourage non-government and private sectors as well as civil societies to participating in drug prevention and protection measures.

2. Suppression or Supply Reduction Measures

Drug suppression measures have been viewed primarily as the responsibilities of the police and the Narcotics Control Board Office. However, according to the new drug control policy, the government does addresses that suppression measures are the responsible of all parties both public as well as private sector. Every local drug control operating center is required by the government to actively participate and support drug control, law and order, cracking down on drug trafficking, as well as forfeiture of assets activities. The drug control operating centers are assigned to the role of information agencies for drug control activities in the community with the following roles;

A. To facilitate community members secretly informing on drug trafficking, using information in their communities through various means such as P.O. Box's, hotline service, or in form of written mail.

B. To compile a name list of the individuals and groups involved in drug trafficking, the drug links and the public officers who are involved in the illicit drug business in the region at different local levels.

C. To set the area operating plans that produce pressure, investigation, arrests, and searches for suspected individuals, and groups involved with drugs.

3. Rehabilitation or Demand Reduction Measures

Drug consumption by the drug users and drug addicts makes up most of drug demand. Thus, the drug rehabilitation programs would automatically reduce the demand for drugs in the market. Drug rehabilitation programs for drug users and drug addicts currently are classified into three different systems.

A. Volunteer-based treatment system that are open the rehabilitation programs to drug users to access without drug using offenses provided by the Ministry of Pubic Health and other private agencies. There are 723 rehabilitation centers throughout the country

providing drug treatment services using these following steps;

1) Search for the drug users and drug addicts in the local areas using a basic survey form.

2) Classify the target groups into different types of drug consumption such as the potential or risk group, the drug using group, and the drug addict group by the local health care volunteers and officers.

3) Set up drug treatment and rehabilitation centers in the local area out of existing buildings such as the barracks, national guard units, boy scout camps, temples, and schools.

4) Treatment processes that include physical exercise and therapy, disciplinary training, detoxification, and psycho-social therapy that involve all concerned parties both professionals, volunteers, as well as the family members of drug users. Career training programs are also provided for those who need to work after the rehabilitation process.

5) After care follow up, and surveillance of those who have gone through the treatment program by the volunteers and community members. Former patients who fail to maintain a drug-free life after treatment may retake the voluntary-based treatment system at their discretion.

B. Coercive treatment under the Narcotics Addict Rehabilitation Act B.E. 2545 that allows those who are arrested for drug abuse and drug possession offenses can get into the drug treatment program with no penalty at the treatment centers set up by the Act. Coercive treatment includes the following steps;

1) Searching for drug users and drug addicts by community members and urging them to take voluntary drug treatment system. However, those drug users and drug addicts who refuse to join the voluntary treatment program may be coerced to join the treatment system by the Act.

2) Diagnosis of drug consumption for those who are arrested by a sub-committee on drug rehabilitation as either drug users or drug addicts.

3) The sub-committee on drug rehabilitation orders drug users and drug addicts to take the treatment and rehabilitation programs either with or without physical confinement.

4) After care follow up, and surveillance of those who have gone through the treatment program by volunteers and community members. Those who fail to maintain a drug free life after rehabilitation will be sent into the criminal procedure for penalty. After serving the penalty, the ex-drug users or drug addicts may apply for the voluntary treatment system under supervision of the volunteers or the community members as if they still need it.

C. Those who are in correctional or juvenile institutions may attend the drug treatment programs provided for them in such institutions and after they are released they have to report to the operating units in their local areas.

5. The Narcotics Addict Rehabilitation Act B.E. 2545 (2002)

Since the promulgation of the law to prohibit opium usage in the last Century, there have been number of drug control legislation in Thailand. The Narcotics Addict Rehabilitation Act B.E. 2545 is the first major piece of law on drug control passed in the 21st Century. The previous Drug Addict Rehabilitation Act B.E. 2534 (1991) has been abolished as there is some enforcing elements that are against personal protection right in the current constitution. The new Rehabilitation Act is considered to be the first piece of law that addresses the direction to the conditional decriminalize drug users in Thai society.

A. The Act has been passed with some major following principles

1. The Act complies to the system of individual rights and liberties protection of the individual that are spelled out in the

Constitutional Law B.E. 2540 (1997).

2. The Act sets a new paradigm for drug users who were always considered a criminals in Thai society to instead be considered sick persons with health problems that need to be cured and rehabilitated with proper medical, social and psychological treatment.

3. The Act introduces a diversion process into the criminal justice procedure with the suspension of prosecution measures for offenses of drug use and drug possession for use.

4. The Act provides the person with right to appeal the command of the officials on the identification of drug consumption and drug rehabilitation such as the right to appeal in other administrative orders.

5. The Act extend the rehabilitative procedure to cover the following drug offenses;

a. Drug users with small amount of drugs in their possession.

b. Drug users with small amount of drugs for use and for sale.

c. Drug users with small amount of drugs for sale.

6. The Act extends the power of authorized establishments for identifications and drug rehabilitation under the Ministry of Justice and extends to other agencies.

B. The Act covers a number of responsive bodies include the following individuals, Commissions and committees

1. The Minister of Justice.

2. The Narcotics Addiction Rehabilitation Commission that is chaired by the permanent secretary of the Ministry of Justice.

3. The provincial sub-committees of the narcotics addiction rehabilitation in each province that are appointed by the Commission, these sub-committees are chaired by the public prosecutors as the representatives of the Ministry of Justice in the province.

4. The investigation officers.
5. The public prosecutors.
6. The judicial officers.
7. The directors of the drug addiction rehabilitation centers.
8. The probation officers.
9. The other officers who are assigned to enforce the Act.

C. The Act contains the following rehabilitation processes

1. The Investigation Process

The investigation of those who have been arrested for drug offenses mentioned above, the investigation officers are responsible for taking the offenders to court within 48 hours and 24 hours in the case of juvenile offenders for the court order to identify the drug consumption and drug addiction of the offenders.

The courts are required to send the offenders to the drug addiction rehabilitation centers for drug identification and inform the sub-committee of the rehabilitation in the areas. While the offenders are under confinement at the drug addiction rehabilitation centers for drug consumption and drug addiction identification, the investigation officers are responsible for continuing the investigation process by submitting reports to the office of the public prosecutors with information on the confinement of the offender in the drug addiction rehabilitation centers.

2. Drug consumption and drug addiction identification process

By order of the court, the provincial sub-committee of the narcotics addiction rehabilitation is responsible for identifying whether the offender is either a drug user or drug addict. The sub-committee has to investigate the biological, socioeconomic background as well as the offensive behavior of the offenders within 15 days after the offenders are referred by the court. For those offenders who are identified by the sub-committee as drug

users or drug addicts, the treatment plans for them have to be drawn by the sub-committee and forwarded to the public prosecutors for the consideration of suspension of prosecution. For those offenders who are identified as neither drug users nor drug addicts, the sub-committee has to refer them back to the police officers or public prosecutors with a report for further consideration of their cases.

3. Drug treatment and rehabilitation process

Those identified as the drug users or drug addicts have to be assigned to follow a treatment programs according to the treatment plans at the narcotics addiction rehabilitation center for the period starting within 6 months from the beginning of the treatment program. The treatment period of 6 months could be extended for those who are considered by the sub-committee to need more treatment. However, the extension of treatment period should not exceed the total treatment period of 3 years.

Those who avoid the treatment center during their treatment plan period will be considered the case as escape of the officials' custody as it is indicated in the penal code.

When the sub-committee is satisfied with the treatment results of those who have gone through the drug treatment program, they will be released without a drug offense charge. The results of the cases are reported to the investigation and public prosecution officers. Those with un-satisfy treatment results will be referred back for further consideration and possible prosecution by the prosecution offices.

4. Those offenders who are not satisfied with the identification of drug consumption and drug addiction retain their right to appeal such identification to the Narcotics Addict Rehabilitation Commission within 14 days after the notice of identification. The appeal cases are finalized by the Commission.

5. The suspension of prosecution and adjudication processes

As the public prosecutors receive identification results of drug consumption and addiction offenders, the case will be considered according to the following criteria;

a. Those offenders who are identified by the sub-committee as users or addicts, the public prosecutors have to call for an order of suspension of prosecution until they receive the results of the drug treatment from the sub-committee on the narcotics addict rehabilitation.

b. Those offenders who are identified as neither users nor addicts, the prosecutors have to forward the case to be prosecuted to the court.

c. Those offenders who are specified as non-eligible to be treated under the Narcotics Addict Rehabilitation Act will be prosecuted by the public prosecution officers and the sub-committee will be informed for the decision on the cases.

d. Those who have gone through the treatment plan without the sub-committee's satisfaction results for treatment will be prosecuted by the public prosecution officers.

D. Penalties.

The documentation and other personal information that are obtained as the evidence under this Act will be protected and are not to be disclosed by any persons involved with the case. The person who discloses such information will be liable subject to penalties. The disclosure of such information is permitted only for the following reasons;

a) disclosure of information by the duties of the authorized officers

b) disclosure of information in the investigation and adjudication processes

c) disclosure of information permitted by the Narcotics Addict Rehabilitation Commission or by the sub-committee on narcotics addict rehabilitation.

Those who do not comply with the officers or the Commission's orders will be will prosecuted and penalized with an imprisonment term or fine measures.

6. The Community-Based Correctional Programs for the Narcotics Addicts

The Narcotics Addict Rehabilitation Act B.E.2545 (2002) contains the principle of decriminalization of drug offenses which compose the majority of offenses in the current Thai criminal justice system. The enforcement of the Act is expected to reduce the number of criminal offenses for the whole system from the investigative agencies to the correctional institutions. The Act allows for substitution of imprisonment measures that was previously applied for such offenses. The Act introduces new diversion programs to the criminal justice system by de-institutionalizing process for those offenders covered by the Act. It is expected that the Act will be the main measure in re-channeling the majority drug offenses in Thai society with the principle of community-based correctional programs for drug addicts who otherwise would be prosecuted and imprisoned. The community-based correctional programs that are effective according to the Act may be considered in different degrees and levels. The community-based correctional programs for narcotics addict under this Act can be viewed from these following perspectives;

First, the Act has toned down the criminal element of drug addicts by changing the perception of the public and community of drug addicts from criminal offenders to persons with sickness who need health care services.

Second, at the beginning of the drug treatment and rehabilitation, the process focuses on the roles of communities in searching out suspected persons with drug problems in their communities.

Third, the Act has transferred the major decisions in drug offenses from the criminal justice agencies to the Narcotics Addict

Rehabilitation Commission that is composed of a number of parties concerning with the process of community-based drug rehabilitation programs. The Commission chaired by the Permanent Secretary of the Ministry of Justice. The high authorities from the Ministries of Education, Public Health, Labor, Interior, Social Development and Human Security, and the Supreme commanders of all the defense forces, Commander of the National Police Force, Supreme Public Prosecutor, Secretary- General of the Office of the Justice Court, Secretary- General of the Narcotics Control Board, Secretary-General of the Food and Drug Board, the other four qualified experts are members of the Commission and the Director-General of the Department of Probation as well as secretary of the Commission.

Fourth, although the Narcotics Addict Rehabilitation Commission is responsible for the enforcement of the Act, its responsibility lies at the national level. The enforcing of the Act actually lies in the decision making of the sub-committees who are appointed at the local levels in each province.

Fifth, although the sub-committee members are appointed from the official authorities at the local areas and chaired by the provincial public prosecutor, the inter-professional team; the psychiatrist or physicist, psychologist, social worker, and two qualified experts are the member of the sub-committee. The legal status of the sub-committee is a quasi-judicial unit and responsible to the cases only assigned by the Act. However, the decisions of the sub-committee will be treated as an administrative order where the offenders obtain the right to appeal to the authorities at a higher level.

The community-based correctional programs for the narcotics addict rehabilitative function of the sub-committees under the Narcotics Addict Rehabilitation Act at the local areas can be demonstrated accordingly;

The sub-committee could make the decision on the compulsory treatment plan for those offenders who are identified as drug addicts to be treated and rehabilitated into two different plans.

A. The coercive treatment plan within the confinement facilities that is classified into two different degrees of physical control; intensive physical control and less intensive physical control.

1) The intensive physical control plan:

There are two different methods usually used in the intensive physical control plan; the therapeutic community which has been imported and practiced with a number of drug addicts particularly in the confinement institutions such as in the correctional institutions. The other method is the Jirasa, a specific treatment method that has been recently developed and used in local areas. Treatment programs in the intensive physical control plan normally take at least 4 months. The treatment locations for the intensive physical control plan will take place in the Narcotics Addict Rehabilitation Centers that are established under the supervision of the Department of Probation and the Air force physical confinement drug treatment camps that are located in 13 areas throughout the country.

2) The less intensive physical control plan:

This plan normally uses the FAST treatment model with a duration of 4 months. The treatment location for the less intensive physical control will take place at 8 Army drug treatment camps, 3 Navy drug treatment camps , and 10 drug treatment camps of the national volunteer defense force that have been located in different areas throughout the country.

B. The voluntary basis treatment plan without the physical confinement for those who are identified as either the drug users or the drug addicts. The treatment methods for the drug addicts may be therapeutic community or FAST model for in patients addicts. The psychosocial therapeutic method or Matrix program and Methadone maintenance may be used for the out patients addicts.

The duration of the treatment for drug addicts varies from 4 to 6 months. The location of the treatment of drug addicts may be any public or private hospitals around the country, public and private

drug rehabilitation facilities, the community centers as well as Buddhist temples that offer such services.

Those who are identified as drug addicts or drug users who are assigned to the treatment plans under both the intensive and less intensive physical control and those who are identified as the drug addicts and are assigned to take the treatment plan without the physical confinement are required to attend the activities arranged for behavioral adjustment at the facilities provided by the Department of Probation in the community for two months. Such activities may include group counseling, social support group activities, urine test group, life skills development programs such as vocational training, head start career programs, educational and occupational loans, and the social service programs. The Department of Probation and the community will provide the facilities for behavior adjustment in the communities. The process of all above treatment plans are followed up by local volunteers such as volunteer probation officers, national guard volunteer, community health care volunteers, and other volunteers in local areas.

Drug users may receive one of these following treatment methods; the training program for drug abstaining, the rehabilitative camps, the community day treatment program, life skill and career development programs, or the community service programs. The duration of treatment programs for the drug users varies from 1 to 6 months. The location for such programs and activities range from community centers to Buddhist temples around the country.

For those who are identified as the drug users and have gone to the treatment program without the physical confinement are also required to have follow up provided by the community volunteers such as the volunteer probation officers, the national guard volunteers, the community health care volunteers, and the other volunteers in the local community.

7. Theoretical Perspectives

The Narcotics Addict Rehabilitation Act presents the dynamic of theoretical perspectives on drug use offense in some specific dimensions in the areas of both criminological and criminal justice theories. First, the Act indicates the transition of theoretical explanations on drug use offense from the classical school's explanation that focus on "free will" factors toward the positive school's explanations that focus on "determinism" factors. According to the positive school assumption, drug use offenders may initially involve in drug addicts on their own will, their addictive behavior rather than their own "free will" determines the further offenses. The drug use offense thus, needs to be solved by rehabilitative rather than punitive measure. Second, the Act views the drug use offense is an act of "Mala Prohibita" or the behavior that is considered to be an offense only it is prohibited by law, not "Mala In Se" where the act is itself harmful to the others. Drug use offense is also considered as one of the victimless crimes where the acts of the offenders are harmful only to themselves and cause no direct victims. The Act perceives the criminality of drug use offense at different level from other types of offenses when drug use is considered to be less harm than the other types of offenses however, the Act has been enacted within the scope of "decriminalization" rather than "legalization" concept of drug using. Thus, criminality of drug using do exists under the present Act. The offenders are given chance not to be convicted under the condition that they are taken into one of the rehabilitative programs provided to them by the Act. Third, the criminal justice procedure for drug use offenses should be adjusted according to the etiology of crime. As the normal procedure of criminal justice system had treated drug offenders as criminals that need to be punished and processed all the way through the system, numbers of the drug use offenders are ended up into the correctional systems that cause "overcrowding" prisons. The Act has introduced a new "diversion" program for this particular offense

into the criminal justice system. When the Act has been fully enforced, the "overcrowding" prisons are expected to be solved.

Conclusion

The Narcotics Addict Rehabilitation Act B.E. 2545 (2002) has been effective since it was passed in October 2002 but the Act has been implemented for certain parts of the country in March 2003 and in April 2003 the Act is enforce for the whole country. There are number of critical issues and problems among the Act's stakeholders in enforcing the Act.

First, at the initiating period of enforcement the law enforcement officers are facing problems in identifying and treating drug use and the drug addiction activities as health issue instead of a criminal activity. As the police officers are confusing in the context particularly the drug charges covered by the Act, they are reluctant to enforce the law. Thus, there are few drug cases that have been processed under this law by the police officers since the Act has been enforced. The low number of arrested cases do not reflect the magnitude of drug use and drug addiction in Thailand. According to law enforcement officers, the Act fails to identify the specific drug charges at the practical level thus law enforcement officers are facing difficulties in specify the drug charges among drug users with small amount of drug possession, the drug users with small amounts of drug possession and for sale, and the drug users with small amount of drug for sale. The problem leads to a lack of enforcement as well as a retreat other criminal charges that are not covered by the Act.

Second, according to current statistics there are a number of drug users and drug addicts in Thai society that need to be treated with different techniques and methods. The treatment provisions provide by the Act are too broad and insensitive to the problems. For instance; there is a number of danger of misdiagnosis level for the sub-committee to identify the case as drug user or drug addict.

The treatment periods provided by the Act are not suitable for the hard core drug users and drug addicts that need specific treatment methods, and the Act also provides the coercive treatment only for those who get into the treatment programs through arrest that may lead to the criminal charge but a number of drug users and drug addicts that need the coercive treatment provision especially young drug users and drug addicts whose parents have expressed the desire for the coercive treatment provision without an arrest or criminal charges.

Third, the Act requires the coordination of individuals, organizations, and networks both from the public as well as the voluntary sector in order to enforce and implement the treatment process in order to effectively identify, diagnose, treat, and rehabilitate users. The Act requires not only quantity but also the quality out of the stakeholders to conduct their professional as well as voluntary responsibilities at the national and the local level at each of the drug rehabilitation centers throughout the country. The ultimate goals of the Act are over ambitious when the existing quantity and quality of the human resources are taken into account for the drug treatment and rehabilitation processes specified by the Act.

Fourth, drug treatment and rehabilitation model designed by the Act relies heavily on the community-based correctional programs that put a great demand on community resources particularly the follow up and after care services from the community voluntary organizations. However, linking the criminal justice system and the voluntary activities of the community members, the Act requires a specific features and authorities in its treatment and rehabilitative processes. The Act fails to indicate the specific position and responsibilities of the volunteers who are expected to take part in the follow up and after care processes. While drug users and drug addicts may not trust the volunteers in abusing their functions, the volunteers themselves may be worried that their services would violate the principle of the presumption of innocence as well as the basic rights of the drug users and drug addicts.

Fifth, the drug treatment and rehabilitative processes may be effective at micro level as the Act is enforced and implemented concomitantly with the potential demand protection and the supply reduction measures on the current drug control policy, drug addiction problems may not be solved because the Act does not address the problems at the macro level where the actual implementation of the national development plan and the current economic policy focus on economic growth and disregard the human aspect of social development. As the legal perception of drug using and drug addiction has been adjusted from the criminal activities to the unhealthy and sick behavior by the new drug rehabilitation Act, the drug using and drug addict population is expected to be treated and rehabilitated within the same social and economic environments that had pushed a number of them into the addiction problems. While methamphetamine has been wiped out from the illicit drug market due to the implementation of the current drug control policy, the rise of glues and solvents using as well as alcohol consumption among the drug users and the drug addicts reflects the remaining substance abuse problem in Thai society.

As the Narcotics Addict Rehabilitation Act B.E. 2545 (2002) poses a number of problems and issues mentioned above, it is too soon to make a valid assessment and evaluation as the Act was enforced shortly after it had been passed. The assessment of impact need to be carefully conducted and include both the positive and negative as well as unintended consequences of the Act. For instance, the increasing numbers of drug users that voluntarily seeking for treatments in public and private health care services, the increasing usage of the other types of addictive substances not to be enforced under the Act such as glues and organic solvents. Although the Act indicated the right direction for joint action of the criminal justice system and the treatment programs for the substance abuse problems at the community level in Thai society, the implementation problems of the Act need to be solved by both short term and long term provisions.

Reference*

Bureau of the Military Judiciary (2000), *Statistics Report of the Academic Affairs Division*, Ministry of Defense.

Bureau of the Supreme Prosecution(2000), *Statistics Report of the Research and Information Center*, Academic Affairs Division.

Central Remand Institutions for Juveniles (2000), *Statistics Report of the Academic Affairs Division*, Ministry of Justice.

Department of Corrections(2002), *Statistics Report of the Planning Division*, Ministry of Justice.

Department of Probation (2000), *Ministry of Justice*, Annual Report.

Department of Probation, Ministry of Justice, *A Proceeding of workshop on the preparation to enforce the Narcotics Addict Rehabilitation Act B.E. 2545 (2002)*, February 10, 2003.

Department of Probation, Ministry of Justice (2003), *A Seminar report on the New Paradigm of Justice System for Drug Users and Drug Addicts in Thailand (Draft)*, May 15, 2003, Department of Probation, Ministry of Justice.

Drug Offense Suppression Measure Act B.E. 2534(1991)

Government's drug control policy, the Cabinet's address to the Parliament , February 26, 2003.

Judicial Information Service Center (2000), *Statistics Report of the Planning and Budget Division*, Ministry of Justice.

Ministry Regulations of the Narcotics Addict Rehabilitation Committee (2003), Ministry of Justice.

Narcotics Addiction Rehabilitation Act B.E. 2545 (2002).

National Police Bureau (2000), Office of the Prime Minister, *Statistics Report.*

Office of the Narcotics Control Board, *the Annual Report 2000.*

Office of the Narcotics Control Board (2000-2001), *the National Household Survey on Drug Consumption.*

Office of the Narcotics Control Board (2000), *Statistics Report of the Bureau of Drug-related Property Investigation.*

---

* The reference is selected documents and presented in Thai language

Office of the Narcotics Control Board (2000), *Statistics Report of the Bureau of Drug Suppression.*

Office of the Narcotics Control Board (2001), *Statistics Report of the Information Technology Center.*