# THAI COMMUNITY-BASED CORRECTIONAL PROGRAMMES FOR NARCOTICS ADDICTS IN RESPONSE TO THE 2002 REHABILITATION ACT: A SYSTEM APPROACH

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## I. OVERVIEW OF THE CURRENT SITUATION OF ILLICIT DRUGS AND NARCOTICS ADDICTION IN THAILAND

Drug abusing has been listed as one of the most serious social problems in Thai society for decades. Since the country listed opium as one of the illicit drugs in the middle of the last century, Thailand has faced problems of drug abuse among its population with many other illicit drugs. The recent official reports on illicit drugs in Thailand always include the following major illicit drugs:

1. Methamphetamine is currently reported as the most serious illicit drug in terms of amount of supply and number of abusers in the population. During 1998-2002 there was a large amount of methamphetamine that had been illegally trafficked into the country from the neighbouring countries together with some domestically produced that was to be distributed in Thailand. The number of official arrests for methamphetamine and the quantity of this type of illicit drug have increased drastically in 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 drug 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 for the period of January-September only

2. The demand for heroine in Thailand has decreased recently as it has been replaced by other types of illicit drugs, particularly methamphetamine. Since 1999 there is evidence for the proposition that there is no heroine produced domestically in Thailand. Most of the supply of heroine that is available is from outside the country. The epidemic of heroine has been drastically reduced due to a change in demand among the users as methamphetamine gains the advantage over heroine in both accessibility and cost. The number of official arrests for heroine thus 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 for the period of January-September only

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3. Opium is found to be used mostly among the members of hill tribe minorities who live along the borders of the country. Although the area for opium cultivation was vastly reduced from 54,860 Rai in 1984 to 6,897 Rai in 2001, the opium plantations are still found in remote areas in eleven northern provinces and one northeastern province of Thailand. Similar to the situation of heroine, the number of official arrests for opium has been decreasing, 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 for the period of January-September only

4. Cannabis Sativa or marihuana that flows in Thailand could be either domestic product or a trafficked drug item from the neighbouring countries. Cannabis could be cultivated in any part of Thailand but the major cultivation area is concentrated in the northeastern region. Cultivation of cannabis in Thailand is mainly for domestic usage with some for export. The epidemic and demand for cannabis in Thailand has decreased as the usage of methamphetamine is on the rise among 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 for the period of January-September only

5. Glues and Solvents are restricted and controlled by law for limited industrial uses but somehow they are widely abused by numbers of young addicts in Thailand. Glues and solvents are particularly used among youngsters, mostly from the 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, particularly in the 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 Arrests and the Quantity of Glues and Solvents Seized for the Whole Country**

| Year | Number of arrests | Weight of seized glues and 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 for the period of January-September only

6. Ecstasy is an illicit drug that has been trafficked from overseas and used among specific groups, particularly the urban young and teenagers. Ecstasy is usually used among the young middle class customers as they seek pleasure while attending the 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 Arrests and the Quantity of Ecstasy Seized for the Whole Country**

| Year | Number of arrests | Weight 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 for the period of January-September only

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

**Table 7. Number of Official Arrests 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 for the period of January-September only

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

## II. MAGNITUDE AND DISTRIBUTION OF NARCOTICS' ADDICTS

It is complicated to figure out the total number of addicted people in a society, however, there are different ways to estimate the number of addicts in a population. Based on a study conducted concurrently 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 number of drug addicts in Thailand could be estimated from the potential drug using population aged between 12 to 65 years old or 44 millions. The study covers the sampling of 39,000 from 40 provinces in every region around the country. Types of drugs included in the study were; methamphetamine, heroine, opium, cannabis sativa, hemp, glues and solvents, ecstasy, cocaine, and ketamine. The magnitude of drug addicted persons for the whole country was estimated as follows:

1. Approximately 7 million or 16 per cent of the potential drug using population (44millions) had experienced drug using;
2. Approximately 1.9 million or 4.3 per cent of the potential drug using population (44 million) had been using drugs within the last year;

3. Approximately 1 million (998,700) or 2.2 per cent of the potential drug using population (44 million) had been using drugs within the last 30 days;
4. The population that had been using drugs within the last 30 days (approximately 1 million) differs by region in the addiction rate (number of drug addicted persons per 1000 population) accordingly;
   a) Bangkok Metropolitan: estimated number of potential drug using population is 40,400 or 10 persons per 1000.
   b) Greater Bangkok areas: estimated number of potential drug using population is 43,100 or 24 persons per 1000.
   c) Northern Region: estimated number of potential drug using population is 64,600 or 7 persons per 1000.
   d) Central Region: estimated number of potential drug using population is 82,600 or 10 persons per 1000.
   e) Northeastern Region: estimated number of potential drug using population is 486,900 or 30 persons per 1000.
   f) Southern Region: estimated number of potential drug using population is 281,1000 or 49 persons per 1000.

Types of drugs used among 1.9 million (4.3 per cent of the potential drug using population or 44 millions) who have declared using drugs within the last year were estimated as follows:

a) Number of methamphetamine users is 1,092,500 or 2.4 per cent of the potential drug using population
b) Number of cannabis sativa users is 667,200 or 1.5 per cent of the potential drug using population
c) Number of hemp users is 643,800 or 1.4 per cent of the potential drug using population
d) Number of glues and solvents users is 199,700 or 0.5 per cent of the potential drug using population
e) Number of ecstasy users is 46,500 or 0.1 per cent of the potential drug using population
f) Number of opium users is 38,600 or 0.1 per cent of the potential drug using population
g) Number of heroine users is 22,700 or 0.1 per cent of the potential drug using population
h) Number of ketamine users is 7,200 or 0.02 per cent of the potential drug using population
i) Number of cocaine users is 4,900 or 0.01 per cent of the potential drug using population

## III. PROBLEMS OF NARCOTICS WITH REFERENCE TO THE CRIMINAL JUSTICE SYSTEM

According to Thai law, all activities dealing with illicit drugs, from consumption, possession, trafficking, as well as contributing are considered crimes. Drug offences are a major criminal activity in every criminal justice agency. The recent general drug offence statistics show a large amount of drug offence cases together with a large number of offenders.

**Table 8. Number of General Drug Offence Arrested and Number of Offenders for the Whole Country**

| Year | Number of drug offences | Number of offenders |
|---|---|---|
| 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 for the period of January-February only

The arrested drug offences deal with all major types of narcotics available in the country. In recent years, different types of narcotics show their trends differently in terms of arrest incidents 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 offences by type of drug is shown in Table 9. The quantity of major drugs seized for the same period is shown in Table 10.

**Table 9. Number of Drug Offences by Major Types of Drugs for the Whole Country from 1999-2000**

| Year | Methamphetamine | Cannabis | Glues | Heroin | 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 for the period of January-February only

**Table 10. Quantity of the Major Types of Drug Seized in Kilograms for the Whole Country**

| Year | Amphetamine | Cannabis | Glues | Heroin | 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 for the period of January-February only

Most of the investigated drug offences are processed at the prosecution office for prosecuting in the criminal court. Drug offences were prosecuted in the criminal court, juvenile court, and military court, shown in Table 11, 12, and 13 accordingly;

**Table 11. Number of Drug Offences Processed 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 Offences 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 | |

* Source: Judicial Information Centre, Ministry of Justice

**Table 13. Number of Drug Offences 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 receive imprisonment and a few receive the death penalty. Drug offenders are the highest in number when compared to other types of offences in prison as well as in juvenile institutions. 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 Institutions 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

## IV. THE CURRENT DRUG CONTROL POLICY

### A. Policy Initiatives

The present Thai government has declared war on drugs and set drug control policy as one of its priorities. The government's drug control policy has put prevention measures over suppression measures and the need for narcotics addicts to receive effective medical rehabilitation while drug traffickers will face severe punishment. With this policy guideline, the government has called for a specific strategy in order to succeed with these mandated goals. This specific strategy was announced by the government as "*Ruam Palang Pandin*" which literally means the strategy of strengthening 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 central among the other important elements for development. Due to this strategy, attacking drug problems either by prevention, suppression, or rehabilitation measures will take place and centre around the community. Thus, the community is considered as an operational unit for the war against drugs and the community members have to be involved as an essential part of the strategy. The government clearly specifies that the policy and strategy involve all public and private entities to participate in the mission but the central coordinate body for the scheme is the Ministry of Interior, the public office that holds community networks throughout the country. The strategic planning for tackling drug problems has been implemented by the following steps:

1. The villages and the community are the operational units to fight drug problems in all the measures designed; drug prevention for particular potential groups such as teenagers, the suppression of the drug supply through strong pressure on the local drug traffickers and street level drug dealers, and drug rehabilitation for those narcotics addicts in the locality. The above measures are operated together with strengthening the village and community infrastructure that supports the stability of the village, community, and society as a whole.

2. Focus on coordinating and uniting the operating organizations involved in every stage in implementing the plan. An implementation budget has been allocated to every province that is required to operate the plan to be effected directly to every target group at the village and community levels.

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

a) Awareness raising among the youngsters in the village and community on problems concerned with drug using.
b) Re-conceptualization of drug addicts among community members that drug addicts, who were usually considered as a burden to their family members as well as to the community, actually are potential members of the community who need effective drug rehabilitation programmes.
c) Surveillance of former drug addicts who have been rehabilitated is expected to be conducted by the local volunteers who take their responsibilities on behavioural control of the former drug addicts with a social and cultural approach.
d) Career and income development is an essential part of the rehabilitation process as most drug addicts lack life and career skills before entering into addiction.
e) Enforcing law and social order as well as social and community organization to create a social environment that discourages drug using; particularly the young and other potential drug addicts groups.

**B. Local Operating Units for Drug Suppression and Prevention Measures**

The Prime Ministerial Order 119/2544 dated 31 May 2001 has directed concrete guidelines for the strategy in the war on drugs policy. The Order has assigned the provincial, district, and sub-district offices that are staffed with the different levels of the government officers to set up an "Operating Centre 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 Centres" have to be responsible for the 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 make ready to use the report for suppression and prevention measures to their higher level offices.
b) Launch suitable operating plans of drug suppression and prevention for their local areas by focusing on participatory and integrating principles that involve all entities in the areas.
c) Direct and unite all public officers in the areas to work with other parts of the community in order to achieve the effective government drug control policy.
d) Appoint the committees, the working committees, or the individuals to facilitate the policy with specific drug control measures.

**C. Guidelines for the Operating Centres**

The operating centres also have a coordinating role for the various units that are working on their parts in fighting with drug problems in their responsive areas. The coordinating functions of the centres could be roughly divided into three different major measures.

1. <u>Protection and Drug Prevention Measures</u>

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

a) The general population is protected from drug problems through these following measures: to strengthen the communities and their networks to fight with drug problems in the areas, to develop the civil society process among individuals and groups in the community, to raise awareness of drug problems among the community members, to unite the potential forces from all sectors to fight against drug problems, to empower the civil societies, groups, as well as community members, to expand the roles of community and civil society to both preventive and suppressive measures in fighting drug problems, and to follow up closely on the results of the drug control policy.

b) Youth and adolescent groups are protected from drug problems by the collaboration among the involved 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 responsive government agencies are expected to support the drug control policy through various measures including; to create social forces among youth and adolescent groups to fight existing drug problems, to develop immune systems to protect and prevent

adolescent and youth groups from drug problems, to strengthen family and community networks to protect and prevent young people and adolescents from drug using, to reduce the causal factors and conditions that encourage drug problems in the local areas, to develop and promote 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 the community to participate 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 believes suppression measures are the responsibility of all parties, both public as well as private sectors. Every local drug control operating centre is required by the government to actively participate and support illicit drug control, law and order, cracking down on drug trafficking, as well as forfeiture of assets activities. The drug control operating centres are assigned to be the information agencies for drug control activities in the communities with these following activities:

a) To facilitate the community members so that they can secretly inform on drug trafficking and drugs use in their communities through various means such as a P.O. Box, hotline service, or in the form of written mail.
b) To compile a name list of the individuals and groups of drug traffickers, the drug links and the public officers who are involved with illicit drug business in the whole area at different local levels.
c) To set the area operating plans that continuously pressure, investigate, arrest, and search suspected individuals, and groups that are involved with drugs.

3. Rehabilitation or Demand Reduction Measures

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

a) Volunteer-based treatment system that is open for drug users and drug addicts to access the rehabilitation programmes without having committed a drug using offence at the drug rehabilitation centres provided by the Ministry of Public Health and other private agencies. There are 723 rehabilitation centres throughout the country providing drug treatment services by the following steps:
    1. Searching for drug users and drug addicts in the local areas using a basic survey form.
    2. Classifying the target groups into different types of drug consumption such as a potential or risk group, a drug using group, and a drug addict group by the local health care volunteers and officers.
    3. Setting up drug treatment and rehabilitation centres in the local area out of the existing establishments such as barracks, National Guard units, Boy Scout camps, temples, and schools.
    4. Treatment process that includes physical exercise and therapy, disciplinary training, detoxification, and psycho-social therapy that involve all concerned parties, professionals, volunteers, as well as family members of drug users. Career training programmes are also provided for those who need to work after the rehabilitation process.
    5. Aftercare, follow up, and surveillance of those who have gone through the treatment programme by the volunteers and the community members. The voluntary-based treatment system may re-admit the former patients who fail to maintain a drug-free life after treatment.

b) Coercive treatment system under the Narcotics Addict Rehabilitation Act B.E. 2545 that allows those who are arrested for drug taking and drug possession for use offences to get into the drug treatment programme with no penalty at the treatment centres set up by the Act. The coercive treatment includes the following steps:
    1. Searching for drug users and drug addicts by community members and urging them to use the voluntary drug treatment system. However, those drug users and drug addicts who refuse to join the voluntary-based treatment programme may be coerced to join the coercive treatment system by the Act.

2. Diagnosis of drug consumption for those who are arrested by the 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 programmes either with or without physical confinement.
4. Aftercare, follow up, and surveillance of those who have gone through the treatment programme by the volunteers and the community members. Those who fail to maintain a drug free life after rehabilitation will be sent into the criminal procedure and receive a penalty. After serving their penalty, the ex-drug users or drug addicts may apply for the voluntary treatment system under supervision of volunteers or community members.

c) Institutional Treatment Programmes. Those who are in the correctional or juvenile institutions may attend the drug treatment programmes provided for them in such institutions and after they are released from the institutions they have to report to the operating units in their local areas.

## V. THE NARCOTICS ADDICT REHABILITATION ACT B.E. 2545 (2002)

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

### A. The Act has been Passed with the Following Major Principles

1. The Act complies to the principles of right and liberty protection of the individual that is in the Constitutional Law B.E. 2540 (1997).
2. The Act sets a new paradigm on drug users who were always considered as criminals in Thai society but now are considered to be sick persons with health problems that need to be cured and rehabilitated with proper medical, social and psychological treatment.
3. The Act introduces the diversion process into the criminal justice procedure with the suspension of prosecution measure for the offences of drug using and drug possession for using.
4. The Act provides the person with a right to appeal the command of the officials on the identification of drug consumption and drug rehabilitation such as the right to appeal the other administrative orders.
5. The Act extend the rehabilitative procedure to cover these following drug offences:
   a) Drug users with a small amount of drugs in their possession
   b) Drug users with a small amount of drugs in their possession and for sale
   c) Drug users with a small amount of drugs for sale.
6. The Act extends the authorized establishments for drug consumption identification and drug rehabilitation under the Ministry of Justice to some other agencies.

### B. The Act Covers a Number of Responsive Bodies Including the Following Individuals, Commission and Committee

1. The Minister of Justice.
2. The Narcotics Addict Rehabilitation Commission that is chaired by the permanent secretary of the Ministry of Justice.
3. The provincial sub-committees of the narcotics addict rehabilitation in each province that are appointed by the Commission and 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 Narcotics Addict Rehabilitation Centres.
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 the drug offences that have been 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 order the offenders to be sent to the Narcotics Addict Rehabilitation Centres for drug using and drug addiction identification and inform the sub-committee of the narcotics addict rehabilitation in the areas. While the offenders are under confinement at the Narcotics Addict Rehabilitation Centres for drug consumption and drug addiction identification, the investigation officers are responsible for continuing the investigation process of the offence by submitting the investigation reports to the public prosecutors office with the information on the confinement of the offenders in the Narcotics Addict Rehabilitation Centres.

2. Drug Consumption and Drug Addiction Identification Process

By order of the court, the provincial sub-committee of the narcotics addict rehabilitation is responsible for identifying whether the offender is either a drug user or drug addict. The sub-committee has to investigate the biological, socio-economic background as well as the offensive behaviour 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 up by the sub-committee and the report 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 the report for further consideration of the cases.

3. Drug Treatment and Rehabilitation Process

For those who are identified as drug users or drug addicts; they are assigned to take the treatment programmes according to the treatment plans at the narcotics addict rehabilitation centre for a period of 6 months. The treatment period of 6 months could be extended for those who the sub-committee believe need more treatment. However, the extension of the treatment period should not exceed a total treatment period of 3 years.

Those who escape from the treatment centre during their treatment plan period will be considered escaping from officials' custody as indicated in the penal code.

If the sub-committee is satisfied with the treatment results of those who have gone through the drug treatment programmes, they will be released without being charged for the drug offence. The results of the cases are reported to the investigation and public prosecution officers. Those with unsatisfactory treatment results by the sub-committee will be referred back for further consideration to be prosecuted by the public prosecutors.

4. Right to Appeal

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

5. The Suspension of Prosecution and Adjudication Processes

As the public prosecutors receive the identification results of drug consumption and drug addiction by the offender, the case will further depend on the identification results accordingly:

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

b) For those offenders who are identified as neither drug users nor drug addicts, the public prosecutors have to forward the cases to be prosecuted to the court.
c) For those offenders who are specified as non-eligible to be treated under the Narcotics Addict Rehabilitation Act they will be prosecuted by the public prosecution officers and the sub-committee will be informed of the decision on the cases.
d) For those who have gone through the treatment plan and the sub-committee deems their results unsatisfactory they will be prosecuted by the public prosecution officers.

### D. Penalties

The facts and document records and other personal information that are obtained and used as evidence for the offences under this Act will be protected and are not to be disclosed by any persons involved with the case. A person who discloses such information will be liable for 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 investigation and adjudication processes
c) disclosure of information that is permitted by the Narcotics Addict Rehabilitation Commission or by the sub-committee on narcotics addict rehabilitation.

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

## VI. THE COMMUNITY-BASED CORRECTIONAL PROGRAMMES FOR NARCOTICS ADDICTS

The Narcotics Addict Rehabilitation Act B.E.2545 (2002) contains the principle of decriminalization of drug offences that compose the majority of the offences in the current Thai criminal justice system. The enforcement of the Act is expected to bring down the number of criminal offences from the whole system from the investigative agencies to the correctional institutions. The Act contains the principles to avoid imprisonment measures that were previously applied for such offences. The Act introduces the new diversion programmes for the criminal justice system by encouraging the de-institutionalization process for those offenders who are covered by the Act. It is expected that the Act will be an effective measure for the re-direction of the majority of drug offences in Thai society with the principle of the community-based correctional programmes for drug users and drug addicts who would otherwise be prosecuted and imprisoned without the Act. The community-based correctional programmes that are effective according to the Act may be considered in different degrees and levels.

The community-based correctional programmes for narcotics addicts under this Act can be viewed from these following perspectives:

First, the Act has toned down the criminality of the drug users and drug addicts by changing the public's perception of drug addicts from criminal offenders to persons with sickness that need health care services.

Second, at the beginning of drug treatment and rehabilitation according to the Act, the process focuses on the role of the communities in searching for and noticing suspected persons with drug problems in their communities.

Third, the Act has transferred the major decisions of the drug offences from the criminal justice agencies to the Narcotics Addict Rehabilitation Commission that comprises of a number of parties concerned with the process of community-based correctional drug rehabilitation programmes. The Commission is 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 National Police Force, Supreme Public Prosecutor, Secretary- General of the Office of Justice Court, Secretary- General of the Narcotics Control Board, Secretary- General of Food and Drug Board, four other qualified experts are members of the Commission and the Director- General of the Department of Probation is a member and 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 enforcement of the Act actually lies with the decision making of the sub-committees on the narcotics addict rehabilitation who are appointed at the local level in each province.

Fifth, although the sub-committee members are appointed from the official authorities in 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 members of the sub-committee. The legal status of the sub-committee is a quasi-judicial unit and responsible only for cases 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 authority at the higher level.

The community-based correctional programmes 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 users or drug addicts to be treated and rehabilitated into two different plans:

**A. The Coercive Treatment Plan**

Within the confinement facilities the coercive treatment plans are 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 numbers of drug addicts particularly in confinement institutions, such as in the correctional institutions. The other method is the *Jirasa* method that has recently been developed and used in the local areas.

The treatment programmes in the intensive physical control plan normally take at least 4 months in duration. The treatment locations for the intensive physical control plan will take place in the Narcotics Addict Rehabilitation Centres 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 4 months of treatment. 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**

The Voluntary Basis Treatment Plan without physical confinement for those who are identified as either drug users or drug addicts. The treatment methods for the drug addicts may be therapeutic community or FAST model for the in-patient addicts. The psychosocial therapeutic method or Matrix programme and Methadone maintenance may be used for the out-patient addicts.

The duration of the treatment for drug addicts varies from 4 to 6 months. The location for the treatment of drug addicts may be any public or private hospital around the country, public and private drug rehabilitation facilities, the community centres as well as the Buddhist temples that offer such services.

For 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 drug addicts and are assigned to take the treatment plan without physical confinement are required to attend the activities arranged for behaviour adjusting at the facilities provided by the Department of Probation in the community for two months. Such activities may include group counselling, social support group activities, for instance the urine test group, life skills development programmes such as vocational training, head start career programme, educational and occupational loan, and the social service programmes. The Department of

Probation and the community will provide the facilities for behaviour adjusting in the communities. The process of all the above treatment plans are followed up by the local volunteers such as volunteer probation officers, National Guard volunteers, community health care volunteers , and other volunteers in the local areas.

Those who are identified as drug users may receive one of these following treatment methods: A training programme for drug abstaining, attend a rehabilitative camp, attend a community day treatment programme, attend life skills and career development programmes, or attend community service programmes. The duration of treatment programmes for drug users may be vary from 1 to 6 months. The location for such programmes and activities may be the community centres and the Buddhist temples around the country.

Those who are identified as drug users and have gone to the treatment programme without physical confinement are also required to be followed up 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.

## VII. ISSUES, PROBLEMS AND CONCLUSIONS

The Narcotics Addict Rehabilitation Act B.E. 2545 (2002) has been effective since it was passed in October 2002. The Act came into force for certain parts of the country in March 2003 and in April 2003 the Act came into force for the whole country. There are a number of critical issues and problems among the Act's stakeholders in putting the Act into practice.

First, at the initiating period of the enforcement of the Act, the law enforcement officers faced the problem of identifying and treating drug users and drug addiction activities as a sickness instead of as criminal activities as they used to be. As the police officers are confused, particularly drug charges covered by the Act, they are reluctant to enforce the law. Thus, there are few drug cases (approximately 2500 cases for the whole country at the moment) that have been arrested and processed under this law by the police officers since the Act came into force. The small number of arrests does not reflect the existing magnitude of drug using and drug addiction problems in Thailand. According to the law enforcement officers, the Act fails to identify the specific drug charges at the practice level thus the law enforcement officers are facing difficulties in specifying the drug charges among drug users possessing small amounts of drugs, drug users possessing small amounts of drugs for their own use and for sale, and drug users with small amounts of drugs for sale. The problem leads to a lack of enforcement of the law as well as to turn the cases into other criminal charges that are not covered by the Act.

Second, according to the current official statistics there are a number of drug users and drug addicts in Thai society that need to be treated with different venues and different techniques and methods. The treatment provisions provided by the Act are too broad and insensitive to the problems. For instance; there are a number of loopholes in the diagnostic process for the sub-committee to identify the case as a 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 a specific treatment duration and method, and the Act also provides coercive treatment only for those who get into the treatment programmes through arrest that may lead to a criminal charge but numbers of drug users and drug addicts need coercive treatment provisions, especially young drug users and drug addicts whose parents have expressed the desire for the coercive treatment provision, without police arrest and criminal charges.

Third, the Act requires numbers of individuals, organizations, and networks both from the public as well as the voluntary sectors in order to enforce and implement the treatment process according to the Act effectively through the identifying, diagnosing, treating, and rehabilitating processes. The Act requires not only the quantity but also the quality out of the Act's stakeholders to conduct their professional as well as the voluntary based responsibilities at the national and the local level at each of the drug rehabilitation centres throughout the country. The ultimate rehabilitative goals of the Act are overarched and over-expected as 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, the drug treatment and rehabilitation model designed by the Act heavily relies on community-based correctional programmes that place demands on the community resources, particularly the follow up and aftercare services from the community voluntary organizations. However, as the criminal justice system and the voluntary activities of the community members are linked, the Act requires 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 their part in the follow up and the aftercare processes. While the 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 the micro level as the Act is enforced and implemented concomitantly with the potential demand protection and the supply reduction measures of 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 of the human aspect and social development. As the legal perception of drug using and drug addiction has been adjusted from a criminal activity to an unhealthy and sick behaviour 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 environment that had pushed numbers 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 glue and solvents use as well as alcohol consumption among drug users and drug addicts reflects the remains of the substance abuse problem in Thai society.

Although the Narcotics Addict Rehabilitation Act B.E. 2545 (2002) poses a number of problems and issues as mentioned above, it is too soon to conduct a valid assessment and evaluation of the Act as it has only been in force a short time. As the Act has indicated the right direction for joint action of the criminal justice system and the treatment programmes for substance abuse problems at the community level in Thai society, the implementation problems of the Act need to be solved with both short term and long term provisions.