

DRUG REHABILITATION IN PROBATION SERVICES IN THAILAND

*Thepsuda Foomuangpan**

I. INTRODUCTION TO PROBATION SERVICES IN THAILAND

In Thailand, probation services play a crucial role in the country's criminal justice system, particularly in the realm of community corrections. Enhancing public safety, lowering recidivism, and promoting rehabilitation and social reintegration are the main objectives of probation services. Numerous interventions have been created to address reoffending-related issues to accomplish these goals. Rehabilitation programmes within probational services generally combine counselling services, educational assistance and vocational training to support social reintegration, foster personal growth and reinforce long-term abstinence from criminal activity.

The Narcotics Code B.E. 2564 (2021) reflects a paradigm shift in Thailand's approach to drug addiction, prioritizing public health mechanisms over criminal prosecution. The revised legal framework enables individuals with substance use disorders to be treated as patients rather than offenders, particularly for individuals involved in drug use for personal consumption to be placed in community-based treatment instead of being incarcerated. Under the conceptual framework that drug consumers are public health problems, the Narcotics Code emphasizes voluntary participation by outlining several channels for treatment and rehabilitation. Individuals found to possess drugs in amounts not exceeding the legal limit may also voluntarily agree to treatment upon detection. Those who meet the treatment criteria will not face criminal charges. However, those who refuse treatment or exhibit prohibited characteristics are still required to undergo a legal process in which the court may order compulsory treatment as stipulated by law.

Under the new provisions, courts are authorized to impose probationary measures in place of custodial sentences. The rehabilitation process has become an essential part of probation services. Therefore, probation officers are responsible for monitoring compliance and facilitating the rehabilitation and reintegration of offenders. However, this emphasis on rehabilitation within the probation system presents both significant opportunities and substantial challenges. This paper aims to examine the current drug rehabilitation programmes and key challenges to drug rehabilitation within Thailand's probation services and explore evidence-based strategies that could enhance the effectiveness of rehabilitation.

II. DRUG REHABILITATION IN PROBATION SERVICES

Statistical data from the fiscal year 2024 reveal that a significant proportion of individuals entering the probation system in Thailand were involved in drug-related offences. There are 119,276 cases of drug-related offences, accounting for around 61 per cent of the total probation population (Department of Probation, 2025). Most of them have some involvement with illicit drugs or alcohol. Continued engagement in substance use is associated with a significantly elevated risk of criminal recidivism. The study indicated that individuals who use drugs are three to four times more likely to engage in criminal activity compared to non-users across various types of offences (Bennett et al., 2008). Nonetheless, research indicates that granting access to drug abuse treatment can significantly lower recidivism rates. Effective treatment interventions for substance use disorders have been shown to improve behavioural outcomes and reduce reoffending rates (Gossop et al., 2005; Holloway et al., 2006; Prendergast et al., 2002).

Drug rehabilitation programmes provided within probation services in Thailand aim to promote accountability, assist individuals with criminal records in overcoming social stigma and facilitate their

* Probation Officer, Professional Level, Division of Drug Rehabilitation, Department of Probation, Ministry of Justice, Thailand.

reintegration into society. These programmes specifically target adult probationers who have committed drug-related offences, including (1) drug use offences and (2) drug use combined with possession offences.

The Division of Drug Rehabilitation, operating under the Department of Probation, is responsible for designing and implementing these rehabilitation programmes. Each programme is tailored for various subgroups of probationers based on the risk profiles identified during the intake process. The Risks and Needs Assessment Tool is used to categorize probationers into three groups based on their degree of criminogenic risk: low, moderate and high, which guides the placement and intervention of appropriate support. In the context of substance-related issues, the Ministry of Public Health's Substance Involvement Screening Test (V2) is used to assess the degree of substance dependence. This tool categorizes individuals into low-, moderate- or high-risk groups that help choose suitable interventions that match the degree of substance dependence.

In the fiscal year 2025, the Department of Probation provided four different drug rehabilitation programmes, each specifically designed to address the issues of individuals convicted of drug-related offences with a history of substance use. The first programme is the 5-Day Drug Abuse Programme, a brief residential intervention. Participants in this programme are typically assessed as low to moderate risk level of substance dependence based on using the Substance Involvement Screening Test (V2), and they are required to have access to family support as well as stable employment or job prospects. The five-day programme emphasizes self-reflection, building self-esteem and developing problem-solving and decision-making skills.

Another key initiative administered by the Department of Probation is the 15-Day Drug Abuse Programme, a residential treatment programme designed for probationers with a history of substance abuse who are assessed as having a moderate risk level of substance dependence based on the Substance Involvement Screening Test (V2). This programme explicitly targets individuals who lack family support and experience employment instability or unemployment, which are recognized as barriers to successful rehabilitation. Exclusion criteria include an inability to communicate in Thai, significant hearing impairments, acute or severe physical health conditions and the presence of mental health symptoms that pose a risk of harm to self or others. Delivered over 15 days, the programme aims to promote healthier behavioural patterns by addressing cognitive, emotional and prosocial behaviour. The core components of the programme include motivation enhancement, behaviour modification, work-related skills training and relapse prevention.

The 60-Day Drug Rehabilitation Programme is the most intensive residential treatment initiative provided by the Department of Probation, targeting probationers involved in drug-related offences who present a high-risk level of substance dependence, as indicated by the Substance Involvement Screening Test (V2). This programme is designed for individuals with a history of severe drug abuse who lack family support and face significant employment instability or unemployment. The exclusion criteria are consistent with those of the 15-day Drug Abuse Programme. For 60 days, the programme seeks to promote comprehensive personal transformation across six domains: cognitive functioning, behavioural patterns, emotional regulation, spirituality, occupation and education, and essential life skills. Core components of the programme include courses on motivational enhancement, the Therapeutic Community (TC) model, relapse prevention, vocational training and preparation for reintegration into the community.

The Relapse Prevention Programme is a non-residential intervention developed for individuals who have previously completed at least one substance abuse rehabilitation programme but have subsequently experienced a relapse. This one-day programme is designed to provide immediate, targeted support to reinforce self-regulation and prevent future recurrences of substance use. Its primary objectives include strengthening self-discipline, enhancing personal accountability and promoting family engagement as a protective factor in maintaining a drugfree lifestyle. The curriculum addresses relapse prevention by providing interventions that reinforce self-awareness, self-esteem, self-discipline, accountability and drug abuse knowledge. The programme also addresses the role of the family in supporting long-term recovery.

III. EMPLOYING THE RISK-NEED-RESPONSIVITY (RNR) MODEL

As previously mentioned, the recent legal conceptual framework in Thailand prioritizes treatment and

recovery over punitive measures for drug-related offences. Consequently, empirical attention has increasingly focused on identifying the effective treatment and rehabilitation for substance dependence issues, in particular within the corrections system. The Risk-Need-Responsivity (RNR) model is a well-known framework that has been shown to be effective when applied to correctional interventions (Bartol & Bartol, 2019).

The model comprises three interrelated principles: risk, need and responsivity. According to the risk principle, the intensity of intervention should align with an individual's level of risk for recidivism. The need principle focuses on an individual's needs that should be targeted in treatment. The responsivity principle emphasizes the importance of tailoring interventions to an individual's characteristics to maximize engagement and learning in treatment.

Optimal outcomes are most likely achieved when interventions are tailored to the criminogenic needs of individuals. Criminogenic needs refer to dynamic risk factors that contribute to criminal behaviour and are amenable to change through targeted intervention (Bartol & Bartol, 2019). Andrews and Bonta (2010) identified key criminogenic needs linked to criminal behaviour, including substance abuse, antisocial thinking patterns, association with antisocial peers, family and relationship issues, unemployment and lack of involvement in prosocial leisure activities. Probationers who disengaged from criminally involved family members, improved work performance and reduced their alcohol consumption showed the most significant reductions in offending behaviour (Wooditch et al., 2014). Addressing these specific factors in intervention programmes could enhance rehabilitation effectiveness. Conversely, inadequate addressing of these particular principles may diminish the overall efficacy of rehabilitation interventions (Barnes-Lee et al., 2023).

IV. CHALLENGES OF IMPLEMENTING DRUG REHABILITATION

The lack of comprehensive risk assessment tools that evaluate both criminogenic risk and significant clinical factors among drug-involved offenders appeared to be one of the significant challenges in implementing effective drug rehabilitation within probation services. While current screening instruments, such as the Substance Involvement Screening Test (V2), are utilized to determine the severity of substance use and to assign individuals to appropriate treatment programmes, these tools fall short in identifying specific criminogenic needs—dynamic risk factors that contribute to criminal behaviour—and other predictors of recidivism. The absence of such integrated assessments, which are aligned with the principles of the RNR model, could limit the efficacy of interventions delivered in probation services.

Another ongoing challenge in drug rehabilitation within probation services is the insufficient application of evidence-based practices in programme design and delivery. While a range of interventions are in place, many lack alignments with well-researched frameworks known to support behavioural change, such as the Risk-Need-Responsivity (RNR) model or cognitive-behavioural strategies. Without a foundation in empirical evidence, these interventions may not adequately address the underlying factors contributing to substance use or criminal behaviour. Furthermore, the absence of structured, adaptable methods limits the capacity to tailor treatment to individual characteristics such as risk level, cognitive abilities and motivation. Rehabilitation intervention must systematically integrate practices backed by scientific research and tailored to meet the specific needs of the population they serve in order to enhance efficacy and sustainability.

The insufficient integration of diversity into treatment interventions is another significant challenge in drug rehabilitation within probation services in Thailand. Although current programmes primarily categorize participants based on the severity of substance use, they often overlook the heterogeneous nature of substance use and offending behaviours. Factors such as gender, cognitive functioning, mental health status, cultural background and individual learning styles are not adequately addressed in the existing interventions. According to the responsivity principle of the RNR model, the intervention should be customized to be responsive to individuals' unique characteristics. Therefore, the lack of individualized consideration may limit the effectiveness of interventions.

The absence of thorough evaluation procedures that prioritize recovery and reintegration outcomes is another significant challenge. Current assessment frameworks often emphasize quantitative indicators, such as relapse rates or recidivism statistics. It becomes difficult to precisely evaluate the efficacy of rehabilitation

programmes and guide the required service delivery improvements in the absence of strong outcome evaluations that capture these recovery-oriented indicators. To evaluate more meaningful dimensions of success, the procedures may include improvements in psychosocial functioning, employment stability, social reintegration and quality of life.

Several systemic limitations often hinder the effective implementation of drug rehabilitation programmes within probation services. The lack of specialized knowledge among staff in areas crucial to rehabilitation, like addiction treatment, mental healthcare, and therapeutic techniques, is a significant challenge. Many probation officers come from legal or administrative backgrounds and may not have a comprehensive understanding of or receive sufficient training in clinical or rehabilitative approaches. A lack of institutional resources, including funding, programme availability and access to multidisciplinary support teams, exacerbates this expertise gap. Furthermore, probation officers frequently manage high caseloads, which limits the amount of time and focus they can give each person. These factors collectively constrain the capacity of probation services to deliver comprehensive, individualized and evidence-informed interventions, thereby affecting the overall quality and effectiveness of rehabilitation outcomes.

V. POSSIBLE COUNTERMEASURES AND RECOMMENDATIONS

A. Reforming Training and Curriculum

There is a critical need to enhance the capabilities of probation officers by reforming existing training programmes and professional development curricula. Probation staff often lack adequate preparation in areas essential to effective rehabilitation, such as motivational interviewing and trauma-informed care. Incorporating evidence-based practices into training programmes would ensure that personnel are better equipped to address the complex needs of drug-involved offenders, thereby improving treatment outcomes.

B. Development of Assessment Tools

To optimize intervention outcomes, it is essential to develop or adopt evidence-based assessment tools that can identify both criminogenic risks and clinical needs. These tools should be rooted in the principles of the RNR model, which advocates matching the intensity and content of treatment to the offender's risk level, needs and responsivity factors. Furthermore, individual diversity, including cognitive functioning, gender and cultural background, must be considered when utilizing tools to improve effective case planning and resource allocation.

C. Establishing Monitoring and Evaluation Frameworks

Evaluating the effectiveness of drug rehabilitation within probation services necessitates the implementation of comprehensive monitoring and evaluation frameworks. Conventional outcome metrics, like recidivism and relapse rates, provide little information about the overall course of recovery. Indicators like psychosocial stability, housing and work status, social functioning and general quality of life should be part of a more comprehensive assessment strategy. Both quantitative measurements and qualitative evaluations should be used in intervention evaluations to capture the nuanced changes that occur over time. Furthermore, the incorporation of evidence-based feedback mechanisms will support ongoing programme development, ensuring that interventions remain responsive to the evolving needs of the probation population.

REFERENCES

- Andrews, D.A., Bonta, J. (2010). *The psychology of criminal conduct*. New Providence, NJ: Anderson.
- Barnes-Lee, A. R., Goodson, M. V., & Scott, N. A. (2023). Dynamic risk and differential impacts of probation: Examining age, race, and gender as responsivity factors. *Law and human behavior*, 47(4), 526-537. <https://doi.org/10.1037/1hb0000534>
- Bartol, C. R., & Bartol, A. M. (2019). *Introduction to forensic psychology: Research and application*. Thousand Oaks: SAGE Publications.
- Bennett, T., Holloway, K., & Farrington, D. (2008). The Statistical Association between Drug Misuse and Crime: A Meta-analysis. *Aggression and Violent Behavior*, 13, 107-118.
- Department of Probation. (2024). [Unpublished raw data]. Internal report. Division of Drug Rehabilitation, Department of Probation, Bangkok.
- Gossop, M., Trakada, K., Stewart, D., & Witton, J. (2005). Reductions in criminal convictions after addiction treatment: 5-year follow-up. *Drug and alcohol dependence*, 79(3), 295— 302. <https://doi.org/10.1016/j.drugalcdep.2005.01.023>
- Holloway, K. R., Bennett, T. H., & Farrington, D. P. (2006). The effectiveness of drug treatment programmes in reducing criminal behavior: a meta-analysis. *Psicothema*, 18(3), 620—629.
- Prendergast, M. L., Podus, D., Chang, E., & Urada, D. (2002). The effectiveness of drug abuse treatment: a meta-analysis of comparison group studies. *Drug and alcohol dependence*, 67(1), 53-72. [https://doi.org/10.1016/s0376-8716\(02\)00014-5](https://doi.org/10.1016/s0376-8716(02)00014-5)
- Wooditch, A., Tang, L. L., & Taxman, F. S. (2014). Which Criminogenic Need Changes Are Most Important in Promoting Desistance from Crime and Substance Use? *Criminal justice and behavior*, 41(3), 276-299. <https://doi.org/10.1177/0093854813503543>