PUBLIC HEALTH STRATEGIES IN PREVENTION AND TREATMENT FOR DRUG ABUSERS IN THAILAND

*Duangta Graipaspong**

I. INTRODUCTION

In the decades of civilization, economic growth has been one of the most important issues that the governments have declared in their policies. Materialism has been the social value that determined the people's lifestyle. Illegal drugs trading has become a tremendously profitable business. The weakest groups of victims have been entrapped by the intriguing marketing strategies. The reluctance of law enforcement, the loose ties of the families, the challenging value to abuse illegal drugs, as well as the biological and psychological effects of the drugs to the brains have aggravated the detrimental situations. The increase of illegal drugs crimes and their associates is inevitable. To achieve such crime prevention purposes, not only the effective and systematic jurisdiction process should be administered, but also acute public health strategies should be implemented.

II. THE CURRENT SITUATION

A. Drug Trends and Characteristics of Drugs Abusers

1. Statistics of Narcotic Drugs Seized

During this last decade, narcotic drugs, especially the psycho-stimulant amphetamine, seized in Thailand has been increasing at breakneck speed in terms of the numbers of arrested persons, the criminal cases and the quantities of drugs seized. The statistics reported by the Office of the Narcotics Control Board are shown in figure 1 and figure 2.

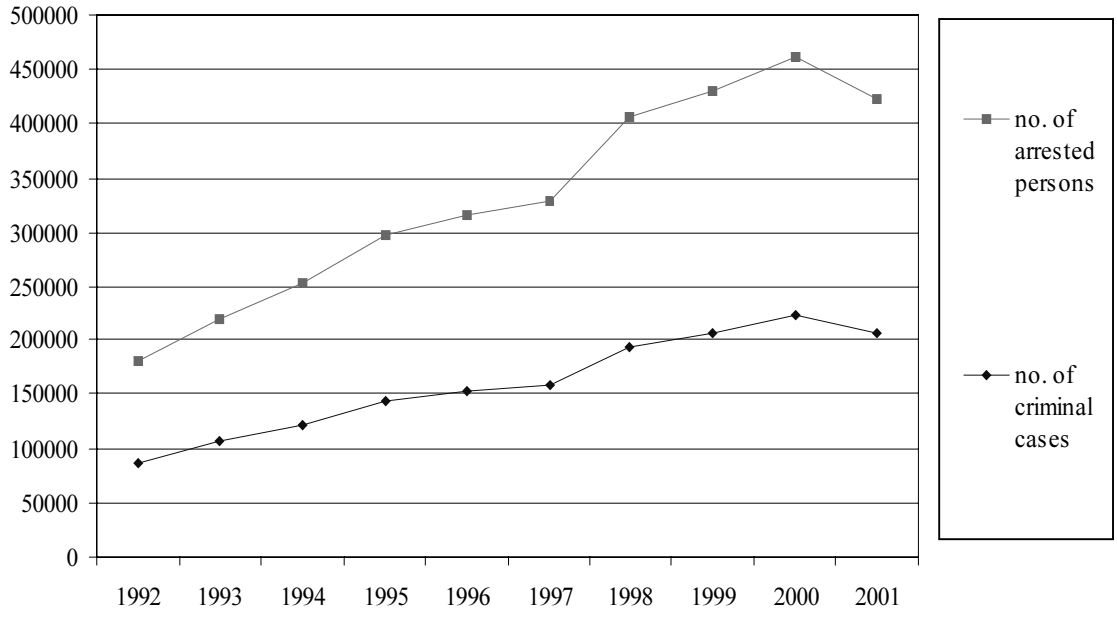

Figure 1. Number of Arrested Persons and Numbers of Criminal Cases

* Psychiatrist,
Assistant Director of Galya Rajanagarindra Institute,
Department of Mental Health,
Thailand

From figure 1, the number of arrested persons and the criminal cases in 2001 were less than in 2000, but when considering the amount of amphetamine seized, as shown in figure 2, it still indirectly shows the increase in the spread of amphetamines. Because there are many factors influencing the number of criminal cases reported and sometimes it is difficult to identify who are the criminals or the scapegoats, the statistics in figure 1 and figure 2 may not show the whole story.

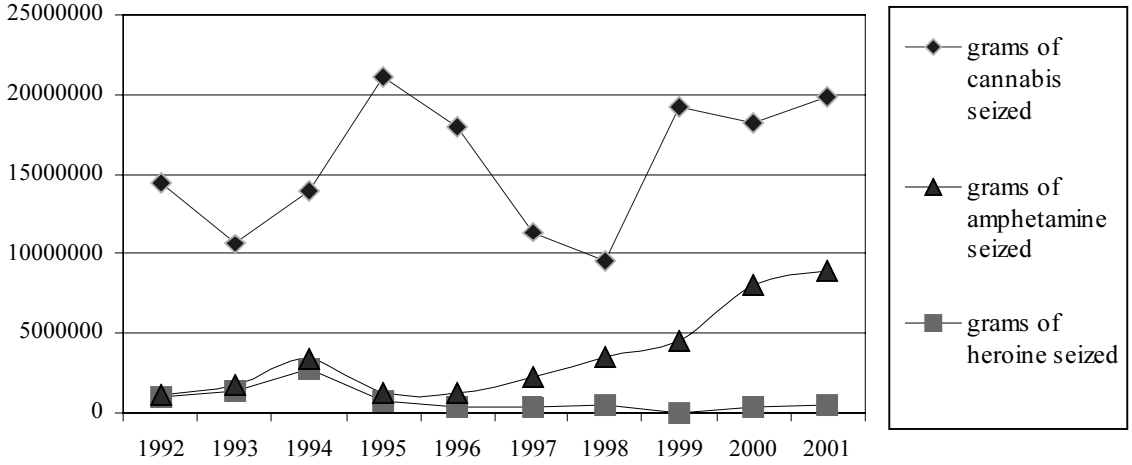

Figure 2. Amount (in Grams) of Heroine, Amphetamine and Cannabis Seized

2. The Increase of Amphetamine Abusers

An epidemiological study of drug abuse has found that the trend of abusers that have accessed therapy has changed. The number of amphetamine abusers in therapeutic settings, which were reported by the Office of Narcotics Control Board, overtook the number of heroin abusers in the years 1999-2001 as shown in figure 3.

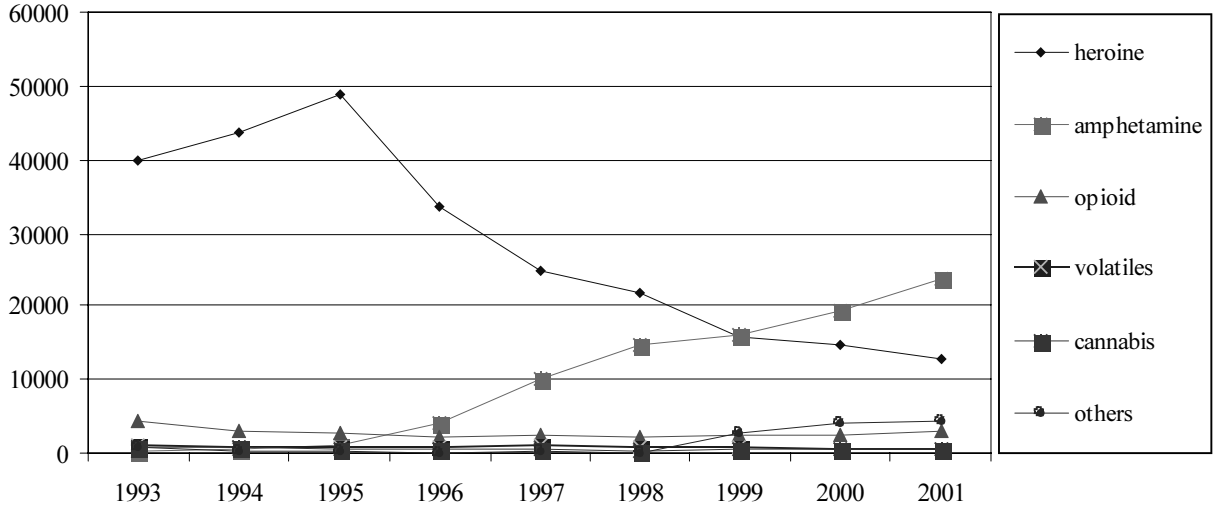

Figure 3. Number of Drug Abusers who have Accessed Therapy

Consideration to the number of arrested persons, most of whom are abusers or abusers and minor dealers (the data as shown in figure 1), and the accessibility of therapy (the data of total cases in figure 3), the figure shows that only twenty percent of the cases who need therapy can access treatment as shown in figure 4. Three-quarters of cases that received treatment used outpatient clinics, and the rest were residential patients.

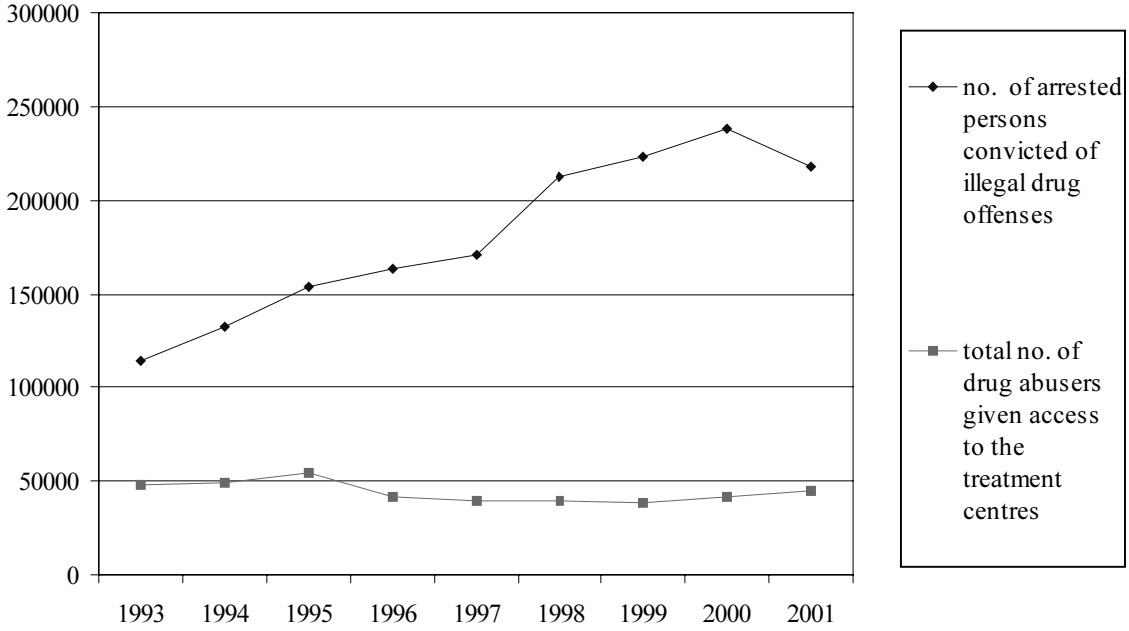

Figure 4. The Number of Convicted Drug Offenders and the Number who Received Drug Treatment

The majority of the cases were in the criminal justice process thus the imprisonment and detention rate in the prisons and juvenile detention centres were high due to narcotic law offences as shown in figure 5. The source of the data was derived from the Annual Report of Department of Correction and Juvenile Detention Centre.

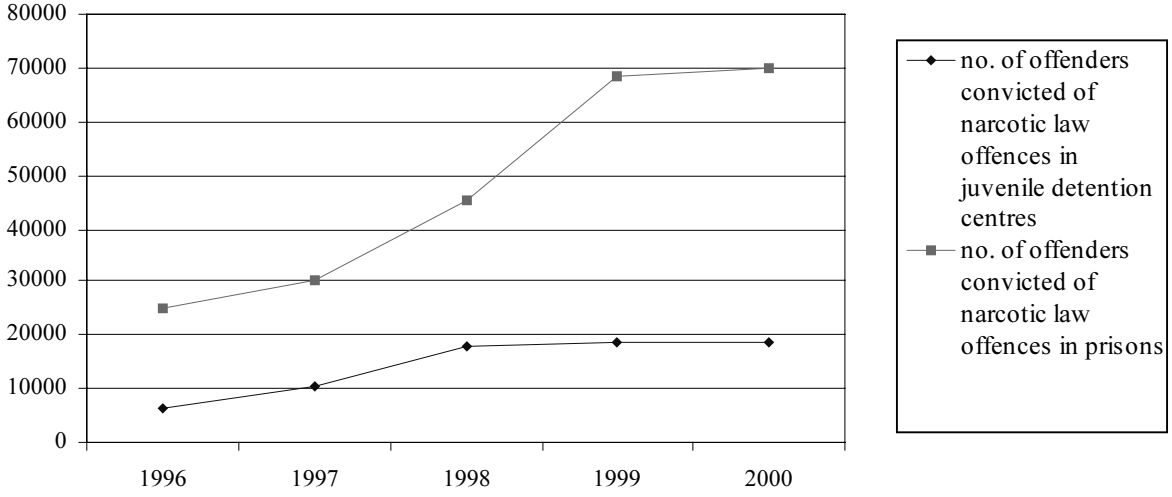

Figure 5. The Increase in Imprisonment and Detention Rates due to Convictions for Narcotic Law Offences

The Office of the Narcotics Control Board reported the findings of the national survey study, which was accomplished by the Drugs Academy and Information Consultant Committee. The committee was comprised of academics from Chiangmai University, Khonkaen University, Songklanagarind University, Assumption University, the Social Research Institute and Institute of Health Research of Chulalongkorn University. The study was carried out among the population of 12-64 year olds, during June 2000- December 2001. It was revealed that 16.4% of the total population have used narcotic drugs, while 4.3% have used one year and 2.2% have used one month prior to the study period respectively. About one-half of the target population was amphetamine abusers. The studies of drug abuse patterns among the youths summarized by the Bureau of Drugs Prevention and Correction Development, Office of Narcotics Control Board reported

that the average age of those first exposed to drugs was 15-19 years old. Amphetamines have been the most popular drugs since 1997. About two-third of the abusing youngsters accepted that they had gone to discotheques and indulged with their peers.

B. National Policies in Combating Illegal Drugs

1. The Government Strategies

The spread of drugs is a crucial national problem that the present government is strongly concerned with. Collaboration among every part of society is essential; hence the government has determined the strategy of people power to conquer illegal drugs' and the 'separation of addicts from traders and producers'. The associated organizations under the Ministry of Parliament Secretaries, Ministry of Interior, Ministry of Public Health, Ministry of Justice, Ministry of Military, Ministry of Labour and National Police Bureau have to establish action plans that cover three domains: (1) demand control, (2) potential demand prevention and (3) eradicate supply. The nine guidelines for every collective organization in society to follow were declared on May 31st, 2001. The nine guidelines declared by the cabinet are as follows: (1) drug suppression (2) administration and coordination (3) encouraging people power and prevention (4) therapy, treatment and rehabilitation (5) drugs and chemical precursors control (6) overhauling laws and the justice process (7) investigative reports (8) international cooperation (9) research development monitoring and evaluation. In addition, on February 1st, 2003 the government launched a three-month nationwide drug suppression campaign, the 'anti-drug crusade'. There was a tremendous increase in drugs seized and many of the drug dealers were slain or arrested. The police claimed that the death toll comprised mostly murders perpetrated by trafficking rings to eradicate the risk of minor dealers providing information to the authorities. The human rights groups asked the government to consider the violation of human rights and the law because of the extra-judicial killing. However, after the massive drugs crackdown occurred, the numbers of drug offenders was obviously decreased. The spread of glue sniffing and the abuse of alternative substances inhalation were reported.

2. Role of the Royal Family

His Majesty King Bhumibol has great concern for his people, especially the negative effects of drug addiction that badly affect national development. In order to succeed in fighting against drug addiction, the national motto "Love our king, care for our offspring, against drugs altogether" which represents the Thai people's loyalty to the King, has become one of the significant campaigns.

Princess Ubolratana, the first daughter of their Majesties King Bhumibol and Queen Sirikit, following in the footsteps of her Royal Father and graciously accepted the invitation to be the chairperson of the campaign. She wants the campaign directed mainly at youngsters by creating a trend of keeping away from drugs through the provision of an arena for them to display their individual talents and contribute positively to their own lives and those of others. The Princess has therefore initiated the "To Be Number One Club" in educational institutions to create the value of being number one without drugs. The Princess has also set up a drug rehabilitation facility under the theme of "Raise your hand if you're a drug addict". In addition, Princess Ubolratana has been working as the chairperson of collaborative clinical research on the impact of amphetamine use among Thai people.

III. PUBLIC HEALTH STRATEGIES

A. Strategies and Programmes

The Ministry of Public Health has the responsibilities that follow through the strategy of mass people power to conquer illegal drugs in three guidelines as: 1) therapy, treatment and rehabilitation in order to prevent and correct the addicts; 2) encouraging people power and prevention in order to prevent the potential demanders from becoming addicts; and 3) drugs and chemical precursors control in order to control supply.

The integrated action plans have been established and effective and efficient standards of therapy, treatment and rehabilitation have been developed for countrywide implementation.

B. Strategy of Encouraging People Power and Prevention

1. Local Level

The local collaboration among the community institutions which comprise of families, communities, authorities, temples or other religious organizations, schools and various government sectors from the Ministry of Public Health, Military, Education, Interior, Justice and Labour have been set up as the Against to Conquer Drugs Operational Centres at the district and provincial level. The A-I-C (Appraisal-Influence-Control) technique is one of the chosen methods used to encourage and empower people, especially the leaders in the communities to fight drugs in their communities. By brainstorming, they will determine the prioritized actual activities to protect their offspring from preventable devastation. Surveillance and screening techniques to differentiate the groups of drug abusers in the communities were employed. Potential demanders who are occasional abusers, have some degree of behavioural change and still have a normal daily life but continue using though they know the risks of drugs, are classified as drug abusers. These identified risk groups will be sent to the behavioural modification camps in the communities or to access psychosocial therapy for drug abusers in the schools or in the community clinics in order to prevent them from becoming drug addicts. Both of the psychosocial therapy programmes are modified from the Matrix Model of Intensive Outpatient Treatment developed by the Matrix Centre, UCLA of U.S.A., which was introduced into Thailand by the Department of Medical Services and Department of Mental Health, Ministry of Public Health at the end of 2000. Most of the attendance of the programmes is voluntarily. However, after the promulgation of the amendment of the Drug Addicts Rehabilitation Act which enters into force one year following the day after its publication in the Royal Gazette on 30 September, 2002, the compulsory cases under court order and court probation will engage in the programmes.

Types of prevention for potential demanders

(i) *Behavioural modification camps*

The behavioural modification camps are in charge of the military camps, the troops of cavalry, the border patrol police, the vocational schools, the ordinary schools, the provincial public health offices and the community or the provincial hospitals. The five clusters of learning experiences were designed for the camps curriculum as: 1) knowledge of drug hazards and group therapy, 2) emotional intelligence development, 3) family functions, 4) individual skill encouragement, and 5) Thai civil obligations. There are two activities in the cluster of knowledge of drug hazards and group therapy. After finishing the session on the knowledge of drugs hazards, the participants are expected to be able to explain the hazards of drugs, to identify the causes of their drug abuse behaviours, to explain the nature of drug abusers, to differentiate the level of drugs abusers and to explain the complications of drug abuse. There are four sessions of group therapy, which apply the group process and emotional intelligence principles to change the participant's attitudes and problem solving towards relapse prevention. The activities in the emotional intelligence development cluster consist of self-awareness activities; emotional managing activities; motivate oneself for goal achievement activities; empathy with others activities; and social skills training activities. The activities in the cluster of family functions are composed of oneself's role in family, problem solving in the family, behaviour control skills, family ties and care, emotional response in the family and communication skills in the family. The activities in the cluster of individual skills encouragement are the activities called 'my favourite club' and 'club networking'. The activities in the Thai civil obligations cluster are comprised of environmental conservation activities, cultural conservation, country and local important person admiration activities and religious encouragement activities. Games, group activities, role-playing, case studies, skills training and exercises are utilized for the nine days and nights course. The monitoring period after the camp is one year.

(ii) *Psychosocial therapy for drug abusers in the community clinics*

The out-reach activities can be held in the health centres or even in the communities such as in temples and factories, etc. The programme is comprised of 11 sessions of 1-2 hours. The group size is limited to twelve. The participants go twice a week for 6 weeks. Their families have to participate in the first individual session and the tenth and eleventh group sessions. After the end of the continuous activities, the staff follow up once or twice a week for 2-3 months, and then once a month for one year. The topics of the sessions, in order, are as follows:

1. Service Agreement and Consent (the conjoint session between the abuser and his/her family). The purpose of this topic is to motivate and to prepare the abuser and his/her family's mind. The information of the therapeutic process and the service agreement will be interactively clarified.

2. Stop the Cycle. To learn about the relapse cycle, especially to explore the triggers and to find ways to avoid the triggers are the objectives of the session.

3. Identifying External Triggers. To explore the external triggers, to review their daily life timetable and to avoid the external triggers appropriately are the objectives of the session.

4. Identifying Internal Triggers. By the group activity, the participants will understand the trigger effects of both positive and negative feelings that lead to relapse. The group will learn from each other to manage their internal triggers.

5. Body Chemistry in Recovery. To provide knowledge about the physical change during drug use and the changes which occur in the recovery process are the purposes of the session.

6. Early Recovery Problems. The problems that occur in the early recovery phase are valuable to learn and to prepare for problem solving.

7. Thinking, Feeling and Doing. The participants have to learn how to separate their thoughts, feelings and behaviours. To learn how to change and control their behaviours in the process of abstinence is essential.

8. Self-help Groups. Self-help groups that are established by the participants and their families will be beneficial for sharing experiences and psychological support.

9. Simple tips from 12-Step Activities. To review the twelve steps principle of the Narcotics Anonymous Group is valuable for the participants.

10. Avoiding/Coping with Relapse (family group session). The families should understand both the external and internal triggers which are the conditions promoting relapse. The families should learn how to prevent those conditions.

11. Living with Addiction (family group session). By discussion in the group, the participants and the families can learn to live together from other families' experiences.

(iii) *Psychosocial therapy for drug abusers in the schools*

This programme is modified for the students in schools. The trained teachers and students who have drug abuse screening ability will report to the classroom teachers. The classroom teachers will verify the data by confidentially interviewing the suspected students. Urine tests for drugs are requested from the strongly suspected but the students refuse. After verification and persuasion, the students and their parents will be introduced to the programme. The school director and administrators have to set the guaranteed system for indiscrimination prevention. In this programme, the teacher will be trained to be the group leader and the 8-12 potential demand students are the group participants. Seventeen sessions are run over nine consecutive weeks with two sessions per week. It takes 1-2 hours for each session. The component of the programme is the integration between the application of the Matrix Model of Intensive Outpatient Treatment and the Life Skill Group. The 6 sessions of the Early Recovery Skills Group, 2 sessions of the Relapse Prevention Group and 3 sessions of the Family Education Group are modified from the Matrix Model of Intensive Outpatient Treatment. However, the sessions contained in this programme are somewhat different from the above programme in the community clinics. The included five Life Skill Group sessions are also identified from the psychosocial implicit need of the youngsters. The sequencing topics of activities are as follow:

1. Mind Contract (the parents join in the group). The objective is to encourage the parent, the students and the teachers to join hand-in-hand in order to change the drug abuse behavioural pattern of the students in the school.

2. Life Tree. To promote the students to compare their own condition before and after drug abusing is the objective of this activity.

3. Speedy-Pill Hazard. The group activity encourages the students to identify the triggers that lead them to drug abuse, and to list the impacts of the abuse behaviours.

4. External Triggers. The designed group activity is to facilitate the students to realize the influences of external triggers over their thoughts, feelings and behaviours. The students should identify their own risks in order to avoid such situations.

5. Internal Triggers. The students will learn their emotional states, the internal triggers, which are the causes pushing them back to abuse drugs. Emotional management skills are one of the preventable factors that will be taught in the group activity.

6. Thought Stopping Technique. The students are facilitated to identify the applicable thought stopping techniques, which are the critical steps to short cut the drug abuse behaviour cycle.

7. Recovery Roadmap. The students can find their own methods to avoid or correct the trigger situations in each step of the drug abuse cycle.

8. Trust. The students will be encouraged to accept that even though they are in the steps of abstinence, their families and friends still might not trust them. Trust depends on the students' intention to change.

9. Family Roles. The parents will join in the group session. The students and their families will solve the problems caused by drug abuse together. They will identify their definite roles in such events.

10. Quit the Risk Behaviours. The activity will provide for the students to analyze and to be aware of the risk behaviours which make them prone to relapse.

11. Leisure Activities. The students can identify appropriate leisure activities because wasting time is one of the triggers.

12. Study Development. From the group activity, the students will realize the importance of study. They will respect themselves after they have progression in studying.

13. Decision-Making Skills. The students will be trained to have the decision-making skills that are important, especially in risky circumstances.

14. Assertiveness. The students will learn how to say no and still keep a good relationship.

15. Old Friends and New Friends. The students will explore their strengths and weaknesses in order to choose good friends and to establish positive relationships with friends.

16. Life Goals. The parents have to join in the group session. The students and the parents will be encouraged to determine the students' life goals together. The students will have enthusiasm and motivation to achieve their goals.

17. Monitoring. The monitoring sessions are set up in order to maintain the students' continuous relation and self-help group activities. They will meet each other regularly on the 1st, the 4th and the 8th month after group closing.

However, the above-mentioned programme has been in the pilot process. If there isn't a school-based programme, but there are students who need it, the students will be advised to access the outpatient treatment programme at a nearby hospital.

2. Country Level

The nationwide campaign has been launched by the coordination of the government sectors and non-government sectors. As mentioned above, Princess Ubolratana, as the leader, has performed concerts in the universities and colleges to cheer up the students under the slogan of "To Be Number One". A famous Thai professional tennis player is the presenter and role model for youth on various channels of the mass media. The picture of his endurance, perseverance and intention to achieve his life goal is the symbol of a new challenge that would replace the value of drug use.

C. Diversified Treatment and Rehabilitation Programmes

The holistic approach of standard treatment and rehabilitation for drug addicts are (1) to develop the clients and their families' potential, (2) to encourage the clients to set up the structure of their life to accord with normal living in society, and (3) to enhance vocational skills.

1. Outpatient Programme

The 16-week Matrix Intensive Outpatient Programme of the Matrix Centre, the prototype for the treatment of stimulant abuse and dependence disorders, has operated in Thailand since 2000. The programme consists of 10 sessions of Individual/conjoint sessions, 8 sessions of Early Recovery Skills sessions, 32 Relapse Prevention sessions, 12 sessions of Family Education and 4 sessions of Social Support Group. The participants have to meet the therapist three days a week. Urine testing for drugs is conducted weekly. After finishing a 16 weeks intensive course, the clients are encouraged to participate in the Social Support Group once a week from the 17th through 52nd week. The Individual Sessions are designed to orient the patients and his/her family members to the expectation of the Matrix Programme, complete the administrative documentation, and establish rapport with the client to encourage treatment entry. The progress review at 30-45 days of the treatment course helps the client create a continuing care treatment plan. The Early Recovery Skills Group will help the client to receive many of the basic skills they need to achieve initial sobriety. An introduction to 12-Step involvement is also included. The Family Education Group is the one element of the programme that regularly involves family members. The group is designed to be interactive. The Relapse Prevention Group is the central element of the treatment model that is designed to deliver information, support, and camaraderie to patients as they proceed through recovery. The Social Support Group is designed to assist patients in learning re-socialization skills in a familiar and safe environment. The treatment courses have been started in the pioneer hospitals such as Thanyarak Hospital, the Psychiatric Department of Rachaburi Centre Hospital, the Northern Drug Dependence Treatment Centre and the North-eastern Drug Dependence Treatment Centre. The Drug Dependence Treatment Centres were established under the Department of Medical Services, and were gradually set up in the northern, north-eastern and southern part of Thailand since 1975. The second wave of pioneers consists of the multidisciplinary teams of the psychiatric hospitals and institutes under the Department of Mental Health and the rest of the Drug Treatment Centres in Songkla, Pattanee and Maehongsorn Province. Incomplete attendance of clients is common among the pioneers though the therapeutic teams use persuasion, motivational interviews and telephone follow up, and so on. The modified programmes are variable, in terms of the duration, and the frequency of sessions over a week. Almost all of the modified models are adjusted in order to overcome the common complaints of the clients and his/her families that they don't have enough time, they have to earn money. At present, the course duration of the FRESH (F=Family, R=Relapse Prevention, E=Early Recovery, SH-Self-Help) model, the so-called modified MATRIX Model in Thailand, has been shortened from 16 weeks to 12 weeks by condensing some repeated contents in the Relapse Prevention Group, and adjusting the courses of the Individual/conjoint sessions and the Family Education sessions. The follow up duration after the course is one year.

2. Inpatient Programme

The 4 months course of the FAST Model and the shortened course from 12-24 months of the Therapeutic Community Model, has been innovated by Thanyarak Hospital (now called the Thanyarak Institute) since 2001 because of the increasing need. The innovation of the FAST Model is expected to be the model for inpatient stimulant drug dependants in the Regional Drug Dependence Treatment Centres under the Department of Medical Services, Ministry of Public Health and Drug Dependence Rehabilitation Centre under the Department of Probation, Ministry of Justice.

The FAST Model is comprised of the following components: (1) 'F' is Family Participation, (2) 'A' means Alternative Treatment Activity, (3) 'S' means Self Help and (4) 'T' stands for Therapeutic

Community. The objectives of Family Participation are to provide the essential knowledge for understanding and supporting the clients who struggle with drug abstinence. Moreover, to encourage the family to function appropriately is one of the important objectives. The essential skills training includes problem solving skills, communication skills, family role skills, affective involvement skills, affective responsiveness skills and behaviour control skills. The Alternative Treatment Activity is set up to promote the clients to achieve their full potential, to encourage the client spending time in useful leisure, to facilitate them to express their interest and to encourage them to have acceptable careers. Self –Help activities are derived from the emotional intelligence promoting principle. The clients will be encouraged to analyze their basic emotional intelligence, to synthesize the new skills in the component of emotional intelligence intuitively. The Therapeutic Community is set up for the inpatient client to learn how to live as a part of the community. The 'help' in 'self help' is the main principle. The variety of activities designed in group therapy, occupational therapy and re-shape behavior therapy are based on the clients' background and needs. Confrontations in the meetings, regulation in the dormitory and positive reinforcement are the key tools in the Therapeutic Community.

The Drug Treatment Centres and other hospitals are the referral resources for treatment and rehabilitation and are the professional supporters for the prevention programmes in the catchment areas. The roles and functions framework are determined by the associated Against Drugs Operational Centres.

D. Public Health Organization and Drug Addicts Rehabilitation Act

The new Drug Addicts Rehabilitation Act, the legal mechanism follow through, the national guideline of overhauling laws and justice process was implemented on 30th September 2002. The intention of the law is to view drug users as 'patients' instead of 'criminals'. The law introduces a system of compulsory rehabilitation. Anyone arrested for using, possessing or selling drugs that the characteristics and the amount of drugs correspond to the declaration of the Regulation of the Ministry of Justice, will appear in court within 24-48 hours. Checks on suspects' physical and mental condition and social background will decide whether they should go for rehabilitation or be prosecuted by the consideration of the Drug Addicts Rehabilitation Subcommittee. The ordinary drug users or addicts will be sent for a suitable rehabilitation programme not longer than 6 months. The rehabilitation period can be extended no longer than six months each time if the outcome is unsatisfactory. The total duration cannot exceed 3 years. The public health organization will join in the stage of drug abuse or addict approval, the rehabilitation scheme and aftercare follow up in the community.

The compulsory outpatient cases will attend the treatment and rehabilitation programme mentioned above in the hospitals near their homes, while the compulsory inpatient cases will be admitted to Thanyarak Institute, Regional Drug Dependence Treatment Centres or Drug Dependence Rehabilitation Centre, depending on the convenience of the cases and their family's accessibility.

E. Department of Mental Health and Criminal Justice Process in Drug Abuse Crime Prevention

In cases in which the addicts have a psychiatric illness that is a complication of drug abuse or there are dual illnesses exiting, the psychiatric hospitals or institutes under the Department of Mental Health will take responsibility. Psychiatric treatment is essential for preventing recidivism because the patients' judgment is disturbed by their illness. In addition, the Department of Mental Health also has the role of developing mental health promotion; prevention, technologies associated with drug abuse problems, while Thanyarak Institute, Department of Medical Services, has the major role in treatment and rehabilitation models development, standard of services monitoring and carrying out the associated research.

The Galyarajanagarindra Institute and the Department of Mental Health has cooperated with the Department of Correction to transfer mental health technology through the staff and the mental health inmate volunteers in the prisons. They will not only help other inmates to cope with their mental and behavioural problems, but by the process of helping others, they also improve their sense of self-esteem, especially the inmate volunteer groups. Basic mental health skills will be beneficial in enhancing their competency in the drugs rehabilitation activities in the jails in the future.

IV. CHALLENGES AHEAD

The government has been active in the suppression of illegal drugs smuggling, drugs prevention, treatment, rehabilitation and correction for many years. Substantial resources have been employed to develop anti-drugs strategies, but the situation does not seem to have been satisfactorily rectified. Data collection of illegal drugs crimes, drug abuse treatment accessibility and ad hoc research have been established through the reporting system to the Office of the Narcotic Control Board. However, there is no systematically designed data collection at the grass-roots level, which is linked to upper levels respectively. The data analyzing and the channels of their dissemination also have limitations. Operational Centres are expected to be the source of drug abusers data base in their regions. The well-organized data collecting systems need diligent work. The consistency and continuity of any operational centres for any ad hoc strategies waxed and waned in Thailand, thus political and administrative support are one of the success determinants. Many projects could not be identify which organizations are the real hosts, thus many projects have a short life-span; the discontinuation of the outcomes inevitably occurred. The government under the leadership of Prime Minister Thaksin Shinawatra has great faith in the government service reform, hence the certainty strengthening will be the expected substitution. In regard to the treatment and rehabilitation model development, though the teams have been enthusiastic in modifying and applying the Matrix Model for Thai culture, nevertheless there is no systematic research support because of the lack of a project monitoring system. The role of the Institutions and organizations resulting from the government structure reform such as the Thanyarak Institute and the Galya Rajanagarindra Institute etc. will be beneficial to eradicate the mentioned weakness in the future.

V. DISCUSSION AND RECOMMENDATIONS

The declaration of the crusade against drugs under the leadership of the government, the massive drugs crackdown, compulsory rehabilitation instead of imprisonment and countermeasures according to the national guidelines are accepted nationwide. However, the conflicts of violations of human rights and law because of extra-judicial killings require careful attention and administration from the government. The burnout of the staff taking responsibility for implementing the Drug Addicts Rehabilitation Act should be detected and prevented. The research and development projects of the effective prevention and enhancement of treatment that is suitable for the Thai people's lifestyle needs a strong support policy. The mental health immunization booster for self-development is the essential element for crime prevention and correction in the long-term.

VI. CONCLUSION

Whatever the perspicacious strategies and planning, the effective prevention and enhancement of treatment for drug abusers will not become true if they are not implemented intentionally. The collaboration among the criminal justice process, the public health sector and the community organizations has to be emphasized. The strengthening of the family institution and the other social institutions are the important determinants in drug prevention and treatment. Let's give a chance for the good people to return back to our society.