

## GROUP 2

### EFFECTIVE PREVENTION OF DRUG ABUSE AND ENHANCEMENT OF TREATMENT FOR DRUG ABUSERS IN THE POST-SENTENCING STAGE

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## I. INTRODUCTION

In the century of globalization, the social problems in one country implicitly have an effect on other countries. Drug abuse and related crimes are not solely related to the criminal justice procedures. A comprehensive understanding of the nature of the drug abuse problem is necessary for the legislators, the correction and probation officers in the other criminal justice services, the health care providers as well as the whole society. Research findings (e.g. meta-analysis study by Andrews. et al 1990) confirm that neither pure criminal sanction nor inappropriate correctional treatment had any effects in decreasing recidivism.

While the criminal justice procedures in many countries confront the hindrance constraint of law amendment to decriminalize and enforce the treatment and rehabilitation process for the drug abuse offender, the effectiveness of existing treatment and correction needs to be proved as well. Should the fragmented legitimate procedures and interventions among the treatment and rehabilitation stakeholders be renovated? Is it time to introduce the new paradigm for the chronic, dynamic and complex nature of the drug abuse problem? Or will through care be the needed answer for the clients?

One of the purposes of this course is to explore more effective measures for preventing and treating drug abusers to promote their reintegration into society in the post-sentencing stages. We discussed the programmes, measures and systems, the major prevention and treatment of drug abusers in participating

countries and unanimously agreed that Through Care is imperative to enhance the effective prevention and rehabilitation of the drug abuse problem.

**II. SITUATION OF MAJOR ABUSING DRUGS AND AVAILABLE PREVENTION AND TREATMENT OPTIONS IN THE POST-SENTENCE STAGES**

**A. Major Abusing Drug Trends and High-risk Population**

**Table 1. Major Abusing Drug Trends and High-risk Population in Participating Countries**

Country	Major abusing drug	High-risk population	
		At risk	Age of abusers in the correctional institutions
Japan	Methamphetamine	Juvenile	30's
Malaysia	Heroin	Juvenile	25-34 years old
Philippines	Methamphetamine	Juvenile	25-35 years old
South Africa	Cannabis	Juvenile	25-35 years old*
Sri Lanka	Heroin	Juvenile	25-35 years old
Thailand	Methamphetamine	Juvenile	19 up*
Korea	Methamphetamine	Juvenile	30-39 years old

\* In South Africa and Thailand, it is average age in general population  
 Juvenile: under 18 or 20 years old

**B. Programmes, Measures and Systems for Persons at Risk and Abusers**

**Table 2. Major Programmes, Measures and Systems for At Risk and Abusers in Participating Countries**

Country	Programmes, measures, systems	
	For the person at risk	For abusers (under CJS)*
Malaysia	1. Education programme 2. Information and publicity programme	1. Correctional services
Philippines	1. Nationwide campaign 2. Education programme	1. Diversion for juveniles 2. Correctional services 3. Probation services
South Africa	1. National drug master plan (prevention and treatment)	1. Diversion for juveniles 2. Correctional services 3. Community supervision
Sri Lanka	1. School awareness programme	1. Correctional services 2. Community-based correction treatment
Thailand	1. Potential demand and supply prevention strategy 2. Nationwide and local campaign for school and community	1. Correctional services 2. Probation services
Korea	1. Nationwide campaign 2. Education programme 3. Poster contest for high school students	1. Correctional services 2. Probation services

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REPORTS OF THE COURSE

**Table 2. Major Programmes, Measures and Systems for At Risk and Abusers in Participating Countries**

Country	Programmes, measures, systems	
	For the person at risk	For abusers (under CJS)*
Japan	1. Nationwide- campaign 2. Local-meeting 3. Education programme	1. Diversion for juveniles 2. Correctional services 3. Probation and parole services

\* Abuser: Person who abuses drugs and is handled in the criminal justice system

**C. Major Treatment Programmes of Drug Abusers in the Criminal Justice System of Participating Countries**

Major treatment programmes of drug abusers in participating countries, see table 4 (Appendix).

**III. MAJOR PROBLEMS RELATED TO THE PREVENTION AND TREATMENT OF DRUG ABUSERS: MAINLY FOCUSED UPON THROUGH CARE**

**A. Why do we need Through Care?**

Initially we started to identify the problems related to the prevention and treatment of drug abusers by brainstorming. Based on this activity, we identified thirty problems. After that, we classified these problems into four groups by using KJ analysis. The names of groups are as follows: Through Care, quality management, psychosocial factors and government policy.

We analyzed each problem group by using 5W1H (what, when, who, where, why and how).

Since the major task of our group is to explore effective measures for the treatment of drug abusers in the post-sentencing stage, we mainly focused upon Through Care. Evidence shows that treatment of drug abusers normally takes a long time. We identified the following elements as vital for examining Through Care:

*Aftercare, family intervention, job placement, re-integration, staff training, networking, community involvement and collaboration (cooperation).*

Through Care provides an ongoing client-centred treatment and rehabilitation process for drug abusers, to be free from drug use, having a good quality of life and self-reliance competency, by using an evidence-based, quality management and transparency approach. The criminal justice system forms part of Through Care.

**B. Definition**

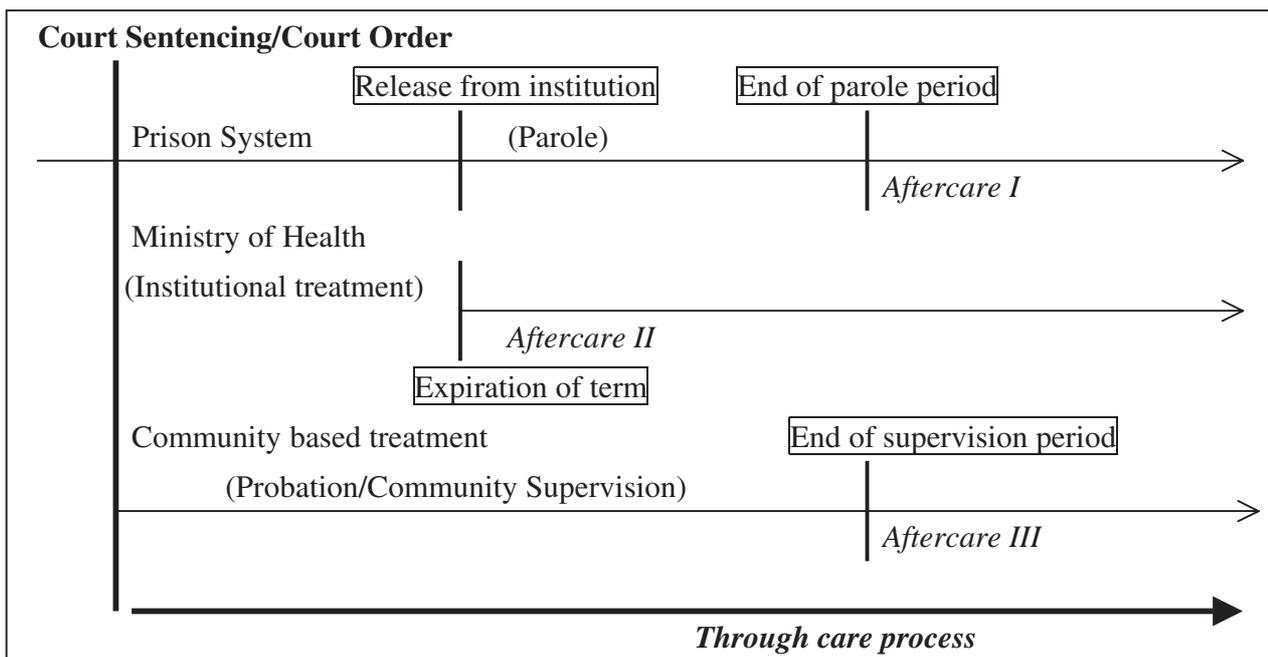
1. Through Care

Through Care is the process of continuous supervision and support provided to the drug abuser in the criminal justice system by means of institutional and community based treatment and rehabilitation, and provides support through aftercare from the public and private sector in order to facilitate reintegration into society.

2. Aftercare

Aftercare is the continuous service delivered to the ex-drug abuser on a voluntary basis, appropriate for the individual, in the transitional period from institutional treatment and/or community-based treatment (e.g. parole and probation), to reintegration into society, to assist them to stand by themselves.

**Chart 1. Concept of Through Care**



**C. Major Obstacles for Achieving Effective Through Care**

1. What is the Problem of Each Country?

- a) Since there is a negative perception of the community to ex-drug offenders, it is very hard for them to find a suitable job (All participating countries).
- b) There is a lack of institutional collaboration and networking among criminal justice agencies, other competent agencies and organizations such as public health centres, welfare offices, child guidance centres, mental hospitals and so on (Japan).
- c) There is insufficient crisis intervention at community-based treatment and the aftercare stage (Japan).
- d) There is no parole, probation and aftercare system (Malaysia, Sri Lanka).
- e) Since there is not sufficient networking and community involvement, there is difficulty re-integrating drug offenders back into society (South Africa).
- f) There is not enough basic training for both institutional and field services staff (Thailand, Sri Lanka).
- g) There are a lack of specific programmes for drug abusers in institutional facilities (Korea).

2. Why is it the Problem in Each Country?

- a) People in the community have low awareness and a negative perception of drug offenders (All participating countries).
- b) Negative influence of general unemployment on re-integration into the community (All participating countries).
- c) Integrated policy on institutional coordination among competent agencies and organizations for treatment of drug abusers is insufficient (Japan).
- d) Because of the limited staff and budget, staff training is limited (Thailand, Sri Lanka).
- e) There is no legal system for aftercare (Malaysia, Sri Lanka).
- f) The Institutional treatment system and community-based treatment system are fragmented, so the work is not fully functioned (South Africa).

**IV. COUNTERMEASURES TO ADDRESS PROBLEMS EXPERIENCED IN THROUGH CARE**

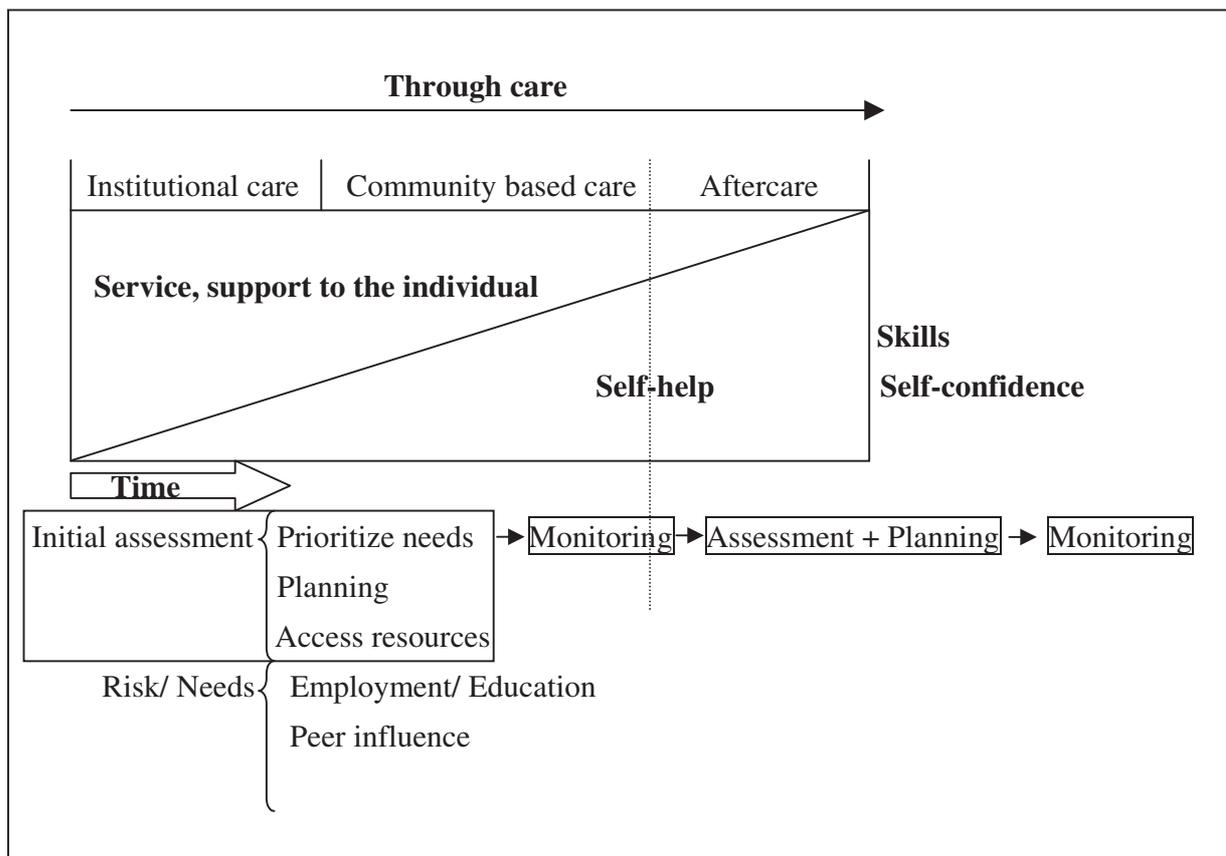
Through Care consists of institutional treatment, community based treatment and aftercare. The purpose of Through Care is as follows:

- a) To prevent relapse
- b) To improve quality of life
- c) To prevent drug related crime/problems

It should be kept in mind that at some stage during treatment, agencies must hand over responsibility to the individual. The end goal of rehabilitation must be independent functioning with the necessary life skills to cope, as well as the necessary knowledge of where and how to get help if needed. An integrated approach and a transitional period (during which the formal support is gradually decreased and the individual's responsibility is increased) are needed for treatment. (See Chart 2 for an explanation). In the Through Care process, the following elements are important for each transitional stage:

- a) Assessment system
- b) Planning guidance
- c) Care management (consultation & case work)
- d) Networking (integrated delivery of services)

**Chart 2. Diagram of the Rehabilitation Process**



Family etc.  
 Multi Disciplinary Team/  
 Care Management

**A. Countermeasures for Enhancing Effective Service Delivery**

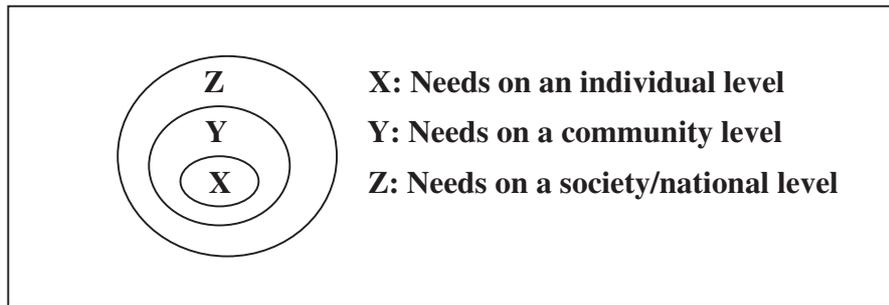
Introduce/ improve Through Care system

1. Identify needs
2. Identify resources for providing services
3. Connect needs and resources
4. Raise public awareness about relationship between needs and resources

**B. Needs of Drug Abusers**

1. Employment (X)
  - a) Employment Skills
  - b) Education
  - c) Sustainability
2. Information (accessibility of services) (X & Y)
3. Social acceptance (Z)
4. Family & community support (which includes employer) (Y)
5. Accommodation/shelter (X)
6. Medical & welfare services (X)
7. Self-realization (X)
  - a) Self-confidence
  - b) Self-esteem
8. Life skills (X)

**Chart 3. Needs of Drug Abusers**



It is important to keep in mind that the family of the drug abuser also has needs, especially support. The family is the one constant factor throughout the rehabilitation process. If the help and support of the family can be obtained early on in the treatment of the drug abuser, it is of great help to the practitioner/service deliverer. It would enhance aftercare and the process of re-integration into the community.

**C. Rehabilitation Services for Drug Abusers**

The Through Care system consists of three major pillars namely institutional treatment, community based treatment and aftercare. Table 3 shows examples of available services/programmes for each stage of Through Care corresponding to the needs of drug abusers.

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**Table 3. Rehabilitative Services for Drug Abusers**

*Criminal Justice System*

*Voluntary base*

Needs	Institutional	Community based	Aftercare
Specific treatment and rehabilitation	a) Therapeutic Community programme b) Relapse prevention programme c) Drug awareness programme	a) Therapeutic Community programme b) Drug awareness programme c) Matrix programme (including relapse prevention programme) d) Diversion	a) Self help group e.g. (i) Narcotics Anonymous (ii) Alcoholics Anonymous b) Family support group c) Relapse prevention programme d) Drug awareness programme
Employment	a) Vocational training	a) Cooperative employer b) Social skills training	a) Public employment office
Accommodation/shelter		a) Half-way houses	a) NGO b) Religious places
Medical	a) Detoxification b) Physical and psychiatric care	a) Cooperative medical facilities and agencies	a) Hospital b) Mental hospital
Welfare	a) Social work	a) Cooperation with social welfare office	a) Public welfare office
Self-realization 1. Self-confidence 2. Self-esteem	a) Counselling b) Spiritual	a) Counselling b) Social skills training	a) Self-help group b) Public health centre
Life skills	a) Social skills training	a) Social skills training	a) Self-help group b) Public health centre
Information	a) Drug awareness programme	a) Psycho-social group work b) Information leaflet	a) Self-help group b) Public health centre
Family and community support	a) Family meeting	a) Family meeting b) Family counselling	a) Self-help group b) Public health centre c) Family
Social acceptance	a) Community service	a) Campaign (local, nationwide) b) Community services	a) Mass media and public relations

**1. Institutional Treatment**

The closed-environment of institutional treatment has its strengths in providing intensive care for those who have serious drug-dependence problems and mental/psychiatric or physical complications. In addition, we can utilize close-interpersonal relationships, positive peer pressure and interaction, and group cohesiveness for therapeutic purposes. For example, Therapeutic Community programmes conducted in an institutional setting are shown to be effective in rehabilitating drug abusers.

**2. Community-based Treatment**

Community-based treatment is an intermediate stage between institutional treatment and aftercare. Serious cases will start from institutional treatment and less serious cases may start from community treatment. The most important characteristic of this stage is that drug abusers have access to drugs while they spend a normal life in the community. Under these circumstances, probation/parole and other services

provide close supervision for drug abusers. For example, the Matrix programme provides intensive treatment for a four-month period followed by a one-year follow-up period. During those periods, drug abusers have a chance to find employment, reunite with their family and reintegrate fully into community life.

Both institutional treatment and community-based treatment are the preparation stage for aftercare of drug abusers.

### 3. Aftercare

This stage is indispensable to the recovery process of drug abusers for whom relapse is a constant threat. The unique feature of this stage is the use of self-help groups where drug abusers are supported by ex-drug abusers to maintain their drug free status. This stage is very important to improve quality of life and to establish new healthy lifestyles.

## **D. How to Enhance the Through Care System**

### 1. Enhancement of Institutional Collaboration and Networking

To manage the through-care system effectively, networking is necessary. Networking includes information sharing, communication and coordination/collaboration to achieve the same goal (see chart 2). Networking can be divided into internal and external networking:

#### *Internal networking*

- (i) Consists of bottom-to-top/top-to-bottom communication as well as horizontal communication.
- (ii) Training can enhance this process.
- (iii) Importance of information sharing and collaboration must be stressed in training.
- (iv) It is very important to identify who has to take responsibility.
- (v) Information must be properly managed.
- (vi) Contents of responsibility: described in job description/internal circular.
- (vii) Reporting to superiors and sharing information with colleagues is important.
- (viii) The type of information that should be reported can be covered by an internal circular.
- (ix) Establish a working group/treatment team to set and share goals for treatment.
- (x) Shared goal: responsibility to achieve the goal should be divided into segments and each member of team/service provider should take responsibility for his/her segment.

#### *External networking/ Institutional collaboration*

- (i) Establishment of a common framework.
- (ii) To build up effective implementation (system)
  - a) Raise public awareness- with a national campaign
  - b) Information delivery to each respective agency, body and organization.
- (iii) Different agencies must realize their responsibility towards other agencies too and understand other agencies' functions.
- (iv) Second staff to other agencies-can lead to better understanding and co-operation.
- (v) At the policy level it must be realized that this problem relates to all departments.
- (vi) Decisions at a policy level must be implemented and monitored.
- (vii) At the practitioner's level: practitioners must be sent to conferences; difficult cases must be handled with case conferences e.g. involve health sector through-out process.
- (viii) All government departments must share the same concept.

### 2. Training of Staff

- Send experts to train staff at the institutions e.g. prisons.

#### More cost-effective

- More staff can be involved without too much disturbance of normal daily routine at prisons (especially in cases of limited manpower.). Security measures should be taken to ensure safety of visiting lecturer/s.

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- The training programme can be tailor-made for specific agency/institution's staff needs regarding content and length of time. More flexible curriculum. Encourage training report.

Involvement of disciplinary staff in correctional institutions in Drug Treatment Programmes are important as they spend more time with prisoners than rehabilitation staff. Indicate to them the importance of their supportive role regarding (a) prisoners in the programme and (b) staff delivering the programme.

All staff members need to receive basic training regarding:

- Drug awareness, especially recognizing behavioural characteristics of drug abusers (must be able to distinguish between normal behaviour and drug-induced behaviour).
- Referral system.
- How to support inmates in programmes and programme-deliverers (help to increase motivation).

Service- deliverers of Drug Treatment Programmes need more intensive and specialized training.

### 3. Quality Management

Effective integrated treatment delivery towards successful re-integration of drug abusers heavily relies on quality management of multi-dimensional levels or a multi-disciplinary approach, from the criminal justice system level to the individual treatment programme level. We identified the following elements as vital for examining quality management.

*Quality management, infrastructure, modern technology (sophisticated urine drug detecting devices, security machines for prevention of drug smuggling into correctional institutions), research and development, monitoring and evaluation system, statistics, information.*

*What and why is there a problem in each country?*

- (i) The comprehensive monitoring, research and evaluation system for drug offenders is insufficient (Japan).
- (ii) There is insufficient knowledge and readiness of management among institutional staff in running rehabilitation programmes for drug abusers, and a lack of a benchmark indicator to measure a programme's effectiveness (Malaysia).
- (iii) There has been no development and evaluation of the programme (Sri Lanka).
- (iv) There is no standard statistics format for drug offenders (Thailand).
- (v) The number of offenders is too big to address diversified needs of drug abusers (Thailand, South Africa).
- (vi) The number of facilities for juvenile drug abusers is insufficient (Philippines).
- (vii) Most correctional facilities are not equipped with modern technology for treatment of drug abusers (Philippines).
- (viii) Programme research and development is limited and accessibility to official statistics and other information resources is insufficient (South Africa).

### 4. Evaluation

To realize effective quality management, we need a standard to measure it. Unfortunately, several participating countries lack those standards. Therefore, we have to establish such standards first in the respective countries, in regional areas such as Asia and then worldwide.

*Need for standard statistical format and data collection*

In order to facilitate efficient and effective rehabilitation services, we need to gather relevant statistical data to know the trends and characteristics of drug abusers, to monitor progress in the rehabilitation process, and to evaluate outcomes of the relevant services. These data give us reliable evidence-based information, which is subsequently used for decision and policy making for improving current practices. Especially, for the purpose of achieving good results in the Through Care process, different agencies need to share relevant information in order to be able to conduct both process evaluation and outcome evaluation. Differences in gathering and analyzing data often can be obstacles in analyzing/comparing relevant practices (e.g. measures

of recidivism are quite different among various jurisdictions, which make it very difficult to assess effectiveness of a given programme or system).

*What is the standard for inspection?*

The standard must be documented and circulated to ensure standardized practices and integrity of programmes and services. We need to follow standards by checking:

- (i) documents (documents must be approved by policy makers/stake holders/top management); and
- (ii) practice.

In a through-care system minimum standards are needed for each process. Standards can be divided into quality and quantity. To establish the standard for inspection we need to include the following elements:

- (i) Leadership/responsibility of top management
- (ii) Information management
- (iii) Treatment and rehabilitation
- (iv) Manpower (number), training and supervision
- (v) Environment: facilities, equipment
- (vi) Continuous quality improvement
- (vii) Client focus

#### 5. Psycho-social Factors

We cannot achieve quality management without taking effective measures for psycho-social factors. These are mainly problems related to negative community perception, low morality and drug smuggling.

*Negative community perception*

When we examine the negative perception of the general public towards ex-prisoners/ex-drug abusers, we identified the following problems and countermeasures for them:

- (i) Transparency is important.
- (ii) The general public needs to be aware of their role in aftercare for drug-abusers.
- (iii) Public relations e.g. community service.
- (iv) Collaboration with neutral agencies to support the positive work being done in prisons.
- (v) Evidence-based research is very necessary. What effect can a specific treatment programme have in the long term for a community?
- (vi) Make use of mass media.
- (vii) A positive perception of political/community leaders (people in power) can have a big influence on the general public's perception.
- (viii) At the grassroots level support of self-help groups can help toward changing the public's perception.
- (ix) Restorative Justice.
- (x) More acceptable names for Correctional Institutions (might help to remove the stigma and "labeling"). Be more appreciative of the work correctional officers are doing. Attitude of both correctional officers and the public can be changed positively.
- (xi) If the public's experience of community sentences (probation/supervision/parole) is positive and they receive more information/knowledge regarding them, it can help towards a more positive perception.

*Low morality, drug smuggling*

- (i) Low morality of drug abusers leads to a vicious circle  
Community has a prejudice against drug abusers. Drug abusers use defence mechanisms such as denial. Both the community and the abusers overlook reality.

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(ii) Drug smuggling in prison

Keeping a drug free environment in prison is a basic requirement for treatment of drug abusers. There are two ways of smuggling drugs into prison; (a) by prison staff, (b) contact with people from outside prison (visitors etc.).

The following are the reasons for this problem:

- Not all prisoners have quick access to programmes (overcrowding)
- Demand for drugs in prison (many abusers)
- Gang activities (prison culture)
- Inefficiency of treatment programmes
- Low salaries of prison staff (corruption)

The effective countermeasures for this problem are (1) to improve working conditions and salaries of prison staff, (2) quick classification of inmates after entering prison into high risk groups re. drug-abuse/treatment.

6. Government Policies

The Present CJS practices in handling drug abusers among participating countries tend to put a heavy reliance on imprisonment, which causes prison overcrowding. In addition, current legislation treating drug abusers have various flaws in achieving effective Through Care for them: e.g. lack of provisions to extend appropriate treatment measures in probation/parole and discontinuity of treatment in relevant settings, etc. In order to expand effective treatment options conducted in some countries (e.g. diversion programmes, a mandatory parole period combined with an incarceration period to continue necessary services; introduction of special conditions to order medical treatment in the probation period, etc), we need to persuade politicians and the general public by demonstrating the effectiveness and possibilities of alternative options' outcomes. Governments can utilize evidence-based practice or a "what works" approach to address various issues concerning appropriate allocation of budget, manpower and resources, which form a basis for policy reform.

**V. RECOMMENDATIONS**

**A. Importance of Through Care**

Through Care is a continuous and long process of supervision and support from institutional and community-based treatment to aftercare. Therefore, not only criminal justice, health, welfare, employment and other agencies, but also various kinds of organizations/bodies, community and individual citizens should cooperate to realize effective management of the Through Care process. Major agencies and organizations should formulate multi disciplinary teams to plan and manage the entire Through Care process.

To maintain and improve the quality of the Through Care process, evidence-based practice should be the basic method. The continuous circle of research, monitoring, assessment and planning during the Through Care process is of vital importance.

**B. Early Family Participation in Treatment**

Most of the drug abusers and/ or other criminals have a background of family disruption. Family rejection occurs often. Thus, family therapy and counselling from the beginning of the Through Care process is important. The sooner family participation starts, the better outcome will be achieved. Understanding of the drug recovery process will help the family to tolerate the relapse and recognize their important role in supporting the abuser in refraining from drugs. The family re-union is the ultimate goal for the long-term prevention of relapse and the improvement in the quality of life of the drug abusers.

**C. Relapse Prevention Programme**

Drug relapse is a common phenomenon along the process of recovery. There is evidence and theories that support and explain this unwanted event. General treatment and rehabilitation cannot guarantee the expected outcome; hence the relapse prevention programme should be implemented in Through Care. Starting the relapse prevention programme merely during aftercare will be too late for the drug abusers to learn and develop skills for overcoming the triggers which drag them back to the re-using road. Relapse prevention should receive attention throughout rehabilitation.

**D. Emphasize Collaboration and Coordination**

The ideal Through Care can be achieved by emphasizing collaboration and coordination of agencies and departments. Participation and sharing the common goal and information is the key to success.

**E. Information Management**

To set up a common database management system, which can be utilized by all of the stakeholders for programme implementation, monitoring and evaluation cannot be ignored in this technologically advanced century. Dissemination of the analyzed information should be the input for the policy makers in effective and efficient strategies and policy determination. At the operational level such information can be used for monitoring and evaluation of treatment programmes.

**F. Vicious Cycle Interception**

Effective strategies should be put in place to intercept negative practices such as drug smuggling in prison.

**VI. CONCLUSION**

Since the recovery process of individual drug abusers is a dynamic and chronic situation, Through Care is of vital importance. For effective prevention of drug abuse and treatment in the post-sentencing stage, there are many factors to be considered as stated above. In order to achieve the same goal, we need to develop and enhance the Through Care, as it is a process that supervises and supports the drug abuser in institutional and community based treatment and provides aftercare. Services that share this common goal should collaborate to share information and intervention plans as well as the outcome by giving feedback. Therefore effective prevention of drug abuse and enhancement of treatment for drug abusers in the post-sentencing stage is of the utmost importance to reduce the crime rate which will lead to peace and harmony in society.

APPENDIX

Table 4. Major Treatment Programmes of Drug Abusers in the Criminal Justice System of the Participating Countries

Country	Prison	Juvenile School/ Centre	Probation	Drug Rehabilitation Centre	Others
Malaysia	O	O	X	O	X
	<ol style="list-style-type: none"> <li>1. Counselling</li> <li>2. TC programme</li> <li>3. Religious programme</li> <li>4. Physical/discipline programme</li> </ol>	Nearly the same as prison but different in the degree		<ol style="list-style-type: none"> <li>1. Re-integration programme</li> <li>2. Counselling</li> <li>3. Religious programme</li> <li>4. Physical/ discipline programme</li> <li>5. Med. &amp; health care</li> <li>6. Vocational training</li> <li>7. Sports/ recreation</li> <li>8. Job placement</li> <li>9. Relapse prevention skills</li> <li>10. Strengthening of family ties</li> <li>11. Involvement of community activities</li> <li>12. Peer group support activities</li> </ol>	
Philippines	O	O	O	O	X
	<ol style="list-style-type: none"> <li>1. Counselling</li> </ol>	<ol style="list-style-type: none"> <li>1. TC programme</li> <li>2. Counselling</li> </ol>		<ol style="list-style-type: none"> <li>1. Compulsory treatment</li> <li>2. Voluntary treatment                             <ol style="list-style-type: none"> <li>(i) Counselling</li> <li>(ii) Vocational programme</li> <li>(iii) Medical care</li> <li>(iv) Physical programme</li> <li>(v) Recreation/ sports</li> </ol> </li> </ol>	

Table 4. Major Treatment Programmes of Drug Abusers in the Criminal Justice System of the Participating Countries (continued)

Country	Prison	Juvenile School/ Centre	Probation	Drug Rehabilitation Centre	Others
South Africa	O	O	X	X	O
	<ol style="list-style-type: none"> <li>1. Drug awareness programme by social workers</li> <li>2. Group sessions</li> <li>3. Counselling</li> <li>4. Medical treatment like detoxification in certain prisons with hospital facilities</li> </ol>	<ol style="list-style-type: none"> <li>1. Drug awareness programme by social workers</li> <li>2. Specific drug programmes</li> <li>3. Counselling</li> </ol>			<ol style="list-style-type: none"> <li>1. Diversion (for juveniles)</li> <li>2. Community supervision (for adults)                             <ol style="list-style-type: none"> <li>(i) Specific awareness programme-usually group sessions</li> </ol> </li> <li>3. Drug peer counselling</li> </ol>
Sri Lanka	O	O	X	X	O
	<ol style="list-style-type: none"> <li>1. Counselling</li> <li>2. Family meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Counselling</li> <li>2. Family meeting</li> </ol>			<ol style="list-style-type: none"> <li>1. Community based supervision</li> </ol>
Thailand	O	O	O	O	O
	<ol style="list-style-type: none"> <li>1. The TC</li> <li>2. Religious/ meditation</li> <li>3. CARE model</li> <li>4. Early release programme (Boot camp, agricultural programme)</li> </ol>	<ol style="list-style-type: none"> <li>1. Matrix model</li> <li>2. FAST model</li> </ol>	<ol style="list-style-type: none"> <li>1. Treatment for adult drug abusers</li> <li>2. Community based programme (in coordination with probation officers and volunteer probation officers)</li> </ol>	<ol style="list-style-type: none"> <li>1. Medical treatment</li> <li>2. Compulsory treatment</li> <li>3. Voluntary treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Hospital/ Clinic</li> <li>2. Diversion</li> </ol>

124TH INTERNATIONAL TRAINING COURSE  
REPORTS OF THE COURSE

Table 4. Major Treatment Programmes of Drug Abusers in the Criminal Justice System of the Participating Countries (continued)

Country	Prison	Juvenile School/ Centre	Probation	Drug Rehabilitation Centre	Others
<b>Korea</b>	O	O	O	X	X
	1. Special educational programme (i) Counselling (ii) Lecture (iii) Physical training				
<b>Japan</b>	O	O	O	X	O
	1. Special educational programme for drug offenders	1. Special programme guidance for juvenile drug offenders 2. Individual counselling 3. Meeting session for supporting the family of abusers	1. Categorized treatment (stimulant & thinner offenders) 2. Group treatment for abusers 3. Meeting session for supporting the family of abusers 4. Crime prevention activities 5. Intensive treatment for adult stimulant offenders (including urine testing)		1. Tentative probationary supervision (in charge of Family court; diversion for juveniles)

(Notes) CARE: Correctional Addicts Rehabilitation  
FAST: Family participation, Alternative treatment activities, Self help and Therapeutic community  
The TC: Therapeutic Community