

Community-Based Approach to Drug Abuse and Addiction

1. Definition

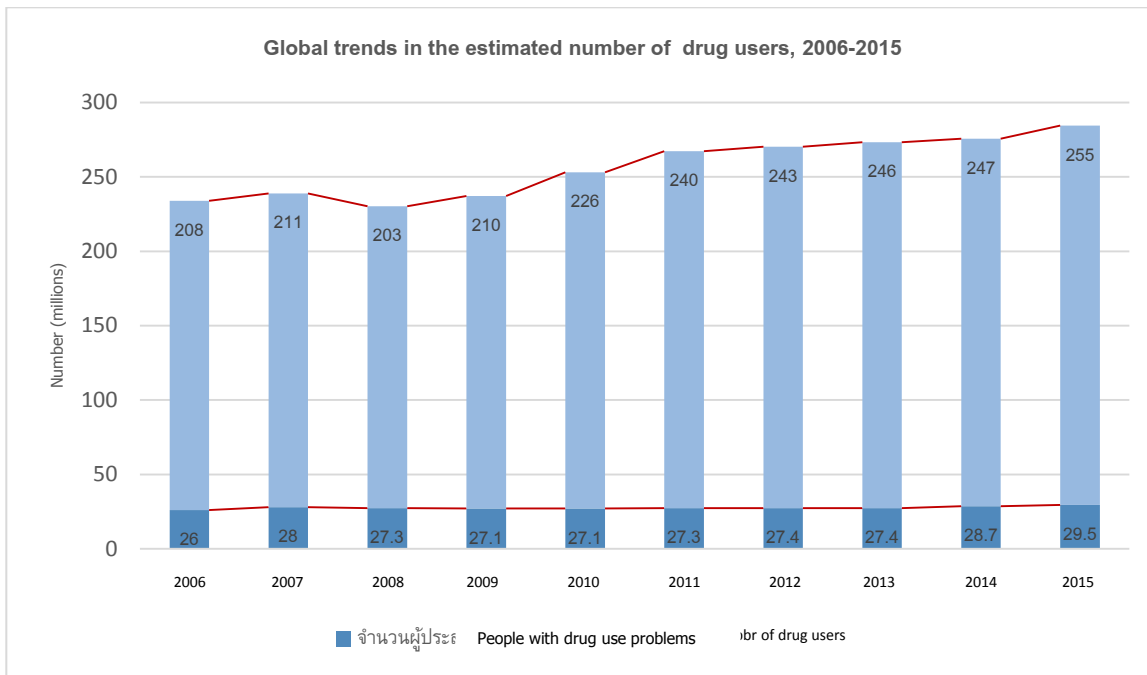
Narcotics means any form of chemicals or plants as specified in the Narcotics Act B.E. 2522 (1979), Psychotropic Substances Act B.E. 2518 (1975), and Emergency Decree on Prevention against Abuse of Volatile Substances B.E. 2533 (1990).

Drug abuse and addiction refer to physical, mental, and social harms, dangers, and effects of drug use and abuse on individuals, family, society and the country.

Community-based approach refers to the coming together of people or groups of people with similar ideas or intention to act according to the set objectives and thereby enjoy the derived benefits by participating in every step of the approach, such as decision making, implementation, share of benefits, and evaluation.

2. Importance, situation, and trend of drug abuse and addiction

According to the United Nations on Drugs and Crime's World Drug Report¹, in 2015 about 255 million people used drugs - or 5.3 per cent of the global population of 15 to 64 years old. In other words, one in 20 persons took drugs. Of this number, 29.5 million or almost 12% of drug users – 0.6% of the global adult population – suffered from drug use disorders that could be harmful to their physical and mental health, leading to dependency that eventually required treatment. Each year, only one out of six drug users worldwide could get access to drug treatment for opioids, the substance considered most harmful to health, leading to risk of death from overdose and from such infectious diseases as HIV and hepatitis B or C caused by unclean injection practice, as well as from other related physical and mental disorders. Harms or negative health impacts from drug abuse and addiction are, therefore, something that needs to be prevented and resolved, especially in view of the rising global trend of estimated drug users compared to the figure of the 2006-2015 period, as shown in the chart below.



Source: United Nations on Drugs and Crime. World Drug Report 2017

In 2016 a household survey was conducted by Thailand's Administrative Committee of Substance Abuse Academic Network² to estimate the number of drug users in the country. The survey revealed 1.4 million using drug in 2016. Of this number, about 300,000 supposedly required treatment. Drug abuse and addiction was prevalent among teenagers and people of the working age of 12-44 years, spreading to the important grassroot unit of village/community. Without urgent and serious action, considerable damage would be evident in health, social and economic domains.

On the health front, according to a 2015 survey conducted by the Bureau of Epidemiology, 71% of people who injected drugs were living with hepatitis C, 22% living with HIV, and 12% living with hepatitis B, while mortality was estimated at 3% per year³. In the amphetamine-using teenagers, a prevalence of sexually transmitted disease was greater than 20%, together with alcoholism⁴, causing depression in more than one in three persons⁵. In addition, more mental disorders from methamphetamine use have been found since the spread of amphetamine in 1996. Approximately six years after treatment, follow-up was conducted, and it was found that about 8.2% of this group of patients died, the leading causes of death being suicide, accidents, and AIDS⁶. A report from the Narcotics Control Management Center, Ministry of Public Health⁷, reveals that 53.1% of drug users who received treatment were found to suffer from some kind of mental disorders. As high as 50% were psychiatric cases with drug abuse and addiction. The substances most used were alcohol and amphetamine. On the social front, according to a survey conducted by the Statistical Office in 2013, 34.2% of people experienced hardships due to narcotics. A follow-up survey on action under the strategic plan of Kingdom's Unity for Victory over Drugs Strategy conducted by Srinakharinwirot University⁸ shows that 35.9% of people suffered from narcotics problems. In addition, 127,481 narcotics-related cases – or 18% - were involved in criminal offenses. An economic loss from buying at least one capsule of narcotics per day (250 baht) amounted to a financial loss of 625 million baht per day (200 billion baht per year). Coupled with the income loss (300 baht per day), the total economic loss was greater than 500 billion baht per year. There were also other social consequences

1 from drug suppression action in the past in which several small drug users were given
2 unduly harsh sentences. Prisons took on excessive burdens, resulting in considerable
3 budgetary losses, while the drug abuse and addiction continued unabated⁹.

5 **3. Policies, measures and related laws**

6 **3.1 Policies at international level**

7 1) United Nations Sustainable Development Goals (UNSDG 2030)¹⁰: Goal No. 3: Good
8 health and well-being for all ages with its Item No. 5: strengthen the prevention and
9 treatment of substance abuse including narcotic drug abuse and harmful use of alcohol.

10 2) UN General Assembly Special Session on Drugs (UNGASS 2016)¹¹ held in
11 2016 in which a policy drive toward a society free of drug abuse was announced. The
12 General Assembly passed a resolution asking the member states to re-orient their
13 approaches from war against drugs to better health care and human security primarily
14 based on health and social service systems, while integrating UN SDGs in their
15 approach. Again, this is in line with the recommendations in the Global Commission on
16 Drug Policy annual report No. 6¹².

17 **3.2 National policies**

18 1) The issue of drug abuse and addiction has been incorporated into the
19 national agenda, and action taken. In 2016 Thailand participated in the UN General
20 Special Session on Drugs and **translated its resolution on UNGASS 2 into a policy**
21 **of “decriminalization” practice and treatment and care of drug users as**
22 **“patients”**.

23 2) The Prime Minister has instructed all government agencies to adopt the
24 “Pracharat” strategy as a guideline to drive Thailand forward toward peace and harmony
25 and to enhance the country’s strength, security and sustainability. One objective is to
26 reduce drug abuse and addiction incidence at village/community levels across the
27 country. The ultimate aim is for the community to own the problem and play an
28 important role in direct action, while it is the government agencies’ duty to promote and
29 support activities in the matter.

30 ๓) Government’s strategy on Drug Use Control and Treatment of Drug
31 Addicts in the 20-Year Master Plan on Strategy on Drug Use Control and Treatment of
32 Drug Addicts (2017-2036). Its vision is “Thailand secure and free from narcotic drugs,
33 with participation from all sectors in society and international cooperation”, while one of
34 its important missions is to integrate and manage action to ensure participation in the
35 approach to drug abuse and addiction, leading to secure Thai society free from drug
36 abuse and addiction in a sustainable manner.

37 4) Strategy on prevention, treatment, and rehabilitation of drug abuse and
38 addiction, Ministry of Public Health: The Ministry of Public Health is assigned a leading
39 role in the area of treatment and rehabilitation of drug users and addicts. For greater
40 unity, integration and efficiency, the ministry has set up a prevention and rehabilitation
41 framework consisting of six strategies and ten measures covering promotion of
42 awareness and drug education, treatment, rehabilitation and harm reduction, greater
43 efficiency of drug database, communication to the parties concerned, review of drug
44 laws for better treatment of drug addicts and better control, more drug abuse personnel
45 equipped with appropriate skills, setting of service standards for all agencies, and
46 strengthening of “Pracharat” mechanisms.

47 5) Laws, regulations, and orders concerned: Besides policies, there are a
48 large number of laws, regulations, and orders, e.g. the Narcotics Control Act B.E. 2519
49 (1976), Narcotics Act B.E. 2522 (1979), Psychotropic Substances Act B.E. 2518 (1975),

1 and Narcotic Addict Rehabilitation Act B.E. 2545 (2002). These laws are all designed to
2 address drug abuse and ensure the healthy public and safe society in line with the spirit
3 of the National Health Act B.E. 2550 (2007), of which Section 5 states: "A person shall
4 enjoy the right to live in the healthy environment and environmental conditions.
5 A person shall have the duties in cooperation with State agency in generating the
6 environment and environmental conditions under paragraph one" and in line with the
7 spirit enshrined in the 2nd Statute on National Health System B.E. 2559 with the
8 following philosophy:

9 (1) Health is a basic right of the people – at individual, family, community
10 and general social levels – to public health services related to health promotion, disease
11 prevention, treatment, and rehabilitation, including receiving supportive factors for
12 health promotion, disease prevention, and consumer protection, as well as support for
13 good environmental health;

14 (2) A person is health-conscious and plays a role in taking care of the
15 health of self, family, people under charge, and community to ensure that no health
16 damage is done or to avoid inappropriate behaviors, while it is the State's duty to do
17 promotion and provide health protection;

18 (3) The State and every sector shall give priority to the networking principle
19 and support the participation of every sector at every level to ensure governance of the
20 health system. In this regard, cooperation with every sector and a proactive approach to
21 work by every sector are considered important factors in the improvement and development
22 of the health system as well as the quality of life of the people.

23 Thus, solving narcotics problems, with a health approach and community
24 participation process, will see more effective results.
25

26 **4. Role of organizations and parties**

27 1) Ministry of Public Health is responsible for prevention, treatment, and follow-
28 up of those rehabilitated, including standard control and supervision. Some of its
29 important tasks are:

30 (1) Engage community participation in health promotion and development of
31 the quality of life, through a system of health volunteers across the country – something
32 that has been going on for more than 30 years;

33 (2) Develop the quality of life at district level, putting emphasis on the role of
34 local public and private sectors in adopting the issue of wellbeing as their own since
35 2016, while in 2017 a committee on life quality development was created in every
36 district, chaired by the district head officer and with the district health officer acting as
37 secretary. The committee serves to drive the health system in the district to ensure that
38 every local sector works together to identify, get access, and persuade drug users to
39 undergo a screening and rehabilitation process in such a way that they could lead a
40 normal life in their community. It also manages the community environment for drug
41 use monitoring and prevention purposes in a sustainable manner.

42 (3) Developing a health service plan for drug abuse and addiction as a
43 guideline for prevention and harm reduction of drug abuse in the locality.

44 2) Ministry of Interior is responsible for surveillance, prevention, treatment,
45 monitoring, care provision, and tackling of drug abuse problems at village/community
46 level on a regular basis, with the help and participation from various sectors, including
47 the public sector, village/community committee, local government organizations, and
48 the people sector. They work in an integrative manner through such projects as
49 integrated social order projects, village/community projects to overcome drug problems,

1 the Land's Mother Fund, Pracharat joint projects to create secure and drug-free
2 villages/communities, and follow-up projects on vocational and social assistance for
3 community offenders. The objective is to ensure that the society and village/community
4 concerned are free from drug abuse, thus resulting in good health for the public, safety
5 and security.

6 3) Ministry of Education is responsible for prevention and solving of drug abuse
7 and addiction in schoolchildren, drop-outs, and out-of-school young people through non-
8 formal and informal education. The matter is incorporated into such subjects as health
9 education, physical education and other integrated studies to provide immunity against
10 drug abuse. It can also be part and parcel of various supplementary curriculums and
11 extra-curricular activities, e.g. anti-drug scout movement, life skills camps, and various
12 club activities designed to keep children away from narcotic drugs. For schoolchildren
13 with risk behaviors, various kinds of camps will be organized to modify lifestyles and
14 develop life skills. For those already engaged in drug abuse and addiction, psycho-social
15 therapy will be made available in school to ensure that they continue their schooling
16 uninterrupted.

17 4) Ministry of Social Development and Human Security plays a role in every
18 dimension of human development. As far as narcotics is concerned, the emphasis is on
19 prevention involving family institution. It has established Family Development
20 Community Center (FDCC) serving as a mechanism to strengthen the family institution
21 at village/community level, while focusing on developing a protection system and
22 immunity for children in every dimension, including promoting their potentials through
23 such mechanisms as child and youth councils in every province.

24 5) Ministry of Labor is responsible for monitoring, preventing, and addressing
25 drug abuse and addiciton in the population at work. It encourages business enterprises
26 to put in place a preventive system against drug abuse and addiction, as seen in the
27 promotion of "white plant" criteria and standards of drug prevention at work. For
28 working people in smaller business enterprises, education is provided to build immunity
29 against drugs through worker volunteers available in every sub-district across the
30 country.

31 6) Royal Thai Police have been involved in the prevention and tackling of drug
32 problems in schools and colleges, as seen in Project "Drug Abuse Resistance Education
33 (D.A.R.E.), Thailand" in primary schools, "One Police Officer, One School" project in
34 secondary schools, and Campus Safety Zone project at tertiary levels.

35 7) Ministry of Justice is responsible for suppressing drugs and taking action
36 against offenders in the judiciary process. It has established certain developed areas as
37 judiciary capitals through community justice projects enabling the public to get access to
38 alternative justice more effectively. Attempts have also been made to review law
39 enforcement practice. Under the ministry, an agency directly responsible to the Minister
40 – Office of the Narcotics Control Board - plays an important role in monitoring the drug
41 situation, setting national strategies on drug problems, and putting in place mechanisms
42 to integrate the work at local levels. Such mechanisms are provincial narcotics control
43 centers, Bangkok Narcotics Control Center, and district and regional narcotics control
44 centers.

45
46 In additions, the private sector has also given its support for the monitoring and
47 addressing of the drug problems by educating the community and recommending
48 activities to the local community and education institutes.
49

1 **5. Some case examples in Thailand**¹³ on community participation in the monitoring,
2 prevention and tackling of drug abuse and addiction:

3 1) Area: Mae Pao sub-district, Phaya Mengrai district, Chiangrai province: Building
4 immunity against drug abuse:

5 In 2014 Mae Pao Child Development Center did not pass the evaluation test.
6 As a consequence, local people concerned from Phaya Mengrai Hospital, Tambon
7 Administrative Organization, sub-district headmen, village headmen, and schools came
8 together to form a working group to survey the situation and take corrective action.
9 The objective was to develop the quality of life from infancy to early childhood. This led
10 to the creation of a participatory work base for solving local drug problems. This
11 mechanism has continued. Today, it consists of local administrators, teachers, sub-
12 district health-promoting hospitals, women's council, children and youth council, monks,
13 children at risk, and acquitted drug offenders. It has received support from Meng Rai
14 Hospital, district health office and district chief officer, together with the district life
15 quality development committee and the district working group, to prevent and solve
16 drug problems, all acting as mentors. It focuses on four tasks:

17 Prevention: Design and support activities intended to promote creative use of
18 time by children/youth, including music and sports, activities to foster the love of
19 homeland, and life skills camps, as well as encouraging adults to act as good role
20 models;

21 Monitoring: Set up a task force, conduct random surveys in schools, at temple
22 fairs, and at parties, and keep an eye on teenagers in the locality,

23 Treatment and care: Work together with the family in the follow-up after out-
24 patient treatment, reduce the stigma, and encourage the community to provide another
25 opportunity for the ex-drug addicts who have undergone treatment;

26 Ongoing rehabilitation and assistance: Provide training and career opportunity,
27 encourage the community to offer another opportunity and allow more business
28 opportunity in the locality, and employ ex-drug addicts who have undergone treatment

29 2) Area: Khuean-Phak sub-district, Phrao district, Chiangmai province: Community
30 participation in caring for people with drug problems:

31 The Phrao district lies adjacent to a number of districts along the border which
32 sees a lot of drugs being transported as a transit route and temporary storage area.
33 The Khuean-Pak sub-district consists of 10 villages that have come together to tackle
34 the drug issue since 2008. Initiated by the village leaders and volunteers, the action
35 has seen much support from local government authorities, including sub-district
36 headmen, village headmen, assistant village headmen, and police and from the local
37 administrative authorities, i.e. president of Tambon Administrative Organization, with
38 the Tambon (sub-district) health-promoting hospital as mentor.

39 As far as the work process is concerned, the local government authorities and
40 Tambon health-promoting hospital got access to and helped people with drug problems,
41 while the local administrative authority provided financial support and other resources.
42 At the same time, efforts were made to urge the community to form groups, while
43 encouraging individuals and families concerned to take such initiatives as random urine
44 testing in young people. Conditions were issued such that if tested positive the people
45 in question would agree to receive treatment. If they refused or did not turn up for the
46 test, the community would not take care of them and turn them over to the police for
47 further action.

48 Such community-initiated treatment was based on the district camping model
49 but with a less rigid structure in which the participants spent their time together for

1 three days and two nights in a caring environment and pledged not to get involved in
2 drugs ever again. After the camp community treatment, visitation would follow on a
3 regular basis. After the activity bore fruit, more drug users would join. More families
4 would take their drug-using children for treatment. In September 2016 there were 124
5 drug users receiving treatment. 99 were able to stop taking drugs, while the remaining
6 25 relapsed and had to continue the treatment. Forums were organized to feed back
7 the result and follow-up activities to the community on a regular basis and to receive
8 further suggestion to the approach.

9 Today, the Khuean-Phak sub-district continues to monitor and look out
10 for/screen people with drug problems in close cooperation with the local government
11 authorities of the Phrao district in order to keep abreast with the situation and reduce
12 the number of drug sellers/related people and users.

13 3) Area: Tha-Chanuan sub-district, Kong Krailat district, Sukhothai province:
14 Community participation in caring for people with drug problems:

15 The Tha-Chanuan sub-district saw a widespread drug abuse. The approach to
16 the problem started with the creation of coalition consisting of a Chief Inspector of the
17 local police station, sub-district headman, Tambon health-promoting hospital, and village
18 health volunteers (one health volunteer per 20 households). In this way a database of
19 the villagers was created, and drug users identified. Three meetings with community
20 members were held to provide greater understanding of the problem. At the first
21 meeting, the community was informed of the problem and how to help tackle it,
22 including the importance of modifying their attitude toward drug users. The second
23 meeting saw a preparation of the sub-district workplan, while at the third meeting
24 information on drug users was shared without any identification. All the information
25 was subsequently sorted out. Information on sellers was forwarded to the suppression
26 authorities, while that on drug users was reviewed before they were persuaded to
27 receive treatment. A proactive approach was adopted, whereby a visit was made to the
28 household concerned, giving a positive outlook on the treatment camp to drug users
29 and their family, as well as on other general health care, such as dengue fever, home
30 visitation for patients, housebound/bedridden elderly patients, and rehabilitation of
31 people with disabilities, as well as other community treatment practice.

32 So, after community treatment, home visitations follow, integrated with other
33 healthcare activities, including vocational support, to ensure that the people concerned
34 could be socially re-integrated and would not return to drugs.

35 In addition, information is provided to groups at risk, i.e. children in and out of
36 schools. Cooperation is requested from shops and stores in the community not to sell
37 alcohol and tobacco to youngsters. Training was organized for civilian police volunteers
38 who will monitor and set up checkpoints together with other community members.
39 Temple areas are also used as behavior modifying camps for drug users in cooperation
40 with their family and community.

41 4) Area: Mueang district, Phetchabun¹⁴

42 The work of the drug-screening center of Phetchabun Hospital over time
43 reveals that treatment is merely a solution at the wrong end. Therefore, efforts were
44 made to draw people from eight agencies to join hands: health team, teachers
45 responsible for administrative work, counseling teachers, parents, community,
46 police/military, local administration, and justice section. These people have adopted a
47 new attitude or approach that the consideration of teenager drug abuse must be based
48 on the following four principles: 1) loving care, 2) forgiveness, 3) search for potentials,
49 and 4) creation of life value.

1 A new approach to drug abuse and addiction takes two forms: 1) development
2 of the process treatment with participation of all sectors concerned, and 2) tracing and
3 analysis of the life of teenage drug users with a view to finding out factors leading to
4 their abuse. Such forms are responsible for the creation of treatment and follow-up
5 programs, including programs to monitor and identify groups at risk, e.g. games addicts,
6 school absentees, those with poor scholastic achievements, and those who hang out
7 together for shady purposes. All this comes under a school-based integrated care.

8 The work was able to reduce the number of relapse cases from 20% to 5.71%.
9 80% of 972 children and youth who had undergone the hospital treatment were safe,
10 re-integrated into normal family life, and functioned as valuable members of society.

11 In conclusion, the management of local drug abuse and addiction has to follow
12 the community's desire for self-management, while the local government and
13 administrative organizations join hands and balance the structure of power in such a
14 way that the work goes smoothly. The public sector and academia provide resource
15 support and knowledge/skills that the community lacks and needs, thus strengthening
16 the community's capacity to solve the problems by themselves.

17 **6. Work constraints and solutions**

18 1) Social attitude: The general public holds a mistaken view about drug
19 users/addicts who are stigmatized as criminals or immoral. As a result, some cover up
20 their behaviors and do not get access to health service and social welfare/programs.
21 People tend to think that it is the government's duty alone to solve the drug issue. They
22 have nothing to do with it. Besides, drug problems have something to do with
23 influential people, and people are afraid to get involved.

24 2) Attitudes of drug users and their family: Drug users do not realize that
25 addiction is a disorder that requires care and treatment. Besides, drug taking is against
26 the law and socially unacceptable. Therefore, they and their family are afraid to reveal
27 themselves and get access to treatment in any way

28 3) Government's treatment and rehabilitation systems: The systems are not
29 effectively integrated, while the community does not fully play its role in the
30 management of the issue.

31 4) Health system at district level: This is still a new area that those responsible do
32 not quite understand, especially when it comes to the format and how to make use of
33 its structure to enable the community to manage its own problems.

34 5) Local administrative organizations: They are still unable to provide full support
35 for the work of the community due to legal constraints and a number of regulations that
36 are waiting for the clarification from the Office of the Auditor General of Thailand (OAG).

37 **7. Issue for consideration of the National Health Assembly**

38 Requesting the National Health Assembly to consider Document HA10/Draft
39 Resolution on Community-Based Approach to Drug Abuse and Addiction.

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