

### **Community-Based Approach to Drug Abuse and Addiction**

The 10<sup>th</sup> National Health Assembly,

Having considered the report on "Community-Based Approach to Drug Abuse and Addiction"<sup>1</sup>,

*Appreciating* that in several areas, such as Khuean-Phak sub-district in Phrao district, Chiangmai province, Tha-Chanuan sub-district in Kong Krailat district, Sukhothai province, Mae Pao sub-district in Phaya Mengrai district, Chiangrai province, and Mueang district in Phetchabun province, community leaders, sub-district headmen, village headmen, Tambon Administrative Organizations, and other local public agencies can work together to prevent and solve local drug abuse and addiction problems in a sustainable manner, using the district-level mechanism for the development of the quality of life and that they can serve as learning sources for further replication,

*Noting* that drug abuse and addiction is widespread, causing extensive social and health problems, including HIV infection, hepatitis B, hepatitis C and other mental health disorders,

*Realizing* that policy focusing on suppression brings with it negative impacts on society, including more criminal offenses and more health problems such as HIV infection, hepatitis C, sexually transmitted diseases, stress syndrome, mental health disorders, depression, and suicide,

*Realizing* that the government has greatly overhauled its anti-narcotics policy to be in line with reality and international recommendations, focusing on decriminalization practice, greater health and social care, and setting new strategies to deal with the issue, while attaching importance to prevention, treatment, rehabilitation, community participation in monitoring/prevention/care of people with drug problems, and law enforcement, based on the United Nations' development approach to drug abuse and addiction as the ultimate goal,

*Seeing* that the local government organizations, local administrative bodies, community leaders, religious leaders, local wise men, child and youth councils, and network partners/groups involved in monitoring, prevention and solving of drug problems,

*Realizing* that the development along the line above must be based on public involvement to ensure common understanding and on work restructuring of local public and private sectors conducive to active community participation and effective integration in the approach to drug abuse and addiction as well as sustainable development,

#### **Has, therefore, passed the following resolutions:**

1. Requesting local government organizations to act as lead agencies in coordinating and working with local administrative bodies, community organizations, religious organizations, family institution, women, children and youth organizations,

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<sup>1</sup> NHA 10/Main 2

education institutes, community justice centers, partner networks, the people sector, civil society, the private sector and other agencies concerned, to make joint efforts to prevent, tackle and solve drug problems in the community as follows:

- 1.1 Take action to re-orient community attitudes so that they:
  - 1) Have confidence in the community power to prevent and solve the problems by themselves,
  - 2) Accept that drug users and addicts are still valuable members and social capital,
  - 3) Have confidence that prevention and problem solving at every level is a more sustainable approach to drug use reduction than suppression,
  - 4) Attach importance to the family institution in the approach to drug abuse and addiction;
- 1.2 Survey and screen to bring to light local problems, e.g. holding public meetings and dialogues, analyzing the existing situation to sort out drug problems, and developing joint action plans accordingly;
- 1.3 Include the issue of drug abuse and addiction in all the agreements, rules and regulations, and community health charters;
- 1.4 Take action to prevent drug abuse and addiction and build immunity in the family, education institutes, work place in the community, and social media, create mechanisms for calls for help, monitor, and manage the environment to reduce risk factors in the community;
- 1.5 Take action to persuade drug users/addicts to understand the issue and take screening tests so that they can receive better help appropriate to their individual needs and desires;
- 1.6 Follow-up and provide care for drug users/addicts and risk groups with regard to health, occupation, skill, and education, as well as social opportunity on a regular and sustainable basis so that they can depend on themselves and live with others in the community;
- 1.7 Evaluate, summarize the lesson learnt and give feedback to the community in the locality, as well as transferring it further to agencies concerned, such as district/regional committees for the development of the quality of life;
- 1.8 Develop a process for learning exchange with organizations, partner networks, and other local communities to find ways and means to solve the problems, support each other's work, and coordinate with education institutes, local and external academic agencies for technical support and for further studies and research on a continuing basis.

2. Requesting district/regional committees for development of the quality of life to integrate their work with the public sector concerned, civil society and private sector to support and stimulate the drive toward better quality of life, while acting as mentors so that the community and local government organizations can implement their work on the development of the quality of life including prevention and solving drug problems in a comprehensive, participatory, continuing and sustainable manner.

3. Requesting provincial narcotics control centers, Bangkok Narcotics Control Center, Pattaya City Narcotics Control Center, and district/regional narcotics control centers to provide budgetary support, supervise and monitor the work of the district/regional committees for development of the quality of life to ensure that the community acts

as the center for managing and expanding the work more comprehensively on a regular basis.

4. Requesting the Ministry of Interior, Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Education, Ministry of Labor, Ministry of Justice, Ministry of Defense, Royal Thai Police, Ministry of Culture, Ministry of Agriculture and Cooperatives, Ministry of Tourism and Sports, Office of the Narcotics Control Board, National Health Security Office, religious organizations of every religion, civil society, and non-governmental organizations to promote and support the community-based approach to drug abuse and addiction on a regular and sustainable basis.

5. Requesting Thai Health Promotion Foundation, mass media organizations of all levels, women, children and youth organizations, and organizations/networks concerned to disseminate and publicize information, to campaign for all sectors concerned to reorient their attitudes and views toward drug users/addicts as patients and not as criminals, and to promote the monitoring, prevention and inspection of media regarding whether they produce negative or inappropriate contents.

6. Requesting the National Health Security Office (NHSO) to explain the issue to the Office of the Auditor-General, to allow the local/area health security fund to provide budgetary support for drug-related work in line with the local needs.

7. Requesting the Decentralization to Local Government Organization Committee (DLOC), together with the Department of Local Administration, to consider revising laws, bylaws, and regulations on budgetary disbursement so that the budget can be used to fund and support the work on surveillance, prevention, problem-solving, screening, treatment, referral, rehabilitation, monitoring and assistance in the community, e.g. the purchase of every type of drug-detecting kit, educational and vocational promotion, in support of the community-based approach to drug abuse and addiction.

8. Requesting the Secretary-General, National Health Commission, to report the progress to the 12<sup>th</sup> National Health Assembly.