Factors to Enhance the Effectiveness of the Working Approach of Drug Addiction Prevention in Bangkok, Thailand¹

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Abstract
This paper illustrates the factors that could beneficially enhance the working approach of community drug addiction prevention in Bangkok. This paper argues that in order to enhance the effectiveness of drug addiction prevention, it is necessary to work through the co-operation of the “3C” factors. These contributing factors are (i) Community Based, (ii) Community Participation, and (iii) Community Justice. These 3C factors will be most effective when working in co-operation with community leaders and members (internal members), as well as government agencies/institutions or the private sector. This research has found that ideal community leaders, who have humanity, tend to cope with drug problems by using the ideas of social sanction rather than enforcement or law. The implications of this research are that in order to control drug problems sustainably, the state should establish a policy involving social sanctions. By relying on a grounded theory method, this research employs a qualitative approach involving two case studies of the Bangkok communities that have the best practices in drug addiction prevention procedures: Nong Khaem and Wang Thonglang districts. It draws upon a range of methodological approaches, such as in-depth interviews, focus groups, and observation. More importantly, the data were analyzed by classification system, data classification, classification and linking to data, inductive analysis with content analysis, incorporation with typological analysis, and constant comparison.

Keywords: Working Model, Community, Drug Addiction Prevention, Community Justice, Thailand.

¹ This content was a part of the thesis, “The Model of Community Work of Drug Addiction Prevention in the Communities of Bangkok,” of the author.
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Introduction

Drug problems and controls are significant global issues (Saw, Saw, Chan, Cho, & Jimba, 2018). Drug problems not only annihilate national developments such as state policies, socioeconomic, and culture, but also reduce the quality of life of individuals (e.g. through crime and violence). In Western culture, cocaine, amphetamine, methamphetamine, and Methylene dioxy methamphetamine are the most common drugs that cause problems (de Matos, Hannemann, Atzendorf, Kraus, & Piontek, 2018; Evren & Bozkurt, 2018). Specifically, people aged around 18–64 years old are found to be associating with using drugs, for example using them for mental health problems, individual socializing, and entertaining (Ibid). However, in some countries in northern Europe drugs have been legalized, whereas in other countries they are illegal, depending on the national policies on types of drugs.

In Asia, there are around 3 to 5 million drug-addicted people across the region. Many countries in Asia have put in a lot of effort to reduce this problem, following the Global State of Harm Reduction 2014 (Stone, 2015). In South East Asia, drugs are illegal unless used for medical health under state control (Su, 2018; Vuong et al., 2018). According to the report of Hayashi et al. (2013), specifically in South East Asia, numbers of drug addicts currently in treatment were around 280,000 people, and there were 1,000 compulsory centres across the region for rehabilitation. More specifically, it has been found that people who use drugs are aged around 21–43 years. One of the key reasons for people taking drugs in South East Asia relates to socioeconomic inequality, for example immigrant workers who emigrate to the big cities for jobs and feel isolated. Therefore, drugs are wrongly seen by them as objects for enhancing energy that help them to work more effectively, and also to release tensions after work (Lim, Akbar, Wickersham, Kamarulzaman, & Altice, 2018).

In the same way, Thailand is also significantly affected by the epidemic situation of drugs across the country (Cheurprakobkit, 2000; Krasna, 1996). In 2002, during the time that Thailand had rapid economic growth, drug smuggling took place across the Thai–Myanmar border, near the Mekong River. Specifically, methamphetamine tablets spread abruptly and caused high rates of drug addiction in Thailand amongst laboring people and young people, – after only to the numbers of opium and heroin (Lytleton, 2004). This was because methamphetamine tablets are cheap, easy to find in the market, and could enable people to become more energetic (Kulsudjarit, 2004). Because the numbers of drug addicts had increased, there emerged the National Drug War during that period, supported by the Thaksin government.

The report on the Drug War that started in 2004 exhibits the crisis numbers of drugs in Thai society. It can be seen from official statistics that narcotics crimes increased dramatically, from 50,000 cases in 2005 to 264,955 cases in 2014, with 279,541 cases of people accused. In 2015, 312,300 drug cases were filed and 326,878 cases of accused. In 2016, as of 30 June, 262,934 cases had been filed and 276,048 cases of people accused (Bureau of Drug Prevention and Development, 2014). Noticeably, according to the statistics, in 2016 the number of lawsuits and the results of drug seizures had dropped by 15.82%. However, the number of drug addicts had increased by 2.16 million or 6.55% (Ibid).

As for the details of this rising drug epidemic and the drug treatment system for drug addicts, the Department of Medical Services, Thanyaluck Institute, revealed its drug
addiction statistics in 2014. These showed that amphetamines formed the biggest part of the outbreak: “Ice” was the most popular drug amongst young people aged 12 to 17 years (Phakdeekul, Thongkrajai, Eiamprapai, & Kanato, 2011), while “Ya-Ba” was one of the popular drugs amongst laborers (National Center for Narcotic Drugs, 2014b). Noticeably, in terms of ways to recognize them, methamphetamine tablets are diverse, but its meaning is the same. Since methamphetamine tablets are highly regarded as drugs that can provide energy, they are often used by laboring people, migrants, and lower-class people (Del Casino Jr, 2012). In some cases, young people also commonly use methamphetamine tablets for having fun when socializing (Cohen, 2014). As they needed energy, that enabled them to work hard. Therefore, there are several names that are associated with methamphetamine tablets in Thailand; examples include Ya-Ma, Horse-Medicine, Ya-Ba, Crazy Drug, and Ya-Kayan. All of these are linked to the meaning of being energetic (Cohen, 2014; Del Casino Jr, 2012; McKetin et al., 2008).

Significantly, the Thanyaluck Institute revealed that there were more than 1.2 million people who had become drug addicts. Furthermore, there were around 150,000 to 200,000 people who attended rehabilitation at this Institute each year. This means that new drug addicts made up about 60%, and 80–85% of methamphetamine addicts. However, there were a large number of addicts who had not attended the treatment system. Alongside this, there was also an increase in HIV rates amongst people who took drugs (Krasna, 1996). The implication of this is that Thailand should be aware of the need to control the social problem of illicit drug use when making drug policies.

It is claimed that Bangkok is the area that has the most severe drug problems (National Center for Narcotic Drugs, 2014a, 2014b), as it is a communal place surrounded by entertainment spots, workforces, meeting points, and modern facilities. Some vulnerable people (teenagers, students, etc.) seem to be the key targets for being deceived into trying drugs, consequently causing social problems. The statistics of drug users from the National Center for Narcotic Drugs in Bangkok illustrate that, in only three years (2010–2012), drug-addicted people had attended rehab treatment up to 31,235 times. Specifically, within the nine-month period between 1 October 2012 and 30 June 2013, there were at least 16,383 cases of addicts being admitted to treatment, according to the report of the National Center for Narcotic Drugs in Bangkok. Alongside this, the proportion of people aged 20–24 years in arrests for drug prosecutions considerably increased from 56% to 80% in those who were prosecuted for drug possession (e.g. amphetamines: Ice, Ya-Ba, etc.). These people also show a tendency to become involved in violence, as many of them carry guns to protect themselves when they have quarrels, as well as to be prepared to fight with the authorities or police (National Center for Narcotic Drugs, 2014c).

Due to the severe and widespread problem with drugs in Bangkok, the Bangkok metropolitan office has officially announced strategic plans (the Bangkok Clear project) to cope with the problem of urban sprawl producing vices and drugs (Bureau of Drug Prevention and Development, 2014). The project aimed to establish 50 prototype Bangkok communities that were free from drugs, by building up a network of schools, volunteers, and communities. The period of this project was planned for 15 months, from July 2013 to September 2014. This was in order to educate the people in Bangkok communities to learn how to deal with drug problems, as well as strengthen the communities’ immunities. In some ways, the Bangkok Clear project was created to cooperate with the ASEAN plan for a drug-free region in 2015 (Ferri, Ballotta, Carrá, & Dias, 2015).
However, the Bangkok Clear project did not really succeed, as it seems to have been just a top-down policy campaign to present Bangkok as being free from drugs, and there was no actual effective follow-up to evaluate the project (Phetsuksiri, 2003). For these reasons, this state project failed. As Laptananon (2007) has argued, the state control of drug problems, the policy framework, and the practical procedures of problem-solving were all too slow to follow the structural change in the drug problem. The strategies did not really work concordantly, since the policies set by the government did not really confront the real problems the communities faced. For this reason, it could be said that many state policies regarding drug addiction prevention (including the Bangkok Clear project) had not successfully completed their planned missions.

However, rather than relying merely on the role of top-down legal controls on drug addiction numbers, the government might think about a reverse method: from bottom to top. As Bunsit (2008) has argued, government policy on drug prevention should consider how to build strong communities, in terms of “Community Justice”; to support ongoing protection operations; and to be consistent with the problematic conditions of diverse areas. This means that the state has to support the working integration between the targets and the stakeholders, under the social capital (Ferri et al., 2015). For example, a way to strengthen people sustainably in the community against drugs is to educate them on how drugs ruin people’s lives and communities, relying on the idea of Community Justice (Laptananon, 2007; Phetsuksiri, 2003).

In this framing, according to the review of the literature, the effects of initiation into the drug problem on the community of Bangkok could be classified into two levels. The first is the individual level. When an individual becomes involved with drugs, they might be labelled by society as criminal people. This might ruin their confidence to live their lives. Although in some cases those individuals have been rehabilitated, they still might be called or looked down on as bad or criminal people (Abadie et al., 2018). Furthermore, some of these individuals are young people aged 14–19 who still study at school. This label by society as bad/violent people might affect their psychology and confidence; therefore, they might have to leave school to escape from people and society (Thomson et al., 2009). In relation to this problem, at the family level the individual might be regarded as the shame of the family, and could be seen as untrustworthy, unacceptable, producing divorce, or destroying the family (Wang, Zhang, & Zhang, 2017). Secondly, there is the Macro level. This means that such communities would be regarded as “Red Star” areas, which refers to risky, insecure and violent areas with high rates of criminal acts. Specifically, it has found that for one in three of those who committed crimes, drugs were the key reason causing them to become involved with crime (Taylor & Auerhahn, 2015). Therefore, the state has to significantly keep an eye on and strictly control the drug problem. In fact, the state has to allocate a budget to this issue, instead of using this amount of money for other kinds of national development.

From this literature review, the researcher considered that the concept of drug prevention at a deep and sustained level corresponded to the direction of crime prevention, in which it is believed that community justice is the way to solve any crimes, reduce conflict through reconciliation, and focus on community-based activities and community outcomes by strengthening public–private partnerships. This includes a focus on the safety and quality of life of people in the community, with “Sanctions or untraditional criminal process” for crimes committed in the community rather than

For this reason, employing the idea of using Community Justice (e.g. community-based activities) to build up the people in the community as a sustainable way to solve the drug and crime problems in Thailand, the researcher has employed two case studies of the communities of Nong Khaem and Wang Thonglang to explore how both have changed from drug-crisis communities to drug-free communities by relying on the idea of Community Justice (Bureau of Drug Prevention and Development, 2014). Both communities used to have severe drug problems, and in each case the community leader employed the idea of Community Justice to cope with drug problems in their communities. Therefore, both are regarded as pilot communities, using the idea of Community Justice to strengthen themselves against the prevalence of drug problems (Chokprajakchat, 2011).

Consequently, this paper illustrates the factors contributing to enhancing the effectiveness of the working patterns against drug abuses and crimes in the community, based on the concept of Community Justice. These findings would be of benefit to the public and private agencies involved in drug addiction prevention, showing them how to apply the ideas of Community-Based and Justice Approaches to solve the drug problem.

Research Objectives and Methods

The interrogation of factors that enhance the effectiveness of the Working Model of Drug Addiction Prevention in Bangkok, Thailand was based on a four-year study on drug addiction prevention in the communities of Bangkok (Nong Khaem (Community A) and Wang Thonglang (Community B)). There was a three-month period of fieldwork research between March and July 2015. The research objectives are:

- To examine the working approach to drug addiction prevention in the communities of Bangkok.
- To interrogate the conditional factors contributing to the working approach of drug addiction prevention in the communities of Bangkok.

Relying on grounded theory methods, this study is a qualitative research project (Charmaz, 2011; Guba & Lincoln, 2005). This means that this research employs as the key research tools in-depth interviews, group discussion, observation, recording, and using a voice recorder, as well as reviewing the related documentation. Significantly, this research investigates case studies of two prototype communities (Community A: Nong Khaem, and Community B: Wang Thonglang) that have strengthened themselves by using the ideas of Community Justice to combat the problem of drug abuse. Data were analyzed by classification system, data classification, classification and linking to data, inductive analysis with content analysis, incorporation with typological analysis, and constant comparison. Moreover, it included trustworthiness analysis (Christians, 2011), tri-dimensional data validation (Homan, 1991), and a variety of data collection methods, including restoring data to the data source (Bryman, 2004; Silverman, 2004).
The data samples of this research are categorized into two groups (Patton, 1990; Silverman, 2000):

First, the fieldwork areas. The research has purposively set the key criteria for the areas for the project as being communities that used to be significantly affected by the problem of drug addiction, and which have been rebuilt by the government to be prototype drug-free communities.

Selection Process of Research Areas: the research selected community study areas with a purposive sampling method, by setting criteria and using judgment sampling as follows:

The community was formerly faced with the problem of drug abuse.

It used to be a pilot community on drug prevention and problem solving; or else community leaders received rewards from working well or won awards on various community development projects in accordance with government policy.

It is a community where people have studied about the community in various aspects that reflect a knowledgeable area that can be conveyed; including leading to the prevention of drug addiction in other communities as a result of this study.

The community is respected in drug prevention and treatment as a prototype community and community learning centre which is a place to study and research the work of various government agencies and educational institutions. It is a community that responsible government agencies such as the Bangkok office and the community development department have suggested should be studied by stating the name. The community chairman or community board, as well as community members, have acknowledged and agreed to participate in this study.

As a result, the two chosen successful communities were Nong Khaem and Wang Thonglang districts. Both communities were successfully rehabilitated by the state and Bangkok metropolitan authorities. These two communities were therefore studied to investigate how they have become drug-free communities.

Second, two types of participants involved with the drug prevention campaign in these two communities were selected for in-depth interviews.

Selection Process for Participant recruitment

The participants that were recruited consisted of stakeholders involved in work for prevention of drug problems in the community. The criteria for the selection of participants were from purposive sampling. The sample totaled 36, divided into two groups as follows:

One, a group of 25 people involved in the community as community leaders or community committee members who were concerned about the prevention of drug problems. The number of people from each community was between 5 and 8, totaling 13 people; and community members participating in the programme/activity were 6 people from each community, with a total of 12 people involved in the prevention of drug addiction.

Two, a group of relevant people outside the community, consisting of government officials and the officials of private sector organizations/organizations from outside the community such as the District Office, Health Office, The Office of the Narcotics Control Board, police, soldiers, and the Congregation of The Sisters of the Sacred Heart of Jesus of Bangkok (SHB); totaling 11 people.

As a result, there were in total 36 participants for in-depth interviews.
The process of the investigation commenced with in-depth interviews (Lichtman, 2010; Rubin & Rubin, 1995) with the community leaders and committee members who had been involved with drug addiction prevention, as well as with the relevant authorities (i.e. the Community Health Volunteers, the police, military officers, and nuns from the Congregation of the Sisters of the Sacred Heart of Jesus of Bangkok). These were structured interviews that aimed to explore the procedure by which community leaders and committee members coped with the drug prevention work in their community. Specifically, the interviews were employed to explore themes related to the issue, such as the working patterns for drug addiction prevention and the state regulations involved. Secondly, the key themes that emerged from these interviews were identified. Focus group methods were then applied to explore how the community members expressed their opinions on the issues that were found, regarding the working patterns for drug addiction prevention and the state policy. The focus group was not only advantageous for extracting rich information on the specific issues (Powell & Single, 1996), but was also designed as a triangulation to cross-check the validity of the earlier interviews. Alongside this, the observation method (both participatory and non-participatory observation) (Cassell & Symon, 2004), was also applied to investigate the views of people in the community and state officials dealing with drug addiction prevention, as well as the state policy on drug regulation. At this point, the observation also helped to triangulate the data extracted from the interviews and focus groups (Denzin, 1978).

Awareness of a formal review procedure is crucial for human subject studies. The researcher needs to be concerned with research ethics and moral principles. For this reason, on 20 February 2015 this research project was approved by the Institutional Review Board (IRB) of the Faculty of Social Sciences and Humanities, Mahidol University, Nakhon Pathom, Thailand. The Certificate of approval number is 2015/067.2002. To comply with the ethics, a signed agreement or consent form was secured before allowing participants to be involved in the in-depth interviews. Alongside this, the researcher was also aware of non-deception, respect for the privacy and the confidentiality of participants, incentives for their participation, and the need to collect and present reliable and valid empirical data. The participants were allowed to withdraw from the activity if they felt uncomfortable during the conversation.

The Transformation from Red Star Zones to Drug-Free Communities

1. General context of the two communities

The two study communities had the following common characteristics: they were medium-sized communities, and people in the communities had a semi-urban way of life, with mutual and complementary support only among relatives. In each case, the original community area was a slum community: the drug smugglers were located on invading land, community members did not own the land, they lived in simple houses, and there was a shortage of necessary utilities, and a poor environment and hygiene. In the rainy season, the roads and areas of the houses were fully flooded. Many people migrated from all regions of Thailand to live and build their houses to fill the area until it was founded as a community and registered as a community by the county office. There were community committees set up for community management. In addition, community members formed saving groups and received loans for home security projects from one government agency. As of now, people in the communities had their residence and lived in strong and stable
structured houses with improved utilities and environment within the community. Concerning social activities, both communities continued to cooperate as well as in the past, celebrating festivals such as New Year's Day, Children's Day activities, the Songkran festival, the traditional candle parade, and Loy Krathong Day.

2. Situation of the drug problem in the communities

The beginning of the drug problem in the studied communities had formerly developed as a source, and various types of drug abuse were highly prevalent. Most of the people had problems of economic status, occupation, and income because they lacked professional skills. In addition, they also had positive attitudes towards the use of drugs such as the one popularly called “Ya-Ma, Horse Medicine as a Diligent Drug” to stimulate and relieve stress or tiredness from work, stimulate work, increase their ability to work, be strong, have patience, be able to work for long hours, not sleepy, and finally make more income; regardless of the law and the health risks (Cohen, 2014; Del Casino Jr, 2012; McKetin et al., 2008). As a result, there was widespread use of various types of drugs in the community, until it became known as a “Red Star Area”, which refers to a large area of drug outbreaks and a source of gambling and drug use. Moreover, use was also widespread among children and youth groups, with the development of addicts who became small retailers; trafficking in narcotics in the community was openly exposed both day and night, depending on the demand of the trader. This caused problems which directly affected their own families and communities.

Several years ago (i.e. before 2016), Nong Khaem and Wang Thonglang districts had very widespread drug problems, as described by one of the community members that participated in the group discussions:

“It’s true!! Almost all households were on drugs. They were buying the drugs at 40 baht and re-selling them at 100 baht. That built a drug cycle right there.”

(Community Member, Participant, Group discussions)

People who used drugs in these two communities tended to be low-skilled laborers with low incomes or economic problems (Jankowiak & Bradburd, 2003). They commonly used drugs, especially amphetamines (diligent drugs or so-called Ya-Ba). They believed that Ya-Ba was a kind of magic drug (Couture et al., 2011), which could help them have more energy, stimulate them to work, or increase their ability to work for long periods, in order to raise their income (Boonpala, 2001; Kachaiw, 2013). A community leader stated:

“didn’t know it was bad for health, I thought it was good for health. I mean after I took it I always felt good and had energy.”

(Community leader, In-depth Interview)

Alongside this, they also believed that Ya-Ba could help them by relieving stress/tiredness from work (Aondam, 1996). However, the most horrible thing was that Ya-Ba seemed to be popular among young people. Even worse, some of these young people were also selling drugs, as the NGOs in these communities affirmed:
"A lot of them are drug addicts and a lot of teenagers group up and do those drugs together. I always see them doing that."

(Christian Organization, NGO Participant, Group discussions)

Due to these critical problems, these two communities were once regarded as “Red Star Zones in Bangkok”. This term refers to communities with high levels of drug use, violence, and gambling. However, according to the research fieldwork, it was found that since 2016 both communities have been transforming into drug-free zones. Their successes were supported by government agencies and the private sector, as a government officer described:

"This drug is a matter of constant attention. Governments of all ages pay close attention to the success of the task and the community itself has to be involved in the work."

(Government Officer, Participant, Group discussions)

The government agencies and the private sector tried to create jobs and provide skill-training classes to develop the inhabitants' professional skills, so they could apply for jobs and gain higher incomes.

Alongside this, most of the community members tended to have good attitudes, not wanting to use drugs and wishing to be better people. More specifically, the research fieldwork reveals that people in these communities now tend to have a new positive mindset, trying to avoid becoming involved with drugs, violence, and gambling. This was because of the set of communal rules that were established by the community members, committees, and leaders.

The data collected from Community A and Community B in the in-depth interviews and group discussions were grouped and analyzed into the prevention process of drug abuse in Bangkok Communities, as can be seen in Figure 1, which demonstrates the process of how the two communities dealt with their drug problems. Based on the data collected from Communities A and B, there was a difference in working models about preventing drug addiction in the community; that is, an important concept, a strategic goal, a way of working, a project, and a process activity that brought us face to face with a discovery about working models in a Bangkok community. This was called the model of leadership factor, social sanction, and law.

Figure 1 shows that; The conceptions of drug prevention work were different in Community A and Community B. Community A paid special attention to the problem of narcotics under human rights principles that were realized in human value, and aimed to provide opportunities for self-improvement and solving problems in a peaceful way based on the concept of community justice, while Community B was unclear about this.

The working targets for protecting Community A and Community B aimed to strengthen the community in fighting or overcoming drug problems; it was found that Community B had started targeting youth groups. Recently, in 2015, Community A started out as a community, but it was faced with some problems; therefore, it solved them by building a strong community with community leaders and volunteers.

The working strategy of both communities focused on engaging, integrating, and proactive coordination with governmental agencies in each period by using the community as a base. The way of doing the protection work was different in each
community. For example, Community A firstly focused on social methods before using the legal method, especially for drug addicts; whereas Community B focused on the legal method to lead the social method.

The processes and procedures for both communities had a working process of using social measures and legal measures; including operating five steps through coordination with agencies, preparation in the community, making action plans, taking action, and monitoring the problems.

Figure 1. The Prevention Process of Drug Abuse in Bangkok Communities

<table>
<thead>
<tr>
<th>Process</th>
<th>Community Leader Factor Model (Community A)</th>
<th>Whistle-Blowing Model and Law Enforcement (Community B)</th>
<th>Leadership Factor, Social Sanction and Law (Bangkok Community)</th>
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<tbody>
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<td>- The situation of drug disputes in the community</td>
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<td>- Relative system</td>
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<td>2. Important Concepts</td>
<td>- Community based</td>
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<td>- Public participation</td>
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<td>- Justice in the community</td>
<td>- Justice in the community</td>
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<td>3. Strategy</td>
<td>- Community power</td>
<td>- Participation</td>
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<td>- Participation</td>
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<td>4. Working Methodology</td>
<td>- Community survey/problem situation, volunteer leader selection</td>
<td>- Participation of people in the community (cautiously informing and reporting of drug addiction)</td>
<td>- Informing or reporting drug addiction</td>
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<td></td>
<td>- Analyzing the cause of the problem, responsibility division, and work planning</td>
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<td></td>
<td>- Project implementation and activities appropriate to the situation in the community</td>
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<td>- Non-repeated surveillance</td>
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<td>5. Process</td>
<td>- Social sanctions</td>
<td>- Legal sanctions</td>
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In some ways, this implication reflects the significance of the power of the social sanctions that are involved with the Community-Based, Community Participation, and Community Justice Approaches. This is one of the key factors encouraging people in the communities to change, and not to be involved with drugs, violence, or gambling. The social sanctions have become a set of communal rules, employing everyone in the community as guardians, to investigate if anyone is involved with drugs. This means that everyone in the community will keep an eye out for one another. In some ways, it could be said that this social sanction process takes advantage of the high significance of the system relations that exist in the communities to keep the communal peace.

For example: (i) If the community leaders or committees know that any person in the community is involved with drugs, they will visit that person’s house, telling their parents to take care of their children, or their spouse if they are married. (ii) In case of someone causing drug-related trouble in the communities, the community leaders or committees will give that person an official warning to stop using drugs. (iii) In some cases, if a person is aware that they are addicted to drugs and wishes to quit, the community leaders or committees will send them to rehabilitation. (iv) If persons who are involved with drugs need some advice or special help, the community leaders or committees will give a hand simultaneously. (v) In the worst case, the community leaders or committees will disqualify the person who is involved with drugs from the Home Security Project.

To explain, the Home Security Project is the state home project that helps people with low incomes to own their state houses by paying low installments. This was affirmed by a community leader:

\[ \textit{The situation of the problem of sellers and drug users decreased.} \]

(Community Committee, Participant, Group discussions)

In the same way, the NGO agency in the community also agreed that the Home Security Project made some positive changes to the community:

\[ \textit{Everything has changed because now there is a housing project and they realize that getting to own a house is a rare opportunity, therefore, they have to behave themselves and stay away from those drugs or otherwise they will get disqualified.} \]

(Christian Organization, NGO Participant, Group discussions)

By implication, it can be seen that the community leaders, committees, and the state/NGO agencies positively agreed that this sanction encouraged their community members to behave and stop using drugs, thereby reducing crime, gambling, and violence. So, if people do not become involved with drugs, the community leaders and the state agencies will help them to own their house.

As the community leaders and state agencies have investigated, most of the people in these communities/slums are immigrants from the rural areas of Thailand. They come to Bangkok to look for jobs and opportunities in life. The key reason why some people in the communities used drugs is that they believed drugs such as Ya-Ba could help them work longer hours and reduce tiredness. Therefore, state agencies use this idea to encourage community members to behave. For this reason, the implication of this
research is that this state project and the communal rules were successful. (See Figure 2: The Process of the Working Approach on Drug Addiction Prevention.)

**Figure 2. The process of the Working Approach on Drug Addiction Prevention in the two prototype Bangkok communities**
Significantly, using social sanctions against drug problems could motivate people in the communities to realize that they are part of the community, as one of the community committee described:

“If there are no agencies come to help us, we will use the community policy to fight the drugs.”

(Community Committee, Participant, In-depth interview)

“Well … You know we try to stand on our very own feet and try not to reply on other agencies because at the end of the day, they are not people from our community; they are still outsiders nonetheless.”

(Community Member, Participant, In-depth interview)

These results reflect the significance of the relative system in communities where people communally care for each other, wanting to help one another. It is commonly believed that social sanctions are the types of norms and social mechanisms that are the most effective in preventing the spread of narcotics/drug problems, and can be used for building peace in the community (Pingkod, 2011). As Imanupong (2006) has argued, “controlling the community by relating with the social sanction control is the key success to overcoming drugs sustainably” (pp.96–101).

Community Based, Community Participation, and Community Justice: The Key Factors to Enhance the Working Approach of Drug Addiction Prevention

The implications of this study show the 3C strategy for how to deal with social problems in the community based on restorative justice. It is a significant social awareness approach that enhances the community members’ ability to be responsible for their own family, community, and society. This 3C strategy comprehensively encourages community members to participate in solving their own problems, and increases communities’ strength sustainably. This study has investigated the successful communities, developing the results into a model for how to cope with social problems: the so-called 3C strategy.

The 3C strategy comprises Community Based, Community Participation, and Community Justice. Community Based is the strategy that involves the community power of people in the community, in terms of how to deal with the fundamental problems in life. These include problems about occupations/jobs, land, food, homes, and incomes, which could be linked to the drug problems. This means that if these kinds of problems about basic needs (infrastructure) are solved, the community members might be able to live independently. Because the community members are mostly laborers, some used drugs as they believed that drugs could help them work longer hours so that they could make more money to survive and take care of their families. Therefore, Community Based is one of the key strategies to be employed for comprehensively solving basic need (infrastructure) problems.

As for the significance of Community Participation, it is a strategy to encourage the community members to participate in a whole process of problem-solving from beginning to end. Therefore, it allows the community members to learn how to take care of
themselves; they don’t have to wait for the state to come and deal with their problems for them. This is because the community members are the key dynamics who truly understand how such problems have emerged.

The last element is Community Justice. It involves social sanctions that could motivate people in the community to have a realization about the community and to be aware of the effects of the drug problem in the community. However, it is a kind of a compromise way that urges people in the community to become aware of the problems before the state comes to manage the problems. Therefore, employing this 3C strategy reflects the significance of the community leaders; they can encourage and deal with the community problems and members. This 3C strategy could sustainably increase the community’s strengths, if the community leaders are highly spiritual, selfless, and volunteer, are committed to work, are accepted by the people in the community, have an idea of human value, and provide opportunities.

From the fieldwork exploring how two slums in Bangkok transformed into drug-free communities, the evidence in this research affirms that the balancing controls amongst social sanctions, leadership, and law are the key factors enhancing the effectiveness and sustainability of the working approach of drug addiction prevention. In the process of coping with drug problems in the slum communities of Bangkok, the community leaders aimed to exploit the significance of social sanctions by socially pressuring their community members before using law enforcement. It should be noted that the community leaders seemed to let community members learn to negotiate or deal with the problems themselves. As a result, these balancing controls reflect the significance of Community Based, Community Participation, and Community Justice, so that the community members learn socially to help one another cope with drug problems. This idea is that the communities manage the problems by themselves, rather than handing them on to the police or the state.

As mentioned earlier, leaders let the community members act as whistle-blowers, investigating one another to see if anyone is involved with drugs, and then reporting to the community leaders and committees. Then the community leaders and committees, who are the communal guardians, can apply the social sanctions to pressure the person who uses drugs to stop. The pressures or punishments may vary. For example, if the case is not too serious, the community leaders and committees might just instruct the parents of the offender to take the offender to be exiled or out of the community to be rehabilitated; or if the offender is married then the community leader will tell their spouse. Only in a very serious case – that is, a case that involves violence and criminal acts such as burglary and theft, or drug trafficking gangs – do they have to deal with the problem by using the criminal law or other police measures for deterring outlaw activities.

These factors show that social sanctions, relying on Community Based, Community Participation, and Community Justice, are the key to success when dealing with the drug problems in communities or slum areas, rather than using only law enforcement. As can be seen, the cases of the communities/slums of Bangkok illustrate that using the high significance of the relative system could help to cope with the drug problem, because each community’s members are aware of the community’s security, which defines the happiness of their community.

Noticeably, such a system might be most suitable for a small community, which is easily investigated by the community leaders and committees. In other words, it can be
seen that using only law enforcement (as if an eye for an eye, a tooth for a tooth) might not work in small communities where the relative system has high significance. Thus, the case of Bangkok prototype communities could show that to deal with drug problems we can employ the significance of social sanctions to pressure people in the communities not to use drugs. This research also confirms the significance of the community leadership role, which can help the community to deal with its problems, helping the inhabitants to be spiritually selfless, to volunteer, to be committed to work, to be accepted by the people in the community, to have a concept of human value, and provide opportunities for others.

Thus, the working model of drug addiction prevention in the communities of Bangkok illustrates that in order to successfully cope with the drug problems in communities or slums, we might have to think of balancing implementations between social sanctions, leadership, and law. These three balancing implementations also reflect the significance of Community Based, Community Participation, and Community Justice. These form a social working strategy that comprehensively allows social sanctions to naturally regulate the community, as well as building up the community power. On the one hand, this approach beneficially allows the insiders to deal with the problems themselves, as they know subjectively how the problem emerged. On the other hand, this approach is suitable for a small community that has a highly significant relative system.

Based on the findings from the Drug Abuse Prevention Initiative in both communities, three possible best practices can be summarized. First, to use legal mechanisms to control and prevent drug abuse and addiction in the community for drug addicts first, and to be flexible enough to cope with the environmental factor of the person who is addicted to drugs. Second, to work with families of drug addicts, drug users, and drug traffickers – including spouses, parents, and children or juveniles – providing help and counselling for problem families and incorporating moral knowledge through volunteering for support and vocational training. Many can defeat drugs thanks to the encouragement and support of family members themselves. Third, it is the co-operation of all agencies that allows members of the community and their families to take part and participate in work that is appropriate to the situation at that moment; not using legal measures alone, but using social measures to effectively change the behavior of drug users and drug retailers.

Conclusion

The working model of drug addiction prevention in the communities of Bangkok had the important strategic concept of 3C, consisting of Community Based, Community Participation, And Community Justice, that used a peaceful approach to solve a problem. It was a way of using both social and legal sanctions by the community leaders, who were a factor in this working model; namely, “Leadership Factor, Social Sanction, and Law”, which had the important elements in determining the working model, consisting of community context, concept, strategy, working process and procedure, steps, project, activities, and so on. For example, the working model of drug prevention in Community A preferred the use of social sanctions over the legal process, focusing on community building and community-based systems to solve the fundamental problems of the community: economic problems, occupations, income, health problems, and housing problems.

These approaches contributed to the stability of the lives and lifestyles of people in the community. As a result, people in the community recognized and trusted in community
leaders seriously, and cooperated to work together to prevent drug problems; this was called the factor model for community leaders to work for drug abuse prevention in the community. The model of drug abuse prevention in Community B was characterized by the use of legal sanctions rather than the social process. These included giving information or reports to community leaders, community boards, and police officers, followed by the steps and process to use legal sanctions. These consisted of 1) forced delivery to rehabilitation for drug addicts; 2) in the case of drug addicts who could not quit drugs and returned to them, who were selling drugs in the community, causing trouble, annoyance, and bickering, community members complained and informed the police to make the arrest. The process of social sanction consisted of 1) warnings from community leaders and community committees; 2) in the case of drug addicts causing trouble in the community, people in the community provided information and reports to community leaders; 3) the delivery of drug addicts to rehabilitation; 4) disqualification according to the community rules. It could be said that the drug prevention model in Community B is “the model of report and legal enforcement in working for the prevention of drug addiction in the community”; along with the factors contributing to both internal and external working models of the community, especially the strong community leaders. Also important was the involvement of people in the community, especially in providing drug information to community leaders and police officers; that was called “Leadership Factor, Social Sanction, and Law”. After drug problems were found, the process would focus firstly on using social sanctions against the drug addicts, and on taking legal action against the drug traffickers.

Due to the diversity of existing communities, there was a factor of community building in each place, and the role of community leaders also had an impact on the work of prevention in both direct and indirect ways. In particular, building security for people in the community regarding their income, occupation and housing would contribute to the mindset of the people in the community. As a result, because the basic issues had already been resolved, other collaborative solutions followed, and it was found that the relevant drug problems also decreased. The use of this model was appropriate to the community that still had a kinship relationship. Furthermore, the supportive factors for community leaders or strong community committees were the main component of this working model. Related to legal sanctions, these were suitable for use in areas where community leaders or committees did not support the work of drug problems prevention effectively.

Recommendations and Suggestions for Future Research

Based on the findings of this study, it is concluded that the prevention of drug addiction in the communities of Bangkok had many significant components determining the pattern of work; these include context, community, concept, work, strategy, work processes, and procedures, as well as activity projects. In addition to these factors contributing to the pattern of community work, other factors were involved both within and outside the community, especially strong community leaders and the participation of people in the community. However, there are some issues and limitations in the work to prevent narcotics-related problems, leading to the following suggestions.

Policy Recommendations

These recommendations are made to relevant national government agencies with direct responsibilities for prevention, suppression, and correction of narcotic drugs; the Office of
Narcotics Prevention and Suppression Bureau, the Royal Thai Police, the Ministry of Justice, and so on. There should be a policy to work on developing drug prevention for the sustainable prevention and resolution of drug problems in the community.

Narcotic drugs are a national problem, so that the government has always attached importance to the continued use of repressive policies to reduce the supply of narcotic drugs in the community. The impact on drug addicts has involved arrests, prosecutions, and the ability to send the addicts to rehabilitation under the Narcotics Rehabilitation Act of 2002. The appropriate treatment for individuals whose communities have the potential to solve the problem varies depending on the context of the community, the community leader, the behavior of the person involved with drugs, and external factors. Therefore, social and legal measures should be formulated in parallel with the prevention of drug abuse in the community, to suit the context of the area or community. In some areas, the pattern of drug prevention work in the community may be used, employing social measures that support community leaders to work according to the characteristics studied by the researchers. In other areas, legal measures may be taken to deal with the drug problem, which is caused by a person’s behavior and external factors. Another major cause is poverty in the midst of modern economic development, resulting in a lack of educational opportunities because of lack of income. Thus, if the concerned agencies pay attention to solving the basic problems of the people in the community, such as the need to earn a proper income, this will reduce the problems associated with drugs.

A policy should be developed to strengthen the role of community leaders to be clear in their work, to prevent drug abuse in the community; enabling them to have specific skills, to plan, manage, solve problems, or prevent problems in their communities. It is useful to lay a foundation for proactive, community-based mechanisms, and to promote the effectiveness of community participation in accordance with national drug policy.

The work of the government sector is characterized by different units, most of which work to support the indirect subsidy budget for drug prevention activities in the community. Therefore, knowledge-building policies should be formulated, related to the impact of law enforcement measures, integrated agency practices, and work patterns in all projects funded by government agencies. There should be continuous self-assessment for those who are concerned over a period of time, ensuring confidentiality for those who report clues to government officials.

Operational Suggestions

Recommendations are made to the communities and community networks to develop the drug prevention model in the community as follows:

Both communities are land-torn communities with no land rights, and are experiencing drug-related epidemics because the inhabitants have a positive attitude toward amphetamines. Therefore, professional development and educational improvements for people in the community are necessary to improve quality of life and community stability. This will create a bond and a guarantee that each family will be trained, developing the potential for self-change among drug addicts due to the stability of the family and the ability to earn enough of a livelihood to support the community. As well as preventing drug addiction in the community, other problems will be solved also.

Promote the development and creation of a family volunteer team, as the majority of people in the community are related to each other. This will allow for an atmosphere of
warmth, safety, friendliness, fearlessness, and freedom to express opinions, resulting in increased learning exchanges and the development of community participation.

**Recommendations for Future Research**

This research found that the method of collecting data through in-depth, open-ended interviews with unpopular target groups was not suitable for most members. The experience of drug users is different from their level of knowledge, so understanding questions is difficult for them, and they may feel uncomfortable. At the same time, when the researcher collected data through group discussion, the target group was uncomfortable with the information; therefore, the researcher used a method of observation – both participant and non-participant observation – for a long enough time to create familiarity and trust among the target audience. When working with the recorder, the researcher became more aware of the patterns of drug abuse prevention in the community. Therefore, in the next study if the target population is diverse (such as community leaders, community committees, and community members) the researcher should focus on familiarity and trust with the target population and use a variety of short-term collection methods. With a limited budget, credible information may be obtained through group discussion with participant observation, but this should focus on the context and way of life of the target population.

The researcher used qualitative research methodology to collect data from various target groups (leaders, members, member networks). Therefore, the researcher had to return the data to the target group from which the researcher had collected data, to present information to the target group and to acknowledge and verify the accuracy of the data. This is the strength of this research: it is a qualitative study that targets the "Best Practice". It should be possible to study areas of outstanding activity at different levels, and different areas such as urban areas, rural areas, and severe situations. Data should be returned to the targeted group so that they can make use of the research findings and also validate the relevance of the information. More importantly, the process above is intended to build self-directed learning outcomes for target audiences/community organizations.

The researcher gained new knowledge, learned, and discovered an interesting research topic. Those interested in further research on this subject might explore the use of other types of drugs instead of amphetamines; methods of permanently developing the potential of drug abusers; developing the capacity of community networks in drug prevention; the influence of Christianity; and self-assessment of drug addicts in communities.

**Acknowledgements**

The researcher would like to express sincere gratitude to the community leaders, community committees, and community members in Nong Khaem and Wang Thonglang District; local police; District military officers; District office staff of Bangkok; Officers of the Office of the Narcotics Control Board; and the Sisters of the Congregation of the Sisters of the Sacred Heart of Jesus of Bangkok (S.H.B), for providing most useful information and knowledge about the work of drug problem prevention in the community.
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