



ONCB

JOURNAL

OFFICE OF THE NARCOTICS CONTROL BOARD, MINISTRY OF JUSTICE

Volume 38, Issue 1 (October 2021 - March 2022)

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- Scenario on Tackling Drug Problem at Provincial Level in accordance with the Frame of the Narcotics Code : New Concept, New Scenario, New Practice
- People's Participation in Drug Control Policy Design : Preparation for the Future
- Whether the Pandemic of Corona Virus 2019 (COVID-19) Affected the Drug Trafficking Syndicate and the Illicit Drug Trafficking in the Country
- Survey on Satisfaction and Appropriateness of Utilization of; Game, Fable, and VTR as Media for Executive Functions Development in Early Childhood
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Vision

“To be a leading agency in developing and driving forward the drug control strategies of Thailand and ASEAN in order to make Thai society safe from drugs”

Mission

- (1) To formulate and adjust the national narcotics control strategy to be implemented appropriately and continuously by taking into account of the current drug situation
- (2) To integratedly manage the narcotics control efforts as stipulated in the national narcotics control strategy
- (3) To supervise and direct the enforcement of narcotics laws and other relevant laws
- (4) To monitor, examine and keep a close watch over the spread of drugs



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Objectives

The ONCB Journal is an academic journal on narcotics. It aims to be a medium of dissemination and exchange of narcotics control information among scholars, practitioners, and the general public. In addition, it is also intended to facilitate the collaboration and implementation concerning narcotics control as well as encouraging public involvement in illicit drug monitoring and control.

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Editorial

Dear Readers,

It is our pride that the ONCB Journal has entered the 38th year of success. The ONCB Journal, Vol 38, Issue no. 1 is full with the comprehensive and substantive issues related to the tackling of drug problem. Thailand improved the law relating to narcotics control to be more effective to cope with the drug situation. The significant narcotic law improvement was the enactment of Narcotics Code B.E. 2564 (2021) which entered into force on 9th December 2021. This was the challenge to those who have roles in solving drug problem of all concerned drug control agencies at all levels, especially at provincial level. Therefore, the first article in this issue presented the concept, scenario and practice of Narcotics Code B.E. 2564 (2021) focusing new conceptual framework on drug solution. The second article presented the practice for creating the participatory public policy to lead to the application in designing the drug policy in the future. The third article presented the situation and socio-context which had been changed from the previous period due to the pandemic of the Coronavirus 2019 that affected the narcotics smuggling and trafficking. For the last two articles, they are the research articles for teachers in educational institutions on the utilization of media for the development of Executive Functions (EF) in early childhood, and on handbook to strengthen psychological capital to prevent drug consumption in student group.

Solution to narcotic drugs needs the development and the enhancement of new knowledge for drug control practitioners. The ONCB Journal, therefore, is another channel for distributing the academic works that helps increasing the knowledge of drug control practitioners and those who are interested in the Journal. All comments or suggestions are welcome for the improvement of the quality and academic substances of the ONCB Journal. Last but not least, on behalf of the Editorial Team, I would like to thank all authors for your articles to be published in the Journal as well as all stakeholders for the support provided to the success of this Journal. The special thanks also go to all readers who are always interested in and continuously follow the ONCB Journal.



Ms. Nuntaporn Pongissawaranun
Executive Editor and Publisher

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Scenario on Tackling Drug Problem at Provincial Level in accordance with the Frame of the Narcotics Code : New Concept, New Scenario, New Practice

| Mr. Permpong Chaowalit
Advisor to the Office of the Narcotics Control Board

Introduction: New Challenges

The Narcotics Code B.E. 2564 (2021) which has become effective since December 9, 2021 shows that from now on countering drug problem in Thailand should be based on the new conceptual framework, policy, strategy and operational measures, which are the results of this new code and will affect drug control operation throughout the country.

However, how far the countering of drug problem in Thailand will change, it does not depend on the Narcotics Code only, it depends on many conditions and factors starting from the awareness on the new conceptual framework, determination to materialize the new intention, dismissing old accustomed, most importantly clearness in looking at the new operation under the framework of Narcotics Code which is the issue of scenario or the picture of the incident on drug countering under the new conceptual framework.

These factors greatly challenge to those who are involved in countering drug problem at all levels, whether they are able to transcend to solve drug problem under the new conceptual framework, if not, solution to drug problem will keep on repeating endlessly in turning back to the old cycle.

Scenario in this article presents the new conceptual framework on solution to drug problem, as according to the Narcotics Code, in order to point out what were defined by the Narcotics Code what substances are to be controlled under the Narcotics Code, how their operational scenario should be, how they should be carried out. These are quite challenging for those who have the roles in solving drug problem, in particular those in the provincial level which are the most crucial area.

Review the New Concept in the Narcotics Code: The New Scenario

The Narcotics Code is the first act in half a decade which is not technical-based law or the law that focuses on only one specific area as the previous acts, instead, it is the act that integrates all systems covering the conceptual framework

of UNGASS 2016, which is the new direction on drug solving globally, pivotal substances are as the followings;

1. Addressing the problem of drug consumers by using the conceptual framework that drug consumers are public health care problem and health problem and they relate to

basic problems which need to be solved comprehensively by giving priority to individual who has different problems, it should aim to reduce the impact of drug consumers towards society and community as well as to continue drug solving comprehensively.

2. Coping with drug traffickers by focusing on suppression drug syndicate not those who are labor level such as those who are hired, drug carriers, drug smugglers who were the victims in the lowest level of the structure of drug trafficking by increasing the legal authority and justice process which are aimed at demolishing illicit drug network at different levels.

3. Defining the policy on new drug which should be resilient, lenient in particular the policy on narcotic crops which can be re-categorized and made use in different fields appropriately.

4. Defining the policy on new alternatives in order to extend management guidelines on drug consumers and drug addicts or labor level group, victims from the enforcing of criminal policy which focuses on arrest, penalty as the main framework to set up new alternatives towards harm reduction, diversion of case, decriminalization and other development.

5. Defining unification in management of drug mechanism in each level in order to be able to integrate and to unify drug countering measure in terms of management mechanism, instruments relating to plan, project, resources for more effectiveness in solving drug problem.

All said 5 frameworks are the sum up of the new Narcotics Code.

The Scenario of the Narcotics Code at Provincial Level: 5 Scenarios that Should be Seen

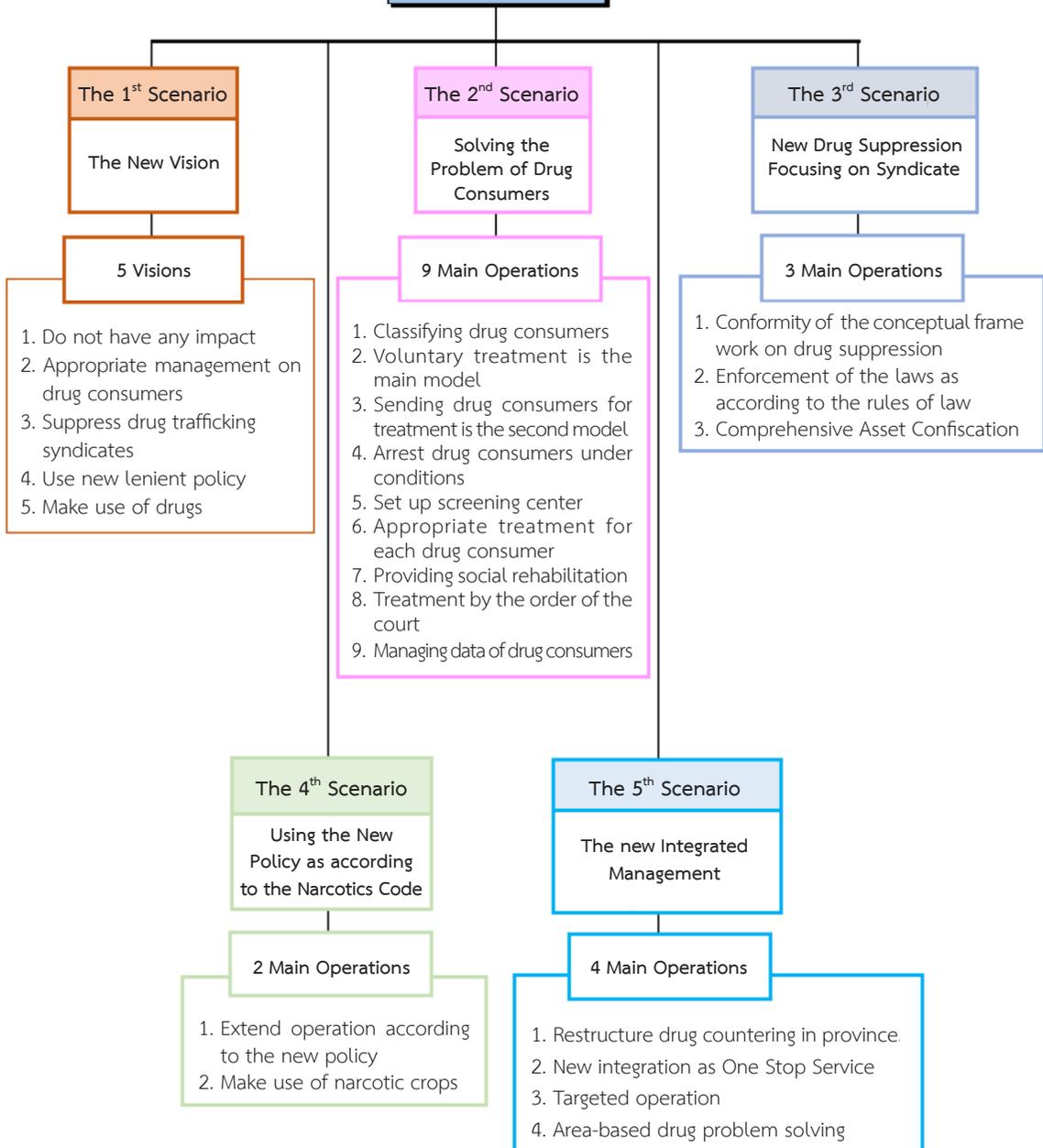
When using the Narcotics Code to solve drug problem at provincial level, the most important point is to see the clear picture how the Narcotics Code can be put into practice, the more the Narcotics Code has new conceptual framework, the more seeing the picture of new operational procedure is necessary, in other words, it should be the scenario that required the concerned stakeholders at provincial level to see.

Since the new framework and operational measures in the Narcotics Code have several vital issues which will affect the countering of drug problem, whether or not it is in line with the intention of the Narcotics Code.

This article, therefore, presented what the Narcotics Code had defined which have to be put into practice to drug countering, in order to do so, it is necessary to have the clear picture of operation in the first place. The scenario which can be seen from the operation comprises 5 scenarios, each scenario offers guidelines that should be carried out to show that each scenario can be really actualized and can be evaluated how it works if the Narcotics Code is enforced at provincial level.

Chart of Scenarios

5 Scenarios



The 1st Scenario, Solving Drug Problem at Provincial Level: The New Scenario, the New Target is Needed

This is the primary principle in seeing drug problem at provincial level as according to the framework of Narcotics Code of which its concept has been adjusted to be different from previously. This new vision framework is not aimed to make drug to become Zero Tolerance as the former conceptual framework, it is the new idea as according to the direction of the global trend which are as following;

1. Though drug still prevails and will never come to the end, it will not have any impact on family, community and society.
2. Drug consumers and drug addicts are managed to undergo treatment and rehabilitation which are appropriate to their consumption level, depending on individual basis, and continue further to solve the problem comprehensively in full cycle.
3. Drug trafficking syndicate is demolished by management on drug suppression and enforcement of the law in the whole process on the basis of the rule of law.
4. Drug consumers, drug addicts or drug labor who are the victims of the trafficking structure at the lowest level will be helped as according to the new policy on appropriate alternative measures without focusing on arrest and criminal penalty.
5. The policy on narcotic crops has been relaxed, these crops can be used in various areas such as for medical purpose, study research, and economy under supervision system and good control.

That vision is the new conceptional framework which opens the alternatives for the management to address drug problem more broadly, though drug problem never terminates, its availability

will not have any impact if the problem is managed appropriately.

These are the frameworks in the Narcotics Code which all concerned parties need to have clear picture before moving forward to tackle drug problem at provincial level, which is the base of the 1st scenario.

The 2nd Scenario, Solving Drug Problem in Consistent with the New Framework and Guidelines: The More It is in Consistent with the New Framework and Guidelines, the More the Problem of Drug Consumers can be Solved

If asking on the principle of the Narcotics Code, which areas and measures that are changed the most, the answer is the area of solving drug consumers problem which has the changes in both conceptual framework, structure, mechanism, and very new operational system. Therefore, how the scenario on solving the problem of drug consumers in this new framework will be is a significant issue. In this regard, the scenario on solving the problem of drug consumers has 8 principle operations which each province can evaluate how the scenario will be, and when moving forward to the real operation whether or not it will be in consistent with the main intention of the Narcotics Code.

The 1st principle operation, classification of drug consumers and drug addicts at provincial level: new concept is to classify new drug consumers.

The principle of the Narcotics Code, drug consumers and drug addicts are classified into many characteristics, more than the previous narcotics laws, which depends upon consumption level, operational model in various context which affect the way to look at the problem and the guidelines to solve the problem of drug consumers

which are in consistent with each characteristic, the details are as followings;

1. Classifying drug consumers as according to their conducts which are

1.1 Drug consumers who voluntarily undergo treatment as according to section 113.

1.2 Drug consumers who are identified by officials as according to section 114.

1.3 Drug consumers who are offenders or committed other offences or under imprisonment term as according to section 114.

1.4 Drug consumers whose conducts may cause harm to others or society as according to section 114.

1.5 Drug consumers who have conducts which emerge from mental disorder or psychiatric symptom which may cause harm to others and society as according to section 114.

1.6 Drug consumers who do not undergo voluntary treatment.

2. Classifying drug consumers as according to operational procedures which comprise the followings;

2.1 Drug consumers who are arrested in drug consumption offence as according to sections 162, 163 and 164.

2.2 Drug consumers who are judged by the court to use either one of the alternative measures such as safety measure, probation and treatment as according to section 166.

2.3 Drug consumers who are sentenced by the court to receive the penalty as according to their offences.

2.4 Drug consumers who are supported by social rehabilitation center as according to section 120.

2.5 Drug consumers who use harm reduction guidelines as according to section 55.

3. Classifying new drug consumers according to the legal framework of the laws relating to narcotic crops.

3.1 Drug consumers can consume drug on the condition that it is the folkways consumption, namely in the case of consuming Kratom Plant, though it is not defined in the Narcotics Code, it is the new concept of drug policy which has been newly defined which results in the consumption of Kratom Plant in the folkways to become legal.

3.2 Drug consumers can continually consume drug for the sake of medical treatment or consume parts of cannabis which is deleted from the drug list as according to the new notification, thus they become legal crops especially cannabis and Kanchong Plant.

Classifying drug consumers and drug addicts as according to the conditions in the Narcotics Code will lead to the defining of appropriate measures and guidelines of an individual who has different characteristics. This affects the new principle operation, therefore, classifying drug consumers is a vital part in solving the problem of drug consumers as according to the framework of each individual basis.

The 2nd principle operation, encouraging drug consumers to undergo voluntarily treatment as main principle: the first priority that should be materialized at provincial level.

According to the new conceptual framework, drug consumers are considered as public health problem, health problem and basic problem, not criminal problem. This scenario is the picture of drug consumers who come for treatment voluntarily in larger proportion than other principle operation. This scenario can be actualize if each province has to put weight on various supportive functions, namely;

1. To have operational guidelines to build up motivation for drug consumers to voluntarily come for treatment by themselves.

2. To have guidelines for family and various social institutes to take part in encouraging and persuading drug consumers to undergo treatment voluntarily.

3. To have guidelines to build up community process to raise the awareness and use the community power to create trend and power in encouraging drug consumers to undergo voluntary treatment.

4. To have guidelines to build up trend and recognition to all parties in society and at provincial level to understand the new conceptual framework in solving the problem of drug consumers which will lead to the trend for drug consumers to undergo treatment voluntarily, in larger proportion than other treatment system.

All these operations are the process to have social driving forward which will motivate the awareness in community and society with the attachment of several sectors especially community power which is positive power to persuade drug consumers to undergo voluntary treatment. This is the process that is mostly in line with the conceptual framework of the Narcotics Code, which comprised important processes, namely

The 1st process, to campaign through various media to build up recognition, to build up broad trend at provincial level thoroughly.

The 2nd process, to build up the impulse in community through community participation by community itself, chief of community and various operational units in the area; when community is aware and strong, it will lead to actual operations.

In reality, the mentioned operations in provincial area during the past several years, their significance were diminished which made the proportion of the number of drug consumers who apply for treatment according to this guideline

reduced; not over 20% of drug consumers underwent voluntary treatment. Thus, to make this scenario possible, it is necessary to increase the proportion of this principle operation, the more this operational guideline is implemented, the more that it will be in line with the Narcotics Code.

The 3rd principle operation, referring drug consumers to treatment via being identified by competent official as according to section 114, an important system which needs to have higher proportion: clear-cut operational guidelines are needed for the results.

This conceptual framework is the process of diversion which diverts drug consumers from criminal process, instead of being penalized as according to the laws, there will be more channels to access for treatment. If they undergo the voluntary treatment, they will not be charged with the offence. This principle is aimed to confirm the picture of looking at drug consumers problem as non-criminal problem, so there is no need to enforce criminal measures. The official is also given the authority to use alternative measures though they encounter the wrong doings of offenders, not legal penalty. Such alternatives have been developed from the Announcement of the National Council for Peace and Order no. 108/2013, and was redefined again in the Narcotics Code, which needs additional operational system as followings;

1. Each province needs to have the policy and assigns the administrative official and police officer, who are important mechanism to enforce the law as according to section 114 as the principle operation for drug consumers, by not using their discretion on how to deal with drug consumers, when encountering with their consumption behavior.

2. Build up the correct understanding on operational guidelines to administrative officials and police officers in the area that when drug consumers are identified and their behaviors are known, if there are no terms as according to the prohibition in section 114, drug consumers should be put under this condition; that is to enter treatment process voluntarily as being prescribed by the law.

3. Encourage the administrative officials and police officers in the area to strictly use the guidelines in section 114 by providing various support to build up motivation such as if any official or officer can encourage drug consumers to undergo treatment, it will be considered as their achievements, operational budget is supported as well as reiterating all concerned parties to strictly adhere to these operational guidelines.

This principle operation should be carried out to have concrete achievement which will be in consistent with the framework of the Narcotics Code because during the past several years, referring drug consumers to undergo treatment by using the guidelines as according to the Announcement of the National Council for Peace and Order no. 108/2013, which has the same principle. Only at 20% of the total number of drug consumers underwent treatment which was considered as a small number.

The 4th principle operation, the arrest of drug consumers should be the last operational measure under the set-up conditions: it needs to be well understood.

During the past several years, it was found that 60% of drug consumers who underwent treatment are those who were arrested upon drug offences. This high proportion came from several factors such as the number of arrest target was the key performance index and the policy of the command units at different levels

which were defined by period of time or as regular performance of the officials as well as discretion of each drug suppression operation team.

According to the Narcotics Code, dealing with drug consumers has one clear term that the arrest of drug consumers should be in line with “conditions” as prescribed in section 114 as followings;

- They are unwilling to undergo treatment.
- They are drug offenders or they committed other offences or they are serving their terms of imprisonment.
- They have behaviors which may cause harm to others and society.
- They have behaviors which may cause harm to others and society, which resulted from mental disorder and psychiatric symptom.

Those conditions are elements of the arrest of drug consumers, apart from these, section 113 and section 114 shall be applied as principles for voluntary guidelines without the arrest nor criminal penalty. The operational guidelines for officials to follow when doing the arrest on drug consumers are as the followings;

1. The officials at all levels who are related to law enforcement in each province, from policy level to operational levels need to be explained and to give priority to the arrest under the terms and conditions of the Narcotics Code only. Most importantly, all concerned parties at every level should seriously adhere to those terms and conditions.

2. To urge all operational officials to strictly comply with the terms and conditions defined in the Narcotics Code.

3. To define target, key performance index in drug suppression which do not set the target focusing on the arrests of drug consumers as achievement.

4. To have clear practical guideline to explain to officials, drug consumers for asking drug consumers whether or not they would like to undergo voluntary treatment.

The clear measurement criteria which all provinces should carry out in this system is to consider the proportion of the number of drug consumers that come for treatment, which proportion is the largest, which proportion is the smallest, what is the percentage, then the answer can be found whether or not the operation complies with the intention of the Narcotics Code.

The 5th principle operation, screening center and its roles in classifying and screening drug consumers: significant classification before referral to treatment center.

Classifying and screening drug consumers are highly significant especially before undergoing treatment processes, accordingly, section 116 which defines that Ministry of Public Health should set up screening center which have the roles and responsibilities in detecting narcotic drugs, screening and evaluation the severity level of drug addicts and their mental conditions before referral to treatment center and preparing all related data.

In this regard, screening center is like the gate for diagnosis, analysis and referral drug consumers to undergo treatment, if its real roles can be performed, the followings should be done;

1. The distribution of screening centers should be in line with drug situation at provincial level and should be scattered to reach the sub-district level which can provide services thoroughly. The sub-district health promotion hospitals are considered to be appropriate venues to serve as primary screening center which will enable the screening of drug consumers to be carried out throughout the country, and drug consumers received treatment thoroughly.

2. The level of the screening centers can be classified into 2 levels to support the condition of drug consumers, namely

Basic level or primary level, which are the screening centers at sub-district health promotion hospital which can classify drug consumers, drug users, as there are the largest number of drug consumers and drug users who can be classified without complications, if the basic screening center can be distributed to support drug consumers and drug users. In case that they are classified as drug addicts, they can be referred for further treatment.

More complicated level, which is the screening centers at district and provincial levels by defining district hospital or place that the district authority deems appropriate or at provincial level. The screening centers at district level shall serve as the screening centers for drug consumers in the district area and serve the drug addicts who have severe symptoms which needs in-depth, precise and complicated analysis.

3. The components of screening centers can be defined as according to each level, namely

3.1 Sub-district screening centers which are sub-district health promotion hospitals should have the following components;

1) Personnel, health personnel who work at the sub-district health promotion hospitals should be assigned to have the duties in classifying and screening the early drug consumers which are not complicated to be analyzed.

2) Data format, there should have an evaluation form, questionnaire to classify drug consumers as according to the criteria which is used throughout the country; the adjustment of the form may be considered in order to cover more related issues.

3) The data system for individual check, should have the necessary data system to appropriately check a person from other data bases to support the classification of drug consumers more correctly.

4) Referral system, in case that drug consumers have complicated symptom, referral system to district level is needed.

3.2 The screening center at district level should have the following components;

1) Personnel, district personnel should be employed, apart from public health personnel, other district personnel from other government agencies may be assigned such as administrative official, police officer and experienced volunteers, etc. in order to analyze in different ankles.

2) Data format, other related issues should be added.

3) The data base for inspection which should be broader such as in the fields of crime and psychiatry, etc.

4) Referral system to specialized treatment center.

The perfect operational system of screening center, is very important in building up effectiveness in appropriately classifying drug consumers before further sending them to the next treatment process.

The 6th principle operation, appropriate treatment which is suitable to drug consumer as an individual: the focus of the new conceptual framework.

The Narcotics Code gives priority to drug consumers on individual basis, thus, it is necessary to know individual data and condition for suitable treatment which may be different from previously of which treatment model was very limited such as at clinic or treatment center, or behavioral adjustment camp. Therefore, the appropriate

treatment for individual needs has several models depending on condition of each individual which needs to be classified and analyzed to refer them to which types of treatment, the following practices should be carried out;

1. At provincial level, there should have the process to identify which treatment model is suitable for each individual which is required to arrange for and covering the characteristics of drug consumption in each province.

2. The treatment models which should be provided in each province, should be as the followings;

2.1 Community-Based Treatment and Rehabilitation (CBTx) which is the operational direction of the Ministry of Public Health in dealing with drug consumers who are the largest group, each province should arrange for sufficient community-based treatment and rehabilitation, at least at sub-district level. It should be defined as the main model of all provinces as well as it should be driven forward for multiplying the community-based treatment and rehabilitation service.

2.2 The treatment model for more complicated drug consumers than those in 2.1 which should be the treatment in specialized clinic or treatment center etc.

2.3 The treatment model for drug consumers who have psychiatric symptom of which the number is increasing and has direct impact on society and community. There should have sufficient services of the specialized treatment to support the increasing number of this group of drug consumers, as currently there is not sufficient treatment center for this group of drug consumers.

3. All provinces should arrange for referral system to send drug consumers to suitable treatment, from sub-district to district level and

eventually to provincial level or to specialized treatment center to support drug consumers after being classified and analyzed.

Most importantly, each province should take into consideration which types of treatment center that the province still lacks of currently and how to solve the problem.

The 7th principle operation, social rehabilitation center: new instrument for comprehensively solving the problem within the new framework.

The social rehabilitation center as according to the Narcotics Code is a vital initiative connecting drug solving with the solving of other basic problems. This instrument is defined as law with obligation to follow, it is not only policy order. Thus, to actualize the social rehabilitation center to provide support and assistance to those who underwent treatment, is necessary, the processes at provincial level are as followings;

1. All provinces need to drive forward to have provincial social rehabilitation center at least one center or as according to their potential.

2. The components of provincial social rehabilitation center should be as followings;

- 2.1 The venue for provincial social rehabilitation center, to serve as coordination center for various fields of assistance.

- 2.2 The personnel who analyze and coordinate in providing various fields of assistance to those who underwent treatment.

- 2.3 The support system in various fields such as occupation, working and, education which are in line with the real need and has been through the process of thought and analysis.

- 2.4 Arrangement of the system and channels for support, assistance, welfare provided by different government agencies at provincial level which can be given appropriately and on the point to drug consumers who underwent the treatment.

3. Social rehabilitation center is a new vital instrument which should be actualized in every province to continually solve drug problem and the basic problems of those who underwent treatment on individual basis in a different way, the provincial social rehabilitation center can operate if the personnel with voluntary mind and are good at analysis were selected, and has the system to provide appropriate support, assistance and welfare.

The 8th principle operation, drug consumers treatment by court: new operational system which needs to understand its intention.

This operational system is a new system which is defined for the first time in the Narcotics Code, so it needs clear cut operational system related to conceptual framework, mechanism, structure, implementation steps, unit's tasks and operational processes which should be in line with the intention of the Narcotics Code since if there is no clear understanding on all those issues and put them to the former operational system, it will not cause any affect, as a result this operational system should take into consideration the following issues;

1. The cancellation of compulsory treatment system and shift the treatment system to be the role of the court as same as in other countries such as the western countries.

2. The new operational system at provincial level should be set up, starting from the arrest of drug consumers as according to conditions in section 114.

3. The inquiry official who will deal with the arrested drug consumers, needs to have different roles as he has to collect and inquire for details of that person in order to find appropriate way to present to public prosecutor and court as according to section 165. Therefore, the data and evidences collected by the inquiry

official are not for charging an offence to a drug consumer but for presenting them to the public prosecutor and the court for further appropriate implementation.

4. The role of the court in judging such case, the Narcotics Code extends the conceptual framework of the court in settling the case rather than imposing penalty on drug consumers. The framework has been extended broadly, leading to safe measures such as probation and referring to treatment as first priorities as according to section 166, if it is beyond this approach, then the court may impose the punishment.

5. The characteristic of this principle operation system is similar to drug court in foreign countries; the court will consider the details of the case to judge the drug consumers which match with each individual's condition by focusing on their behavior adjustment not to make mistakes again. It does not focus only on legal aspect and penalty.

6. The reform of this operational system starts from inquiring of the inquiry official, public prosecutor's prosecution, court's judgment, implementation of various alternatives after the court's judgment. It is the new operational system which should have the following guidelines;

6.1 The concerned official at all processes should recognize the intention of the Narcotics Code in dealing with drug consumers according to new conceptual framework.

6.2 Put weight on collecting personal data as being stated in sections 115, 165 and 166 to be used in considering appropriate alternatives for drug consumers, how it should be proceeded based on the concept that the punishment is the last choice.

6.3 This new operational system, inquiry official, public prosecutor and especially

court should provide time to consider and judge the case as it should be following the guidelines and principles of drug court which is the court that judges drug cases with the focus on assistance rather than punishment.

6.4 The safety measure which court uses with drug consumers is the new operational guidelines which will be used in drug offences instead of sentencing to imprisonment as according to their offences. The main issues are the following methods such as area restriction, public services, prohibition to enter certain areas etc., how those measures will be effectively used, how legal limitation can be blended with attitude building, those are the issues which need to take into consideration.

This new operational system, if the agencies in the justice process in each province holds consultative meeting and jointly lay out the working system to be in consistent with the new intention of the Narcotics Code and have a try out, it will greatly help develop this operational system.

The 9th principle operation, management of the data system of drug consumers on individual basis: integration for mutual benefit.

According to the Narcotics Code, it required to find the data of each individual drug consumer as being stated in many sections namely 115, 116, 117, 120, 165 and 166 which show the significance of solving each individual drug consumer appropriately, thus, it is new conceptual framework that the management of drug consumers' individual data for the correct problem analysis needs serious implementation which comprises the followings;

1. The data on the status of drug consumers which needs to be analyzed by individual for clearer pictures which are,

1.1 The level and state of drug consumption of such a person, whether he or she is the risk to community and society.

1.2 Such drug consumer has guilty on other offences or not.

1.3 Such drug consumer has any details of personal background.

1.4 Such drug consumer has any need for appropriate support, assistance, and welfare.

1.5 Such arrested drug consumer has any supportive data for the court to use in judgement.

2. Data management in order to achieve the goal should have the following implementation guidelines;

2.1 The various data on drugs which need to be questioned as according to sections 115, 116, 117, 120, 165, 166 should be seriously implemented and covered as much as possible.

2.2 Each step of inquiry for data on drugs should be used jointly with different steps of inquiry without any repetition in collecting the same data again for the ultimate use of such data.

2.3 The inspection of data base on drug related person, which is kept in various government agencies, data inspection system should be installed to help consider how to proceed further on the basis of the data received from those agencies.

2.4 To make use of the data technology to connect with the necessary data of various agencies at different levels, as well as to install clearly the security system for personal data.

If this can be carried out, data management in each level will be used as much as possible to solve the problem, without being blocked or limited by each agency.

The operation of those 9 principles are the new operational guidelines as according to the Narcotics Code which is different from the former operational guidelines. If all provinces can put into practice those operational guidelines, it will

actualize the scenarios in solving the problem of drug consumers as according to the Narcotics Code.

The 3rd Scenario, the New Way of Drug Trafficking Suppression: Targeted more towards Structure at Syndicate Level rather than the Labor Level or Couriers

Drug suppression in the past, the arrest was focused on the labor level group or couriers which are the lowest level of illicit drug trade structure, with a few destruction of major drug syndicates, thus, more weight should be put on the suppression of drug trafficking syndicates, which is on the top of the drug trafficking structure. The Narcotics Code, therefore, increases legal authority as a tool for the suppression of drug trafficking syndicates, as well as increases predicate offences which show the significant behavior, expands the authority on asset examination and confiscation which do not adhere to criminal case and the value-based asset confiscation etc. With the increasing of authority and tool, it is necessary to adjust the functions of the law enforcement authorities in the whole system. If there is no adjustment in this part, it will be difficult to use the authority and the tool effectively and fully, in this regard the operational system should comprise the followings;

The 1st principle operation, adjustment of conceptual framework and drug law enforcement guidelines at provincial level: the starting point.

The adjustment of conceptual framework and drug law enforcement guidelines at provincial level is the first priority that needs to be done by;

1. The drug law enforcement units at all levels from district, provincial levels and drug suppression units need to be trained and educated on the Narcotics Code and the investigation and suppression measures as according to the new conceptual framework.

2. The drug suppression policy at provincial level (or throughout the country) should be adjusted by focusing on investigating for evidences gathering, proving the behavior of drug consumers as according to the provisions in the Narcotics Code, emphasizing on extending the investigation to reach drug syndicate at provincial level, to seize asset rather than the number of arrests. Besides, intelligence system should be re-organized seriously.

3. Increase the roles of inquiry officials in gathering evidences and extending the investigation to reach drug trafficking syndicate as well as to improve the capacity and the roles of the inquiry officials as according to the Narcotics Code seriously.

The 2nd principle operation, improving the enforcement of laws as according to the rules of law: integrating the whole system.

The Narcotics Code increases the power of the competent narcotics control officials and drug law enforcement authorities, therefore, working under the rules of law and justice, and not to misuse the power are the most significant issues by;

1. The inquiry official and public prosecutor have significant roles in the suppression of drug trafficking syndicate at provincial level, working system should be developed to fully support each other in terms of providing recommendations and improving of case report.

2. The monitoring system should be set up to look into the operation, the usage of power in accordance with the Narcotics Code and the usage of the rules of law in terms of honesty use of power, integrity, prevention of the misuse of power, etc. Disciplines, management, and criminal procedures against government officials who misconduct should be taken into consideration.

The 3rd principle operation, asset seizure in full circle.

In the past, the destruction the financial structure by the asset seizure of drug traffickers did not have enough effect to the drug traffickers as expected due to many limitations. The Narcotics Code expands the power of competent narcotics control officials to be broader, thus, the implementation guidelines should be increased as follows;

1. To strengthen the capacity of the new competent narcotics control officials in the province who have more authority in both criminal offence and asset seizure offence as according to the Narcotics Code. They should have knowledge, understanding and use of their increasing authority in accordance with the rule of law. In this regard, all provinces should have the list of the competent narcotics control officials who can fully work.

2. To select a number of personnel to serve as the competent narcotics control officials who can effectively do the properties examination in drug offences in provincial areas and devote their time to give priority to their task on the basis of the rule of law.

3. To systemize the data support, examination of evidence which facilitates the properties examination in drug offences in provincial level as well as to integrate with the enforcing of other laws and to provide full co-ordination, cooperation with the mechanisms which are above provincial level and the ONCB.

The 4th Scenario, Usage of the Policy on New Alternatives: the More It is Implemented, the More Success in Solving the Problem.

In solving drug problem of many countries, more operational policy has been introduced which many countries can manage drug problem

appropriately. In Thailand, the new policy is used partially, most of them coming from the policy order from the management level. Anyway, it is still not widely operated due to the limitation of laws.

When the Narcotics Code is enacted, new operational policy is clearly put into law, things that could not be done in the past, are accepted by law to be able to do so. The policy on new alternatives of the Narcotics Code is the policy towards drug consumers and the policy to define drugs which enable to extend the alternatives in solving drug problem more broadly for the significant target which is to reduce the impact from drug problem as much as possible by managing to solve drug problem and drug in a balanced way, not to create impact towards community and society. The operation system of this alternative policy, if each province develops and makes more use of this policy, it will be greatly useful to solve drug problem, the following operations should be carried out;

The 1st principle operation, the extension of the policy towards drug consumers: the path that needs to be carried out extensively.

The new operational policy is to provide opportunity for drug consumers or the labor group as the low level group in illicit drug trafficking structure not to be only arrested and punished, but this policy provides other measures to divert those group of people from being arrested and punished. The alternative measures include the diversion of the case in various processes or the use of substitute medicine to reduce the harm of drug or harm reduction, the decriminalization by using other measures instead of punishment or decriminalization or legalization in some aspects; those measures are to widen the path to more alternatives.

Using the new operational policy at provincial level as according to the Narcotics Code which if seriously carried out will build up balance on drug solving at provincial level, the following implementation should be carried out;

1. Each province should prepare for readiness in various areas by announcing as the policy, the implementation guidelines to extend for more new alternatives in terms of policy, building up mechanism and alternative channel to be more widely opened for those persons who can use alternative guidelines to replace the former guidelines which focus on the arrest and the punishment.

2. To promote and emphasize the implementation of section 113 and section 114 on sending drug consumers to undergo treatment in voluntary system and diversion guidelines to divert the identified drug consumers to undergo treatment instead of imprisonment.

- 2.1 All provinces set up operational teams who make field visit to persuade drug consumers to undergo voluntary treatment as many as possible, until it becomes significant proportion.

- 2.2 If the trend on this part can be built up, it will be the condition which encourages more drug consumers to undergo voluntary treatment.

3. Each province should classify and analyze drug consumers at provincial level to know the number of drug consumers who need to use harm reduction guidelines by;

- 3.1 Analyze and classify the group of drug consumers, which group, which type of drugs that need to use this guideline.

- 3.2 Each province considers to set up the clear drug harm reduction project which covers the targeted persons in the area, implementation guidelines, operational system,

responsible unit by considering whether or not to use section 55.

4. To formulate the clear operational guidance on the arrested persons and entry procedure into the judgment of the court so that it will be the system that can help and persuade those who have to be in this system, the details are as followings;

4.1 To set up more channels and conditions that promote the voluntary treatment which opens for new alternative.

4.2 To improve effectiveness of the implementation guidelines that support the decision of court to use other alternatives instead of punishment. The alternatives include measure for safety, probation etc. Each province should consider activities, responsible agencies and quality of work in these processes.

5. Using the new operational policy instead of legal punishment procedure, the most important point is the increasing roles of all parties concerned to replace legal roles of the government, to organize various supportive activities, namely;

5.1 The roles of family, community and operational teams in the area in persuading drug consumers to undergo voluntary treatment.

5.2 The roles of various groups and organizations as well as volunteers to organize drug harm reduction which will make it more flexible than the government agencies.

5.3 The roles of community, group of organizations and volunteers who work with voluntary mind will be much significant in launching the campaign and adhering the operation to help and to encourage the target persons who fit under this condition.

6. Building up the conceptual framework, community's attitude to accept the new alternative policy and to be willing to participate and to help in various opportunities.

7. Each province organizes the project to implement clearly the alternative policy that defines the appropriate operational framework and further upgrades the quality of work.

The 2nd principle operation, making use of narcotic crops: the new dimension, the new expectation.

During the past few years, the policy on making use of narcotic crops, namely cannabis, hemp, and Kratom Plants, started to be clearer from the government's policy, the amendment of laws leading to concrete implementation. The important trend is from now on when the Act on Kratom Plants Control B.E.... and the Act on Cannabis and Hemp are enacted, it will lead to the great change to the policy on narcotic crops in various provinces. Making use of narcotic crops is the new issue which all parties concerned have high expectation, thus, the operational system to achieve the goals should be as followings;

1. The policy level, all provinces and the concerned agencies need to study and understand the substantive of the law, criteria, authority, prohibition and how to operate in order to promote, to make use of, to build value added, to set up controlling and monitoring systems.

2. To build up understanding of the people, interested persons on how to conduct the principle correctly, which is very important not to conduct it wrongly.

3. To adjust the roles of the government agencies at provincial level as according to the new roles that the government sector does not have the main role in making arrest and suppression of illegal things like in the past. Instead, they will have the roles in regulation, registration, building up understanding, promotion, supervision, monitoring, vigilance on the abuse,

following up the impacts, reporting etc. As for enforcing the laws, only for important laws such as offence against person which is forbidden.

4. Helping the people to receive benefit from the adjusted policy on narcotic crops is considered an important task of province. The benefits of the people are for medical use to cure illness, using as according to their traditional way of life, building up economic value added to the people, coordination on planning for balanced supply and demand.

5. Surveillance on misusing the narcotic crops by supervising, controlling and monitoring system in various processes, illicit selling of the produce in market for abusing which will lead to another characteristic of drug problem.

6. The operation to verify, to supervise, to control the quality of products by looking at producing, processing, selling in market, distribution to consumers whether or not they are qualified or are harmful.

All these scenarios are considered quite new issue to provincial level which needs to prepare for readiness as it will be the direction which will occur unavoidably.

The 5th Scenario, the New Integrated Management at Provincial Level: High Level Integration: for the effectiveness in Enacting the Narcotics Code

To comply with the Narcotics Code which has adjusted the conceptual framework, and problem-solving guidelines, it is necessary to consider management system to appropriately fit with changing roles and authority in the context of the province. There should have the adjustment of management system.

The 1st principle operation, the adjustment of management structure at provincial level.

Solving the problem as according to the Narcotics Code which is aimed at various groups to have more tools and authorities by law, thus it is necessary to integrate all tools, authorities and mechanism to support each other as much as possible, the following measures should be implemented;

1. Organizing management structure using the model of Provincial Narcotics Control Management Center, setting up management mechanism which has the size that fit to the task, which is stated in the Narcotics Code, to have clear management in 3 tasks, namely

1.1 Management group on drug consumers and social rehabilitation of the province.

1.2 Management group on suppression and enforcement of the law as according to the new guidelines.

1.3 Management group on the use of new alternative measures and the development of narcotic crops.

With the participation of the agencies which have direct responsibilities, will make the integration of authority as according to law becomes easier.

2. Each province should consider to develop the valid data on drug problem in the province in order to make use of them in solving drug problem in the province, the central agencies can help set up the data system which has the following details;

2.1 To use the data on those who are involved with drug problem at provincial level such as drug offenders, criminal offenders who related to drug, drug consumers who undergo treatment, psychiatric patients, those who are on probation at provincial level, the released persons from drug offences at provincial level etc.

2.2 To collect the data on drug related implementation such as places, potential, clinic and the area or the group that related to the production of narcotic crops or those who use narcotic crops to cure illness, the group who legally invests in narcotic crops, etc.

2.3 To use other data of the province which can reach persons in the area related to economy, society and other problems, etc.

2.4 All mentioned data will enable the province to identify the person's status, or the area encountering drug problem at the provincial level which can be used in planning to solve drug problem.

3. Each province should serve as the host in solving drug problem of the province as according to the Narcotics Code, the targets are;

3.1 Drug problem will not have any impact on peace, stability and security of family, community and society at provincial level.

3.2 Drug consumers at provincial level will receive treatment which is suitable for their level of drug consumption on individual basis and undergo social rehabilitation until they complete the process.

3.3 Use the new alternative policy towards the persons related to drugs at provincial level appropriately and maintain the balance with other measures. This also includes supporting the making use of narcotic crops for the province under close surveillance, suitable supervision and monitoring.

3.4 The suppression of drug syndicate at provincial level by effectively integrating the law enforcement.

4. Each province formulates drug control plan as according to the Narcotics Code to achieve the above-mentioned targets by integrating resources, budget from the central agencies, from the province and local agencies to support its work effectively.

5. To build up knowledge and understanding to every level of personnel working on drug control of the province under the framework of the Narcotics Code and make use of it seriously, which is the first priority to be carried out in changing the conceptual framework.

The 2nd principle operation, the new integration as a one stop service model at provincial level: recommendations, integration model at high level.

This operational system, the Narcotic Code is applied at provincial level under the integration framework in terms of legal authority, guidelines to be used, centralization of various functions to be at one stop service, which is the integration model at the high level. If it can be done, it will be considered a significant initiative in overcoming drug problem.

This proposal applied from the lessons learned from Portugal to solve drug problem at provincial level.

As the Narcotics Code defines various mechanism to support the roles and authority, which are mostly aimed at drug consumers who are the most complicated target group. The mechanism comprises the followings;

The 1st mechanism, temporary dwelling place for checking data, questioning drug consumers before sending them for treatment, which can be arranged in some areas.

The 2nd mechanism, screening center to evaluate the level of drug consumption on individual basis before sending them for treatment.

The 3rd mechanism, social rehabilitation center for helping, rehabilitating, and supporting those who underwent treatment.

The 4th mechanism, the place where the project on drug harm reduction may be organized. (for some target groups)

The above-mentioned mechanism can be located separately, if looking at the new dimension of integration as according to the Narcotics Code, there may be the new perspective which are the new challenges by using tools which are mechanism, authority to be integrated into one stop as one stop service to serve as the new model of management center which applied some models of Portugal model. The new innovation in solving drug consumers problem in one stop service can be seen by;

1. Each province considers to set up a center for comprehensively solving drug consumers problem as one stop service, one center is set up in each province in the area of Muang District of the province.

2. This center centralizes the working authorities in the Narcotics Code, has the roles and authorities as prescribed in the Narcotics Code which are as followings;

2.1 To serve as the temporary dwelling place for not more than 24 hours each time as according to section 115, before sending drug consumers for treatment.

2.2 To serve as another screening center of the province as according to section 116 to question and screen the identified drug consumers and learn of their drug consumption level.

2.3 To check the data base on the history of drug consumers and to analyze the level of drug consumption to appropriately refer them for treatment or may continue with prosecution if it does not meet the condition in section 114.

2.4 To serve as the social rehabilitation center of the province as according to section 119 which receives drug consumers who fit the conditions of treatment center, and providing support, assistance, and welfare as needed and necessary for those who underwent appropriate treatment.

2.5 To serve as coordinating tool for assistance as well as to follow up report from community, volunteers after treatment as according to section 119.

2.6 To serve as the place where harm reduction measures may be used, and can be announced as the implementation area as according to section 55, if it deems necessary to do so.

2.7 To take other roles which can be defined additionally as according to the Narcotics Code or other laws as deem appropriate.

If it deems appropriate, the integration of the above-mentioned authority, notification on the setting up of such task as according to the Narcotics Code should be done so that it will have legal outcome and making this mechanism to have complete operational effect as according to the law.

3. To enable those centers to carry out their task with integrity, each province should acquire the followings;

3.1 Appropriate place or area to carry out various tasks to cover various roles, the place or the area should have appropriate size, which can use a building which some government agencies do not use.

3.2 To select personnel to work in different fields such as, public health, administrative official, police officer to work full time or work in rotation. It should have the number of volunteers and government employees to jointly work, this includes security officials for the place and staffs such as volunteer force.

3.3 To clearly assign, appoint the responsible person of this mechanism as well as to use management integration system in the form of board of director with the participation of the agencies which have integrated legal authority.

4. To organize the system, elements of readiness need to be prepared to work in that place both in terms of physical structure, data system, place for questioning and for waiting etc. in order to check the data of persons on individual basis and questioning them, resources and budget allocation. The implementation of the plan will take at least 5 years as according to the problem condition and necessity.

This kind of integration is considered as an initiative legal authority, roles are connected into one stop service which will lead to flexibility, connectivity and further relaying to other tool to solve drug problem at provincial level.

The 3rd principle operation: targeted problem solving, right to the point to reduce the direct impact.

The reduction of impact from drug problem as according to the Narcotics Code will use various measures, guidelines and authorities on individual basis to facilitate the implementation towards the target persons appropriately which have different cumbersome and complexity.

Previously, the group that creates problem and high impact towards their family, community and society are the person or group of persons who are addicted to drug, chronic addiction or has psychiatric problem, or commits criminal offences or has the misconduct of repeating offences, etc. These are the conditions that create continual impact.

To reduce the impact of drug problem at provincial level by using the tool as according to the Narcotics Code on new guidelines, the framework of targeted guidelines to overcome drug problem which is aimed at special target to reduce the impact of drug problem, the following guidelines should be;

1. Each province should find out:

1.1 Previously, whether there is any high impact towards family, community and

society at provincial level, if there is such impact, then what it is, in which area, what are their characteristics, by which group and how it affects.

1.2 To conduct the analysis on the target group and the risk persons or the persons who create impact towards family, community and society by using the existing data and define as an urgency issue towards these group which comprised:

1) Chronicle drug addicts, hard-core drug addicts

2) Drug addicts with psychiatric symptom, who are at risk to create violence and those who are undergoing psychiatric treatment.

3) The persons who underwent treatment and were arrested many times.

4) Those who are involved with drug and have high risk.

5) Those who have background of committing repeated crimes.

etc.

2. After classifying and analyzing the data as according to the above-mentioned, the group of people or risk areas which receive impact will be identified. It can clearly specify on individual basis on the high or low risk which will be used as the guidelines to prevent impacts.

3. Each province organized the Project on Solving the Problem of Targeted Persons by clearly specifying the targeted persons, defining the risk level and the guidelines to prevent and reduce the impact towards individual basis by using the tool to process on the Narcotics Code or the tool as according to other laws, which are as the followings;

3.1 To consider the tool to overcome these problems in terms of assistance, promotion, rehabilitation as needed and suitable, as well as supervision measures in various aspects.

3.2 To organize assistance and support systems in various aspects and clearly assign a

person or a group of persons to take responsibility, to follow up and to give advises on individual basis continually until they can live the normal life.

3.3 To organize working support system at provincial level in order to increase the effectiveness and to create the system which support each other for concrete result.

3.4 To arrange for appropriate maintenance, supervision, monitoring and surveillance to prevent the impact towards both individual and community.

3.5 To prepare the mechanism to support and further refer the case that needs continual treatment, or other functions on case by case.

The targeted implementation system has been carried out to solve the poverty problem by the government, which can be used in solving drug problem and it will help reduce the impact of drug problem.

The 4th principle operation, tackling drug problem in the area in integrated manner at provincial level: the new framework guidelines to solve drug problem in the area.

Each province should develop the guidelines on tackling drug problem according to the new area framework to be in line with the Narcotics Code and the principle on solving area problem as according to the development strategy, the implementation framework should be as follow;

1. There should have the framework guidelines in solving drug problem at area level in long term basis, and it should not be changed annually.

2. To use the sub-district drug control unit as basis in solving the problem.

3. Using the confirmed and verifiable data base to classify the conditions of drug problem at sub-district level and using it as the basis to continually solve the problem. There should have evaluation and measurement of work of the same level when the year ends.

4. There should have the plan to solve the problem at sub-district level by using the existing data and classifying the types of persons under the Narcotics Code.

5. The guidelines to solve drug problem at sub-district level, target guidelines as stated in the Narcotics Code should be used.

6. Each province should organize the Project on Integrated Tackling Drug Problem at Sub-District Level to be used as the model by using the 5 scenarios, and summarizing the lesson to further extend the outcomes.

Conclusion

All 5 scenarios are the scenarios to tackle drug problem as according to the framework of the Narcotics Code, if those scenarios were extensively carried out, the clearer picture of tackling drug problem as according to the Narcotics Code will be. Therefore, to understand the Narcotics Code, it needs to understand the content, and implementation measures, most importantly, is the clear looking at those scenarios, which is equally significant.

People's Participation in Drug Control Policy Design : Preparation for the Future

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Introduction

The public policy is institutionalized by organizing the people's coexistence order. It guides to solve the various problems, determines the direction and scope of decisions of the country's leaders, to be a framework for all the sectors to work together in the same path, etc. It is established for the welfare of the people. Therefore, public policy should be based on people's needs, to be driven by the public support which starts from creating the area and opportunity for people from all sectors to jointly design their public policy.

The drug policy is important public policy since it affects the setting up of safe society that people need to live together with happiness. This article presents the participatory public policy process, the National Health Assembly, that formulates a public health policy, pushes the policy into action, monitors and evaluates the policy implementation by a people's participation from the provincial level to the national level. However, this article does not intend to criticize the effectiveness or success of the National Health Assembly process, but focuses on applying such process with the drug policy design in the future.

Public Policy: Why participation is important?

The past history showed that in many cases, the decision making was in the hands of few people which led to the damage of the country, the loss of many people's lives. For example, the Vietnam War, which was declared by a few leaders, lost almost 50,000 American soldiers and more than 2 million Vietnamese (Prawet Wasi, 2009). Later, the trauma of the war and the pressure from the public and the media influenced the American government to end the war.

Another example is the case of Thailand before the 7th National Economic and Social

Development Plan (1992-1996). There were no signs of awareness about the problem of the use of agricultural chemicals which endanger the health of people, such as cancer, chemical residues, etc. Until the year 2003, this issue was raised as a policy proposal in the regional assemblies namely, **Agriculture for Health**. This policy proposal consisted of important strategy, the abolition of agricultural chemicals (Amphon Jindawattana, 2009). Afterwards, the movement of this strategy encouraged organic agriculture to become widespread.

Both of examples reflect the negative effect of the non-participatory public policy and the positive effect of the participatory public

policy. Apparently, the participatory public policy always provides the best coexistence and supports a policy implementation powerfully, because it is based on the understanding, agreeing and mutual benefit of the public.

In the case of drug policy, its example is clearly seen and universal, i.e. the policy to declare War on Drugs whether by the USA in 1971, by Thailand in 2003, by Mexico in 2006 or even by the Philippines that has started since 2016. This type of policy has certainly never been formulated through a participatory process. Its consequences are not only tragedy and human rights deterioration, but also are not be able to really solve the drugs problem.

While some social movement academics criticize that the public policy process in Thailand is in a state of **Severe Policy Deficiency Syndrome** (Prawet Wasi, 2009); lack of validity in public policy formulation which causes enormous negative consequences. They offered the approach of **Participatory Public Policy Process based on Wisdom (4PW)**. This approach is in accordance with policy academics, as found that the formulation of a national economic and social development plan has listening process from the stakeholder. Therefore, the public policy process will emphasize a people's participation more than in the past. This is a signal for policy agencies, such as the ONCB, to speed up the preparation of personnel and working system to support this mission as soon as possible.

Although there are many approaches to the participatory public policy process. But to be a case study for ONCB to prepare personnel and working system for the future, this article presents the lessons learned of participatory public policy process in the 10th National Health Assembly during 20-22 December 2017.

Health Assembly: A Process That Needs to Take a Look

The Health Assembly is a process and platform which brings together 3 sectors, people sector, government sector and academia sector to dialogue for public health policies and solutions, including mobilizing all sectors to support the policy implementations, monitoring and evaluating. These processes are driven on a systematic and participatory platform known as "Health Assembly" that is divided into 3 types; **the Area-Based Health Assembly, the Issue-Based Health Assembly** and **the National Health Assembly (NHA)**, respectively. These processes are carried out in the cycle on yearly basis.

These processes were stipulated by **The National Health Act, B.E. 2550 (2007)**. **This Act set the National Health Commission (NHC)** to advice policies and strategies related health to Thai government, and the National Health Commission Office (NHCO), under the Ministry of Public Health, acts as the secretariat of NHC; steering the NHA and Provincial Health Assembly. This working system is very similar to the narcotics control working system, which consists of The Narcotics Control Board (NCB), and the Office of the Narcotics Control Board (ONCB).

NHA process can be explained in 6 steps as follows:

1. Agenda Setting

The National Health Commission (NHC) welcomes all issue on health sent from all interested sectors throughout the year. Besides, the NHC requests the cooperation from 3 sectors (people sector, government sector and academic sector) to propose the issues/agenda that need to be pushed as national agenda for making the national public policy agenda. The NHC appoints National Health Assembly Organizing Committee

(NHAOC) who has one-year term of service. The first task of the NHAOC is to consider the issues received from those sectors and select for making the public policy by appointing the Academic Sub-committee to screen the issues as the proposal issues by considering the importance of that issue, the impact of issues on public health and the possibility of formulating for policies.

The proposal issues are publicized to general public and the network of health assembly, area-based network and issued-based network. The message is the essence of proposals, action plans and schedules in area level and national level. The channels of public relations such as press releases by the Minister of Health, the news through mass media, online media, including all of media of NHCO and others agencies of the Ministry of Public Health.

2. Development of Proposed Issues to be the Policy Proposal

Academic Sub-committee appoints a **Working Group on Drafting the Policy Proposal** which consists of academics and practitioners from the related government agencies/non-government organizations (NGOs). In this regard, the agency/organization that proposes the issue, be assigned as the co-secretary of the working group with the **NHCO**. So, each year the number of working groups depend on the number of the proposal issues in that year.

The Working Group has the duties and authorities under the appointment order as follows:

- 1) To organize a process for developing a health public policy proposal based on relevant knowledge and the principle of participation of all sectors;
- 2) To balance a communicating and opinion hearing from all stakeholders throughout the participatory public policy process;
- 3) To prepare draft of policy proposal in accordance with the Academic Sub-committee by using the specified format and document type;
- 4) To participate in the public policy process in the National Health Assembly B.E..... once the proposal issue is included in the agenda of the National Health Assembly;
- 5) To participate in the process of implementing and monitoring a policy proposal when getting the consensus from the National Health Assembly.

It is noted that only the duties and authorities under item 3-5 indicate the mission of the Working Group while item 1-2 are the important principles of the Health Assembly process that the Working Group should adhere to as follow:

- To act on knowledge base or in other words, to discuss with reasons, knowledge and facts.
- To act on morality base or in other words, to adhere to the public interest, righteousness, no self-interest.
- To act on joint learning base

Throughout the working process, those 3 principles should be adhered to and recognized as priority whether by words, message, activities or normal practices of practitioners of agencies/organizations until they absorb those principles with awareness or unawareness which makes them work together naturally. This is the important factor for the Working Group, if they had not adhere to such principles, the process of participatory approach for public policy design would not have happened.

The first important task of the Working Group is to formulate the **policy proposal** document which will be used to communicate with parties in every sectors which concerned the issues in policy proposal to understand, comment, share opinions. The **policy proposal** document consists of 3 important documents as follows:

1. Main Document which states the background of the policy proposal, by showing statistical information and empirical evidence to confirm the importance of the issue, including reviewing the body of knowledge and information on policies, measures, laws, mission of related agencies and NGOs, and actions on the issues from the past to the present, both domestically and internationally, in addition, summarizing limitations and obstacles in solving the problem as well as the lessons learned in working on successful issue to be a case study. Therefore, the working group must study many academic papers, and analyze the relevant field operations to organize as a main document.

2. Draft Resolution, a document which states the essence of the policy proposal with the acknowledgement on problems, show the confidence that the problems can be solved, commend the efforts in solving the problem successfully which becomes the case study and finally the draft resolution that contains the policy proposal to prevent and solve such problems and reflects clearly who will be responsible person to do task. Therefore the Working Group should analyze clearly the feasibility in materializing such policy proposal before drafting the resolution.

3. Roadmap of the Resolution, a document which states an action plan of policy proposal. This document consists of 4 topics: **Inputs**, i.e. mechanisms for implementing e.g., related agencies/ organizations, etc. **Methods**, i.e. the ways to implement, such as screening

drugs addicts, changing the people's attitudes towards drugs abusers, etc. **Outputs/Indicators**, which is the performances that represent the progress, or success of the implementation. Finally, **Outcome/Impact**, such as the ultimate goal of policy proposal.

Roadmap of the Resolution is presented as a schematic diagram which shows the measures in the policy proposal to address to the problems, the linkage of the measures, steps and timing of implementation, responsible person and success indicator of the policy. Therefore, the Working Group has to plan the driving of policy that covers all steps. Mostly, the time for drinig the policy proposal is over 1 year onward.

For these 3 documents of the policy proposal, although there are a lot of contents, they should be concisely written, use clear keywords, and limit the length of document. The main document should not be more than 10 pages. The draft should not be more than 3 pages, if the contents are too much, might be seperated to be annex part. And the roadmap is only 2-3 pages. Therefore, the Working Group has to take much an effort for this point.

Once the document preparation is done, the Working Group has to present the 3 documents to the Academic Sub-committee and the NHAC, respectively, for approval known as a "Draft 1". Then, and the Working Group has to organize a forum to hear the opinions from stakeholders in order to edit "draft 1" before submit it to the NHAC for adoption to be a final draft, know as a "Draft 2". Finally, the policy proposals, according to "Draft 2", the agenda of the National Health Assembly.

3. Participatory Scrutiny of the Policy Proposal

This step is very imporatant. The NHCO distributes the policy proposal (Draft 2) that consist of all 3 documents to all network of

area-based health assemblies and the issue-based health assemblies for cooperation to present such that policy proposal to a **forum** that gathers the stakeholders from all sectors. The opinions from each forum will reflect to the **National Health Assembly Forum** by their representatives.

Formally, the NHAC has to announce the final agenda to all networks not less than 90 days before the National Health Assembly, in order to have enough time for organizing the forums, The National Health Assembly usually hold around December.

The question for this step is how does the NHCO mobilize the participation from the nationwide stakeholders, even though the NHCO does not have a branch unit in the regional or provincial level.

The answer is the NHCO relies on the civil society network of other agencies under the Ministry of Public Health in each area, such as the civil society network of the National Health Security Office (NHSO) or the civil society networks of health district offices, etc. It also relies on academics and NGOs in each area as academic supporters in some activities which the civil society networks may not be proficient. For example, conducting a forum and summarizing the issues in the forum. This is known as **the Provincial Health Assembly Committee (PHAC)** which manages by a working team, known as **Administration and Secretary of the Provincial Health Assembly Unit**.

The core success factor of this step is the rules of the forum and the practices of participants that are based on the 3 principles of the health assembly process: acting on **knowledge base, morality base, and joint learning base**.

4. Adoption of the policy Proposal (Resolution of Annual National National Health Assembly)

The opinions from the area-based (provincial) health assemblies and the issued-based health assemblies are presented to the National Health Assembly. There were at least 2,500 participants, so a large meeting hall was used. Around 100 staff helped organizing the forum. The lessons learned from the 10th National Health Assembly during 20-22 December 2017 as follows:

4.1 Participants: There were 3 types of participant.

Type 1: Main Participants: To be subdivided into 3 types:

4.1.1 Members of the Health Assembly, approximately 2,000 persons, represented from the area-based health assemblies and the issued-based health assemblies. There were 250 networks which classified into 5 groups. Each group had a group code, for example, **MA** is a code of the network of 76 provinces and 6 zones in Bangkok. **MS** is a code of civil society, community and private network representative. **MK** is a code of the academic and professional network. **MP** is a code of the government agencies and political organizations. **MI** is a code of the issued-based network. The members have the right and duty to comment a policy proposal, known as a **draft resolution**, and to approve the policy proposal known as the **National Health Assembly Resolution**.

4.1.2 Experts, not more than 300 persons with a group code **EX**, have the right and duty to share their knowledges/opinions after the members finished commenting, and be allowed by the chairman.

4.1.3 Observers, both in- and out-country but not more than 100, with a group code **OB**, have the right to share their opinions after members have finished commenting, and be allowed by the chairman.

Type 2: Committee/Sub-Committee/ Working Group/Operation Team: This type includes the MCs, speakers, and invited guests for share their opinions, or present the progress report on the previous resolution or previous policy proposal implementation. The press are also included in this type. There is a group code for this type but does not go into detail.

Type 3: Co-organizing (organizations), Interested General Public, Participants' Follower: This type has a group code as well, but does not go into details. For the general public, they can register at the forum but have no the right to share their opinions at the assembly.



All of participants were separated into the seat zones according to the group code with labels, which could be clearly seen, in order to help the chairman managed the assembly (as picture)

4.2 Meeting Forum: The meeting forum was classified into 3 types as follows:

Type 1: Plenary Session Room: was organized in the main meeting hall for the opening and closing ceremonies, the presentation of draft resolutions or policy proposal and the

adoption of the resolution or policy proposal. Besides, the plenary room was also for organizing the discourse by guest speakers, the presentation of progress report on the previous resolution or previous policy proposal implementation

Type 2: Working Group Session: was organized for the small group discussion among the Academic Sub-committee and the Working Group on Issue-based Policy Development after receiving the feed back or comment on the draft resolution or policy proposal from the plenary session.

Type 3: Sharing Session: was organized to sharing knowledge and lesson learned on past policy/resolution implementation, the health issues which might be developed into the future policy proposal. This small group discussion was organized in parallel with the plenary session and working group session. Variety of issues were presented in this session in the form of group discussion, talking, exhibition on achievement, sharing knowledge session by experts.

4.3 The Assembly Conducting:

The Policy proposals were scheduled to present to the assembly on the first day after the opening ceremony, a special lecture and reporting on the progress of the past resolutions, as well as having special activities to show the success of some resolutions.

The important agenda of the assembly was considering a **draft resolution**, which drafted by participatory process. The essence of a draft resolution was presented, then the representatives from the provincial health assemblies and the issue-based health assemblies, who had been sorted in orderly, shared their comments. Each representative was allowed to comment not over 10 minutes. On a forum, there was a stopwatch that show the time taken. So, the representatives

could control their time by themselves while being controlled by all of the participants in the assembly.

After the presentation and comment, the Academic Sub-Committee and **the working group edit a draft resolution** under the conclusion from the assembly. If there are different opinions or conflicting opinions, the Academic Sub-committee and the Working Group have to discuss in order to redraft a **final draft resolution** for approving by the assembly. So, the working group must work hard to complete it in time.

On the last day of the assembly, a final draft resolution should be presented for adoption as **the resolution of National Health Assembly**. This step could be seen that the policy adoption which formulated by participation from the local level to national level was approved to be the public policy. In addition, the person who will be a chairman of the National Health Assembly Committee in the following year will also be announced, so that the next participatory policy process can begin immediately.

5. Policy Implementation

The resolution of National Health Assembly is **not an ultimate goal** yet since the public policy process covers the pushing forward of such policy proposal into the practice and the monitoring on the policy implementation in order to achieve the goal. For the health assembly networks, which are the civil society networks, the resolution of national health assembly is a social contract as a public policy that can implement immediately. But for government agencies, the resolution is not an official policy yet. So, the National Health Commission (NHC) has to propose the resolution at the cabinet to acknowledge and command all the agencies to support the resolution. Then, the resolution

of national health assembly was officially recognized as a public policy that the related government agencies had to implement.

6. Monitoring and Evaluation

Normally, the NHC appoints a committee to drive and monitor the implementation of the resolutions in order to achieve the concrete outcome. This committee had a working term about 2-3 years, because most of the roadmap have an implementation time over 1 year.

The committee organizes a forum to monitor periodically by inviting the related agencies/organizations to present the progress of implementation, and the related sectors are invited to hear too. The forum receives a performance report and also the problems roadmap have an implementation time over and obstacles of implement. There were many recommendations to push the resolutions into action as well.

The example of resolution that was successfully driven was the resolution adopted by the 5th National Health Assembly in 2012 on **Buddhist Monks and Health Development**. As a result, the related agencies and organizations formulated a strategic plan to promote the healthy temple and approved the Health Charter for Buddhist Monks, 2017 which led to the formulation of Buddhist Monk database and the setting up of Buddhist monk volunteers for health at the temple and other activities that created the participation in providing the health care and developing the health services for all Buddhist monks.

Drug Policy: Participatory Policy Design Process

The ONCB had an opportunity to participate in this process at the 10th National Health Assembly by following every steps of the policy design process and adopted the policy proposal

or NHA's resolution no. 10.3 entitled the Community-Based Approach to Drug Abuse and Addiction of which the detail would not presented here because this article focuses on the process of public policy design by NHA's model. The ONCB had the lesson learned in the **participatory public policy** process that could be applied to the drug policy design process as follows:

1. The Central-based Mechanism

The ONCB should open spaces and opportunities for participation in drug policy process with at least 3 groups of agencies/organizations. **The first group** is the internal departments/Bureaus of the ONCB those are responsible to develop the measures to control drug problems, such as the Narcotics Law Enforcement Bureau, the Legal Affairs Bureau, the Drug Demand Reduction Bureau, the Narcotics Crop Survey and Monitoring Institute, Foreign Affairs Bureau, etc. **The second group** is the related government agencies, both in terms of demand and supply reduction, such as the Ministry of Interior, Ministry of Education, Ministry of Public Health, etc. And **the third group** is the private sector organizations that have the intention to participate in the drug problems solutions. Initially, the ONCB should rouse 3 groups to propose the issues that causes drug problems which has to be urgently solved.

The ONCB should diagnose the importance of the issue and the possibility of implementation. Then, the ONCB selects the high impact issues to formulate the **policy proposal**.

According to this purpose, the ONCB should contacts with these agencies/organizations to collect statistical data, academic evidence, laws, policies, measures, operation guidelines, related agencies/organizations with the issues from past to present, both domestically and internationally. As well as, the limitations and

obstacles in solving the issues. After that, the ONCB drafts a **policy proposal** which is to compile at least 3 important documents. The first is a document about the directions and methods for working on the problem issue. The second is a document about statistical data, academic evidence and best practices of the problem issue solving. The third is a roadmap, that mentions the measures, related agencies/organizations and the timeline of action.

Finally, the ONCB should organize a forum to hear opinions from related agencies/organizations and stakeholders in the national level, such as the network of drug users, the network of entrepreneurs, the network of academic, etc., to improve the draft policy proposal.

2. The Area-based Level

The ONCB has the Narcotics Control Offices Region 1-9 and the Bangkok Area Narcotics Control Office as supportive mechanism for activity implementation and administration in the area. The ONCB, therefore, could distribute the draft policy proposal to those regional Narcotics Control Offices and the Bangkok Area Narcotics Control Office in order to coordinate with provincial Narcotics Control Management Centers in opening area and opportunity to concerned parties, non-government organizations, academic persons and people's network to share opinion, comment, to scrutinize the policy proposal on participatory approach at the provincial level.

In case of people sector, the ONCB regional Narcotics Control Offices/Bangkok Area Narcotics Control Office normally work with the Mother of the Nation's Fund on Drug Control in the area which is people's network in each area. However, one point that should be aware is of the uncertainty of people's organization such as lack of organization's leader or the internal problem which affects to the participatory

approach, therefore, it is a high risk to rely on only one network. The ONCB regional Narcotics Control Offices and Bangkok Area Narcotics Control Office should mobilize the cooperation with other networks of people's organization that work on anti-drugs as well as local youth networks in the area to participate in the meeting to scrutinize the public policy on participatory basis.

However, the drug problem associates with the security issues and closed information, the open forum should limit the discussion and scope of participation as deems appropriate because there might have some issues that could not be opened for discussion.

3. Consensus on Policy Proposal

In case that the ONCB chooses to use the national forum as the last step in the process as same as the National Health Assembly does in seeking the consensus on the policy proposal, the ONCB should design a systematic and effective forum which comprises the opinion hearing within the defined time, not too long but gain fruitful substantives, the consultation process to amend the proposal and reach the clear conclusion. The meeting process should be aware of the basic issues but is necessary for the meeting management such as the classification of participants, the rule of procedure for each type of participants that the participants should follow such as the order of presentation arranged for those who informed their issues in advance, the time control for each presentation in order to use time efficiently, etc.

In addition, the essence of the forum should be managed, by mobilizing related parties as academic teams to collect opinions and make conclusions from the forum. In the case of diverse opinions or have conflicting opinions, a suitable place and time should be prepared for the

academic team to discuss and draw up a summary proposal within the time of the forum.

Moreover, at present the communication technology is very advanced, the ONCB may consider to use the new technology for the participatory public policy process in organizing the online meeting in certain circumstance, such as during the pandemic of any other virus in the future or other unexpected crisis. The technology should be designed for public participation.

4. Public Relations

The ONCB should formulate the public relations plan focusing on 2 target groups. The first group comprises **agencies/organizations and people's networks who will participate in the policy design process**. This group should be communicated on the draft policy proposal that follows the aforementioned 3 main documents as well as to be informed about the schedule of the driven forum at local and national levels, including the rule of procedure of the meeting. Importantly, the 3 principles of the participatory public policy design process should be emphasized, i.e. sharing on knowledge base, morality base, and joint learning base.

The second group is the **"broad society"** which should be informed about the policy proposal in terms of its significance or its effect towards the broad society. Moreover, the ONCB should create a channel for people to share their opinions in a step of policy formulation and participate in the monitoring step in the policy implementation.

5. Personnel of the ONCB

Personnel is the most important success factor of the public policy design. The ONCB is a policy agency that needs the long-sighted human resource development plan for the ONCB personnel working in the central area and

regional area to have knowledge and competency for public policy implementation i.e. the knowledge on policy management, the competency in organizing the public policy process, especially, a participatory process and in organizing the lesson learned/sharing experience process, etc. Furthermore, it is important to instill the 3 principles which are the bases in formulating the participatory public policy process to the ONCB personnel who will do the task in participatory public policy design. The 3 principles should be emphasized and absorbed in their way of thinking until they are able to perform their task in natural way. This is a very important factor because without these principles, the real participatory process would have been very difficult to happen.

The Challenges for Policy Agency

As the ONCB is the policy agency in the policy formulation, some points that the ONCB may take into consideration i.e. whether the allegation that Thailand have been in the state of Severe Policy Deficiency Syndrome is true, whether we lack of policy thinking on the knowledge-based, whether we are formulating the public policy upon the mindset of a few people who have hidden personal bias, whether we and concerned parties/organizations who should have worked together but had to be separated so far in different thinking and different paths that we could not find the linkage, whether, finally we have learned how to prevent ourselves from the Policy Deficiency Syndrome.

If our country is in the condition above or whether there are any sign that show the opportunity for the country to be fell into such condition, at least, the participatory public policy design process on intellectual-base, the case of the National Health Assembly which is brought as the case study in this article, might be either the vaccine or the medicine to cure such syndrome.

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Whether the Pandemic of Corona Virus 2019 (COVID-19) Affected the Drug Trafficking Syndicate and the Illicit Drug Trafficking in the Country

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Introduction

The World Drug Report 2020 of the United Nations Office on Drugs and Crime: UNODC, revealed that in the year 2018, the number of drug users were around 269 million world-wide or about 5.3 percent of the world population. (In 2017, the estimated number of drug users were 271 million or about 5.5 percent of the world population.) The most used drug globally was cannabis as it was used by 192 million people, followed by opioids group which was used by 58 million people, amphetamine and its derivatives which were used by 27 million people, ecstasy was used by 21 million people and cocaine which was used by 19 million people. (In 2017, an estimated 188 million people used cannabis making cannabis the most used drug, followed by opioids group which was used by 53 million people, amphetamine and its derivatives which were used by 29 million people, ecstasy was used by 21 million people and cocaine which was used by 18 million people.) Whereas the arrests and seizures of drug world-wide revealed that cannabis was the most seized drug about 5,610 tons, followed by 1,131 tons of cocaine, 704 tons of opium, 228 tons of methamphetamine, 139 tons of heroin and morphine, 73 tons of pharmaceutical opioid, 21 tons of amphetamine and 12 tons of ecstasy. (In the year 2017, the amount of the following drugs was seized namely 5,111 tons of cannabis, followed by 1,275 tons of cocaine, 693 tons of opium, 184 tons of methamphetamine, 190 tons of heroin and morphine, 150 tons of pharmaceutical opioid, 50 tons of amphetamine and 14 tons of ecstasy.)

The data from the survey of narcotic crops cultivation pointed that the illicit opium poppy cultivation had tendency to reduce about 30 percent from the year 2018, as in 2019, there were only 240,800 hectares of opium poppy cultivation world-wide which yielded 7,610 tons of opium and could be turned into 472-722 tons of heroin. (In 2018 the opium poppy cultivation areas world-wide were

345,000 hectares which yielded 7,620 tons of opium and could produce 468-718 tons of heroin.) The largest area of opium poppy cultivation was in Afghanistan which covered about 160,000 hectares and yielded about 6,700 tons of opium. (In the year 2018, there were about 221,000 hectares of opium poppy cultivation area which yielded about 5,500 tons of opium.) The opium poppy cultivation area

reduced about 28 percent while the opium production increased 21 percent from the year 2018. The country which had the second largest opium poppy cultivation area was Myanmar which accounted 33,100 hectares of opium poppy cultivation and yielded 508 tons of opium. (In the year 2018, it accounted 37,300 hectares of opium poppy cultivation which yielded about 520 tons of opium.) The opium poppy cultivation area reduced about 11 percent and the yield reduced 2 percent. Myanmar had continual reduction of opium poppy cultivation from the year 2004 onward. (In the year 2018, Myanmar had 37,300 hectares of opium cultivation which yielded about 520 tons of opium.) The coca cultivation world-wide also had tendency to reduce about 0.5 percent but its production had tendency to increase 4.6 percent as in the year 2018, there were 244,200 hectares of coca bush cultivation area which could manufactured 1,723 tons of cocaine. (In the year 2017 there were 245,400 hectares of coca bush cultivation area which manufactured 1,647 tons of cocaine.) 70 percent of coca bush cultivation area were in Colombia, followed by Peru about 20 percent and Bolivia (Plurinational State of) about 10 percent.

The situation of the synthetic drugs world-wide had tendency to continually increased, the drugs that had the most tendency to increase were namely Amphetamine-Type Stimulants: ATS, in particular, methamphetamine which had tendency to increase in the past several years. In the year 2018, the arrests and seizures were as high as 228 tons, which were considered the largest quantity ever in the seizure of methamphetamine in North America, East Asia and South East Asia whereas the New Psychoactive Substances: NPS in opioids group had increasing epidemic from 2 percent in 2014 to 9 percent in

the year 2018. Moreover, it was also found that there were more NPS from formerly 166 types in 2009 to 950 types in the year 2019.

The global drug situation showed that there was an increase in illicit drug trade through Darknet in the year 2020 after the reducing tendency due to the severe suppression in the year 2017. The pandemic of Corona Virus 2019 (COVID-19) caused drug users and drug dealers turn to use Darknet for buying and selling. Besides, it was found that drug was increasingly transported through postal parcel and through sea transport which might indicate that drug dealers turned to use more sea route to avoid the risk in being intercepted, at the same time they could transport drug in larger quantity than land and air transport.

This article is intended to present the drug situation and the quantity of drug which was trafficked into the country both before and during the pandemic of Corona Virus 2019 (COVID-19), and the pattern of illicit drug trafficking in the country as well as the policy recommendations to tackle drug problem in a sustainable manner.

The Situation of the Pandemic of Corona Virus 2019 (COVID-19)

The pandemic of Corona Virus 2019 (COVID-19) started in December 2019, when cases were first detected in Wuhan, the capital of Hubei Province, the People's Republic of China, as for Thailand, it was first detected on January 13, 2020 when most of infected persons communicated the virus from China but the number of infected persons remained not being in a large number. Then in March 2020, the incident of watching the Thai boxing match at the Lumpini Boxing Stadium led to the increasing number of infected persons. The state emergency was declared, the curfew was imposed, selling alcoholic drinks was temporary restricted, and

the people were requested to restrict their inter-provincial travel. In July 2020, those measures were lifted, measures to screen and follow up the people who exposed themselves to international airports were introduced instead. The person who travelled from the high-risk countries have to make self-quarantine as well as the person who received treatment in hospital. As for the patient who had record of travel or contacted the patient, the Ministry of Public Health focused on self-monitoring, hygiene care especially hands washing and avoiding crowd or wearing face mask.

In December 2020, it seemed that the pandemic of the COVID-19 unraveled, the new waves of pandemic occurred, the 1st wave at the shrimp market in Samut Sakhon Province, the virus infected persons were Myanmar workers who were illegally smuggled into the country led to the increasing of infected persons at least around 20 percent. The government had to determine the controlled zones as according to their risk, and at the same month the Center for Resolution of Emergency Situation on Security declared the guidelines to intercept smugglers in order to prevent further pandemic of the virus by strictly controlling the border and posting officers along the border such as increasing the number of officers and check points, strictly screening person and forbidding any person to enter or to leave the country, and the Ministry of Interior emphasized all the provincial governors to increase the strictness of the control especially in the border provinces by using existing administrative mechanism as well as the existing people sector/civil society sector and it was found that there were not less than 100 persons who were illegally smuggled into the country, most of them were Thai, Myanmar, Laos, Cambodian and Malaysian.

In April 2021, Thailand was still not out of crisis from the pandemic of the virus, the 2nd wave occurred in the cluster of the people who enjoyed entertainment places in Thonglor area and other areas in Bangkok especially those who enjoyed nightlife. As a result, Bangkok area and other adjacent provinces namely Pathum Thani, Nonthaburi, Nakhon Pathom and Samut Prakan were classified into “red” zone, strict measures were imposed, namely the opening and closing time of entertainment venues, pubs and bars, eateries could open until 21.00 p.m. In May 2021, new cluster was detected in the border area such as illegal smugglers from Malaysia to Tak Bai District, Narathiwat Province, most of them were family members or relatives who had common activities in praying in mosque, Baraku smoking and the case of alien worker in garlic silo-border goods in the area of Mae Sai District, Chiang Rai Province.

The Situation on the Illicit Drug Smuggling into the Country

The illicit drug smuggling into the country before the pandemic of Corona Virus 2019 (COVID-19), mostly was done by the people in caravan along the natural border channels whether through land or river routes which are narrow such as in the northern region in Chiang Rai Province of which the Ruak River and the Sai River is the border line between Thailand and Myanmar, Loei Province of which the Hueng River is the border line between Thailand and Lao PDR. Besides, drug was also smuggled through the eastern border in the areas of Tak Province and Kanchanaburi Province, the northeastern region of which the Mekong River is the border line between Thailand and Lao PDR, drugs were smuggled in large quantity by mingling with goods and trucks carrying goods or vehicles which had secret compartment and passed

through permanent checkpoints, sometimes drug might be hidden in baggage or in human body by mingling with tourist.

During the pandemic of Corona Virus 2019 (COVID-19), drug trafficking syndicates changed their trafficking routes from the production area in Shan State, Myanmar through Lao PDR before being further trafficked to Thailand's border along the areas in Wiang Kaen District, Thoeng District in Chiang Rai Province and Phu Sang District, and Chiang Kam District in Phayao Province as well as along the northeastern border provinces where illicit drug trafficking increased. This could be confirmed by 24 seizures of Yaba with the total quantity of 88.8 million pills and 8 seizures of Ice weighed 4,562 kilograms when comparing to the seizure in 2020, only 9 seizures were made with

45.2 million pills of Yaba and the 5 seizures of Ice weighed 2,147 kilograms, which were in larger quantity than the previous year. The drug trafficking syndicates preferred to use private vehicle transportation, large truck and modified pick-up with goods carrier compartment. The illicit drug trafficking along the border whether through land, river or permanent check points, some significant cases which used those channels were as follows;

- The illicit drug smuggling through natural land route channels, on October 15, 2020, military officers from the special task force from the 3rd Cavalry Regiment seized 1,950,000 pills of Yaba at Baan Pha Mi, Moo 6, Wiang Phakam Sub-District, Mae Sai District, Chiang Rai Province.



Source of Data: The Special Task Force, the 3rd Cavalry Regiment, Pha Muang Force

And on October 30, 2020, the competent narcotics control officers (The Narcotics Suppression Bureau, the Royal Thai Police) and the military officers from the special Task Force, the 3rd

Cavalry Regiment, Pha Muang Force seized 3,370,000 pills of Yaba at Ban Pha Jee, 15th Moo, Terdthai Sub-District, Mae Fah Luang District, Chiang Rai Province.



Source of Data: The Special Task Force of the 3rd Cavalry Regiment, Pha Mueng Force

- The illicit drug smuggling into the country through the river border such as the case on March 27, 2021, the police officers from the Provincial Police Station in Dan Sai, Loei Province

seized 2,290,000 pills of Yaba on the Hueng River area (which is the border line between Lao PDR and Thailand), Ban Nakha, 5th Moo, Park Mun Sub-District, Dan Sai District, Loei Province.



Source of Data : Dan Sai Provincial Police Station, Loei Province

And on April 5, 2021, the police from Ratanawapi Provincial Police Station, Nong Khai Province seized 1,711,000 pills of Yaba, 397 kilograms of

Ice on the Mekong River area, Ratanawapi District, Nong Khai Province.



Source of Data: Ratanawapi Provincial Police Station, Nong Khai Province

- The illicit drug smuggling through permanent checkpoints such as the case on April 21, 2021, the customs officials of Nong Khai Province arrested Mr. Chavalit Timtong whose address was in Nai Muang Sub-District, Muang

District, Yasothon Province with 100 kilograms of Ice which were packed in 8 backpacks and were hidden in the oil storage compartment of the oil tanker truck while it was crossing the Lao PDR border to Nong Khai Province.



Source of Data: The Customs Check Point, Nong Khai Province.

The Illicit Drug Smuggling Before and After the Pandemic of Corona Virus 2019 (COVID-19)

The statistics on the illicit drug smuggling into the country as of January 1, 2020 was used as the timeline to divide the time before and after the pandemic of Corona Virus 2019

(COVID-19), 17 months backwards before the pandemic of the virus during August 1, 2018 to December 31, 2019, and from January 1, 2020 to May 31, 2021 which was the period of the pandemic of the virus, it was found that the quantity of the seized drugs could be compared in the following table :

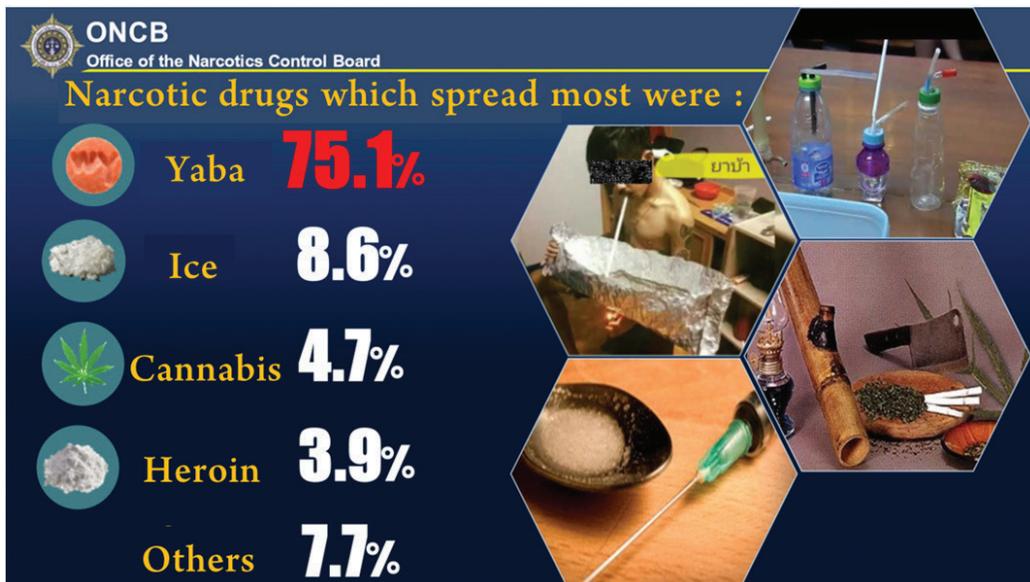
Type of Drug	The Quantity of the Seized Drugs		Increase/ Decrease
	August 1, 2018 - December 31, 2019	January 1, 2020 - May 31, 2021	
Yaba	705 million pills	580 million pills	Decreased
Ice	27,247 kg	38,489 kg	Increased
Heroin	1,098 kg	2,105 kg	Increased
Ketamine	1,515 kg	2,033 kg	Increased
Cannabis	19,332 kg	29,484 kg	Increased
Kratom Plant	159,671 kg	161,238 kg	Increased

Source of Data: ONCB Operation Center as of June 21, 2021

According to the statistical table, the seizure of Yaba decreased 125 million pills, whereas the seizure of Ice increased 11,242 kilograms, heroin increased 1,007 kilograms, ketamine increased 518 kilograms, cannabis increased 10,152 kilograms and kratom plant increased 1,567 kilograms.

According to the ONCB's data, the percentage of drug use in the country could be categorized as following: 75.1 percent used Yaba, next were 8.6 percent used cannabis, 4.7 percent used heroin and 3.9 percent used other drugs as appeared in the following picture:

The Picture Shows the Percentage of the Use of Each Type of Drugs



Source of Data: Drug Treatment System, Ministry of Public Health
During the First 6 Months of the Fiscal Year 2021 (Oct. 2020 - Mar. 2021)

The above-mentioned data revealed that the seizures of Yaba, which was the most spread drug in the country, decreased due to the pandemic of Corona Virus 2019 (COVID-19), the government's policy to close entertainment venues to prevent mingling and to restrict the controlled area which was the main reason of the decreasing of Yaba use, whereas the smuggling of other drugs which used Thailand as trafficking route to the third country increased even during the pandemic of the disease.

The Prevention of the Illicit Drug Smuggling into the Country

The prevention of drug crime referred to forestalling crimes to be committed at the first place or might refer to avoidance of crime to recur again, thus criminologist categorized the types of crime prevention into several models, the generally recognized models were 4 models of crime prevention as the following:

1. Prevention by enforcing legal measures and punishment to deter a person who deviates to commit crime and a person who already committed crime, after being punished will feel fear to do it again, which is to delete the motive by making them fear to commit crime.

2. Prevention by improving environmental situation and removing factors that lead people to commit crime such as eradication of poverty by focusing on vocational development and encouraging them to live with society, providing education, controlling mischief. This is the development-led approach, it is also the prevention by improving and developing people who committed crime to get back into the society.

3. Prevention by physical environment development using the design and the technology to hinder the committing of crime which is to cut

opportunity to commit crime such as using wrought iron, grille, close circuit camera, electric gate, warning signal and urban design, etc.

4. Prevention by abstract environment initiative by consolidating of the people in communities to build up strong communities and to serve as eye and ear to cut the opportunity in committing crime.

This article presented the models and 3 crime prevention approaches which followed the model of Crime Prevention Through Environment Design by C.R. Jeffry as follows:

1. **Deterrent Model** which focusses on suppression, punishment through justice process by focusing on punishment as according to Narcotics Code relating to punishment against the conspiracy and the support given to an offender who should receive the same penalty as a principal offender and uses confiscation measure for assets obtained from the narcotic offence and the Narcotics Code (which now enters into force upon the publication in the Government Gazette) also defines the penalty to be in accordance with behavior of offender in crime commission in descending order as follows:

- 1.1 Being the act for trade/narcotic drug distribution among groups of people/narcotic drug selling to person not over 18 years old/selling in educational institute, government office/using force to molest or threaten to use force to molest/with or without weapon.

- 1.2 Being a head, a commander, a manager in crime syndicate or a person who causes an impact towards state's stability or people's safety shall receive the highest penalty of execution.

2. Rehabilitation Model which focuses on rehabilitating the convicted and improving the environment which can lead the people to commit crime. Most of the people involved with drug trafficking/smuggling into the country are the people who live along the border both in Thailand and the neighboring countries. They are poor so they become victim of drug trafficker; they serve as drug couriers. The solution to this problem is the development of the area to provide occupation which enable them to earn income honestly such as the Alternatives Development Project for Sustainable Livelihood in Tachileik Township and Mong Sat Township in Shan State, Republic of Union of Myanmar. The Memorandum of Understanding on Thai-Myanmar Project on Alternatives Development for Sustainable Livelihood was signed on September 17, 2012 at Doi Tung Development Project, Chiang Rai Province with NATALA of Myanmar and Mae Fah Luang Foundation as the Implementing Agencies, the ONCB allocated the budget and supported the project which has 6 years of implementation. The first phase focused on “survival”, with good health, food security and sufficient earnings for living. The second phase would focus on “promoting the community to become self-reliant and to continue developing” by supporting processing and building up immunity for the community to survive and to continue development of various projects by themselves. The project continually developed health care system, water resource, agriculture and livestock, and education as a result, the villagers did not get involved with drug trafficking and did not fall to be the victim in drug trafficking into the country. Besides, Roi Jai Raks Project in the area of Ban Huay Saan, Thaton Sub-District, Mae Ai District, Chiang Mai Province, which was located between Thai-Myanmar borders, which

HRH Princess Bajrakitiyabha Narendiradebyavati Kromluangrajasarinisiribajra Mahavajjarajadhita entrusted the Mae Fah Luang Foundation and the ONCB to carry out the alternatives development project in the area and on March 5, 2019, the Cabinet approved in principle, the project’s plan which comprises the alternative development, drug prevention measure, drug treatment measure, and drug monitoring measure; the implementation period is from 2019-2037 with the implementation of the urgent development project aiming at to build up understanding and to reach out village/community, develop the capacity of leader, people and community development volunteers. The area development comprises public health, education, irrigation system, promotion of agriculture and livestock, increasing of value-added, tourism development, watershed management as according to the late King’s Wisdom to eradicate poverty and inequality as well as other problems in order to provide alternatives in occupation to earn their income honestly in systematical, sustainable and timely manner.

As for those who fell to be victims of drug use, they should undergo treatment and rehabilitation as well as to build up their mental strength, to have the sense of right and wrong, to know to inhibit wrong doing. Moreover, training for the people to volunteer to serve as eye and ear of the authorities to be informed of wrong doers or the movement of the group who would commit crime in the area, building up strength of the village/community along the border such as setting up the Mother of the Nation’s Fund village, and organizing village security unit.

3. Crime Control Through Environmental Engineering which focuses on using technology and engineering design to prevent crime in the first place, such as building up fences at the

entry and exit points of the natural border, installation of the close circuit camera, installation of electric light, using alarm signal for warning when there are smugglers coming across the border in order to enable the officials to make immediate inspection, organizing patrolling force, setting up checkpoints close to the border routes, etc.

Conclusion

According to the data of the World Drug Report 2020 by the United Nations Office on Drugs and Crime: UNODC, in 2018, the number of drug users world-wide were around 269 million or about 5.3 percent of the global population, among these, the largest number were 192 million cannabis users, followed by 58 million of opioid users, 29 million of amphetamine and its derivatives users. The number decreased from the year 2017 which had 271 million drug users. As for the opium poppy cultivation area, it reduced about 30 percent from the year 2018 as in 2019 the global opium poppy cultivation areas were about 240,800 hectares which yielded 7,610 tons of opium. The pandemic of Corona Virus 2019 (COVID-19) led drug users and smalltime drug dealers to use Darknet channel for buying and selling drug and more drugs were trafficked by postal parcel and sea route.

The pandemic of Corona Virus 2019 (COVID-19) started in December, 2019 which was firstly detected in Wuhan, the capital of Hubei Province, the People's Republic of China and in January 2020 the pandemic reached Thailand which firstly detected from Chinese tourists, as a result, various clusters were detected as they joined common activities such as watching Thai boxing match and buying and selling in fresh markets, etc. The government set up screening measures on the risk group, area controlling

measures and interception of smugglers into the country to prevent the spread of the disease.

The illicit drug smuggling into the country before the pandemic of Corona Virus 2019 (COVID-19) mostly were done by caravan through natural channels, be it road or river which had narrow border and through western border of the country in the area of Tak Province, Kanchanaburi Province as well as through the Mekong River in the Northeast and Lao PDR using boat of which goods could be transported in large quantity. Besides, drug might be mingled with goods, hidden in truck or in secret compartment of vehicle through permanent check points and might be hidden in baggage or human's body by mingling with tourist. During the pandemic of the disease, drug trafficking syndicates changed their trafficking routes from the production area in Shan State, Myanmar to Lao PDR before trafficking to the border and entered Thailand from Wiang Kaen District, Thoeng District in Chiang Rai Province and Phu Sang District, Chiang Khan District in Phayao Province. The illicit drug trafficking through border provinces in the Northeast increased, the syndicates still used private vehicles, large trucks and modified pick-up trucks to attach cargo container, they passed through the border by road, river and permanent check points.

When comparing the seized illicit drugs which were smuggled before the pandemic of the disease from August 1, 2018 to December 31, 2019 and the period of the pandemic during January 1, 2020 to May 31, 2021, it was found that the quantity of the seized Yaba decreased by 125 million pills due to the pandemic, the government had the policy to close entertainment venues and to prevent mingling as restrict measure to control area. However, the seized Ice increased by 11,242 kilograms, heroin increased by 1,007 kilograms, ketamine

increased by 518 kilograms and cannabis increased by 10,152 kilograms as they were drugs that used Thailand as a transit point to the third country, their seized quantity still increased despite the pandemic. As for Kratom plant, it increased by 1,567 kilograms since a part of workers turned to use it in substitution of Yaba which was more expensive and had higher penalty.

However, the recommendations on crime prevention were in 3 models following the model of Crime Prevention Through Environmental Design of C.R. Jeffery as follows:

1. Deterrent Model which focuses on suppression through justice process which is aimed to punish by Narcotics Code relating to the offence of conspiracy, support and assistance which have the same penalty as principal offender and asset confiscation.

2. Rehabilitation Model which focuses on rehabilitating offenders and improving the environment which could lead to crime commission. Most of the people involved in illicit drug smuggling into the country are the people who live in the border area.

3. Crime Control Through Environmental Engineering which focuses on technology and engineering design to prevent crime at the first hand and organizes patrolling unit, sets up check points and inspection points.

Policy Recommendations

Since drug offence is the crime that damages society and economy extensively and impacts the global society; it involves human-being, drug and environment, thus, to tackle the problem, it requires concurrent action in human development, chemicals and precursors control, drug eradication and environmental development as following;

1. Sustainable human resources development which comprises 2 parts namely, government officials and the general people of the country.

- 1.1 The human resources development for government officials needs to build up concept, change mindset, working processes to fit to the current situation and to be knowledgeable in technology and the changing situation; training and study tour both local and international agencies are needed.

- 1.2 The people development by using holistic and sustainable development which focuses on human-being as the center of development, balance development both human-being, society, economy and environment. Use economy as a tool to build up happiness in people, quality of life and adjust modular development to holistic development. Open opportunity for all parties in society to take part in every development process which will eventually lead to happy society living under the practices of sufficiency economy as well as promote, build up and realize morality and ethics, living perseverance which will be the immunity of people for not getting involved with drug.

2. As for drugs, chemicals and precursors as well as narcotic crops, it requires the control of chemicals and precursors which are used in drug production, investigation and arrest the offenders committing in chemicals and precursor offences as well as cooperation with foreign countries both bilateral and multilateral for information exchange.

3. Sustainable environmental development to build up abundance in nature and to use natural resources such as water resource, other

alternative energy, build up stable economy for the community to enable them to have revolving income continually and comprehensively, develop the quality of life of the community to live in good weather, allocate the use of land correctly as according to the potential of each area, have good public health care so that the people can live happily and safely and stay away from drugs.

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Survey on Satisfaction and Appropriateness of Utilization of; Game, Fable, and VTR as Media for Executive Functions Development in Early Childhood*

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Abstract

Study objectives included 1) an examination of media appropriateness for Executive Functions (EF) development in early childhood, and 2) a survey of teacher's satisfaction to media for EF development in early childhood. Research methods and findings in each objective were as follows:

Objective 1: an examination of media appropriateness for EF development in early childhood employed qualitative method. Examiners were seven experts on EF and early childhood learning. Data collection included three sets of media assessment questionnaire for experts, classified by types of media, i.e., fable media assessment questionnaire, game media assessment questionnaire, and VTR media assessment questionnaire. The experts were asked to evaluate the media consistency and provide their explanation for each assessment questionnaire. Findings indicated that some media were qualified and appropriate for developing EF in early childhood.

Objective 2: a survey of teacher's satisfaction to media for EF development in early childhood employed quantitative method. Sample comprised 177 master teachers (Teacher A) and 199 local teachers (Teacher B). Data collection consisted of teacher's satisfaction questionnaire to media for EF development on presenting contents, usage patterns, and media used such as fable, game, and VTR. Findings suggested that, overall, teachers were satisfied with the EF development media at "high" level. Fable media received the "most" satisfaction, and VTR media received the "least" satisfaction.

* This paper was part of a research project on master teachers' assessment on the promotion of executive function in early childhood.

The suggestions from the study were teachers could apply the media to their lesson plans in order to promote and develop students' EF for early childhood. Schools should also create good atmosphere in the school, as well as foster academic leadership in EF development to make dissemination process for EF development media in schools effective.

Introduction

As the Office of the Narcotics Control Board (ONCB) is the main agency, which has duty to shape the direction on drug prevention and suppression, recognized the importance of drug immunity in early childhood, 3-6 years of age, because the early childhood is an age range that the brain function development effectively works. The brain plays a vital role in triggering physical responses to all aspects of development in early childhood. The agency has thus, carried on drug immunization plans in early childhood between fiscal year 2015 and 2018. Three sets of Executive Functions (EF) development were supported for teachers responsible for early childhood, for example, (1) five fable media (Ann Un Rak), (2) ten game media (Game Lom Rak), and five VTR media. Executive Functions development in early childhood consisted of movement and rhythmic activities, creative activities, free form activities, experiential activities, and outdoor activities. All of them promoted various EF through materials or objects commonly available. Simple activities designs could encourage children to develop EF with the aim of guiding the teachers, so they were able to apply these guides in their classroom. After implementing these activities, it was found that teachers' competency and effects on students related to learning media management prepared by the ONCB (Dusadee Yolao et al., 2020).

As mentioned above, to perceive the values of all media series provided by the ONCB on how to effectively use to support the teachers' competency in learning activities management for student development, and learning patterns related to students' EF that be able to implement for planning. As well as implementation on educational personnel development related to EF. Therefore, in order to enhance efficient and effective drug immunity in early childhood, the researchers conducted a study to examine media appropriateness for EF development in early childhood, and to survey teacher's satisfaction to media for EF development in early childhood.

Research Objectives

1. To examine media appropriateness for EF development in early childhood.
2. To survey the teacher's satisfaction to media for EF development in early childhood.

Literature Review

This part involved review of concepts, theory, and research related to survey of media satisfaction and appropriateness of utilization of game, fable, and VTR as media for EF development in early childhood. Contents were divided into 3 parts, i.e., concept of EF, concept of using media for EF development, and Uses and Gratifications Theory.

Concept of EF, its definition and components were reviewed by the researchers. Briefly, EF refer to the ability to solve problems in order to achieve the future goal (Welsh & Pennington, 1988). It comprises inhibitory ability, strategic planning, and remaining needs to achieve goal. Moreover, EF act like a conductor who controls, manages, and applies cognition, emotional response, and behavioral response to achieve goal (Gioia et al., 2000). The Office of the Thai

Health Promotion Foundation (ThaiHealth) and the Rak Luk Institute (Hanmetee & Boonmak, 2018) defined EF into nine areas, i.e., 1) *Working Memory* refers to the memories that arise after perceiving the stimuluses which were interpreted and perceived, and considered on information to make a person understand, compare, connect between new information and old information, update information, as well as able to remember the mistakes and avoid to repeat to make it happen again. 2) *Inhibitory Control* refers to the ability to inhibit emotions or stop actions or stop thinking in order to focus on what was being done or overcome the internal desires or external temptations to do the necessary and important acts. 3) *Shift* refers to the ability to change perspective or to think outside the box, apply various problem-solving tactics beyond old ideas/ actions, and freely switch attention from one activity to another. 4) *Focus* refers to paying concentration, giving precedence, and paying attention to what was being done in order to achieve the goal. 5) *Emotional control* refers to appropriate expression once get angry, disappointed, and sad, as well as able to back to the normal emotion in a short time, and do not impulsively react without thinking. 6) *Self-monitoring* refers to observing and reflecting of one's own actions by means of self-examination and self-assessment. 7) *Initiating* refers to the ability to kick off to do something by oneself without being urged or told by the others, as well as to initiate and think out of the box. 8) *Planning and Organizing* refers to goal setting, task prioritizing, task commencing by oneself without being told, and the ability to see an overview of work and do not stick to minor details that caused the resulting unsuccessful work. 9) *Goal-Directed Persistence* refers to the attempt to behave in the ways that steers to achieve the set target.

Concept on Media of Executive Functions

Development was explained on how the media played a vital part in children's cognitive skills promotion activities that required appropriate learning media to create an exciting and stimulating atmosphere. Along with providing the opportunity for the children to play or perform activities by using media, tools, and equipment which make the children desire to take part in the activities. Criteria on materials selection were; 1) development capability on high-level thinking skills, 2) safety, 3) age-appropriate media reflecting children's abilities, 4) ability to insert to class subjects, 5) flexibility and usability, 6) group process skills building media, 7) thought provoking media and equipment, and 8) all areas development promoting (Kwanmongkon, 2002; Ooppakarn & Yanachai, 2018; Ooppakarn & Kulapichitr, 2019).

Three types of media used for EF development in this study included fable, game, and VTR. Fable media are consisted of 1) Hugs, 2) Meow Meow, Come On I Will Take You to Your Mom, 3) Luk Mai...Sorry, 4) Delicious Roast Chicken, and 5) The Brave Ton Kra. Game media comprised card games, board games, and coin games. Card games were 1) Do You Remember 1, 2) Do You Remember 2, 3) Picture Storytelling 1, 4) Picture Storytelling 2, and 5) My Emotions Activities. Board games comprised 1) Meow Meow, Come On I Will Take You to Your Mom, and 2) The Brave Ton Kra. Coin games are consisted of 1) Colors Sorting with Me, 2) Images Sorting with Me, and 3) Match the Same Images. VTR media were five video activities, including movement and rhythmic activities, creative activities, free form activities, experiential activities, and outdoor activities.

Uses and Gratifications Theory is a socio-psychological theory that investigates human communicative behaviors driven by needs and

motivations. Katz et al. (1974) described Uses and Gratification as socio-emotional state that triggers fundamental needs. Expectations from media were risen and led to media exposure in different forms, resulting in satisfaction as needed and consequences besides intention. Rosengren (1974) explained the relationship between “Use” and “Gratification” that “Use” could lead to satisfaction and vice versa.

For media satisfaction, Rosengren (1974) stated that such process involved two key variables for media satisfaction. Namely, 1) Gratification Sought, it is in term of the outcomes of persons’ belief or expectation as well as assess media satisfaction to motivate them to media exposure on perceived gratification obtained. 2) Gratification, it is in term of the outcomes received by persons’ exposure to media or contents from various types of media that revert to support or alter persons’ belief onward.

Research Methods

Sample

Sample in this research was divided into two groups according to research objectives as follows.

Informants assessing and examining media appropriateness for EF development in early childhood were consisted of seven experts on EF and early childhood education. Of which, three teachers worked in early childhood education curriculum, three teachers worked at a kindergarten by a demonstration school in Bangkok, and one psychologist for activity therapy in early childhood. Sample for teacher’s satisfaction to media for EF development in early childhood comprised 177 master teachers (Teacher A) and 199 area teachers (Teacher B). Most of them held a bachelor’s degree in the field of early childhood.

Research Tools

Tools were used to assess and examine nine skills of media appropriateness for EF development in early childhood according to the definition by the Office of the Thai Health Promotion Foundation (ThaiHealth) and the Rak Luk Institute (Suphawadee Hanmethee and Panit Boonmak, 2018). The nine components of EF were defined as 1) working memory, 2) inhibitory control, 3) shift, 4) focus, 5) emotional control, 6) self-monitoring, 7) initiating, 8) planning and organizing, and 9) goal-directed persistence.

Three sets of media assessment for experts classified by types of media were consisted of fable media assessment, game media assessment, and VTR media assessment. Each of which was assessed and explained on media congruence by the experts. The characteristics of assessments were as follows.

- The fable media assessment was intended for experts to consider the fable media series “Ann Un Rak”, and gave suggestions on the qualifications of all five stories for EF promotion in early childhood.

- The game media assessment was intended for experts to consider the EF development kit and playing details, and gave suggestions on the assessment to check the media congruence between EF development kit “Len Lom Rak” and the developed EF skill as well as considered the playing details and equipment.

- The VTR media assessment was intended for expert to consider VTR media including activity brochure, and gave suggestions on these two points i.e., the appropriateness of activity procedures according to the objectives, and the performance of activities to achieve the desired EF development.

The tools employed for surveying teacher's satisfaction to media was teacher assessment questionnaire on the promotion of EF development in early childhood. Part 2 of the questionnaire, teacher's satisfaction to media was about the questions on teacher's satisfaction with the presented contents, patterns, and media application for EF development such as fable, game, and VTR. Teachers responded four questions in each type of media assessment, using 5-scale questionnaire; least satisfied (1) to most satisfied (5).

Data Collection

Data collection was used to examine media appropriateness. The researchers proceeded this course of action with the following steps. 1) Contacted and made an appointment with the experts to clarify the objectives of research and requested them to assess the media for EF development. 2) Submitted related documents on media assessment for EF development, i.e., three types of media sets, definition on EF, and a manual on media assessment for EF development created by the researchers. Each type of media required three assessors. 3) Made an appointment to pick up the assessment results for EF development from the experts within two weeks. And 4) collected and summarized opinions from the experts.

Data collection on teacher's satisfaction to media was conducted by the researchers through cooperation with the Office of the Narcotics Control Board for data collection from both groups of teachers.

Data Analysis

The researchers conducted content analysis to conclude media appropriateness assessment. Whereas analysis on teacher's satisfaction to media, descriptive statistics; frequency, percentage,

standard deviation, and t-test were used to compare media utilization classified by groups of teachers.

Research Findings

Research findings were divided into two parts, i.e., part 1 results from an examination of media appropriateness for EF development in early childhood, and part 2 results from a survey of teacher's satisfaction to media for EF development in early childhood. Details are as follows.

Part 1 An Examination of Media Appropriateness for Executive Functions Development in Early Childhood

Results from three types of media appropriateness assessment, i.e., fable, game, and VTR were summarized as follows:

1.1 Appropriateness of fable media

Assessment of fable media for EF development in early childhood considered three issues, i.e., media characteristics, media user characteristics, and recommendations on media uses for EF training. For the **media characteristics**, experts assessed them on three issues namely shape, color, and character. It found that the following three stories; "Hugs," "Meow Meow, Come On I Will Take You to Your Mom," and "Luk Mai...Sorry" were appropriate for early childhood, agreed by all experts. While the other two stories; "Delicious Roast Chicken" and "The Brave Ton Kra" needed some improvements on bigger fonts, colors, and drawings. **Media user characteristics**, experts assessed them on three issues namely teachers, parents/guardians, and siblings indicated that the following three stories; "Meow Meow, Come On I Will Take You to Your Mom," "Delicious Roast Chicken," and "The Brave Ton Kra" were appropriate on technique for the

three groups of media users. While the other two stories; “Hugs” and “Luk Mai...Sorry” needed some improvements, i.e., advice on story reading techniques for readers. It would be a suggestion for readers who have no experience/knowledge on the “Read aloud”. **Recommendations on media uses for EF training**, experts assessed five stories and suggested that four of them; 1) Hugs, 2) Meow Meow, Come On I Will Take You to Your Mom, 3) Luk Mai...Sorry, and 4) The Brave Ton Kra were appropriate for the early childhood. While “Delicious Roast Chicken” needed to revise the appropriate ages from 0-6 to 3-6 years old, and the details of story recommendations were inconsistent with the content/concept.

1.2 Appropriateness of game media

Assessment of game media for EF development in early childhood considered three issues, i.e., developed EF, clarification of details about playing, and playing equipment. The assessment results found that the **developed EF** indicated that games completed with nine skills of EF development namely, “Picture Storytelling 1,” “Picture Storytelling 2,” and “My Emotions Activities.” While the other two games did not cover all nine skills namely, “Do You Remember? 1”. They missed three development skills as follows: 1) Self-monitoring, experts commented that skills development in this area was not clear enough or only covered some parts such as estimating how many cards holding on hand. 2) Initiating skill, activities have not yet focused on children’s initiation, they only dealt with observing and answering as remembered. And 3) planning and organizing skills to achieve, according to comments by expert that activity of this game did not focus on players’ planning process to achieve, it was considered that less developed. Moreover

“Do You Remember? 2” game still lacked the development of skills as well as planning and organizing skills to achieve. Reasons on assessment by experts were similar to activity of “Do You Remember? 1” game, that was activities of games did not focus much on the players’ planning. Issues on **clarification of details about playing** were assessed in divided four areas. Of five games were clear and appropriately clarified on details of activities characteristic, rules of playing, playing equipment, and equipment preparation. On advice giving part, only “Picture Storytelling 2” game did not provide appropriate additional suggestions such as children groups should not be more than 10-15 persons because the waiting time for playing was too long. While advice giving for the other four games were appropriate. On **play equipment** issues, found that all five games were suitable in terms of size and images/colors used in media production.

1.3 Appropriateness of VTR media

Assessment of game media for EF development in early childhood considered two issues, i.e., consistency between activity process and objectives, and consistency between activity process and results of EF. Assessment results of each VTR media were as follows. **Movement and rhythmic activities** indicated that at the introduction stage, all experts agreed it could achieve EF on working memory, focus, and initiation. Whereas the teaching stage, the opinions are different. That was all experts agreed that the teaching stage could achieve EF on working memory, shift, inhibitory control, focus, emotional control, and initiation. However, some of them did not agree that this stage could achieve EF on planning and organizing because teachers set the movement pattern for children. Therefore, children were not encouraged to plan. For the

conclusion stage, all experts agreed that at this stage, EF could be achieved on self-monitoring. **Creative activities**, it found that at the introduction stage all experts agreed that it could achieve EF on working memory and focus. Whereas they had different opinion at the teaching stage. That was all of them agreed that EF could be achieved at the teaching stage on working memory, inhibitory control, focus, and emotional control. But some of them agreed that at the teaching stage, EF could be achieved on initiating. While some did not agree that EF could be achieved on planning and organizing and goal-directed at this stage. At the conclusion stage, all experts agreed that EF could be achieved on self-monitoring. In the **free form activities** found that the opinions are different. That was experts agreed that at this stage, EF could be achieved only on working memory and focus. But some of them did not agree that at this stage EF could be achieved on shift and inhibitory control due to the unclear plans that aim to make children think in different situation. At the teaching stage, all experts agreed that EF could be achieved on working memory, shift, inhibitory control, focus, emotional control, planning and organizing, and goal-directed. At the conclusion stage, all experts agreed that EF could be achieved on self-monitoring. For **experiential activities**, the introduction stage, teaching stage, and conclusion stage, the opinions of them were different. That was, at the introduction stage all experts agreed that EF could be achieved on working memory, shift, inhibitory control, and focus. While some did not agree that EF at this stage could be achieved on self-monitoring and initiating due to the characteristic of this activity was about opinions giving. At the teaching stage, all experts agreed that this stage could achieve

EF on working memory and focus, while some of them did not agree that EF could be achieved on shift and inhibitory control at this stage due to the characteristic of this activity was about stories listening. At the conclusion stage, all experts agreed that EF could be achieved on working memory, shift, inhibitory control, focus, emotional control, and self-monitoring. Whereas some did not agree that EF could be achieved on initiatives, planning and organizing, and goal-directed at this stage since this was no chance to do the initiatives yet, it was merely a conversation. For the **outdoor activities** experts were in agreement with the same opinions for the introduction stage, teaching stage, and conclusion stage. That was at the introduction stage, all experts agreed that EF could be achieved on working memory and initiating. They all agreed that the teaching stage could achieve EF on shift, inhibitory control, focus, emotional control, initiating, planning and organizing, and goal-directed. At the conclusion stage, all experts agreed that EF could be achieved on self-monitoring.

Part 2 Survey of Teacher's Satisfaction to Media for Executive Functions Development in Early Childhood

Results from the survey of teacher's satisfaction to media for EF development in early childhood were divided into two parts, i.e., media utilization for EF development, and media satisfaction for EF development. The summary as shown in Table 1, Mean for media utilization for EF development in overall equaled 50.00 ($S=9.44$). Mean of Teacher A was lower than the overall's Mean (Mean=49.73, $S=9.59$). And Mean of Teacher B was higher than the overall's Mean (Mean=50.24, $S=9.31$). The comparison results

of Mean on media utilization for EF development indicated that Means of Teacher A and Teacher B on media utilization for EF development was not significantly different in statistical at .05. Details are as follows.

The media utilization for EF development on the media satisfaction for EF development in the overall, Mean scored 4.33 ($S=0.59$). The area which got the highest score of Mean was media satisfaction to fable (Mean=4.45, $S=0.55$). And the media satisfaction to VTR got the lowest score of Mean (Mean=4.22, $S=0.71$). According to classification by groups of teachers, the Mean of media utilization for EF development on media satisfaction for EF development of Teacher A group, the Mean was 4.31 ($S=0.60$). The area which got the highest score of Mean was media satisfaction to fable (Mean=4.39, $S=0.57$). And the media satisfaction to VTR got the lowest score of Mean (Mean=4.21, $S=0.70$). While media utilization for EF development on media satisfaction for EF development of Teacher B group, the Mean was 4.35 ($S=0.58$). The area which got the highest score of Mean was media satisfaction to fable (Mean=4.51, $S=0.52$). And the media satisfaction to VTR got the lowest score of Mean (Mean=4.23, $S=0.73$).

Teachers' media utilization for EF development on media utilization for EF development in the overall, Mean scored 5.04 ($S=0.71$). The area which got the highest score of Mean was fable media utilization (Mean=5.16, $S=0.69$). And the game media utilization got the lowest score of Mean (Mean=4.96, $S=0.82$). According to classification by groups of teachers, the media utilization for EF development of Teacher A on media utilization for EF development, the Mean was 5.03 ($S=0.72$). The area which got the highest score of Mean was fable media utilization (Mean=5.14, $S=0.69$). And the game media utilization got the lowest score of Mean (Mean=4.96, $S=0.81$). While the media utilization for EF development of Teacher B on media utilization for EF development, the Mean was 5.06 ($S=0.71$). The area which got the highest score of Mean was fable media utilization (Mean=5.17, $S=0.69$). And the game media utilization got the lowest score of Mean (Mean=4.96, $S=0.82$).

The comparison results of Mean on teachers' media utilization for EF development found that Means of Teacher A and Teacher B on media satisfaction to fable differed in statistical significance at .05. For others, no differences were found in statistical significance at .05.

Table 1 Mean and Standard Deviation (S), and Comparison Results of Mean on Media Utilization for EF Development by Aspect and Overview of the Sample Classified by Teacher Group

Variable	Teacher A		Teacher B		Total		t	df	Sig.
	M	SD	M	SD	M	SD			
Satisfaction to Fable	4.39	0.57	4.51	0.52	4.45	0.55	-2.17	374	.03
Satisfaction to Game	4.33	0.65	4.30	0.70	4.32	0.68	.40	374	.69
Satisfaction to VTR	4.21	0.70	4.23	0.73	4.22	0.71	-.19	374	.85
Media Satisfaction for Executive Functions Development	4.31	0.6	4.35	0.58	4.33	0.59	-.60	374	.55
Fable Media Utilization	5.14	0.69	5.17	0.69	5.16	0.69	-.48	374	.63
Game Media Utilization	4.96	0.81	4.96	0.82	4.96	0.82	-.03	374	.98
VTR Media Utilization	4.99	0.82	5.03	0.80	5.01	0.81	-.54	374	.59
Media Utilization for Executive Functions Development	5.03	0.72	5.06	0.71	5.04	0.71	-.37	374	.71

Recommendations

1. Assessment results on media appropriateness for EF development in early childhood indicated that some media were appropriate. For example, fable media included “Hugs”, “Meow Meow, Come On I Will Take You to Your Mom”, and “Luk Mai...Sorry”. Game media were “Picture Storytelling 1”, “Picture Storytelling 2”, and “My Emotions Activities”. For VTR media, it depended on the early childhood teachers to adapt it to the classroom contexts. Hence, early childhood teachers could apply it in their lesson plans to promote and develop EF in early childhood as appropriate. They could also download media files from the ONCB website.

2. Results of the survey of teacher’s satisfaction to EF development media. They indicated that the overall, teachers were highly

satisfied to EF development media. The satisfaction to fable media were “the most” level, and “the least” level to VTR media. Teachers who highly recognized the media utilization would highly have behavior to utilize the innovation promoting EF skill as well. Once media utilization was much, that would increase the capacity in promoting EF skills much as well. Therefore, schools should create good atmosphere in the school as well as support academic leadership in EF development so as to effectively facilitate the dissemination process for EF development media in school.

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Research and Development of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions

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Abstract

This study research has the main objective to conduct research and development of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions. The study research was conducted into 2 phases, the 1st Phase was the study on the situation of immunity level, context factors on risk behavior towards drug consumption of the student group aged 13-15 years. The sample groups were the student group aged 13-15 years from the Bangkok Area Narcotics Control Office and the Narcotics Control Office Region (NCOR) 1-9, with the total number of 9,069 students. These samples were screened by multi-stage sampling. The 2nd Phase was the development and the quality assessment of the handbook on the activities to strengthen psychological capital to prevent drug consumption in the student group aged 13-15 years, for teachers in educational institutions. The experts on the development of handbook comprise 7 resource persons and 15 teachers from the schools under Office of the Basic Education Commission (OBEC). The data analysis comprises quality data from interviews, group discussion and the data from opened-end questionnaire, the data was used in content analysis. As for quantitative data, they were from rating scale questionnaire, standard statistics such as frequency, percentage, standard deviation, reference statistics which were used for comparative analysis of average namely t-test, and One-Way ANOVA.

The Research Outcomes are as followings:

1. The research outcomes on the situation of immunity level, context factors towards the

risk of drug consumption in the student group aged 13-15 years, it was found that 77.3 percent of the total samples tried alcoholic drinks and

52.2 percent tried cigarette smoking. The comparative result of immunity factors, context factors and risk behavior classified by region, it was found that student group aged 13-15 years who live in different regions had immunity factors, context factors and risk behavior which were significant difference at .05 of statistical level.

2. The outcome of quality assessment of the Handbook on the Activities to Strengthen Psychological Capitals to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions, both the overall picture and each area, was at very good level.

Key Words: the Handbook on the Activities to Strengthen Psychological Capitals, Narcotic Substance Prevention.

1. Introduction

According to the vision of the Narcotics Control Strategic Plan 2015-2019, which comprises 8 main strategies, namely the strategy on the prevention of the risk group who has tendency to involve with drugs, the strategy on the control of drugs and drug trafficking, the strategy on overcoming the problem of drug consumers and drug addicts, the strategy on international cooperation, the strategy on building up and developing the supportive system in returning good people back to the society, the strategy on building up suitable environment for drug prevention, the strategy on the people's participation, and last but not least, the strategy on driving forward the strategic plan into action plan. The main concept of this strategy is to have the people as the center, to respond to the people's need, to create the positive impacts on improving the quality of life of the people, to overcome the area-based problem by defining

targets and guidelines on cooperation with the concerned agencies, giving priority to the participation of all concerned parties in sharing thought, making joint decision, sharing benefits and doing joint evaluation. Moreover, the strategy emphasizes on encountering the drug problem in holistic and systematic manner, building up balance of strategies both in drug demand and supply reduction as well as focusing on qualitative effectiveness with clear and concrete standard and key performance index. (Office of the Narcotics Control Board. Online)

According to the said strategic plan of the Office of the Narcotics Control Board (ONCB), it can be seen that in the dimension of drug control, the ONCB has continually carried out its missions, however, since drug problem is a crucial problem which occurs to the people in all ages and has tendency to expand especially among the student and the youth. From the study on drug problem among the student and the youth group, it was found that the problem had tendency to increase in the youth group aged 15-19 years, and under 15 years, this included the youth in educational system and out of educational system in particular the students of primary level and high school level. Drug problem in those groups and the summary of Thailand's social reforming, one of the recommendations was to increase mechanism on drug prevention and guidelines to prevent the youth from drug consumption. (Office of the Permanent Secretary for Defence, 2014)

As according to the outcomes of research and development of the following up system of the immunity-based factors and context factors to reduce drug demand in the student and the youth who have high risk: the 1st phase of the study research revealed that from 9,277 samples, 66.62 percent were those who never tried drug,

28.93 percent tried drug. Among those who never tried drug, they have higher level of all immunity-based factors than those who tried drug both in self-management, psychological capital, self-esteem and self-efficacy. The student group who tried drug had higher negative context factors than the group who never tried drug, both in terms of conformity factor to drug consumers, family violence, model of drug consumers, openness to drug consumption media, positive attitude towards drug consumption and awareness of drug selling and buying sources. (Wilailak Langka et al., 2019)

The mentioned research outcomes showed that if the immunity-based factors, risk factors group, environmental group, which were influent to risk behavior of the student and the youth were continually followed up and analyzed the gap of immunity-based factors when comparing to the benchmark of the 1st Phase, the gap would be identified to enhance immunity-based factors to strengthen the student and the youth group through the concerned persons to prevent those who had chances to get involved with drug more timely. The researchers realized the importance and necessity of the following up the situation of immunity-based factors and context factors to reduce the risk in drug consumption and the development of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teacher in Educational Institutions, and for the concerned agencies from the Office of the Narcotics Control Board, Ministry of Education, Ministry of Justice, Ministry of Social Development and Human Security could use this Handbook on the Activities to Strengthen the Immunity-based Factors towards Drug Consumption in the Students Aged 13-15 Years, for Teachers in Educational Institutions and for serving as the

situation data for all concerned agencies on the students and youth group to prevent them from drug consumption.

2. The Objectives of the Research

This study research had the main objectives to conduct research and development of the Handbook on the Activities to Strengthen Immunity-based Factors towards the Risk of Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions, with the following sub-objectives;

1. To study the situation on immunity level, context factors towards the risk of drug consumption in the student group aged 13-15 years.

2. To develop the Handbook on the Activities to Strengthen Immunity-based Factors towards the Risk of Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

3. To conduct the qualitative assessment of the Handbook on the Activities to Strengthen Immunity-based Factors on the Risk of Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

3. Literature Review

In developing this Handbook as according to the concept of Luthans et al. 2004: 46; citing Seligman, 2002 which proposed that psychological capital comprised 4 parts, namely hope, optimism, belief in self-efficacy, and resilience. The researchers integrated the concept and technic on cognitive concept as well as behavior to be applied for enhancing the learners to have psychological capital in each element such as technique to define targets to achieve Specific, Measurable, Achievable, Relevant and Time-bound, or SMART

(Farrand & Woodford, 2013), which was a technique to help learners to recognize themselves in changing themselves and indecent behaviors and using ideal modeling from social learning theory of Bandura, 1997 which was the symbolic model and was presented to various media and use self-monitoring technic and self-evaluation (Sompoch lamsupasit, 2019) were used to help the learners to analyze self-behavior so that they could define their behavior each day.

4. Methods of Study

This study research had the main objective to conduct research and development of the Handbook on the Activities to Strengthen Immunity-based Factors towards the Risk in Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions. The study research had 2 phases as followings;

The 1st Phase of the study research, was the study on the situation of immunity level and context factors towards the risk on drug consumption in the student group aged 13-15 years.

The population of this research were the student group aged 13-15 years from the Bangkok Area Narcotics Control Office and the NCOR 1-9.

The samples of this study research were the student and the youth aged between 13-15 years from Bangkok Area Narcotics Control Office and NCOR 1-9, altogether 9,069 samples. The researchers defined the size of samples by using the finished table of Sirichai Kanchanawasi et., al (2016) with 95 percent of confident level and ± 5 percent of inaccuracy, to prevent the loss of data, to build up credibility of data and to serve as good representatives of the student group aged 13-15 years of each region, the researchers defined the size of sample of students classified by region at least 600 from each region.

From the data collection of 9,069 samples, which were selected by multi-stage sampling.

The Tool for Data Collection

The tool for data collection on the situation of immunity level and the context factors towards the risk of drug consumption in the student group aged 13-15 years, the tool that the researchers used in assessing immunity level and context factors towards the risk in drug consumption of the student group aged 13-15 years came from the research of Wilailak Langka et., al (2019) in the form of rating scale which comprises;

1. **The tool set on immunity factor** which are capability of self- management, recognition of self -value, psychology capital, and self-power.

2. **The tool set on context factors** which are family violence, seeing drug consumption behavior, openness for drug related media, attitude towards narcotic substance consumption, family power, wisdom power, peer power, and community power.

3. **Risk behavior towards narcotic substances consumption** which are sensitivity on anxiety, sense of searching, and impulsiveness.

The working steps of the 1st Phase of the Study Research

1. Organized a meeting of researchers to set the working framework.

2. Arranged field visit to collect the data on immunity level, context factors towards the risk of drug consumption from 9,069 samples from the Bangkok Area Narcotics Control Office and the NCOR 1-9.

3. Analyzed the data and prepared the summary of the assessment.

The 2nd Phase of the Study Research, the development and quality assessment of the Handbook on the Activities to Strengthen Immunity-based Factors towards Drug Consumption

in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

The researchers selected the immunity-based factors which were psychological capital factors to set up activities to strengthen psychological capital to prevent drug consumption in the student group aged 13-15 years, for teacher to use in educational institution for the 2nd phase of the study research.

The Target Group

The number of experts in developing the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions, comprise 7 resource persons, 15 teachers from the schools under the Office of Basic Education Commission.

The Tool for Data Collection

1. Interview form for the informant in creating the guidelines for the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

2. The issues for group discussion to consider the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

3. Quality assessment form of the Handbook, the characteristic of the assessment form which used 5 levels rating scale from the highest to the least.

The Working Steps of the 2nd Phase of the Study Research

1. Analyzed the assessment outcomes of immunity level, the context factors on the risk in drug consumption in the student group aged 13-15 years of the 1st Phase and selected

variables of immunity, the researchers select variables on psychological capitals.

2. Interviewed the informant in creating the guidelines for the preparation of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student, Group Aged 13-15 Years, for Teachers in Educational Institutions.

3. Drafted the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers to in Educational Institutions.

4. Organized group discussion to consider the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

5. Adjusted the draft Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

6. Conducted the quality assessment of the Handbook on the Activities to Strengthen Psychological Capitals to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

7. Analyzed the outcomes of the assessment of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teacher to Use in Educational Institution.

8. Improved the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

9. Prepared the complete report on the Research.

Data Analysis and Statistics Used

1. Analysis the data to check the quality of the tool.

1.1 Determining the Index of Item-Objective Congruence: IOC.

2. Data analysis comprised the following;

2.1 Qualitative data from the interview and the data from opened-end questionnaire. The content analysis was carried out, the substantive issues were grouped to see which were in consistent or in different.

2.2 Quantitative data.

Quantitative data from the rating scale questionnaire by using basic statistics, namely frequency, percentage, average, standard deviation, and referential statistics which were used for comparative analysis of average which were t-test and One-Way ANOVA.

5. The Outcomes of the Study Research

1. The outcomes of the study on the situation of immunity level and the context factors towards the risk in drug consumption in the student group aged 13-15 years.

The samples group was 9,069 student group aged 13-15 years from the Bangkok Area Narcotics Control Office and the NCOR 1-9 were classified into 2 groups, namely the students who never tried narcotic substances about 7,490 students and 1,579 students who tried narcotic substances, 77.3 percent tried alcoholic drink and 52.2 percent tried smoking cigarette. *The situation on immunity factors*, it was found that the level of the overall picture of the samples, and all factors including self-management, psychological capital, self-esteem and self-efficacy were rather high. The situation of the context factors, it was found that the level of the overall picture of the samples group had negative factors (conformity,

family violence, being modeling, openness to drug related media, attitude towards drug consumption, awareness of drug buying and selling sources) were quite low to the lowest. On the contrary, the samples who had positive of the context factors (family power, wisdom power, peer and activities power and community power) whereas the student group who tried drug, was found to have high level of positive context factors, namely family power, wisdom power, peer and activities power but had low level of community power. As for the risk situation, it was found that the group who had low level of risk both in the overall picture of all groups, the group who never tried drug, and the group who tried drug had low level of risk, however if considering in each field, it was found that the group which tried drug had high level of sense of searching and impulsiveness, whereas the group who never tried drug had quite low level of those behavior.

The outcomes of the comparison of immunity factors classified by the Bangkok Area Narcotics Control Office and the NCOR 1-9, revealed that the samples who lived in different regions had significant different immunity problem, namely self-management, psychological capital, self-esteem, and self-efficacy at the level of .05 percent. *The context factors* (negative factors) classified by area of the Bangkok Area Narcotics Control Office and the NCOR 1-9 revealed that the samples group who lived in different regions had different positive factors at significant level at .05 percent, which were family power, wisdom build-up power, peer power and activities power, and community power both in terms of analyzing the overall picture of *the risk behavior* classified by areas of the Bangkok Area Narcotics Control Office and the NCOR 1-9 which revealed that the groups

who were in different regions had significant level of difference at .05 percent in terms of

analyzing the overall picture as appeared in the tables A1 and A2.

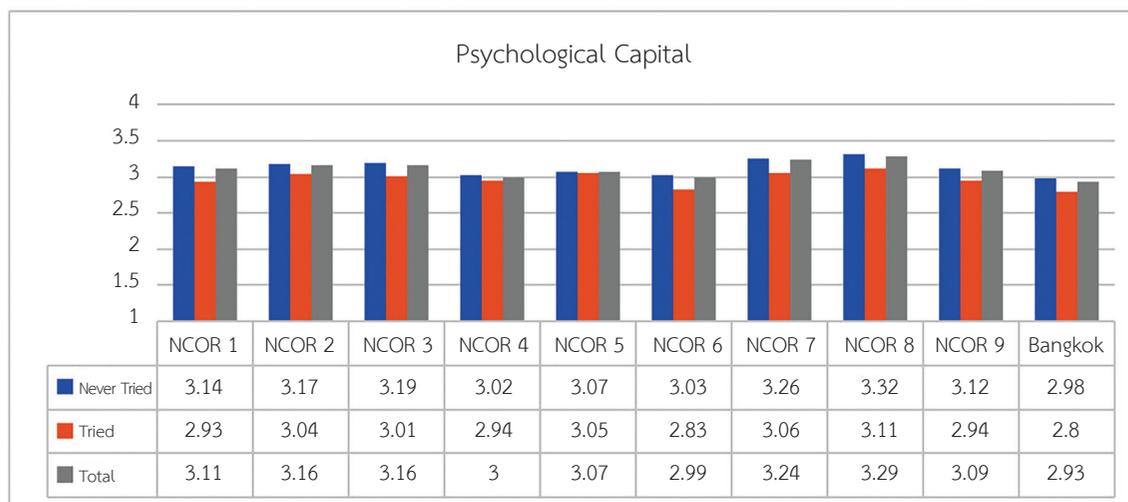


Table A1 : The Immunity Factors “Psychological Capital” Classified by Region

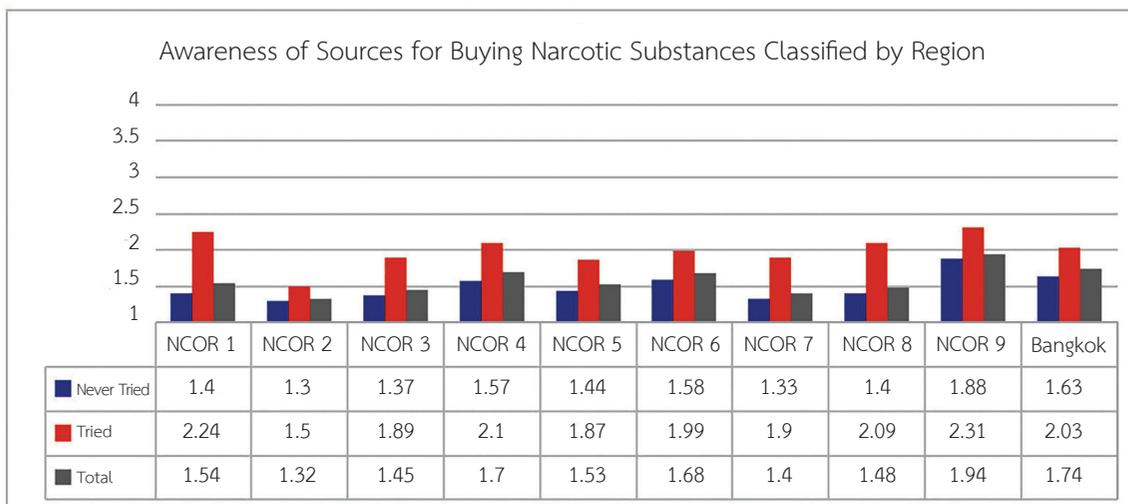


Table A2 : The Context Factors (Negative), “Awareness of Sources for Buying Narcotic Substances” Classified by Region.

The outcomes of the comparison of immunity factor classified by trial of drug consumption, it was found that both groups of student aged 13-15 years who never tried drug and those who tried drug had significant statistical difference level at .05 percent of immunity factors which comprised self-management, psychological capital, self-esteem and self-efficacy. The students who never tried drug had higher immunity factors than those who tried drug. *The context factors (negative) classified by trial of drug*, it was found that the students who never tried drug and the students who tried drug had different factors with significant level at .05 percent, those negative factors were in conformity, family violence, modeling on drug consumption, openness for drug related media, attitude

toward drug consumption, awareness of buying drug source. *The context factors (positive) classified by trial of drug consumption*, it was found that the student group aged 13-15 years both who never tried drug and those who tried drug had different factors at the level of .05 percent. These factors were family power, wisdom building power, peer power and activities power and community power. It was also found that the students who never tried drug had higher level on those positive factors than those who tried drug. *Risk factors classified by trial of drug consumption*, it was found that there was significant difference at .05 percent between the students who never tried drug and the students who tried drug. And the students who tried drug had higher risk level than those who never tried drug, as appeared in Table A3 and Table A4.

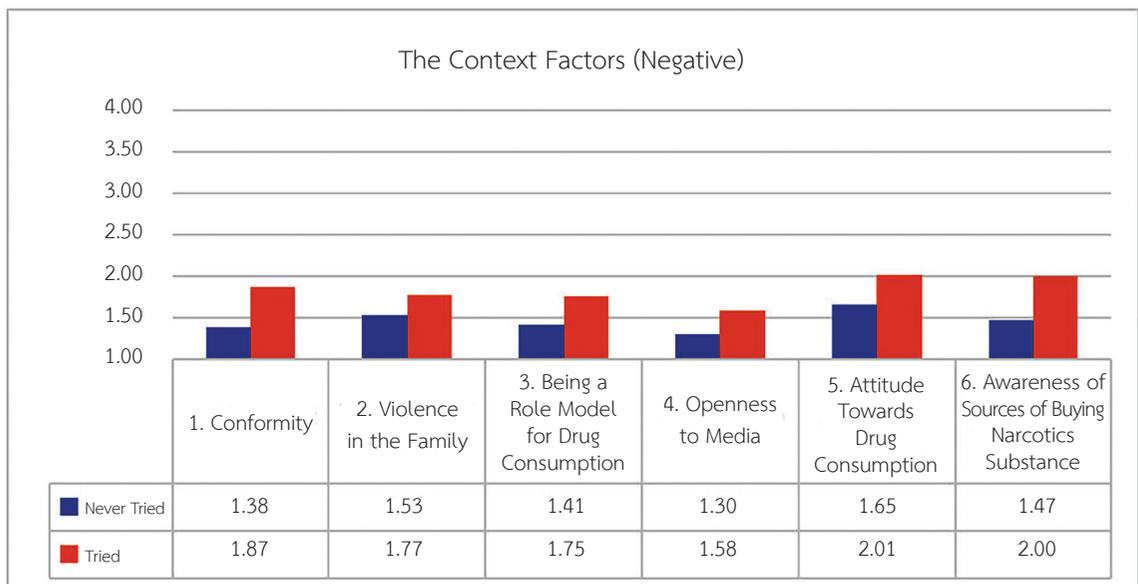


Table A3 : The Context Factors (Negative) Classified by Trial of Drug Consumption

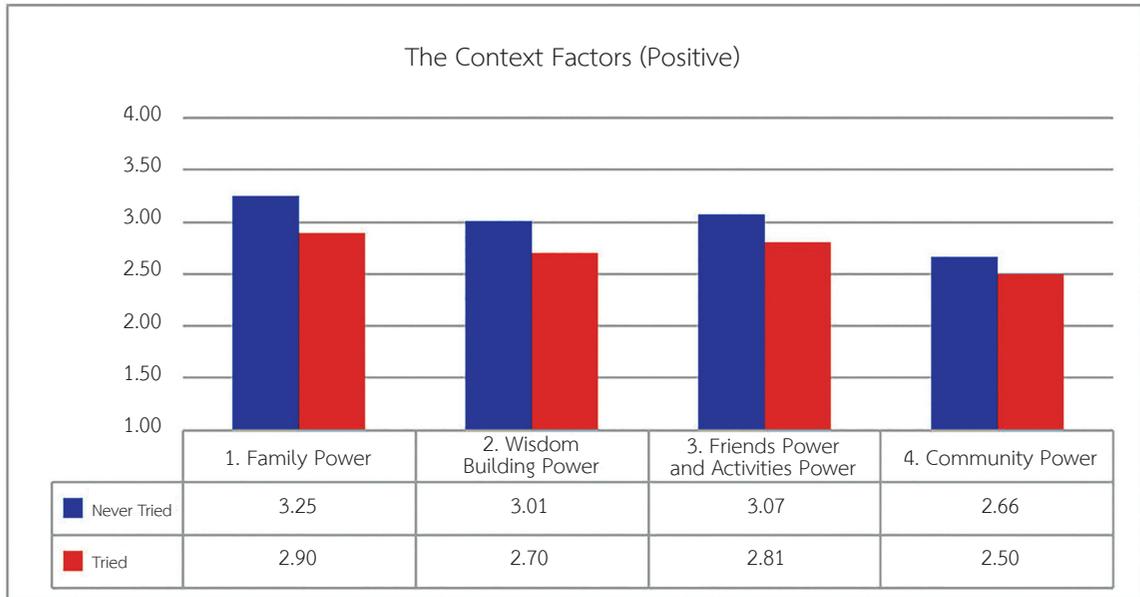


Table A4 : The Context Factors (Positive) Classified by Trial of Drug Consumption

2. The Outcomes of the Development of the Handbook on the Activities to Strengthen Psychological Capital in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

The development of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions, the researchers studied the document related to psychological capital and the guidelines in organizing guidance activities for the Office of the Basic Education Commission, which comprised capacity in 3 fields, namely education, occupation, personal and social capacity. The activities to enhance psychological capital were the activities which would help boost up personal and social capacity of the students. After that, the researchers drafted the Handbook on the Activities to Strengthen

Psychological Capital to Prevent Drug Consumption of the Student. Then discussion group was organized with 15 guidance teachers of primary school and high school levels to consider the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, recommendations from group discussion would be used to adjust for the complete Handbook.

The Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years comprised 3 parts, namely 1) content of drug, 2) concept and meaning of psychological capital, testing form, criteria for scoring and criteria for interpretation of the score and 3) activities to support psychological capital in 4 areas, with 13 activities in total.



Diagram A5 : The Activities to strengthen the Psychological Capital in 4 Areas

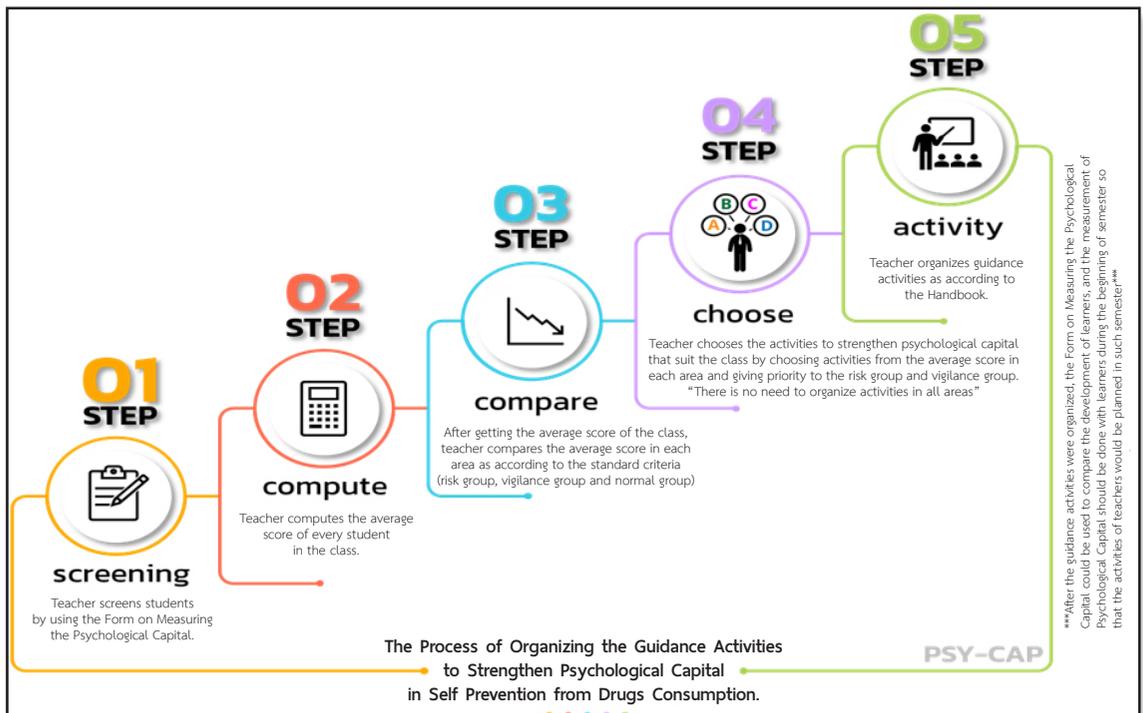


Illustration A6 : The Process of Organizing the Guidance Activities to Strengthen Psychological Capital in Self Preventing Oneself from Drugs

3. The Outcomes of Quality Assessment of the Handbook on the Activities to Strengthen Psychological Capital in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions.

The researchers presented the Handbook on the Activities to Strengthen Psychological Capital in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions to 7 resource persons for quality assessment. The outcomes of the assessment revealed that the overall and each area of the content were

excellent both in terms of understanding on psychological capital, sequence of steps, grouping, modernity of the handbook, and easily to understand. As for the design of Handbook both in terms of the overall picture and each area were also excellent both in the areas of color, size of the handbook and form of alphabets. And for the making use of the Handbook both the overall picture and each area, the quality was excellent in terms of usage and satisfaction on the Handbook.



Illustration A7 : The Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Students.

6. Debate on the Outcomes

The development of the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions, the researchers had 2 developing steps which were the development step of the Handbook and the quality assessment step. The outcomes of the quality assessment by 7 resource persons revealed that the satisfactory level of the Handbook was quite high, if considering in detail on the overall picture, the satisfactory was very high and if considering the details in each area, the content of the Handbook both in the overall picture and in each area had high quality in the field of understanding on psychological capital, sequencing, grouping, modernity of the Handbook, easily to understand. As for the design of Handbook both in terms of the overall picture and each area were also excellent both in the areas of color, size of the handbook and form of alphabets. And for the making use of the Handbook both the overall picture and each area, the quality was excellent in terms of usage and satisfaction on the Handbook. The outcomes of the study research reflected that the Handbook to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions had excellent quality due to the design of the Handbook and the design of activities as well as the selection of technique to strengthen psychological capital in the student group aged 13-15 years such as the activities to enhance the psychological capital on hope was to strengthen capability of the students to have target, ways and motivation to

prevent themselves from drug consumption. The researchers used SMART technique which was the practices to adjust their thought and to define target to avoid drug in different situations which might relate to drug as according to Farrand & Woodford, 2013 which mentioned about defining target by using SMART technique as the learners would recognize how to adjust themselves, their thought and unwanted behavior. Besides, using technique of case study which helped the students to think, analyze and learn from other students which were in line with the sayings of Thissana Khaemmanee (2018), that case study technique was the technique that provided opportunity for the students to think, analyze and learn the thought of the others, and helped the students to have a wider view. As for the activities to strengthen psychological capital on optimism, those activities had the target to teach the students to change their views on the future that the incident which occurred to themselves might unfold in good way, to have positive thought to prevent themselves from drug consumption. The technique which was used to enhance the optimism were such as modeling technique as according to the concept of Bandura which was symbolic model and it was the model presented through various media, (Sompoch Iamsupisit, 2019) with the objectives for the students to see the sample of persons who had drug consumption and their turning point to stop drug consumption. This model would help the students to adjust their views on drug consumption. Moreover, blending of game technique in activities would help the learners to enjoy learning as the sayings of Thissana Khaemmani (2018) that using game in learning

activities, the learners would enjoy themselves and feel the challenges of their capability as well as have experiences and took part very much in the activities to strengthen psychological capital. For self-efficacy, it was the activities which focused on self-management on drug prevention by using teaching technique, self-monitoring technique and self-evaluation (Martin & Pear, 2009) for the learners to analyze their behavior so that they could control their behavior in each day as was mentioned by Sompoch Iamsupasit (2019) that self-warning or self-control was the observation and record self-behavior. Those who recorded their behavior would have motivation to change themselves and would lead to change their behavior. Training on problem solving skill (Gorski, 1996) to help the learners to understand and apply the skill to solve daily problems and made self-contract which was the technique to control oneself to be able to change the behavior in preventing themselves from drug consumption as mentioned by Sompoch Iamsupasit (2019) that self-contract would enable to change, correct or develop their behavior in almost every behavior especially in the learning and teaching environment as teacher could use it for the learners to have more wanted behavior in the class. Besides, if blending game technique is used in teaching to help the learners to enjoy their learning, feel challenging and would like to participate in the activities. The last activity was the activity to strengthen the psychological capital on resilience which was aimed at building up the learners to adjust their life to be balanced when facing difficult situation, to help learners to have strong will by using teaching technique, brainstorming technique so that the learners could jointly exchange their learning in solving problem in positive way of friends, provided opportunity to everybody to share their views and to listen to

the views of others and adjust as well as apply the group's views in their own ways. This included technique in role play which had the purpose to point out the guidelines in problem solving of the learners, which reflected the social network that related to the learners when facing problem situation and were able to serve as social network which could help the learners. This helped the learners to build up confidence and strength when they faced drug problem. The design of the guidance activities which integrated the concept, technique in organizing guidance activities and the psychological technique to strengthen the psychological capital to prevent themselves from drug consumption which made the Handbook to be interesting and qualified to help the learners to apply for help, prevent and develop learners.

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7. Recommendations

1. The recommendations to make use of the study research

The outcomes of the study research was the Handbook on the Activities to Strengthen Psychological Capital to Prevent Drug Consumption in the Student Group Aged 13-15 Years, for Teachers in Educational Institutions which passed the quality assessment both in overall picture and each area of activities with high quality on the content in the Handbook on the Activities, the creation of understanding on psychological capital, the sequence setting, grouping, modernity, easy to understand and to make use of it. The concerned agencies related to the student group aged 13-15 years from the Office of the

Narcotics Control Board, Ministry of Education, Ministry of Justice and Ministry of Social Development and Human Security, could make use of the Handbook on Activities to Strengthen Psychological Capital to Prevent Risk Behavior in the Student Group Aged 13-15 Years and to use the data from the survey as situation data for the agencies concerned in dealing with the student and youth group aged 13-15 years to prevent them from drug consumption in the future.

2. The Recommendations for the Next Study Research

2.1 The study research revealed that there were other immunity factors which needed to be studied and developed the program on providing group counselling, training, and organizing activities to strengthen immunity to prevent drug consumption in the student group aged 13-15 years.

2.2 The study research should be conducted on the long term on situation of immunity level, context factors towards risk behavior on drug consumption among the student group aged 13-15 years. The data base should be connected to and made use among all the concerned agencies.

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