

Factors Influencing Return to Narcotic Taking of Drug Users who were Released from the Narcotic Remedy Program: A Case Study of an Adolescent Group in Phetchaburi Province Area, Thailand

ปัจจัยที่มีผลต่อการกลับคืนมาเสพยาเสพติด
ของผู้ที่ผ่านการบำบัดตามโปรแกรมบำบัดยาเสพติด
กรณีศึกษา กลุ่มวัยรุ่นในพื้นที่จังหวัดเพชรบุรี ประเทศไทย

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Abstract

The study was aimed at conducting a fundamental study of adolescents that have already passed the drug treatment program in Phetchaburi province, Thailand, as well as the factors that influenced them to return to drug addiction after having been already treated. Inclusively, problems encountered and ways to develop a drug treatment process were also discussed in this study. There were four independent variables: personal factors, economic factors, social factors, and arousing factors, while, the dependent variable was the return to drug addiction of adolescents who had actually undergone medical treatment. The

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sampling group that was used for this study consisted of 80 adolescents whose ages were between 12-24 years. A questionnaire was used as a data collection instrument, providing results for assessment and analyzed using SPSS for Windows in which frequency, percentage and mean were the final data assessment for this study, while chi-square (χ^2) was used to find the correlations between independent the factors and the dependent factor.

The results of this study showed that personal factors, economic factors, social factors and arousing factors mainly affected the return to drug addition of adolescents in Phetchaburi province ($p < 0.05$), but having new friends that were addicted to drugs was the only exceptional arousing factor that did not affect the return to drug addition ($p > 0.05$).

The suggestions of this study consisted of finding new troubleshooting methods on drug management in all sections and all aspects related to drug addition, strengthening the educational system and presenting a main dynamic as well as providing sufficiency economy philosophy support to the educational system or unveiling new values, supporting education on quality research dealing with drug use, and building confidence in solving problems at all levels.

Keywords: adolescence, arousal, narcotic, remedy, treatment

บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาสภาพพื้นฐานของวัยรุ่นจังหวัดเพชรบุรี ที่ผ่านการบำบัดยาเสพติด ปัจจัยต่าง ๆ ที่ส่งผลต่อการกลับไปเสพยาเสพติดของผู้ติดยาเสพติดที่ผ่านการบำบัดรักษาแล้ว รวมทั้งศึกษาสภาพปัญหาและแนวทางการพัฒนากระบวนการบำบัดรักษาให้มีประสิทธิภาพมากขึ้น ตัวแปรอิสระจำแนกเป็น 4 ประเด็น คือ ปัจจัยส่วนบุคคล ปัจจัยด้านเศรษฐกิจ ปัจจัยด้านสังคม และปัจจัยที่เป็นสิ่งเร้า ตัวแปรตาม คือ การกลับมาเสพยาเสพติดของกลุ่มวัยรุ่นที่เคยผ่านการบำบัดตามโปรแกรมบำบัดยาเสพติด กลุ่มตัวอย่างที่ใช้ในการศึกษาวิจัย คือ กลุ่มวัยรุ่นผู้ผ่านการบำบัดตามโปรแกรมบำบัดยาเสพติดในพื้นที่จังหวัดเพชรบุรี อายุระหว่าง 12-24 ปี จำนวน 80 ราย โดยใช้แบบสอบถาม

เป็นเครื่องมือในการเก็บรวบรวมข้อมูล และนำมาประมวลผลด้วยโปรแกรมสถิติสำเร็จรูป

ผลการศึกษา พบว่า กลุ่มเป้าหมายมีปัจจัยส่วนบุคคล ปัจจัยด้านเศรษฐกิจ ปัจจัยด้านสังคม และปัจจัยที่เป็นสิ่งเร้าส่วนใหญ่สัมพันธ์กับการกลับมาเสพยาเสพติดของกลุ่มวัยรุ่นที่เคยผ่านการบำบัดตามโปรแกรมบำบัดยาเสพติดของจังหวัดเพชรบุรี ($p < 0.05$) ยกเว้นปัจจัยที่เป็นสิ่งเร้า คือ ปัจจัยการคบเพื่อนกลุ่มใหม่ที่ติดยาเสพติด ที่ไม่ส่งผลกระทบต่อ การกลับมาเสพยาเสพติดซ้ำ ($p > 0.05$)

จากการศึกษามีข้อเสนอแนะ คือ ต้องหาแนวทางการแก้ไขปัญหาเสพยาเสพติด ด้วยการบูรณาการในทุกหน่วยงานและทุกด้าน ต้องมีการศึกษาภาคบังคับที่เข้มแข็งและแสดงศักยภาพอย่างเต็มที่ อีกทั้งยังเห็นควรให้น้อมนำแนวทางปรัชญาของเศรษฐกิจพอเพียงสู่ระบบการศึกษาเพื่อปลูกฝังค่านิยมใหม่ ต้องสนับสนุนด้านการศึกษาวิจัยเชิงคุณภาพจำแนกตามพื้นที่อย่างจริงจัง และต้องสร้างความเชื่อมั่นและสร้างเครือข่ายในการแก้ไขปัญหาในทุกระดับ

คำสำคัญ: วัยรุ่น สิ่งเร้า ยาเสพติด การบำบัด การรักษา

1. Introduction

During these modern times the social problems observed are interrelated since the root of these problems is drug addition (Bureau of Drug Preventions and Drug Problem Solving Development, 2005). According to a study made by the Thailand Development Research Institute (TDRI), drugs used by people are classified into four categories: inhalants, marijuana, heroin and opium. In December 1996, it was found out that there were 1,267,590 drug users in Thailand or 2.17 percent of the Thai people. Among these were youths aged between 15-25 years with a percentage of 8.13 of all drug users in the country (Office of the Narcotics Control Board, 2005).

Part of the drug problem arises from the acceleration of the leaping economic development and competition, resulting in weakness of the Thai society and unequal income among the people. It was observed that prosperity only occurs in big cities, whereas the majority of the Thai people encounter the problem of poverty and this causes them to migrate to big cities, seeking a better income opportunity for their families. This causes advantage-taking problems and results in lower moral values and deterioration of their lifestyle. Not only this, but

degradation of family institutions, communities, the environment, and local traditions has also occurred (Suppadit, 2003). However, the government sector has recognized this problem and has included it in the National Agenda, in which the guideline is the fact that drug users are patients that need narcotic remedy (Chutidumrong, 2001). Narcotic remedy in Thailand is divided into three systems: voluntary, punishment, and compulsory. There were 72,551 drug users throughout the country that joined narcotic remedy programs in 2001 (Bureau of Drug Prevention and Drug Problem Solving Development, 2005).

Phetchaburi is one of the provinces facing the problem of drug addiction among adolescents. Concerned agencies have been trying to solve this problem in accordance with the government's policy in many ways, including narcotic remedy (Bureau of Drug Prevention and Drug Problem Solving Development, 2005). It was revealed that there were 450 drug users in Phetchaburi province that had already attended the narcotic remedy program in 2001-2003 (Drug Fighting for Victory Center, Phetchaburi Province, 2003). Even if the problem of the use of drugs has declined, the use of drugs is still on-going; besides, some adolescents that had already attended the narcotic remedy program were found to have returned to using drugs again (Bureau of Drug Prevention and Drug Problem Solving Development, 2005). This is an indication that the serious problem of using drugs has a high tendency to return. Thus, this study on the factors influencing return to narcotic use that were released from the narcotic remedy program is very important as it will provide data or information for correct and sustainable planning regarding prevention and narcotic remedy for new drug users and those who return to narcotic use.

2. Objectives of the Study

This study aimed at investigating the following:

1. Basic conditions of adolescents in Phetchaburi province who have already attended the narcotic remedy program;
2. Various factors influencing the return to narcotic taking of drug users after attending the narcotic remedy program; and

3. Problems and methods for the development of narcotic remedy with higher efficiency.

3. Scope and Limitations of the Study

This study is an applied research, aiming at solving problems which can be expected to occur at a higher level. Open-ended questions and close-ended questions were used in this study to derive information. Also, data were gathered from documents, academic manuals, theories, and related research reports.

The respondents in this study were youths born in Phetchaburi province and aged 12-24 years. Four hundred and fifty adolescent respondents who used to attend the narcotic remedy program during the year 2001-2003 (Drugs Fighting for Victory Center, Phetchaburi Province, 2003) were used in this study, which was conducted during a four-month period, from July to October, 2005.

4. Significance of the Study

The following are expected to be found:

1. Basic conditions of adolescents in Phetchaburi province who used to attend the narcotic remedy program;
2. Factors influencing the return to narcotic use among those released from the narcotic remedy program; and
3. Problems and data or information obtained from the study that can be used for improvement of ways to develop a narcotic remedial process for drug users so that they will not return to drugs again.

5. Hypotheses of the Study

1. There is a relationship between personal factors (sex, age, educational attainment, religion, adolescent status, family status, number of family members, length of time of drug use, and criminal record) and the return to narcotic taking of those that were released from the narcotic remedy program.

2. There is a relationship between the economic factors (employment/occupation, side-line job, monthly income of adolescents, total income of family,

and monthly expenditure of adolescents) and the return to narcotic taking of those who were released from the narcotic remedy program.

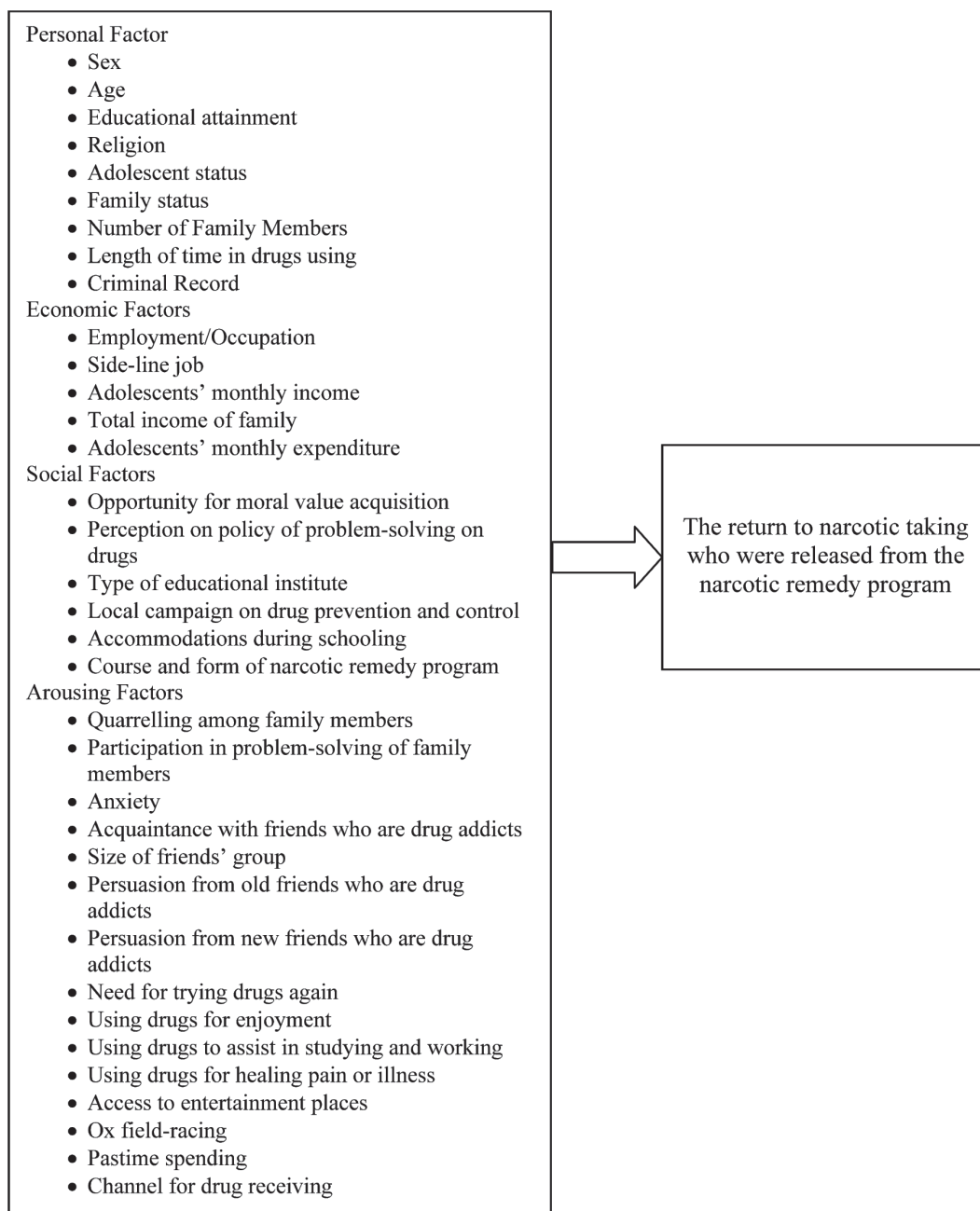
3. There is a relationship between the social factors (opportunity for moral value acquisition, perception of policies on problem-solving of drug problems, types of educational institute, local campaign on drug prevention and control, accommodations during schooling, and course and form of the narcotic remedy program) and the return to narcotic taking of those who were released from the narcotic remedy program.

4. There is a relationship between stimulation factors (quarrelling among family members, participation in problem-solving of family members, anxiety, acquaintance with friends who are drug addicts, size of friends' group, persuasion from old friends who are drug addicts, persuasion from new friends who are drug addicts, need for trying drugs again, using drugs for enjoyment, using drugs to assist in studying and working, using drugs for healing pain or illness, access to entertainment places, ox field-racing, pastime spending, and channel for drug receiving) and the return to narcotic taking of those who were released from the narcotic remedy program.

6. Methodology

Conceptual Framework

This study aimed at investigating various factors as well as the personal and environmental factors influencing the return to drug taking, in which independent variables were classified into four main aspects: personal, economic, social, and arousing variables, as shown in Figure 1.

Independent Variables**Dependent Variable****Figure 1** Conceptual framework of the study

Population and Sample Procedure

The determination of the sample group in this study was obtained from the calculation formulae of Yamane (1967), with a percentage of reliability level of 95 and a percentage of standard error of 10. This resulted in a sample group of 80 respondents out of 450 adolescent respondents who were released from the narcotic remedy program. After this, stratified multi-stage sampling and accidental sampling (Bryman, 2001) were employed for access to educational areas and sample groups who were adolescents, respectively.

Instruments and Methods of Data Collection

Questionnaires were used in collecting data, inquiring about personal data, economic data, social data and other data that were stimulation-related to the target group as well as questions on problems encountered, and difficulties and suggestions.

Consistency of content was tested by academicians of the Drugs Fighting for Victory Center, Phetchaburi Province and was improved by trying a pre-test with a group of 20 sampled adolescents in Ratchaburi province. Reliability was analyzed by using the method of Cronbach (Bryman, 2001). The result of the test on co-efficiency reliability was 0.76, which could be applicable for data collecting.

The researchers collected data with the cooperation of the sample group and community members, which greatly helped them to access data on the sample group.

Data Analyses

In this study, the researchers analyzed data by using SPSS (Statistical Package for the Social Science) version 10 (Wanitbanha, 2003). Data on personal, economic, social and arousing factors were analyzed by using frequency, percentage, and mean. Also, a chi-square (χ^2) test was used in finding the relationship between independent variables and the dependent variable.

7. Results

General Attributes

Personal factor: The results of the study revealed that most of the adolescents were male (85.0%). Less than half of the adolescents (38.8%) were 15-17 years old, 33.8% did not finish the sixth year of elementary school. The majority of the adolescents (88.8%) were Buddhists and single (80.0%). Less than half of them (40.0%) were married. Less than half of them (35.0%) had family members of less than four people. Almost half of them (48.8%) were found to have used drugs for less than 2 years, whereas most of them (86.2%) never had a criminal record on drugs.

Economic factor: It was found that more than half of the adolescents (56.2%) were employees or hired workers and almost all of them (95.0%) had no side-line job. About half of them (51.2%) had a monthly income of less than 5,000 Baht, similar to that of most of the family (43.8%). Also, less than half of them (41.2%) had a monthly expenditure of around 5,001-10,000 Baht.

Social factor: Most of the adolescents (98.8%) were found to have an opportunity to acquire information on the risks and dangers of using drugs, and most of them (98.8%) were also aware of the government's policy on drug prevention. The results of the study further revealed that more than half of the sample group studying in elementary school (66.2%) had returned to narcotic taking rather than attending other types of educational institutes. It was also found that more than half of the villages or communities (66.2%) did not conduct campaigns on the risks and dangers of taking drugs or narcotic remedies in the past six months. Most of the adolescents (48.8%) stayed with their parents during schooling and they attended a course in the community narcotic remedy program (78.5%). This was followed by rehabilitation as outpatients (11.2%). Only 3.75 percent used clinical counseling in the hospital, social-psychology rehabilitation in school and rehabilitation as patients in the hospital.

Arousing factor: More than half of the adolescents (51.2%) often quarreled with their parents, siblings, cousins, and guardians. About 57.5 percent revealed that participation in problem-solving sessions on the conflicts and problems of family

members, in which family members were those that had been released from the narcotic remedy program, provided them with advice. The majority of drug users (91.2%) returned to narcotic taking because they were anxious or stressed and wanted to be relaxed. They also had friends who were drug addicts (93.8%). The size of their friend's group (38.8%) was generally 4 to 6 people. Other factors were as follows: persuaded by old friends (65.0%), by new friends (47.5%), trying to use drugs again (37.5%), using drugs for enjoyment (33.8%), using drugs when studying or working (23.8%) and using drugs for healing pain or illness (22.5%). Also, most of the sample group (77.5%) always went to entertainment places, whereas half of them (50.0%) went to see ox field-racing festival and about half of them (51.2%) seldom spent their favorite pastimes for leisure. Most of the adolescent respondents (88.8%) purchased and received drugs from outside their village rather than within their village.

Hypothesis Testing

Hypothesis 1. Personal factor. This includes sex, age, educational attainment, religion, status of adolescents, status of family, number of family members, length of time using drugs, and criminal record. It was found out that there is a statistically significant relationship between all personal factors and the return to narcotic taking, with a statistical level of 0.05.

Hypothesis 2. Economic factor. This includes employment/occupation, side-line job, monthly income of adolescents, total income of family, and monthly expenditure of adolescents. The results of the study revealed that there is a statistically significant relationship between all economic factors and the return to narcotic taking, with a statistical level of 0.05

Hypothesis 3. Social factor. This includes opportunity for moral value acquisition, the perception of policies on problem-solving on drugs, type of educational institutes, local campaign on drug prevention and control, accommodations during schooling, and course and form of the narcotic remedy program. It was found out that there is a statistically significant relationship between all social factors and the return to narcotic taking, with a statistical level of 0.05.

Hypothesis 4. Arousing factor. This includes quarrelling among family members, participation in problem-solving of family members, anxiety, acquaintance with friends who are drug addicts, size of friends' group, persuasion from old friends who are drug addicts, persuasion from new friends who are drug addicts, need for trying drugs again, using drugs for enjoyment, using drugs to assist in studying and working, using drugs for healing pain or illness, access to entertainment places, ox field-racing, pastime spending, and channel for drug receiving. Results of the study revealed that there is a statistically significant relationship between stimulation factors (except persuasion from new friends who are drug addicts) and the return to narcotic taking, with a statistical level of 0.05.

8. Discussion

1. Factors that do not influence the return to narcotic taking of drug users who were released from the narcotic remedy program.

The results of the study revealed that arousing factors like persuasion from new friends when attending the narcotic remedy program in Phetchaburi province did not influence the return to narcotic taking, with a statistically significance level of 0.05. However, this finding does not conform with the study of Phanyasing (2003), who conducted a study on the causes and conditions of returning to narcotic taking. His study revealed that the important reason for returning to narcotic taking among most adolescents, breadwinners, and working groups was friends' persuasion. Additionally, the results of this study also conflict with the study of Sawaddhiphap (1998), who conducted a study on the influences affecting decision-making on returning to narcotic taking among youths, adolescents, and students. She found that the reinforcement factors for returning to narcotic taking were friends' persuasion, unacceptance, missed opportunity, and immoral support for those who wanted to stop narcotic taking. In addition, the environmental conditions in the community of drug users were suited to the manufacture of drugs and the presence of buyers, sellers, and users. Haphiphat (1996) investigated students' behaviors regarding amphetamine drugs in a case study of students studying at agricultural colleges and technical colleges in Central Thailand and found that the variable having a statistically significant relationship with students' behaviors

on amphetamine drug use was acquaintance with friends who took amphetamines. Also, other related research results were found not to conform to the results of this study. However, those studies did not identify whether new friends or old friends had an influence on the respondents in their studies.

Furthermore, the results of this study were found to be different from the results of other studies; this might be due to the establishment of the narcotic remedy program scattered in all districts of Phetchaburi province, which resulted in drug addicts attending the program having fewer opportunities to meet new friends from other districts. Moreover, there were continuous drug prevention and control campaigns conducted by both the government and private sectors. Additionally, parents and surrounding societies understood and gave moral support and opportunity to drug addicts to stop drug use, controlling their acquisition of new friends and acquaintances so that they eventually attended psychiatry rehabilitation programs to prepare themselves for their future life.

2. Factors influencing the return to narcotic taking of drug users who were released from the narcotic remedy program.

2.1 Personal factor: The results of the study revealed that all aspects of the personal factor influenced the return to narcotic taking, with a statistically significance level of 0.05.

Sex. Males had a higher level of risk and chances to return to drug taking than females. This conformed with the study of Khanato (2003a), which indicated that among the youths and adolescents staying at the Youth Inspection and Control Division, under the supervision and support of the Bureau of Drug Prevention and Suppression Committee, more males committed mistakes or became drug addicts than females. Wihokto (2005) found that more male students in school like to drink alcoholic beverages, smoke cigarettes, take inhalants and use amphetamine drugs than female students. Haphiphat (1996) also found that male students in the agricultural and technology and technical colleges in Central Thailand had a higher tendency to take amphetamines than females.

Age. Adolescents aged between 18-24 years were more likely to return to narcotic taking than adolescents of other ages. This might be due to the fact

that the adolescents previously mentioned were at that dangerous stage and had a higher potential to access drugs. This conforms with the results of the study of Sawaddhiphap (1998) which indicated that people who were behaviorally controlled by the Bureau of Behavioral Control, Central and Upper Southern Thailand, were aged between 18-24 years. The reasons were the following: feeling like trying drugs, friends' persuasion, occupational necessity, and ease of purchasing drugs.

Educational attainment. Adolescents who were drug addicts had different levels of education. Those who had a lower level of education had a higher tendency to return to narcotic taking. This might be because adolescents who were employed in a job that did not require a high level of education, such as the labor force and night service jobs, had inadequate knowledge on the effects of drugs on people. This also conformed to the study of Boonthanom (1998), who found that there was a relationship between educational attainment and drug addiction.

Religion. This is one factor that influenced the return to narcotic taking. This might be due to the fact that some adolescents applied their religious beliefs to different degrees. Boonthanom (1998) found that the remedy for narcotic taking using the religious remedy method for drug addicts in Yala province was an important strategy in making the patient cure themselves of drug addiction.

Adolescent status. Most adolescent respondents who were 18-24 years old were single and had a tendency to return to narcotic taking. This might be because single people are usually less responsible compared to married people. This conformed with the study of Khanato (2003a) where it was pointed out that most youths staying at the Youth Inspection and Control Division who used to take drugs were single.

Family status. This had a relationship with the return to narcotic taking of the youth. This might be because differences in family status results in different opinions of adolescents, which can be a means for determining adolescents' behaviors due to their desire to do something (Lavanway, 1975; Choothai, 1995). This also conformed with the study of Sawaddhiphap (1998), who found that adolescent groups with both formal and informal education returned to narcotic taking (amphetamine drugs) because they were from broken home families.

Number of family members. The results of the study revealed that adolescents living in a family of 4 to 7 people had a high tendency to return to narcotic taking since they might lack attention from their parents and siblings due to the economic factor. Many people must work outside and thus they had little time to stay together in their house. Phanthawong (2000) found that the number of family members influenced the widespread use of drugs in lower and upper secondary schools in Bangkok when parents of most students spent most of their time working outside the house.

Length of time using drugs. It was found out that adolescents who had taken drugs for a long period of time had a high tendency to return to it because they were used to it and hence it was not easy to stop. Uttha (2005) revealed that young adolescents who had taken drugs for a long period of time had a high tendency to return to it when compared to those who had taken drugs for a short period of time. This conformed with the study of Suriyamanee (1987) where 31 percent of adolescents who had taken drugs for more than 4 years returned to drug taking again.

Criminal record (drugs). The results of the study revealed that criminal record (drugs) influenced the return to narcotic taking since adolescents who had criminal records for drugs were used to getting money from drug trafficking and they were not afraid any more to break the law or the danger of drug use. This caused them to return to the cycle of drug trafficking and drug taking. However, their results do not conform with the study of Suriyamanee (1987), where returning to narcotic taking had no relationship with having a criminal record on drugs since most drug addicts had never been arrested for drug taking or trafficking.

2.2 Economic factor: The results of the study revealed that all factors influenced the return to narcotic taking, with a statistically significance level of 0.05.

Employment/Occupation. It was found out that adolescents working as laborers and who had to work for a long period of time per day had a higher tendency to return to narcotic taking. This is because they had to work continuously and they thought that narcotic taking would help them in their work so that could earn more money. Phanyasing (2003) found that the labor force and working-age

people took drugs because they believed that it could help them work for a longer time. Sawaddhipap (1998) found that adolescents aged 18 to 24 years who were behaviorally controlled returned to narcotic taking because they needed it when they worked hard. Phoolphiphat (2000) reported that 39.7 percent of those staying at the Special Drugs Remedy Division in Ayudhaya province had become involved in general employment and 18.8 percent had been truck or taxi drivers because they believed that narcotic taking helped them to work continuously.

Side-line job. The results of the study revealed that a side-line job of adolescents significantly influenced them to return to narcotic taking less than prior to work side-line job. This is because they spent their spare time on side-line jobs and so they had no time to become involved in drugs. Further, they realized the value of money – that it was not easy to earn and they had to be thrifty. Yooprasert (1997) found that students doing nothing during their spare time in Bangkok had a statistically significant relationship with the return to narcotic taking.

Monthly income of adolescents. The results of the study revealed that adolescents returned to narcotic taking because they could not make ends meet with their income. This might be due to the economic condition and extravagant expenses involving materialism and fashion. This caused adolescents to return to drug taking or trafficking. This result conformed to the study of the Thai Farmers Research Center Co., Ltd. (1999), which revealed that adolescents in Bangkok suffered more stress due to financial and family problems. Thus, there is a relationship between students' income and narcotic taking of students.

Total income of family. It was found out that adolescents that came from families with low income had a higher tendency to return to narcotic taking compared to those coming from higher income families. This maybe due to the fact that parents of low income families had to work hard outside so they had little time to stay with or take care of their children. This conformed to the study of the Thai Farmers Research Center Co., Ltd. (1999), where financial problems of the family influenced adolescents in Bangkok in terms of becoming involved in drugs. However, the results of this study did not conform with the study of Yooprasert (1997), in which there was no relationship between economical status and the return to narcotic taking of students in the Bangkok area.

Monthly expenditure of adolescents. The results showed that there was a relationship between monthly expenditure of adolescents and return to narcotic use. Adolescents that had a great deal of expenditures had the tendency to return to narcotic taking for they had to find ways to supplementary their income, and drug trafficking or selling was one way to earn extra money. This made them become involved in drugs again. These results also conformed to the study of Uttha (2005), which indicated that imbalance of income and expenditure, particularly if the expenditure is more than the income, forced the youth to return to narcotic taking after their release from the narcotic remedy program in Thailand.

2.3 Social factor: The results of the study revealed that there was a statistically significant relationship between aspects of the social factor and the return to narcotic taking.

Lack of opportunity for moral value acquisition. This influenced the return to narcotic taking of the sample group. It was found out that the adolescent group that lacked opportunity to correctly learn moral values from their parents and teachers had a tendency to return to narcotic taking. This conformed with the study of Haphiphat (1996), in which a group of students in agricultural colleges and technical colleges in Central Thailand who had never taken drugs because of the influence of moral values taught by their parents, teachers, and well-respected people made them understand and realize the danger of amphetamine drugs.

Perception of policies on problem-solving regarding drugs. This influenced the reduced return to narcotic taking of the sample group, which might be because of easy access to the public relations by the target group. This made them aware of the responsibility of people to solve the problem of the drug addicts around them as well as make their community a drug-free area. This conformed to the study of Khanato (2003b), who found that the number of drug addicts decreased after the government had employed a policy that was against drugs. According to a study on a drug addict group in the Northeast of Thailand who surrendered themselves to government officials, it was found out that the number of amphetamine drug users decreased from 10-8 percent, whereas marijuana and inhalant users decreased to 14.60 and 14.40 percent, respectively.

Types of educational institutes. It was found out that types of educational institutes influenced the return to narcotic taking of the sample group. The results of the study revealed that the sample group in general elementary schools had a higher tendency to return to narcotic taking than other types of educational institutes, like elementary-boarding schools, general and bounding secondary schools, vocational and technical colleges, and university. This might be because in the boarding elementary school there is closer attention given to the students from teachers than those in other schools, and staying in the school allows them little time to go out and have access to drugs. On the other hand, general elementary school students are likely to access drugs easily. Also, teaching and learning activities are more focused on fundamental principles, in which knowledge of drugs is not so much emphasized, whereas students in vocational and technical colleges, as well as universities, are always reminded of the danger of drugs. This conformed with Wihokto (2005), who found that types of educational institutes was part of the factor influencing drug taking among students.

Local campaign on drug prevention and control. Local campaigns on drug prevention and control were positively related to the respondents of the sample group in terms of their return to narcotic taking. It was found out that adolescents living in villages that had no campaign on drug prevention or control in the past six months had a higher tendency to return to narcotic taking than those living in villages having continuous campaigns on drug prevention and control. This might be due to the fact that a community's close attention to the problem of drugs makes the community a strong one. This conformed with the study of Phrommaphan (2005), which revealed that the community's concern about the knowledge and danger of drugs is one strategy that can reduce the number of young people returning to narcotic taking.

Accommodations during schooling. The results of the study revealed that accommodations during schooling influenced the return to narcotic taking of the sample group. It was found that the sample group that stayed with guardians had higher tendency to return to narcotic taking than those staying with their parents or relatives. This might be because when the sample group was released from the narcotic remedy program they returned with their families, unlike when they

studied with their guardians in the same environmental conditions as before, where it was easy to return to narcotic taking again. This is because some guardians were involved in drugs and they did not love or understand the sample group as much as the respondents' parents or relative did. Uttha (2005) found that the narcotic taking of people surrounding adolescents was a significant variable regarding the return to narcotic taking. Also, in the study of Phanyasing (2003), it was found out that the causes and conditions of returning to narcotic taking were the accommodations with family, guardians who had problems, and friends' persuasion.

Course and form of the narcotic remedy program. This is one factor that influenced return to narcotic taking. It was found that the forms of narcotic remedy in a community like psychiatric-social remedy had a higher tendency to return to narcotic taking than other forms of remedy like behavioral change camp, psycho-society remedy in school, and hospital's patient remedy program. This might be due to certain factors related with one another: people being remedially treated or the same remedial environment before drug addiction and even during remedial treatment. Additionally, "hit and miss" forms of remedy in the community result in different methods of treatment, managerial administration, and people offering a variety of treatments. This again results in some members being improperly treated. Thus, the inadequate efficiency of the narcotic remedy made the target group returns to narcotic taking. This conformed with a study of Khanato (2003b), which revealed that the criterion for the acceleration of drug addict remedy in the form of in-community remedy which is not carefully studied and researched resulted in waste of money and tended to make adolescents return to narcotic taking.

2.4 Arousing factor: The results of the study revealed that nearly all aspects of the stimulation factor influenced adolescents to return to narcotic taking, with a statistical significant level of 0.05, except for making new friends who are drugs addicts.

Quarrelling among family members. This is an important aspect of the stimulation factor and which made the target group in this study return to narcotic taking. This might be due to the effect of child abuse committed by adults, directly or indirectly making children confused and reflecting the violence they

had received from adults. Children who have been abused are likely to be pessimists, thinking that they are worthless and useless, leading to loneliness and depression (Choothai, 1995); hence, they find ways to be accepted or find tools to build a private world that makes them feel safe, such as making friends and narcotic taking. Therefore, family problems are an important factor in narcotic taking or the return to it. This conformed with a study of Phanyasing (2003), which revealed that family problems usually made most adolescents, breadwinners, and the working-age group return to narcotic taking for they worried about or are anxious about their families. Wihokto (2005) found that the family environment was one factor causing students to return to narcotic taking more than before.

Participation in problem-solving of family members. This is an important stimulation factor that influenced the target group in the study to return to narcotic taking. Conflicts among family members likely result in emotional trauma. Moreover, the target group might try to seek assistance in solving problems through friends, relatives, and others whom they can trust more than their family members. This opens chances for them to access various forms of drugs and once healed may return to narcotic taking again due to family conflicts. This conformed with a study of Yooprasert (1997), which claimed that there was a statistically significant relationship between unity of family members and narcotic taking of students in Bangkok.

Anxiety. This is another aspect of the stimulation factor that influenced the target group in the study to return to narcotic taking. They might have problems that worried them but could not express them. Hence, they were depressed because they could not handle them. This conformed with a study of Phanyasing (2003), which revealed that anxiety and the belief that narcotic taking could help them influenced them to return to narcotic taking. This also conformed with Suriyamanee (1987), who found that the factors affecting adolescents to return to narcotic taking were weak mind, anxiety, silence, loneliness, not being accepted by society and the persuasion of friends.

Acquaintance with friends who are drug addicts. This is an important aspect of the stimulation factor influencing the sample group in this study to return to narcotic taking. It was found out that respondents that have friends who

were drug addicts had a higher tendency to return to narcotic taking than these having no friends who were drug addicts. This might be due to the following: (1) most of those in the target group were at the age of having addicts as friends, they needed acceptance of friends, and wanted to impress the opposite sex or acted against society as some other adolescents do and (2) need for understanding by people who are able to give advice or help solve problems, Chan-em (1979), for example, claimed that the major cause influencing adolescents to become drugs addicts were close friends' persuasion to try narcotic taking. This problem usually occurs among the youths having family problems and who are dependent on friends. Further, people living near the source of selling and/or purchasing drugs could be easily persuaded to try narcotics, where they might be told that it would feel good if they took narcotics or they would be able to work or study better. The persuasion might occur while they are drunk. Auychai (1973) cited the acquaintance with friends who are drug addicts and that drug addicts are impulsive; they think they are wise and want to try narcotics even though they knew the danger of drugs or they want to be hero. This conformed with a study of Phanyasing (2003) where most adolescents, breadwinners, and the working-age group returned to narcotic taking due to having friends who were drug addicts.

Size of friend's group. This is an important aspect of the stimulation factor influencing the target group in this study to return to narcotic taking. There is a higher tendency for one group comprising 4 to 9 people to return to narcotic taking than the other groups. This might be because a group of 4 to 9 people is not so small or big, easy to mingle with, and can move easily by motorcycle. Also, they could contact their friends in a small community without arousing their parents' suspicion. This group generally needs acceptance among friends and the opposite sex (Srisukond, 2005). This factor influenced the target group to return to narcotic taking easily even though they had been released from the narcotic remedy program.

Persuasion from old friends who are drug addicts. This is also an important aspect of the stimulation factor influencing the target group in this study to return to narcotic taking. The results of the study revealed that old friend's persuasion caused the respondents to return to narcotic taking. This might be because the

youth who have already been released from the narcotic remedy program might return to their old environment in society. Also, old friends who used to take drugs might persuade them to return to narcotic taking with the old supporting factors. This conformed with a study of Phoolphiphat (2000), which indicated a statistically significant relationship between persuasion from friends of prisoners at Ayudhya prison and the return to narcotic taking. Also, Sawaddhiphap (1998) found that friends' persuasion influenced adolescents or students to return to narcotic taking.

Need to try drugs again. This factor influenced the target group in this study to return to narcotic taking. This might be due to the happiness they thought was brought on by drugs as well as old remembrance that led them to try narcotic again. This conformed with Saengphoom's study (2003), where adolescents returned to narcotic taking because they wanted to feel free and happy like they used to feel before. Wihokto (2005) stated that many people made acquaintances with drug addicts because they were not happy or they looked for ways to make them happy.

Trying drugs for enjoyment. This also influenced the target group to return to narcotic taking perhaps because one of the Thai people's characteristics is to be fun loving. This can be seen clearly in gambling and alcohol drinking groups. Moreover, people in Phetchaburi province are fond of having friends and group activities where most of them prefer to claim alcohol drinking as part of the establishment of good relationships in every celebration, like traditional activities, local sports, and other community activities. Most of those who take amphetamine drugs used to drink alcoholic beverages, beer or smoke cigarettes. This conformed with a study of Khanato (2003b), in which it was pointed out that enjoyment was one factor influencing children and adolescents in the Youth Inspection and Control Division to return to narcotic taking. Yooprasert (1997) found that enjoyment of party activities was a factor influencing adolescents in Bangkok to return to narcotic taking.

Using drugs to assist with studying and working. This might be due to the many tasks they have to accomplish so that need to relax and take a rest. At work, they had to use their physical body as well as their mental faculties. When studying, they needed to concentrate on their studies, study and read books for

the examination the following day. This conformed to a study of Phanyasing (2003), which indicated that the cause and condition making adolescents, breadwinners, and the working-age group take amphetamine drugs was that they wanted to work harder and for longer periods of time. Khanato (2003b) found that drug taking among children and youths in the Youth Inspection and Control Division was believed to help them in their studies.

Using drugs for healing pain or illness. Drugs that were needed to heal pain or illness caused the target group in this study to return to narcotic taking. This might be because their physical condition was weak so they thought that by taking drugs they could forget their illness. The Bureau of Drug Prevention and Drug Problem Solving Development (2005) reported that thinking of one's illness and worrying about having an operation may cause a person to feel sick, have headaches and become neurotic. These caused them to return to narcotic taking because they thought that it could help them to forget the pain or illness.

Access to entertainment places. This was one factor influencing the target group in this study to return to narcotic taking. Probably, entertainment places are where the drugs are distributed in the target area. Phetchaburi province has many entertainment places that are easily accessible. Wihokto (2005) reported that secondary school students' behaviors with drug taking started in the first or second year of secondary school when they began to go to entertainment places.

Ox field-racing. This was also one factor influencing the target group to return to narcotic taking. This is because ox field-racing is a popular local game in Phetchaburi province. The game is usually held at the end of the harvesting season and the early part of the cold season. It was found that there was a problem with drug distribution in ox field-racing in Phetchaburi province. According to the Drug Fighting for Victory Center, Phetchaburi Province (2003), the distribution of drugs among this group was usually in the form of taking drugs (amphetamine drugs) to stimulate the oxen. Additionally, this game is usually held at night until six o'clock in the morning when it is easy to distribute drugs. It was observed that adolescents liked to accompany their father or relative in the game and some of them get jobs to feed the oxen and to give the amphetamine drugs.

Pastime spending. This was a factor influencing the target group in this study to return to narcotic taking. This might be because the target group who returned to narcotic taking spent most of their spare time doing nothing so that they did anything that could attract or interest the opposite sex or group themselves for fun. This conformed with a study of Yooprasert (1997) which revealed that spending one's spare time doing nothing was a factor having a statistically significant relationship with narcotic taking of the adolescent students in Bangkok. According to a study of Pomsuwan (1998), most secondary school students under the General Education Department at Chaiyaphum province were in "good" condition regarding drug prevention. They usually spent their spare time watching movies/television, physically exercising, and playing sports rather than roaming around with friends.

Channel for drug receiving. This was a stimulation factor influencing the target group to return to narcotic taking since easy access to drugs may drive the adolescents to return to drug use. It is possible that they risked decision-making in using drugs in studying, working or even when they were doing nothing and were lost in their private world. Because of the people who supplied those drugs, they were able to purchase them easily and safely; for example, some government officials were involved in drugs or were able to go around the law. Considering the target group's behavior, it was found that they purchased drugs outside their community rather than inside it because they were known by many people in their community so they dared not purchase drugs in their community or their neighbors might tell their parents or relatives. However, this does not mean that there were no drugs sold in their community. This is similar to a study of Sawaddhiphap (1998), which revealed that easy access to drugs sold near their houses or work places was an important cause of continuous narcotic taking of the behavioral control group in the Bangkok metropolitan area, Central provinces, and upper southern provinces.

The results of the study shows the relationship of factors influencing adolescents who had been released from the narcotic remedy program to return to narcotic taking, as shown in Figure 2.

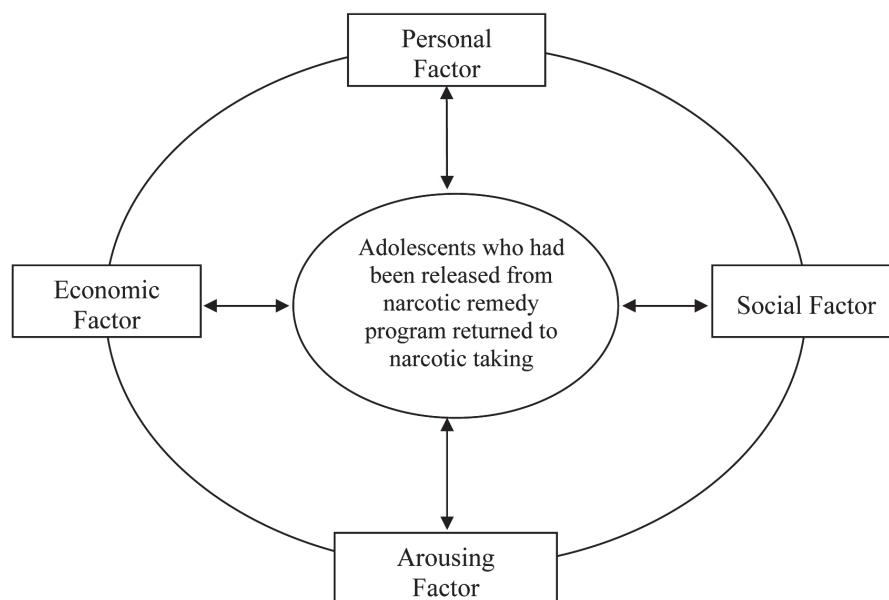


Figure 2 The relationship of various factors influencing adolescents who had been released from the narcotic remedy program to return to narcotic taking

9. Recommendations

1. The results of the study revealed the statistically significant relationship between the four factors and returning to narcotic taking. The drug problem is usually related to other social problems resulting from globalization, for example, materialism, fast communication in the age of globalization and high technology on negative information perception, and imitating the wrong concepts, such as engaging in sex while still immature; also, adolescent students that are facing many problems, such as dropping out of school (temporary quit studying), which is hard to take. The previous drug prevention and control strategy was found not to be successful since it lacked systematic integration and coordination among local people, the government, and private agencies. Therefore, it is recommended that a proper integration of the solutions on problems involving drugs should be conducted among all concerned agencies in all aspects (educational, economic, social, and other aspects). Considering the opportunity, it was found out that the policy and budget set by the government to solve the problem under the CEO provincial head system could help solve the problem at a particular level. This

problem can be solved successfully if the following are done: improvement in transparency and flexibility of budget allocation, and improvement of rules and regulations as regards problem-solving practices, and an emphasis on the importance of support groups, i.e. people, government, and private agencies.

2. Educational management at all levels is very important. It was found that compulsory education is not strong enough, and some students leave school after enrolling in compulsory education. Additionally, some who graduate from elementary school or lower secondary school have little potential to develop their spiritual and intellectual aspects. Part of target group was found to have low educational attainment. They trusted their friends rather than their parents and teachers, which reflects the gap between the adults and the youth. Ways to solve the problem are: the family institution and schools must play roles in solving the problem in order to strengthen the youth's spirit, and schools should instill positive attitudes and creative value development relevant to the King's sufficiency economy philosophy in order to reduce the materialism of the youths.

3. There are databases on the investigation of social problem conditions. It was found that there were very few in-depth studies on actual social problems at present, resulting in the inability to view the entire picture clearly and reliably since society is always dynamic. Furthermore, there are some prominent factors which were identified in Phetchaburi province, such as ox field-racing, a hidden factor resulting in a social problem. Some ways to solve the problems are: a study concerning the problem should be promoted and agencies responsible for solving the drug problem must fully promote and support qualitative research in each local area. Phetchaburi province has higher education institutions, like Phetchaburi Rajabhat University and Phrachomkhlaio Nursing College, which have the potential to help solve the problem on drugs. Research stations should be provided with a mechanism to monitor the problem and this should be done periodically. Both can monitor and adjust strategies regarding actual situations.

4. The problem, together with solutions, particularly regarding remedies to drug addiction, should be identified seriously and regularly in the hospital. By determining the policies, healing techniques should be transmitted from Thanyarak Hospital to support agencies at the provincial level. Further, patient

admitting procedures should be systematically improved, covering the target group, convenient channels and inquiry in service assessment to people of all districts. It is also necessary that people participate in drug prevention and narcotic remedies much more than before. Parents should realize their roles in drug addiction and keep close watch over their children, who may be involved in drugs.

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