

Drug Use/Abuse:

Policies and Policy Implementation in
Higher Education Institutes in Bangkok

Research Institute of Assumption University

Supported by:

International Federation of Catholic Universities, Paris, France

Assumption University, Bangkok, Thailand

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Drug Use/Abuse: Policies and Policy Implementation in Higher Education Institutes in Bangkok

Abstract

The objectives of this study are to study policies and policies implementation concerning drug use/abuse among Higher Education Institutions (HEIs) in Bangkok Metropolis, to study the operational processes of policies and measures concerning drug use/abuse among HEIs, to study the current situation of drug use/abuse among HEIs, and to study problems and obstacles on drug prevention among HEIs. Research methodologies and activities for this research were divided into three phases (Phase I: Brainstorming seminar, Phase II: In-depth interviews, and Phase III: Students survey) and include both quantitative and qualitative approaches. The research results are: there was not much difference in the process of operation concerning drug problems among HEIs. There were no written policies and specific plans concerning drugs in most institutions. Policies concerning drug were set up by Commission of Higher Education (CHE). Most of the responsible persons know how to handle drug problems in their institution. They have enough knowledge about drugs such as the different kind of drugs, the harmful effects of each kind, etc. Some institutes report that they found only few addicts in campus. Most of the serious cases of addicts were found outside the institutes and they went to re-habilitation center themselves. The administrators and responsible persons believed that drug problems in their institutes were not serious. Most institutes organized drug prevention activities, followed CHE's instructions, every year as a routine.

Introduction

Drug related problems have obstructed many countries from developing both economically and socially. Thailand has long faced these problems. Governments and concerned officials over the past decades have tried in vain to tackle the problems. (Office of Narcotics Control Board, 2003.) Though the overall situation of drugs related problems have improved considerably, much more measures are needed to deal with the more complicated aspects of the problems: the supply and demand. With a great deal of resources spent in the operation against drugs, victory is still far-fetched. Some drug criminals stopped their activities but some continue their activities in more discreet manners. Difficulties arise as the problems seem to spread wider, take different forms, and involve various groups each day (The Asia-Pacific NGO Committee on Drug and Substance Abuse Prevention, 2003.) From a survey by ABAC-KSC Internet Poll of Assumption University, it was found that 12.4% of students were somehow involved in drugs problems as users or dealers and had some experiences in drug abuse (Office of Narcotics Control Board, 2001.)

Although some data on drug-related problems in higher education institutes in Thailand is available, studies on current policies and policy implementation by responsible authorities and personnel are much needed. It is as well evident that more cooperation and stronger collaboration among the authorities and personnel concerned with drug problems are necessary. With little information about the problems available for the public and less acknowledged by those responsible, it looks as if drug problems did not exist in higher education institutes (Wongswadiwat and Thanamaneeroj, 2000). The notion is both wrong and poses a serious threat to the future of this country -- Thai youth. Therefore, it is vital and urgent to investigate the

situation of drug use and abuse and related policies and policy implementation in higher education institutes in Bangkok, the capital of Thailand. In this study, drug use and abuse and related policies and policy implementation in higher education institutes will be investigated. How do higher education institutes in Bangkok (Thailand) implement the policies on drug use/abuse? Furthermore, attempts will be made to identify factors influencing drug use and abuse among students in higher education institutes and impacts of related policies and policy implementation on drug-related problems and solutions.

Wongswadiwat and Thanamaneeroj (2000) studied drugs prevention in Thai educational institutions under the supervision of the Ministry of Education. The results indicated that administrators, concerned personnel and faculty members did not care much for this problem. The number of students who addicted to drugs still increased. Policies, measures and practices were set up by the Ministry of Education. Top down management, inadequate budgets and personnel caused many problems and obstacles in implementing narcotics prevention in school.

The objectives of this study are 1) to study policies and practices concerning drug use/abuse among HEIs, 2) to study the operational processes of policies and measures concerning drug use/abuse among HEIs, 3) to study the current situation of drug use/abuse among HEIs, and 4) to study problems and obstacles on drug prevention among HEIs.

The benefits expected from this study are 1) personnel responsible for drug-related prevention and solution programs, both policy-makers and implementers, can benefit from the findings of the study and be better informed about current situations and related factors, 2) research findings may provide

innovation and inspiration for personnel and management agents in higher education institutes in their dealing and handling drug related problems in their institutions, and 3) research findings can be used as references by those interested in drug-related problems and issues. Research sample for this study included administrators, concerned personnel, and students from HEIs in Bangkok.

For this study, some operational terms were indicated; **drug use/abuse** is harmful use outside therapeutic indications, in excessive dose levels, or over an unjustified period of time; a pattern of psychoactive substance use that is causing damage to health, physical or mental, and adverse social consequences, **higher educational institutions (HEIs)** are any of various types of post-secondary institutions offering their students, at the end of a course, a named degree, diploma, or certificate of higher studies, including not only universities and colleges but also various professional schools that provide preparation in such fields as technology, education etc., **policies** are a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions; a high-level overall plan embracing the general goals and acceptable procedures, and **policy implementation** is the process of adoption and bringing of a policy into action, requiring the consideration of logic of policy, the nature of cooperation it requires, and the availability of skillful and committed people to manage.

Research Methodology

As suggested by many researchers (Brewer & Hunter, 1989; Greene & Caracelli, 1997; Creswell, 2003; Tashakkori & Teddlie, 2003), with both quantitative and qualitative methods combined, mixed methods offered complementary strengths and non-overlapping weakness; and thus, they provided results from which researchers could make better and more accurate inferences. In addition, Greene, Caracelli and Graham (1989) provided further support for the usefulness of mixed methods with five functions for such methods: triangulation, complementality, development, initiation and expansion. With complex social phenomena such as drug use and abuse, different kinds of methods were required to best understand and make inferences about these complexities. To completely understand complex multifaceted institutions or realities, a variety of data sources and analyses were required which neither purely qualitative nor quantitative techniques could provide.

The research design chosen for this study was a mixed method with both qualitative and quantitative research combined to answer the research question. The study began with a qualitative research and a quantitative research respectively. The focus was on the qualitative research which included review of documents, in-depth interviews, focus group and a seminar. The quantitative research –a survey was conducted to further strengthen and expanded findings derived from the qualitative research. The research design is illustrated in the following figure:

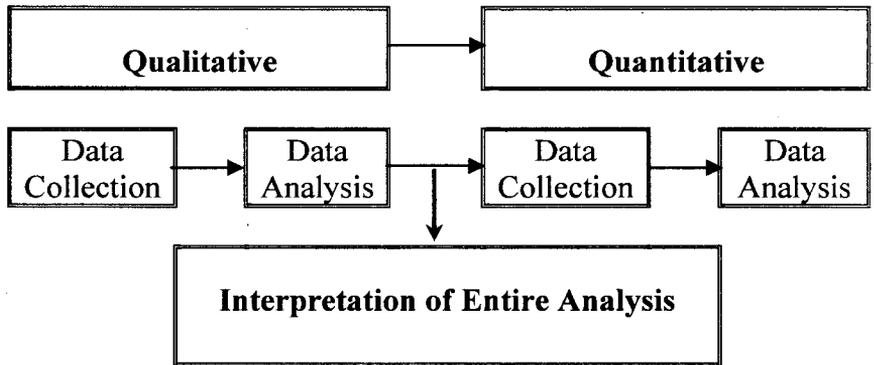


Figure 1. Chart of Research Methodologies (adapted from Creswell, 2003, p.213)

Research methodologies and activities for this research study conducted in three phases and include both quantitative and qualitative approaches.

Phase I: Literature review and brainstorming seminar for supporting the other research activities

The objectives of brainstorming seminar were 1) to gather information relevant to drug - related policies and practices in Higher Education Institutes (HEIs), 2) to find out problems and obstacles of the operational processes, 3) to ask for recommendation on the processes of operation and policies, 4) to acquire co-operation among HEIs concerning drug use/abuse, and 5) to clarify and scope the research methodology used in this study.

Participants in this seminar were 30 officials and administrators from the 22 higher education institutes in Thailand. Brainstorming Seminar procedures were 1) the guest speaker

presented the topic of policies and practices concerning drug use/abuse in HEIs, 2) small group discussions on the policies and processes of operation on drug problems in the institutes, and 3) presentation of the discussion results of each group.

Small group discussion topics were separated into 4 groups: group 1) processes of operation concerning drug use/abuse, group 2) problems and obstacles of the processes of operation, group 3) recommendation on the processes of operation and policies, and group 4) co-operation among HEIs concerning drug use/abuse.

Phase II: In-depth interviews with the administrators, responsible persons on students' drug use/abuse in their institutes

The objectives of in-depth interviews with administrator and responsible persons on students' drug use/abuse in their institute were 1) to gather information for questionnaire-construction for collecting data in phase III, 2) to validate the information gathered from brainstorming seminar, and 3) to study opinions, knowledge, and attitudes of the administrators and responsible persons concerning drug use/abuse in their institutes.

For sampling design and sample size, purposive sampling and Snowball technique were employed in the selection of the institutions and their personnel in this interview. The sample included administrators and responsible persons from institutions whose representatives attended the preliminary workshop/seminar organized by the research team in January 2006, and those representing higher education institutes of different natures in organizational structure and management

style. The respondents were 16 interviewees from 9 institutions; 6 administrators and 10 concerned personnel. They were approached and selected on the basis that their job assignments and responsibilities were related to the policies and implementation on drug use/abuse. The institutions included in this stage were 1) Public Universities, 2) Private Universities, 3) Rajamongala Universities of Technology and 4) Rajabhat Universities (Higher Occupational Institutions).

For interview procedures, after the preliminary contact with the potential institutions, official permissions from the institutions were obtained before the interview respondents were identified and contacted for appointments. Two interviewers were an educator and a psychologist with a Ph.D. and a master's degree. The interviews were recorded. Transcripts of all interviews were made and follow-up contacts were carried out to complete and clarify some of the unclear responses or additional comments. The time spent for each interview ranged from one to two hours. Respondents participated in the interviews with informed consent at their choice of venue on the basis of anonymity. The data analysis was theme-based and the findings were presented in both qualitative and quantitative nature. The contents and finding researchers / interviewers get from the in-depth interview were used to construct and develop questionnaire as research tool in the third phase.

Phase III: Survey on students' opinions, knowledge and attitudes towards drug use/abuse in their institutes

The objective of survey on students' opinion, knowledge, and attitudes towards drug use/abuse in their institutions was to find out 1) drugs situations in their institutes, 2) narcotics, drug use, and addiction, 3) preventive measures and activities used

in their institutes, 4) institutions' policies, rules, and regulations concerning drug use/abuse, and 5) responsibility of the administrators and personnel on drug use/abuse.

Survey method was employed to study related policies and practice and problems concerning drug use/abuse of students in Thai higher education institutes in Bangkok. Details are as the following: - Survey from students in Thai higher education institutes in Bangkok. Information used in research tool construction based on document derived from the brainstorming seminar and In-depth interviews. Then, specialists reviewed questionnaire for content validity. Questions concerned drug problems (drug use/abuse situation, type of drug used, experiences with other users, and so on) were distribute to 100 students, which were randomly chosen for questionnaire pretest. Researcher team developed and cleared up doubt and invalid questions.

For sampling design and sample size used in this phase was Multiple Random Sampling procedure. Sample for the survey was Thai undergraduate students in higher education institutes in Bangkok Metropolis. Higher education institutes were sampled by Cluster Random Sampling technique; 4 public universities, 4 private universities, 3 Rajaphat universities, and 3 Rajamongala universities. Undergraduate students in higher education institutes were randomly selected by Simple Random Sampling technique. Before data collection would be proceeded, letters asking for permission and cooperation in data collection were sent to target higher education institutes. Undergraduate students answered to the questionnaire themselves. After questionnaires collected back from those students, all data were preceded and analyzed by employing Descriptive Statistics.

Research Findings

The study findings are presented in four parts:

1. drug-related policies in higher education institutes;
2. policy implementation and practices;
3. limitations in the implementation process of drug-related policies in higher education institutes; and
4. Recommendations for solution to drug-related problems in higher education institute.

1. Drug-related policies in higher education institutes

From the study, it was shown that the drug-related policies as well as the implementation and practices in higher education institutes were not concrete and still unsystematic.

When asked about the drug-related policies in his institution, one of the administrators revealed that most of the policies were handed down from the central agencies. As many of the policies were too broad, the implementers often had to rewrite and charter their own action plans to make them more practical. The similar comments were given by several other faculty members who were in charge of the drug-related affairs. One of them commented:

There is really no policy written down, and this is the same in all universities. Though there is no written document on drug issues, there are parts and portions of social responsibilities and good behaviors in these activities. The university's policies are more focused on academic affairs and issues.

This was again pointed out by another faculty member from a public university:

There is nothing written anywhere. We understand right a way that this is a part of the National Agenda and we just follow what is expected of the educational institutions in the drug-related areas. So we organize the activities as deemed appropriate.

One of the main reasons why in most cases there were no written drug-related policies was that the administrators of educational institutions were concerned about the image of their institutions. The assumption was that with more education, students or people in general would be less inclined to use drugs. Thus, most people in educational institutions, particularly in higher education didn't consider drug-related problems as main problems of the institutions. There were never any records or numbers of the students who had drug problems. The administrators all agreed that the problem was the image of the institutions and this was as well confirmed by most faculty members and staff in charge of the drug-related programs and activities. Some comments were given as follows:

Everybody knows about the drug problems but they can't talk about them. If we have written policies on drugs, it means that we have drug problems. And the problems must be so serious that we need to have policies to handle them. This is just unacceptable. Therefore, most universities make their policies rather abstract and broad. For example, the policies are aimed to help develop the students to become good persons. Responsible units then are left to interpret these policies on their own.

Another reason why there were no written drug-related policies was due to the centralized system in the policy-making process. Most educational institutions had to implement the policies made by the Government Offices in charge of the national educational system with no participation in the policy-making process. This was reflected in some comments made by several administrators and faculty members:

It all depends on the policies from the Commission on Higher Education (CHE) and the Government. As the Government focuses their policies on drug prevention programs, we have to respond to that in planning our programs and activities accordingly.

The policies are actually good enough as they are from the Government. As the educational institutions, we have to accept them. It is up to the administrators to decide which policy is more important than others.

To brief, there were no written drug-related policies by the higher education institutes due to the concern for their image and the centralized policy-making process by the Government. It was clear from the study that both the students and faculty never referred to any policies of their own institutions when they talked about drug-related issues. Thai higher education institutes thus had no drug-related policies of their own and only carried out or implement plans as instructed by the government centralized units. Therefore, drug-related activities were organized with no specific or long-term planning and continuity.

2. Centralized drug-related policies and their implementation

Administrators and faculty members in higher education institutes, particularly those involved in drug-related activities all agreed that most activities came straight from the measures issued by the CHE i.e. the World Cigarette Day, No Drinking campaign during the Rent period etc. These “seasonal” activities are normally prescribed by the CHE and the instructions are accompanied by the allotted budgets. The institutes are responsible for the preparation of the proposals for the grants. This was well reflected in the statements made by one of the interviewed administrators:

We did it seasonally; whatever it is—emptying the whisky bottles, burning the cigarettes or taking the students out to the re-habilitation center.

The similar opinions were given by one faculty member who was in charge of the drug-related activities in one institute:

The CHE would set up specific objectives for special occasions sporadically. Then we prepared the proposals in accordance with those objectives to make them qualified and approved for the financial support from the CHE.

Another faculty echoed the same opinion:

When the CHE set up some particular activities on special occasions, we just responded to them for the funds to organize the activities in the institute.

Another faculty member from a private institute pointed out that:

We prepared the project proposals in accordance with the objectives set up by the fund provider (CHE). It is the duty of the institute to follow the instructions which may vary year by year.

A close look at all these activities organized by different institutes showed that most were done on routine basis. Many institutes claimed that these routine same old activities proved to be successful and received good feedback from the students so they were regularly and repeatedly organized. This fact was confirmed by a faculty member of one private institute that:

We organize activities every year, especially on the World Anti-drug Day, such as a campaign parade and special soccer match. They get good feedback and everyone seems to enjoy the activities so we have them again the following year.

On the other hand, most students didn't seem to share these opinions. Most disagreed with their faculty when it comes to drug-related activities organized in their institutes as one student from a public institute commented:

The activities were not at all interesting or worth participating.

Another student from a private institute stated that:

These drug-related activities are quite useless and they are held repeatedly every year—boring.

Most of these drug-related activities were carried out in response to the centralized policies from the government units, either the CHE or the Ministry of Education. Most higher education institutes hardly took initiatives in any of the projects but waited for the instructions to come down. Then they would start preparing the project proposals according to the objectives of the centralized unit policies for the operation budgets. This practice tended to have a direct impact on the students who were the targets of these activities. It was evident that most students didn't participate in any of these drug-related activities. The reasons given were that these activities were not interesting, nonsensical, useless, and repetitious and a waste of time and money.

The study findings also revealed that higher education institutes often combined these drug-related activities with some of their own projects. One faculty from a private institute pointed out that:

For some of the projects with the objectives specified by the CHE such as the gambling projects for this year, we often mix them with some other projects of our own. For example, we might add some drug-related activities into the projects, so instead of getting just one goal for our students they get two.

Another faculty from a private institute added that:

On certain years that we don't get any budgets or grants for drug-related activities, we just combine them with other projects.

Besides these activities which were prescribed by the centralized units, there were some activities that were initiated by students or student clubs. Students would take charge of the organization of these activities to apply for financial support from external sponsors and would invite the faculty to act as project advisors. One faculty commented on this:

A project such as the New Year Celebration was totally managed by the students. Another example was the Community Bonding project in which the students went and taught children in rural areas. Other projects included were recreational activities, musical talent shows and sports. They were all combined in the projects and run by the students.

One public institute faculty also mentioned that:

Students were the ones who created the projects and presented them to us. We might not be able to catch up with their interests or needs, especially on the types of activities suitable for them, so we simply supported them when they proposed these projects to us for budgets.

Most of these projects which were initiated by the students were often found more interesting than those organized in response to the centralized policies. About half of the student body said that it was good that students had the opportunity to create their own projects. More students would then be interested in taking part in these activities. Students were far more interested in recreational activities such as music contests and anti-drug sports events. From the point of view of the students, they still didn't have much say in the creation of these activities. A student from a public institute pointed out that:

At present, students have little to do with these activities as they only attend the events on occasion. It would be much better if they were the ones who created the projects.

Another student from a private institute added that:

Activities such as music events, sports or camping are more interesting. Personally, I don't like campaign parade or exhibition; they are boring, no fun and no use.

It can be concluded from the study findings that there were three types of drug-related activities in higher education institutes: 1) seasonal projects requested by CHE sporadically; 2) routine projects prescribed by CHE on yearly basis; and 3) projects which were combined with other activities of the institutes or other units.

In most cases, the Student Affairs units and faculty members were responsible for the implementation of drug-related activities in higher education institutes. There was never a directly assigned unit for these. Comments from the administrators pointed out that faculty advisors should be the ones supervising all these activities and many administrators agreed that with devotion and efforts, it would yield good results. However, these administrators also thought that there were some difficulties in practice since these faculty advisors did have teaching load not just the assignment for these drug-related activities. One faculty pointed out that:

We don't have enough personnel as it is. There are only three faculty assigned for these activities here. With the

extra assignment on top of the teaching load, there is no extra pay provided. Those who are not really interested or devoted in these, don't want to bother adding more work load to themselves.

In addition, it was found out that there were often transferred jobs and responsibilities of those responsible for these drug-related activities and the practice causes hindrance to the continuity of the projects. One faculty commented, *"We have quite often transferred and swap jobs and responsibilities here"*.

Most concerned faculty agreed that many measures related to drugs were never implemented as there was a lack of concrete rules and regulations and then there was the concern of human rights as well. The existing rules and regulations were employed only for the campaign and preventive attempts, not for disciplinary actions. Most measures were used to issue warnings only. A faculty member from a public university pointed out that:

When students are caught smoking or drinking, the argument often raised is that there is no specific rule banning these.

Another faculty from a private university added that:

If a student is found to be using drugs, we try to help him or her by providing counseling and sending the student for treatment.

Another faculty from a public university commented that:

Most often we warn them (the students) and they listen to us. Then we will contact the parents and send them for treatment. For those who are heavy users of drugs, they often have learning difficulties and problems and finally quit the school.

Thus there were often limitations to the implementation of these centralized policies with many factors involved; namely, the administrators' learning style and awareness of problems, the faculty's and staff's awareness and different interpretation of the policies. All these resulted in differences in their practices.

3. Limitations in the implementation of drug-related policies in higher education institutes

Potential limitations in the implementation of drug-related policies in higher education institutes included:

1. Lack of project planning
2. Budget constraints
3. Man power
4. Implementation limitations for drug-related activities
5. The institutes' surroundings

There was no project planning for drug-related activities in all institutes. They had to wait for the instructions from the central units—CHE or the Ministry of Education. The unit responsible in that particular institute would then prepare the proposal in accordance with the instructions for the grants to organize the

activities. This was clearly reflected in the comment made by a faculty member in a public university:

The CHE had their objectives; we extended ours from theirs, wrote the proposals and submitted them for grants.

A similar comment was made by a faculty in a private university who stated that:

CHE sent out the documents prescribing their target activities for the year. We prepared the projects and proposed for a budget. They set up a committee to look at that and provided us the money for the expenses.

Problems due to budget constraints were common in all universities as there was no fixed budget for these activities. Moreover, the universities also depended on external source of financial support which was often inadequate. There were always difficulties in the request process for funds and they were not provided on regular basis. One faculty member from a public university commented that:

There are budgets provided by the university but they are for other activities not related to drugs. They might think that since we are getting the budgets from CHE for these activities, it is not necessary to set up a separate fund for them.

An administrator in another public university pointed out that:

We usually get our budgets from the Thai Health Organization or the CHE and then we set up projects and propose them.

Most faculty members who organized the drug-related activities stated that the drug-related budgets, either from the institutes or the central units, were never sufficient. In certain academic years, there were budget cuts on these activities. One faculty member in a private university said, “In the past there were some funds allotted specifically for these drug-related activities. Now there isn’t any.”

One faculty from a public university revealed that:

There isn't much fund coming from the private sectors now. We used to get some from the Office of Narcotics Control Board but not anymore. At present we get some from the CHE, in small amount just enough to do some essay and slogan contest projects; and that's all.

Another faculty from a private university added that they hardly got enough budget with very little provided by the CHE.

Another limitation involved the budget acquisition process which seemed to cause difficulties for all institutes, particularly the urgency in the preparation of project proposals. The planning of the activities could not be set up in advance because the CHE’s schedule and planning did not get along with university’s schedule/activities. One faculty member from a private university observed:

CHE projects are often urgent ones so we need to rush in getting the proposals ready. This is a restraint in getting the budget clearance. Sometimes it was so rushed that we needed to first advance some money from our own pocket.

A faculty member from a public university added that:

We can't wait for the university to contact the CHE for the budget due to all the red tape, so we often contact them directly. Otherwise, we sometimes have only a month to process everything including preparing the proposal. We just can't meet the deadlines.

One faculty from a private university commented that:

It is very difficult to make the request for budgets from the government units. The process is complicated and time-consuming. Sometimes we have to pay some in advance and it takes a long while to reimburse the money. Now we are organizing some activities and still we haven't got any budget for them.

Private institutes did set up their own central budgets from internal units such as the student clubs or the funds were provided by the institutes themselves. One private university faculty mentioned that:

It is up to the CHE for the target activities. They could be different in each year. What we got from them is the fund for anti-gambling, sufficiency philosophy and the dress code projects. For other activities we just use the money from the central budgets of the university.

Another faculty from a private university pointed out that:

We usually set up own budgets from the university for each academic year since we can't tell whether or how much we might get any budget from external units. If we don't get any, at least we got some from our own

budget to finance these activities. If we do get some, then we mix the funds and extend the activities.

For the limitation on man power, it was important to take into consideration the different levels of human resources in the institutes, often divided into three groups: administrators, faculty members and students. From the seminar, it was revealed that the degree of participation of those involved was very low. Normally the responsible agents will take all the responsibilities. Committees were set up for projects with the student affairs unit as the main agency. Policies were passed down from top management. If the administrators viewed drug abuse as an important issue, then the faculty would put in more efforts to carry out the plans and achieve the goals. Without clear signals from the top management, the implementation of plans was hard to succeed. This was echoed by one faculty member from a private university:

It is all up to the university president. The former gave full support to these projects. Now the new one tends to tighten up on budget controls so some projects have been cancelled.

Another faculty from a public university mentioned that:

At our university we focus more on social issues, good-doing and such. These are all included but the main target of the university is still the academic activities.

One faculty from a public university further commented that:

Maybe we don't see much of these drug-related problems so the administrators don't think we have any of these problems in the university. Moreover, the

students are viewed as young adults with sense of responsibility. They are all equipped with the foundation knowledge from the secondary schools.

Another limitation was that the lack of awareness on the part of administrators in drug-related issue, most faculty members also saw the lack of concern for the problems among themselves and that they failed to set good role models for their students. Shortage of man power was as well another limitation to carry out all the projects as most faculty members considered these assignments the burden on top of their heavy teaching load.

The implementation of these anti-drug activities in higher education institutes needed the cooperation from all parties concerned as these were not the work for any particular unit or person. This was an issue “*everyone should be aware of and every faculty member in the institute should take an active part in*”. However, the educational personnel at present are still not aware of this in all levels. Lecturers only focus on academic issues, taking care of their own responsibilities and academic works without a care for the students’ moral development. One faculty member from a public university pointed out that:

The lack of collaboration is one of the limitations. Some faculty members view us as a small unit with no authority to order them around.

Another faculty member from a private university commented that:

Most lecturers deem the academic activities as more important than these anti-drug abuse activities so the students are not allowed to skip class to take part in our activities.

One faculty member from a private university pointed out that:

The same limitation that happens everywhere is that the lecturers stress on the academics and we do the activities. We want the students to participate in these activities and they don't cancel class for us so the kids can't come.

In regards to the shortage of man power, one faculty member from a public university pointed out that they didn't have enough people to take care of the assigned work. Besides the teaching load, they were not entitled to any extra allowance for the added work.

Another faculty member from a public university also added that:

We did get all the requested budgets but we couldn't do all as there was not enough man power to cover all the projects we had planned.

In addition, these faculty members were not setting good examples for the students so it was even harder to enforce the rules and regulation on drug-related issues. One faculty mentioned that it was impossible for some faculty members to reprimand the students since they themselves were seen smoking on campus. Then no one would listen to them.

Taking the students into consideration, it was evident that all depended on the trends of the generation. At present, students are deemed lacking in morality and ethics as a result of social factors; namely, consumerism, changes in culture and norms, media, environment, and family upbringing. This was

confirmed by the in-depth interviews with the faculty responsible for drug-related projects in an institute.

In universities, students view these issues as nothing they should be concerned about. In secondary level, I believe the students are more conscious of the issues and pay more attention. In universities, the attitude is we are adults and we know better than getting addicted to drugs. We know them all and too well to get involved or become addicted.

Moreover, the students tended to pay more attention to their studies, marks, and required or rewarding activities. One faculty member from a public university pointed out that:

It is necessary to force their participation; otherwise, there will be none. Particularly projects related to drugs, the students pay absolutely no attention to these as they see them as not concerning them. So we have to make it compulsory for them to attend all these activities; otherwise, they can't graduate.

Another faculty member from a private university pointed out that:

Students pay no attention to activities. They are only concerned about their studies. They won't attend anything with no marks, no grades or rewards. If you mention marks, they will all flock in.

The opinions of the administrators, faculty members and students on the importance of drug problems and solutions seemed to be in the same line. They all agreed that the institutes, administrators, faculty members and students had

mediocre interest in the solution of drug-related problems. From the three groups, it appeared that the administrators were the most concerned about these problems, followed by the faculty members and the students were the least concerned about these.

While most of those responsible for drug-related activities in institutes were worried about the budget acquisition, inadequate budgets granted each year and lack of participation, the survey on students' opinions showed that they were more interested in the issues related to the activities. Half of the students surveyed thought that the reason why most activities failed was the type of activities organized. They were not at all interesting. The public relation was poorly done and they never had any information about what drug-related activities were going on. Majority of the students surveyed pointed out that drug-related activities which were organized on campus were boring, repetitious, useless, and a waste of money. In reference to the public relation, one student from a public university said that:

In fact I was keen to participate in these activities as they seem to be useful. But I never know when and where they are happening. I have absolutely no idea.

Another student made a similar comment:

A better public relation plan is required. The media employed should reach out to more students. The students thus far hardly hear of anything about the drug-related activities on campus.

Moreover it was found that there were other factors involving the surrounding of the institutes which were mostly businesses,

community and influential figures who supplied the drugs for the students. In regards to these factors, the institutes needed to collaborate with other units and offices to help provide supervision and surveillance. One administrator of a public university stated that:

We tried the social zoning system in collaboration with other offices with community visits around the university. If the laws are slacking, we try to inform them directly. For example, we ask them not to sell drugs to our students; if they do we will report to the responsible officials. We also ask the neighborhoods to help us watch out for anything and keep us informed.

But the collaboration with other offices did not always work out. Most problems came from the nearby or neighborhood businesses surrounding the universities. One faculty member from a private university explained that:

We tried talking to the pubs and restaurants around the university where our students frequented during or after school. We asked them to stop selling alcoholic drinks to the students or anyone in school uniforms. What they did was they had the students changed into the casual clothes they provided whenever they came in to drink in their business places. When we asked them to move away the tables and chairs away from the footpath, they argued that we were no officials and had no authority. Some shops even provided loans and credits for the students to buy drugs.

This was confirmed by another faculty member from a private university:

We had no right to stop them from selling and buying, not even the police could do that.

4. Recommendations for solutions to drug-related problems in higher education institutes

Based on the study findings, the recommendations are as follows:

1. Drug-related Policy Implementation
2. University Network for Drug Prevention
3. University Co-operation
4. Drug Prevention Process

1. Drug-related Policy Implementation

1. CHE should encourage every institute to set up its own policies and measures to handle drug problems.
2. CHE should follow up with the issue on drug problems among Thai students more seriously.
3. CHE should provide budgets for the institutes to handle drug-related problems.
4. A central unit should be set up to monitor and evaluate the drug situations in higher education institutes.
5. Administrators should put into writing the mission on drug prevention with rules, regulations and punishments clearly spelled out. As suggested by one faculty member that without the direct orders from the rector/president of the university, it would be hard to achieve anything.

2. University Network for Drug Prevention

Administrators from all institutes surveyed agreed that the networking of universities would bring forth the following advantages:

1. it will make possible to gain access to the information concerning the implementation process of drug-related activities in universities
2. it will be possible to learn of the limitations on the implementation of drug-related activities
3. it will make available the information on the collaboration among universities
4. it will yield suggestions to help in the implementation of drug-related activities

In order to realize these ideas leading to the practice of networking, we really need the collaboration from all concerned offices. One administrator pointed out that:

For a project of this kind, we need the host unit and budgets. Emphasis should be placed on the family unit and then the educational institutes. By setting up a network unit in each institute and concerned offices, the collaboration will then be effective in practice.

Furthermore, to ensure that the networking will be successful the government must play a crucial part in pushing for the collaboration among higher educational institutes, creating policies and focusing on realistic practices. With clear policies from the government, the institutes then must try hard to achieve the goals and that will definitely lead to the collaboration among them.

3. University Co-operation

For the type of co-operation among the institutes in the network system, most administrators thought that the possible activities among them will be as follows:

1. Online database for convenient and fast sharing of drug-related information

One faculty member suggested that:

There should be a network system among the institutes, particularly the student affairs units, local police stations and communities. We should appoint the faculty and student coordinators to set up the online knowledge transfer system among the institutes for data and problem sharing.

2. Joint curriculum on drug-related issues with credit or non-credit courses in a package format for all members to use in their institutes.
3. Ethics seminars for faculty and students with the emphasis on online access via internet or phone for ease, convenience, and efficiency aiming at trouble-shooting of the practice. There must also be training provided for development and learning process of those maintaining the system, plus personnel recruitment and operation budget plans.
4. Annual seminar among member institutes to share information and collaborate in drug prevention programs.
5. Collection of news, articles and research related to drug problems among member institutes.

4. Drug Prevention Process

Many administrators made suggestions on some interesting activities as follows:

1. **Advisor Assistant:** Students with leadership potential will be selected to help assist and provide advice to other students with drug-related problems to help ease the work load of the faculty and to gain better results from their peers of the same age.
2. **Alternative Activities:** By providing the surroundings and venues for the students to spend their free time in activities, they will refrain from getting involved with drugs. Suggested activities include music and sports events.
3. **Training of Student Representatives:** The training will help build the student network in each institute for meeting and planning together for anti-drug campaign activities.
4. **Amiable Faculty:** This activity will aim at getting every faculty to involve in anti-drug campaigns by providing counseling directly or integrating drug-related issues in their lesson plans.
5. **Monitoring and Surveillance:** This is done by the responsible unit which often refers to the student affairs. The monitoring and surveillance should be carried out both inside and outside the university compound. This should include the visits to community, student boarding houses and apartments and convenience stores where cigarettes and alcohol are sold.
6. **Campus Media:** The media inside the institute should be put to good use; included are posters, stickers or u-channel in some institutes. The units or programs

concerned should produce advertisements to inform and warn the students the hazards of drugs.

However, students should be given the opportunities to take part in the design, proposal, implementation and evaluation of these drug-related activities to encourage more interest and participation among the students.



Conclusion

Based on the study findings of *Drug Use/Abuse; Policies and Policy Implementation in Higher Education Institutes in Bangkok*, the following conclusion is drawn:

No Written Drug-related Policies in Most Institutions

According to some Vice Rectors, the negative results of having written policies, and measures are: 1) It shows that the institute has serious drug problems; 2) The administrators want to show that they are seriously concerned about drug problems; 3) The institute used to have serious drug problems, so it needs policies and measures to control the situation; and 4) Policies, plans, and measures have already been set up by the CHE for HEIs members to follow.

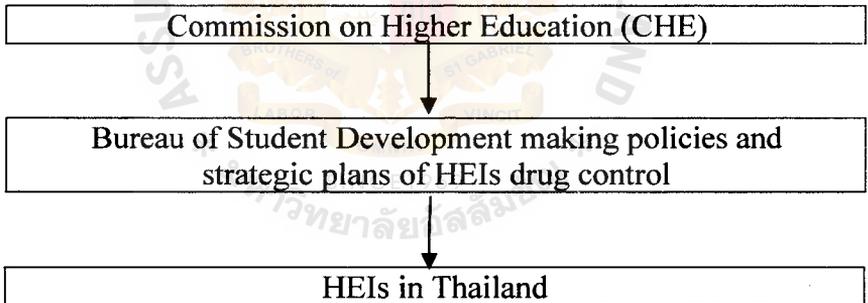


Figure 2. Hierarchical flow of drug-related policies and policy implementation in higher education institutes (HEIs)

As the result of top-down administration, the same drug prevention activities were organized by most institutes:

1. Providing knowledge and holding drug protest activities in the institutes, e.g. providing information on narcotics and propagating drug preventive measures, etc...
2. Holding various competition and contests, e.g. designing WebPages against drug use/abuse
3. Creating projects in different fields, such as art and culture, with the aim to boost the students' quality of life
4. Promoting other alternative activities, e.g. exercising and sports as a mean to avoid drug use/abuse
5. Setting no-smoking areas and prohibiting distribution of cigarettes and alcoholic drinks on campus
6. Encouraging students to join various student clubs on campus to utilize their time in an effective way

Limitation of Narcotic Prevention

The acceptance of the existing drug situations and the co-operation among university personal leading to the lack of planning in the institutions;

1. Inadequate budgets and inconvenient budgeting processes;
2. Most responsible persons are occupied and more concerned with other things than drug prevention;
3. Lack of authority to control narcotics especially alcohol and tobacco distribution around the campus; and
4. Some institutes have various problems with powerful narcotic gangs around the campus.

Suggestions for policy and implementation

1. Drug-related Policy Implementation

1. CHE should encourage every institute to set up its own policies and measures to handle drug problems;
2. CHE should follow up with the issue on drug problems among Thai students more seriously;
3. CHE should provide budgets for the institutes to handle drug problems;
4. There should be a central unit set up to monitor drug-related situations.
5. The university administrators should set up clear policies on drug-related issues and these policies should be a part of the institution mission. Moreover, clear rules and regulations on the disciplinary actions on drug abuse cases must exist in the system.

2. University Network for Drug Prevention

In order to set up the university network for drug prevention, it is necessary to have a host unit and budgets. The emphasis should be on the family unit and the education institutes with the network unit set up in each member institute and offices for effective collaboration. Advantages include

1. for knowledge of information on drug-related project implementation in higher education institutes;
2. for better understanding of problems and obstacles in the implementation process of drug-related activities;
3. for information on the collaboration among institutes in relation to drug problems; and
4. for suggestions in the implementation of drug-related activities in higher education institutes.

3. University Co-operation

In reference for the suitable types of drug-related activities for the university co-operation network, most administrators thought that the possible activities were

1. online database;
2. joint curriculum of drug-related issues;
3. ethics seminars for faculty and students;
4. annual seminar for member institutes; and
5. archives of drug-related news, articles and research.

4. Drug Prevention Process

In addition, many administrators made suggestions on some interesting activities for higher education institutes as follows:

1. *Advisor Assistant*: Students with leadership potential will be selected to help assist and provide advice to other students with drug-related problems.
2. *Alternative Activities*: By providing the surroundings and venues for the students to spend their free time in activities, they will refrain from getting involved with drugs. Suggested activities include music and sports events.
3. *Training of Student Representatives*: The training will help build the student network in each institute for meeting and planning together for anti-drug campaign activities.
4. *Amiable Faculty*: This activity will aim at getting every faculty to involve in anti-drug campaigns.
5. *Monitoring and Surveillance* by the responsible unit.
6. *Campus Media* to inform and warn the students the hazards of drugs.

References

- Brewer, J., & Hunter, A. (1989). *Multimethod Research: A Synthesis of Styles*. Newbury Park, CA: Sage Publications.
- Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, CA: Sage Publications.
- Greene, J. C., & Caracelli, V. J. (Eds.). (1997). *Advances in Mixed-method Evaluation: The Challenges and Benefits of Integrating Diverse Paradigms*. San Francisco: Jossey-Bass.
- Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a Conceptual Framework for Mixed-method Evaluation Designs. In *Educational Evaluation and Policy Analysis, V. 11, No.3*, pp. 255-274, Newbury Park, Ca.: Sage publications.
- Caulkins, Jonathan. P., Reyster, Peter. H., Iguchi, Martin Y. & Chies, James. (2005). How Goes the “War on Drug”? An Assessment of U.S. Drug Problem and Policy. Retrieved May 12, 2005, from www.rand.org/publication/OP/OP121
- Office of Narcotics Control Board. (2001). *Research Abstract of Drug Abuse in 1997-2001 in Thai*. Retrieved May 12, 2005, from <http://www.oncb.go.th/c2.research.htm>

- Office of Narcotics Control Board. (2003). *Drug Problems in Thailand*. Retrieved May 12, 2005, from <http://oncb.go.th/document/p1-problem.htm>
- Phyllis L. Ellickson, Daniel F. McCaffrey, Bonnie Ghosh-Dastidar, Douglas L. Longshore. (2005). *Results From a Large-Scale Trial of Project ALERT in Middle Schools*. Retrieved May 12, 2005, from <http://www.rand.org/publications/electronic/drug.html>
- Tashakkori, A., & Teddlie, C. (Eds.). (2003). *Handbook of mixed methods in social & behavioral research*. Thousand Oaks: Sage Publications.
- The Asia-Pacific NGO Committee on Drug and Substance Abuse Prevention. (2003). *Situation and Policies on Drug Abuse in Thailand*. Retrieved May 12, 2005, from http://www.aspacngo.org/thai/thai_situation_p1.html
- Wongsawadiwat, J. and Thanamaneeroj, T. (2000). *A research study on drug prevention in educational institutions under the supervision of the Ministry of Education*. Bangkok: Research Institution of Assumption University.

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