THE SEMINAR ON DEVELOPING STANDARDS FOR COMMUNITY-BASED TREATMENT IN ASEAN

Focusing on Treatment for Drug Use/ Dependence Offenders

SEMINAR REPORT

THE SEMINAR ON DEVELOPING STANDARDS FOR COMMUNITY-BASED TREATMENT IN ASEAN: FOCUSING ON TREATMENT FOR DRUG USE / DEPENDENCE OFFENDERS

SEMINAR REPORT

Copyright © 2017 by TIJ

This publication may be reproduced freely for non-commercial purposes as long as credit is given to the Department of Probation, Ministry of Justice, Thailand (DOP), the Thailand Institute of Justice (TIJ), and the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI).

Edited by Jane Holloway, Programme Specialist on Crime and Development, TIJ

Printed and bound in Bangkok, Thailand.

ACKNOWLEDGEMENTS

This Report of the Seminar on Developing Standards for Community-based Treatment in ASEAN: Focusing on Treatment for Drug Use / Dependence Offenders held from 2 to 4 March 2016, was prepared by the Thailand Institute of Justice (TIJ) in partnership with the Department of Probation, Ministry of Justice, Thailand (DOP), and the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI). This Report summarizes the presentations and discussions held throughout the Seminar and also contains country papers submitted by participants.

On behalf of the Seminar organizers we would like to extend our gratitude to all the participants from Brunei Darussalam, Cambodia, Indonesia, Japan, Lao People's Democratic Republic (PDR), Malaysia, Myanmar, the Philippines, Singapore, Viet Nam and Thailand for their involvement. This report could not have been made possible without their contributions.

Special appreciation should be given to HE General Paiboon Koomchaya, YAMASHITA Terutoshi and Dr Kittipong Kittayarak for their welcome remarks and to Stephen Pitts, Olivier Lermet, Apinan Aramrattana and MINOURA Satoshi for their keynote speeches.

TIJ also wishes to acknowledge the valuable contribution of Pol. Col. Dr Naras Savestanan, Fumiko Akashi, Dr Yossawan Boriboonthana, Dr Phiset Sa-ardyen, Thomas L. Schmid, Jane Holloway, Taruata Klaewkla, Thanittanan Meksamrit, Panpisut Thammavisitkul, Bowornluk Thongmark, and Wanvilas Nittayasuthi in the organization of the Seminar and publication of this Report.

The Seminar on Developing Standards for Community-based Treatment in ASEAN: Focusing on Treatment for Drug Use / Dependence Offenders

TABLE OF CONTENTS

Summary Report

Proceedings……………………………………………………………………………...…..…1

Keynote Speeches………………………….…………………………………..………… 2

Country Presentations……….……………………...……………………..……….. 5

General Discussion.……………………….……………………………………..…………9

Future Training..……………………………….……………………………..…..…..…..9

The ASEAN Probation Association…………………………………………….………10

Study Visit…………………………………………………………………………..………11

Country Papers

BRUNEI DARUSSALAM……………………………………………………………………..13

CAMBODIA………………………………………………………………………….……27

INDONESIA……………………………………………………………………………..37

LAO PDR……………………………………………………………………………….....47

MALAYSIA……………………………...…………………………….………….……..…53

MYANMAR……………………………………………….………………………………..…73

THE PHILIPPINES……………………………………………………………….…………..…79

SINGAPORE……………………………………...……………………………….………..123

THAILAND…………………………………….………………………………….……….......147

VIET NAM…………………….....………………………………………….……………....…167

JAPAN………………………………………..…………………………..…………………179

List of Participants……………………………………………………………………..191

Annex: Seminar Programme…….……...…………..…………….…………..…………….195

SUMMARY REPORT OF
THE SEMINAR ON DEVELOPING STANDARDS ON COMMUNITY-BASED TREATMENT IN ASEAN: FOCUSING ON TREATMENT FOR DRUG USE / DEPENDENCE OFFENDERS

Proceedings

1. **DR KITTIPONG KITTAYARAK**, Executive Director of the TIJ, welcomed the participants and noted the important role of this seminar in establishing common approaches aimed at the community-based treatment of drug users and drug-dependent offenders. Within ASEAN, these approaches must be appropriate for the cultural, social and political context of the region. This context, for example, is highlighted by the TIJ's recent research related to the Bangkok Rules, which has found strong linkages between drug use, crime and violence among female offenders in Thailand. Prevention and effective drug treatment could reduce crime and high drug-related incarceration rates. Dr Kittayarak also stressed the need for criminal justice experts, policymakers and practitioners to be actively engaged at the global level through fora such as the upcoming United Nations General Assembly Special Session on Drugs, which will address the complexity of the drug use problem, including the cross-cutting issues and impacts of drug use on women, youths and other vulnerable communities.

2. **YAMASHITA TERUTOSHI**, Director of UNAFEI, extended his heartfelt welcome to the participants of the seminar and expressed appreciation to the government of Thailand, the Department of Probation of the Ministry of Justice of Thailand (DOP), and the TIJ for their roles in co-hosting the Seminar. With the recent development of the ASEAN Economic Community, economic ties in the region have grown stronger. Unfortunately, globalization in the field of law does not develop as quickly as in the economic field. Although regional cooperation in the field of criminal justice often faces the challenges of differing legal traditions and issues of national sovereignty, Mr Yamashita observed that all community-based treatment programmes require practitioners to cooperate with their respective communities. In that sense, he encouraged the participants, as practitioners from Southeast Asia, to look to their common cultural backgrounds to identify effective measures for implementing community-based practices.

3. **HIS EXCELLENCY GENERAL PAIBOON KOOMCHAYA**, Minister of Justice of Thailand, welcomed the participants on behalf of the Thai government. Noting that each country has its own laws and agencies on drug control, Thailand aims to reintegrate offenders back into society and to break the cycle of recidivism. To address the problem of recidivism, criminal justice practitioners must commit themselves to offender rehabilitation and reintegration. Minister Koomchaya explained that Thailand's high number of offenders is a result of strict drug laws, which are necessary to ensure that Thai society remains safe. In Thailand, 70 to 80 percent of offenders have committed drug-related crimes. To address this, Thai criminal justice and public health agencies are focusing on policies ranging from suppression to prevention. Rehabilitation centres are intended to address the rehabilitation needs of all offenders, but the overwhelming number of drug offenders consumes a majority of the resources dedicated to rehabilitation. The Minister stressed the importance of developing a new structure for rehabilitation, including training for rehabilitation personnel to address the treatment needs of Thailand's estimated 1.3 million drug users nationwide and 200,000 to 300,000 drug users within the system. Due to

overwhelming numbers, providing proper assessment, screening and drug treatment is a significant challenge. Consequently, community-based treatment, including the increased use of halfway houses, is important to improving treatment of drug offenders and aftercare services. Thailand is also reviewing and amending its drug-related legislation, which will lead to greater multi-agency cooperation between agencies such as those responsible for public health, police, probation services, labour and so on. Although the ASEAN region has declared its aspiration to be a drug-free zone, achieving that goal will take time.

4. Keynote speeches were delivered by (1)STEPHEN PITTS, Criminal Justice Advisor and Ambassador to the Confederation of European Probation (CEP), on "Approaches to Community-Based Recovery and Desistance in Work with Drug Misusing Offenders in England and Wales and Europe"; (2)OLIVIER LERMET, Regional Advisor of the United Nations Office on Drugs and Crime, on "Community-Based Treatment for People Who Use Drugs"; (3) DR APINUN ARAMRATTANA, Head of the Department of Family Medicine, Chiang Mai University, on "Medical Perspectives on Drug Treatment and Rehabilitation"; and (4)MINOURA SATOSHI of UNAFEI on "The Role of Community-Based Treatment as an Alternative to Imprisonment".

5. Country presentations were made by the delegations from Brunei, Cambodia, Indonesia, Japan, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam.

6. At the conclusion of the seminar, participating countries discussed (1) the need for and interest in future training courses and (2) the ASEAN Probation Association.

Keynote Speeches

7. **STEPHEN PITTS** presented on drug recovery and desistance in England and Wales and other related European practices. He reviewed a number of the advantages of probation over incarceration in terms of offender rehabilitation, including the effectiveness at preventing reoffending, cost effectiveness, maintaining family ties, maintaining employment, as well as figures demonstrating the high rate of drug-related deaths among inmates released from incarceration. Probation can reduce pressures on prisons and, for those offenders who are imprisoned, can provide valuable through-care, post-release supervision and support. In England and Wales, the National Offender Management Service (NOMS) provides offender management and rehabilitation both inside and outside of prison. NOMS manages about 170,000 offenders under supervision in the community, compared to 86,000 people in prison. The National Drug Strategy is reviewed annually and focuses on reducing demand, restricting supply and building recovery. As a result, England and Wales are experiencing a long-term downward trend in drug use, including among young people. The strategy for recovery includes responsibilities for local authorities and health, ensuring support for housing and employment, and reducing drug use in prisons. Recent sentencing statistics indicate that England and Wales recorded nearly 1.2 million convictions annually as compared to only about 84,000 receptions in prisons, and roughly 350,000 cases were disposed of out of court. Of those sentenced for drug-related offences, about 10% received immediate imprisonment. For those sentenced to prison, the sentence is viewed as a continuum that begins in prison and ends in the community. Probation contact continues for at least 1 year after incarceration no matter the length of the term of imprisonment. Legislation is supported by national

standards which provide minimum standards for probation delivery. Experience suggests that fewer standards permitting greater practitioner judgement are more helpful than an over-reliance on meeting targets. Noting the difference between case management and intervention, probation providers attend to case management on behalf of the court, but contracted providers from the public-health sector and other entities provide drug treatment services. In terms of assessment, a relationship between drug misuse and the risk of drug-related offending appears most noticeable among women prisoners, and the most predictive factors for offending overall include "Class A" drug use, unemployment, binge drinking and impulsivity. Generally, effective interventions include Cognitive Behavioural Therapy, therapeutic communities, and structured supervision in the community; for drug offenders specifically, Drug Rehabilitation Requirements and substance misuse treatment programmes including opiate substitution and psycho-social support are other key components. To support desistance from crime, it is important to allow offenders to generate hope and to separate their "real selves" from their crimes. Other key components to successful drug rehabilitation include involvement of the community and relevant agencies, staff training and skills, and informing the public about the goals of offender rehabilitation. Finally, Mr Pitts shared European experiences in dealing with offender rehabilitation and with drug misusers, such as the European Probation Rules, the principle of "normalization" in Norway, a drug-free prison environment implemented under "Project People" in Denmark, a therapeutic community in Italy, and drug (treatment) courts and support for release of drug offenders in a number of countries.

8. **OLIVER LERMET** explained that drug treatment is a series of services aiming to improve the situation of the person using drugs; treatment goals for each drug user include eliminating or reducing drug use or reducing the harm of drug use. In Southeast Asia, opium, heroin, methamphetamine pills, crystal methamphetamine and cannabis are the main drug threats, and these threats will not disappear in the near future. To reduce the harm caused by drug use, it is important to address the prevalence of HIV among drug offenders, as injection-based transmission of HIV is 9 times higher than sexual transmission, and to provide anti-retroviral treatment. This is important due to the principle of equivalence, under which the services and treatment available in prison should be the same as those available in the community. The WHO classifies substance use disorders as a health issue, defining dependence as "a chronic and relapsing disorder (like diabetes) often co-occurring with other physical and mental conditions." Consequently, we must move from a sanction-oriented approach to a health-oriented response. In Southeast Asia, many countries have developed compulsory drug treatment programmes, which are not working effectively, and which raise public health, rehabilitation and human rights concerns. Important considerations include: only 1 out of 10 users is dependent, and substances like alcohol and tobacco can be more addictive than some illicit drugs. Community-based treatment models should focus on using existing health care infrastructure and rely on community resources and volunteers. Moreover, voluntary treatment is more cost-effective than compulsory treatment. It is critically important to inform law enforcement of the legal and policy framework for drug treatment and to develop supportive law enforcement practices. Finally, Mr Lermet reviewed the UN international standards and norms relevant to drug offender rehabilitation and other UNODC documents, discussion papers and bulletins with guidance and information for practitioners and policymakers.

9. **DR APINUN ARAMRATTANA** explained that drug addiction is a chronic, relapsing and treatable disorder, stressing the importance and effectiveness of treating drug offenders in the community. There is a broad range of drugs that are of concern in the ASEAN region, including for example opiates and methamphetamine. Drug use and addiction are complex due to a number of factors, such as their neurological impactsand environmental factors. It is important to recall that only a small percentage of drug users are dependent to the extent that their life functions are negatively impacted. Beyond dependency, other problems caused by drug use include the negative health impacts to regular users and accidents or poisoning caused by intoxication. When working with drug users, engagement is the key to success. Key factors of engagement include confidentiality, empathy, a non-judgmental approach, patient autonomy and so on. Because all drug offenders are not the same, Thailand's Screening, Brief Intervention and Referral for Treatment (SBIRT) programme is an effective measure for prevention of relapse. Under the programme, high-risk users are referred to drug treatment and mental health services while the majority of those screened are deemed to be low risk and can rely on their families and community support. Other effective measures include community engagement, therapeutic community, counselling (including Cognitive Behavioural Therapy), detoxification and so on. Drug treatment interventions in Thailand also include Medication Assisted Therapy for opioid use, but drug replacement therapy is not sufficient on its own and psychosocial interventions are needed. Ultimately, treatment should be integrated and stepped (i.e., beginning the intervention by choosing the least intensive option likely to be effective). Ultimately, proper staff training is one of the key components of effective community-based treatment programmes for drug offenders.

10. **MINOURA SATOSHI** noting that prison overcrowding is a major problem in ASEAN countries, explained that corrections that combine both non-custodial measures and incarceration is more effective at preventing recidivism than incarceration alone. Citing a Japanese study, the general public tends to support tougher criminal sentencing and pursuing policies that aggravate prison overcrowding. Contrary to the tough-on-crime approach, non-custodial treatment coupled with evidence-based practices offers tremendous benefits to the criminal justice system. As examples, Mr Minoura cited statistics from Denmark and Japan that show lower rates of recidivism for offenders who receive community-based treatment. Furthermore, statistics from Denmark and Japan indicate that the costs of non-custodial sentences are significantly lower than those of custodial sentences. Incarceration also has negative impacts on offenders such as severing family ties, rendering offenders unemployed and so on. Mr Minoura also cited research suggesting that countries with more social fairness, as measured by the "Gini coefficient", tend to have lower incarceration rates, as do countries that spend more on health and medical services, and concluded that countries in the ASEAN region have generally experienced similar trends. The statistics suggest that social welfare services have a positive and practical influence on criminal justice; therefore, it is important that offenders are appropriately placed either in prisons or in society based on their needs and the risks of recidivism. Instead of focusing on imprisonment, it is important to consider how social welfare services can be used more effectively in crime prevention and the social reintegration of offenders. Minoura then touched upon some of the non-custodial measures set forth in the United Nations international standards and norms, reviewing measures used at the pre-trial, trial and sentencing stages. Although drug use should be criminalized because it causes harm to the user and to others by causing the collapse of the family and weakening society, drug-dependent offenders suffer from a chronic addiction that is connected with mental illness. Consequently, drug dependence must be

treated by referrals to medical institutions and social welfare services. Due to the varying needs of drug offenders, probation will continue to play an important role in offender assessment and coordinating compulsory/voluntary treatment.

Summary of Country Presentations

11. **BRUINEI**. The delegation from Brunei reported that it has strict legislation against drugs (The Misuse of Drugs Act), including the mandatory death penalty for drug trafficking. The Narcotics Control Bureau (NCB) works to reduce the supply of and demand for drugs. Inpatient drug treatment is provided on a voluntary basis by the Al-Islah Treatment and Rehabilitation Centre. At least 14 days of detoxification is required once admitted, and the period of treatment can last up to 36 months. After release from Al-Islah, offenders must participate in the community-based supervision scheme for not more than 2 years as required by law. In addition to working with Al-Islah, the NCB cooperates with agencies such as the Prisons Department, the Ministry of Culture, Youth and Sports, and BASMIDA, the only NGO working independently to carry out preventive drug education in Brunei. Challenges facing the rehabilitation of drug offenders include public stigma, matching their skills to available jobs, employment, lack of training or specialization among supervision officers, abscondment of supervisees, lack of family support, the absence of continuous treatment in the community, and relapse. Solutions include expanding public-private partnerships and multiagency cooperation, officer training, improved efforts to educate the public on the goals of rehabilitation, and offering relapse prevention classes.

12. **CAMBODIA**. Community-based treatment of drug offenders is implemented by the Ministry of Health. In Cambodia, drug offenders are generally not sent to prison; instead, they are sent to Temporary Drug Treatment Centres for 3 to 6 months, and the treatment centres are linked with nearby health services. Drug users who seek voluntary treatment are not charged with offences. However, other drug offenders may be sentenced to prison for 1 to 6 months, or from 6 months to 1 year if they are repeat offenders. Over the past 2 years, drug use has increased significantly. From the perspective of the Prisons Department, it was reported that increased GDP in Cambodia has resulted in greater access to drugs among Cambodia's large youth population. Thus, anti-drug education is necessary to prevent drug use. Most drug cases involve trafficking and distribution of drugs. Drug dealers are sentenced to 1 to 5 years' imprisonment for first offences or 5 to 10 years for repeat offences. Drug users are sentenced to 6 months to 2 years for compulsory treatment at closed governmental centres, or they may pay for admission to more expensive treatment centres operated by NGOs. Despite treatment efforts, drug users face the problem of stigma upon their return to the community.

13. **INDONESIA**. The delegation reported that Indonesia is both a transit and destination country for illicit drugs. Cannabis, methamphetamine and ecstasy are the most widely consumed drugs in Indonesia, but the use of stimulants in addition to methamphetamine is generally on the rise. Indonesia's strict drug laws apply the "criminal model", resulting in strict punishment for offenders. Narcotics offences account for 35 percent of prisoners in Indonesia, which has a total prison population of 160,000 people. On the other hand, Indonesia also tends to apply the public health approach. Indonesia has adopted an integrated assessment process that includes assessment of both criminal justice and medical criteria. The assessment conducted by the integrated assessment team determines whether or not the offender is diverted from the traditional criminal justice

process and placed in a community rehabilitation centre. Even if an offender is convicted of a drug-use offence, a medical assessment team reviews the offender's rehabilitation needs in prison. Upon release from prison, the provision of aftercare is designed to prevent relapse.

14. **JAPAN**. The delegates reported that since 1997 the number of offenders recorded in Japan has dropped by 38%, but the number of repeat offenders has increased by 18 percent. Thus, Japan's strategy is to improve the situation of drug-related offences by preventing recidivism. Long-term community support is necessary to rehabilitate offenders in the community, but parole supervision is currently limited to several months. In addition, offenders are reluctant to seek support, and governmental agencies involved in offender rehabilitation often fail to cooperate effectively. To overcome these challenges, Japan is instituting a new criminal sentencing option known as partial suspended execution of sentence. This sentence is intended to extend the term of treatment in the community, especially probationary supervision. Offenders who have been sentenced to prison for up to 3 years may be released before the sentence has been served in full. The remainder of their sentence would then be suspended for 1 to 5 years, during which they are subject to supervision. Another measure for rehabilitation is Japan's Drug Relapse Prevention Programme (DRP Programme), which is administered by professional probation officers. The DRP Programme involves drug testing and educational courses, which are largely focused on identifying triggers and avoiding temptation. External experts, psychiatrists, medical practitioners and persons who have recovered from drug-dependency are invited to participate in the DRP Programme to provide professional counselling and advice to offenders. The Ministry of Justice and the Ministry of Health, Labour and Welfare have jointly formulated guidelines to encourage agencies involved in rehabilitation to actively cooperate with one another and to understand that drug dependence requires medical or psychological treatment.

15. **LAO PDR**. The drug situation in Laos is significantly impacted by drug trafficking and transnational organized crime. As a result of the recent rise in illicit drug production, trafficking and abuse, the National Drug Control Master Plan from 2009 to 2013 has been extended to 2015, and law enforcement is increasing its efforts to counter trafficking. Laos is also increasing its efforts to prevent drug-related crime though education and anti-drug campaigns. With the oversight of the Lao National Commission for Drug Control, Lao has 11 rehabilitation and vocational training centres, which are responsible for treating a variety of illicit and legal substance abuse problems. The detoxification stage lasts 21 to 42 days depending on the nature of the addiction, and the rehabilitation stage lasts for 3 to 6 months, focusing on vocational activities, counselling, and other recreational activities. The preparation for release stage lasts for 6 to 9 months, and the follow-up phase lasts 6 to 12 months. Because Lao youths face many difficult social and economic problems, the Lao Youth Union was established to protect and provide guidance to children. In order to realize ASEAN's vision of becoming a drug-free region, Laos is taking steps to improve enforcement, nationwide monitoring and data collection, risk assessment, capacity building, improving rehabilitation facilities, protecting vulnerable groups and so on.

16. **MALAYSIA**. Community-based treatment for drug offenders in Malaysia is handled by the Prisons Department while the National Anti-Drugs Agency (NADA) under the Ministry of Home Affairs is the lead agency responsible for drug demand reduction initiatives by providing drug treatment and rehabilitation services, implementing drug preventive

education campaigns/programmes as well as detection and supervision of drug dependents and recovering persons. However, the NADA and the Prison Department have cooperated in the implementation of psychosocial programmes for parole. The Prisons Department administers parole, which is granted to eligible inmates only after successful completion of a comprehensive assessment. While on parole, parolees are supervised through home visits, phone calls, follow-up by the probation office and so on. The Prisons Department reported challenges in the field of offender rehabilitation, including offender management, multiagency cooperation, professional knowledge and skill, and organizing community resources. In response to these challenges, the Prisons Department has developed strategies to improve staff recruitment and training, introduced the use of Key Performance Indicators, engaged in collaboration with the National Anti-Drug Agency, provided job training courses, introduced halfway houses, and so on. As a result of these strategies, the Prisons Department reports a 2015 recidivism rate of 0.45% among ex-parolees. Drug treatment and rehabilitation is also conducted by NADA, which operates compulsory and voluntary drug treatment centres. NADA also reports challenges in community-based treatment, such as social stigma, lack of knowledge regarding the conduct of drug addiction programmes including relapse, and the emergence of new drugs. In response, NADA is emphasizing staff training and the National Blue Ocean Strategy (NBOS). The NBOS emphasizes job placement through cross-ministerial collaboration and the private sector, enhancing cooperation between agencies, and mobilizing the community. Apart from that, the One Stop Centre for Addiction (OSCA) is a new initiative by the Ministry of Health and the NADA. The OSCA is a facility where substance abuse and addiction services are provided at primary care settings.

17. **MYANMAR**. The UNODC estimates up to 300,000 drug users in Myanmar. Popular drugs include opium, heroin and methamphetamine, and the use of stimulants is on the rise. Myanmar has 26 major and 47 minor Drug Treatment Centres, including 2 Youth Rehabilitation Centres, as well as 41 methadone clinics. The number of registered patients at these centres has increased from around 1,000 in 2011 to over 8,000 in 2015, the majority of whom are treated for heroin use. Methadone clinics also screen for HIV and hepatitis, and they offer anti-retroviral drug treatment. They are also taking a more community-based approach, and efforts are underway to implement methadone treatment in closed settings. Under the laws of Myanmar, the Ministry of Health oversees the operation of methadone clinics, while the Ministry of Social Welfare, Relief and Resettlement oversees offender rehabilitation. The delegation reported a number of challenges facing offender rehabilitation, including capacity-building for staff, limited finances, the capacity to provide continuous care, and weak cooperation between medical, private and social organizations. It was also reported that Myanmar's Narcotic Drugs and Psychotropic Substances Law is under review.

18. **THE PHILIPPINES**. Recent estimates indicate that there are 1.3 million current drug users (particularly methamphetamine, cannabis and solvents) in the Philippines, or 1.8% of the population, but drug use has declined since 2008. The number of suspended sentences for minor first-time drug offences has also decreased since 2010. In total, the Philippines operates 42 accredited treatment and rehabilitation centres, a majority of which are operated by the private sector. Due to the harm caused by prolonged drug use, early intervention in the community is the key. Legislation provides for rehabilitation for first-time drug users; repeated drug use is subject to imprisonment. The Dangerous Drugs Abuse Prevention and Treatment Programme, run by the Ministry of Health, provides leadership

on drug prevention and is responsible for coordinating community-based treatment. Strategies include integration of services into primary health care, implementing a multidisciplinary approach, providing a continuum of care, and so on. The delegation also introduced national standards and guidelines for the community-based treatment and care services for drug users. The Parole and Probation Administration of the Department of Justice handles all convicted offenders placed on probation, parole or executive clemency, and conducts investigation, supervision and offender rehabilitation. Challenges facing the PPA include lack of manpower, budget constraints, and lack of monitoring and evaluation mechanisms. To overcome these challenges, the PPA is actively engaging stakeholders and entering into multi-sectoral agreements to improve the agency's financial situation, expand networks and improve service delivery.

19. **SINGAPORE**. The Youth Enhanced Supervision (YES) scheme was established in response to an increase in the number of young drug abusers. It is a collaboration between the Central Narcotics Bureau and the Ministry of Social and Family Development, and targets youths under 21 years of age who have been arrested for the first time for drug consumption and who are assessed to be of lower risk and suitable to undergo rehabilitation in the community. The YES scheme was further extended to include youths arrested for inhalant abuse and those on probation who had experimented with drugs. The programme was developed based on a needs assessment, which revealed that many young drug users lacked knowledge on how to break the cycle of addiction or deal with relapse. Risk factors which led youth to consume drugs were identified, and theoretical principles, such as the Good Lives Model and Cognitive Behavioural Therapy, were adopted to manage these risks. YES was then developed as a 6 month programme which is extendable for up to a further 6 months. The programme includes 25 sessions comprising individual work, group work, family sessions and enrichment activities. Components of the programme include improving motivation, relapse prevention and family counselling. Urine testing also runs concurrently and after completion of the programme. Preliminary programme evaluation suggested changes in participants' knowledge and attitudes toward drugs, increased readiness to change, enhanced skills and self-efficacy to avoid drugs, and improved familial relationships.

20. **THAILAND**. Drug rehabilitation in Thailand is provided through three systems: the voluntary system, the compulsory system and the correctional system. Prior to 2002, Thailand relied on its voluntary treatment system for drug rehabilitation, but the system was underutilized, and many drug users were sentenced to incarceration. Consequently, in 2002 Thailand instituted a compulsory treatment system, which is managed by the Department of Probation. After arrest, Thailand conducts drug testing, assessment and evaluation of drug offenders, and those who are determined to be drug users are treated for a minimum of 6 months. High-risk offenders require more intensive treatment in the residential setting. However, certain low-risk offenders are eligible for community-based treatment at home under the supervision of probation officers and public health personnel. The majority of drug users are treated in the compulsory treatment system, which reached a peak of over 200,000 people in 2013. However, that number has dropped to around 109,000 in 2015. Because of the large number of people being treated, Thailand has found it necessary to rely on the facilities and manpower of the Royal Thai Military and the Ministry of Public Health. Under the direction of the Minister of Justice, Thailand is committed to enhancing the professional skills of treatment staff. Probation officers are now seconded to rehabilitation centres to improve service delivery. After release from the centre, aftercare is provided to offenders in the community, and monthly family activities are encouraged.

Despite its current reliance on compulsory treatment, Thailand is actively encouraging drug users to seek voluntary treatment at local rehabilitation centres.

21. **VIET NAM**. In Viet Nam, the Ministry of Public Security is responsible for the prevention and control of drug-related crime while the Ministry of Labour, Invalids and Social Affairs is responsible for implementing strategies to address drug addiction, detoxification and the prevention of relapse. The delegation from Viet Nam reported that drug addicts are subject to compulsory treatment for 1 to 2 years as decided by the court. However, Vietnamese law requires the Government to adopt policies to encourage voluntary treatment. Community-based drug treatment measures include rehabilitation in the family, detoxification in the community, detoxification in a private rehabilitation facility, and drug replacement therapy (methadone), which is administered by physicians and other professionals. From 2011 to 2015, about 218,000 drug addicts were treated in Viet Nam, and about one third of them were treated in the community. Challenges facing community-based treatment in Viet Nam include the decline of family rehabilitation due in part to the need for financial support for the drug users, social stigma against drug offenders from the general public and the lack of qualified community-based treatment staff. To address these challenges, Viet Nam is developing its voluntary treatment programme, amending the funding regime, researching the expansion of tax credits or other incentives to encourage offender rehabilitation and employment, and increasing public awareness of the goals of rehabilitation in order to reduce social stigma.

General Discussion

22. Upon the completion of the country presentations, AKASHI Fumiko of UNAFEI presented a summary of the key trends, challenges and responses to community-based treatment of drug users and drug-dependent offenders.

23. Pitts expressed his opinion that the seminar was a valuable opportunity for practitioners to exchange information on community-based treatment of drug offenders. He observed that there is a lot of common ground among the countries' treatment goals, although there will be differences in the way that countries attempt to achieve these goals. He stressed the importance of evaluation to measure success and inform practice and of setting goals that include drug treatment and offender rehabilitation effectively supporting offenders in becoming "assets to society". Pitts concluded that this forum is an excellent foundation for formulating an ASEAN strategy for recovery that might express the common goals that all countries would like to achieve and facilitate the exchange of knowledge between community-based services and with other players.

Discussion Regarding Future Training Courses

24. Minoura from UNAFEI and Yossawan Boriboonthana from the DOP reviewed the plans for future training courses to be held on the basis of the ASEAN platform. In response to the request from the organizers and the participants of this seminar, the Indonesian delegates will consider hosting the ASEAN +3 Meeting in Indonesia in June 2016. The Training Course on Offender Management in the ASEAN Region will be held by the DOP in Thailand in July 2016. In September 2016, UNAFEI will host the Preparation Meeting for the Training Course on Effective Community-Based Treatment of Offenders in CLMV (Cambodia, Laos,

Myanmar and Viet Nam). The training course, which will be held in Thailand and Japan at various times from 2017 to 2019, will focus on development of effective community-based treatment of offenders. Because the CLMV countries lack sufficient community resources to implement effective community-based treatment, the seminar will focus on organizing such resources.

25. The delegation from Japan announced the Third World Congress on Probation, which will be held in Japan in September 2017, inviting the seminar participants to attend.

Establishing the ASEAN Probation Association

26. Following the discussion on future training courses, the seminar participants discussed the possibility of forming an ASEAN Probation Association. Mr Pitts shared a European model of such an organization, introducing the Confederation of European Probation (CEP), which was established as a member organization in 1981. The aim was to exchange knowledge at a time when there was little communication between countries amidst increasing concern about the management of populations of foreign prisoners. The CEP has three levels of membership: full members, associate members, and affiliate members. Full members are institutions and organizations which provide probation services or which bear responsibility for development of such services. Associate members are NGOs active in the field of probation, universities, educational institutions, private persons, honorary members and former board members. Other members, such as other probation-related umbrella organizations, are designated as affiliate members. The organization structure includes a General Assembly, the CEP Board and a secretariat. The CEP's goals are to unite practitioners in the probation field, to professionalize probation practice and to raise the profile of probation.

27. Mr Pitts offered comments on the proposed constitution and bylaws for the ASEAN Probation Association, suggesting that the organization may consider the potential benefits from expanding membership and affiliation with other international organizations. Further, he stressed that an emphasis on knowledge development through research and evaluation of practices could be strengthened.

28. Following the comments from Mr Pitts, it became clear that the concept of the ASEAN Probation Association needs further consideration, particularly in reference to organizational structure and the scope of membership. For example, membership should be open to international organizations such as UNAFEI, non-governmental organizations such as the TIJ, and non-ASEAN countries such as China, Japan and South Korea. Each option for structure or membership scope has implications, including for the legal basis of the association (i.e., treaty-based organization, NGO, inter-agency agreement, etc.). Further discussions will be held at the next ASEAN +3 Forum on Probation and Community-Based Rehabilitation, which will be held in Indonesia in June2016.

Study Visit

29. On 4 March 2016, the seminar participants visited the Royal Thai Navy Compulsory Treatment Centre in Chonburi Province where they attended a briefing explaining Thailand's drug rehabilitation process. It was explained that drug users undergo assessment and are referred to custodial or non-custodial treatment as necessary. The Centre in Chonburi is a custodial facility which is accredited by the DOP and the Ministry of Public Health. The Centre uses Therapeutic Community programmes and activities, such as morning meetings and group discussion. Vocational training is provided to residents to help them obtain employment upon re-entering the community. Although the Centre is operated by the Royal Thai Navy, professional staff training, funding and standardized programming are all provided by the DOP.

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY–BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS BRUNEI DARUSSALAM

I. OVERVIEW

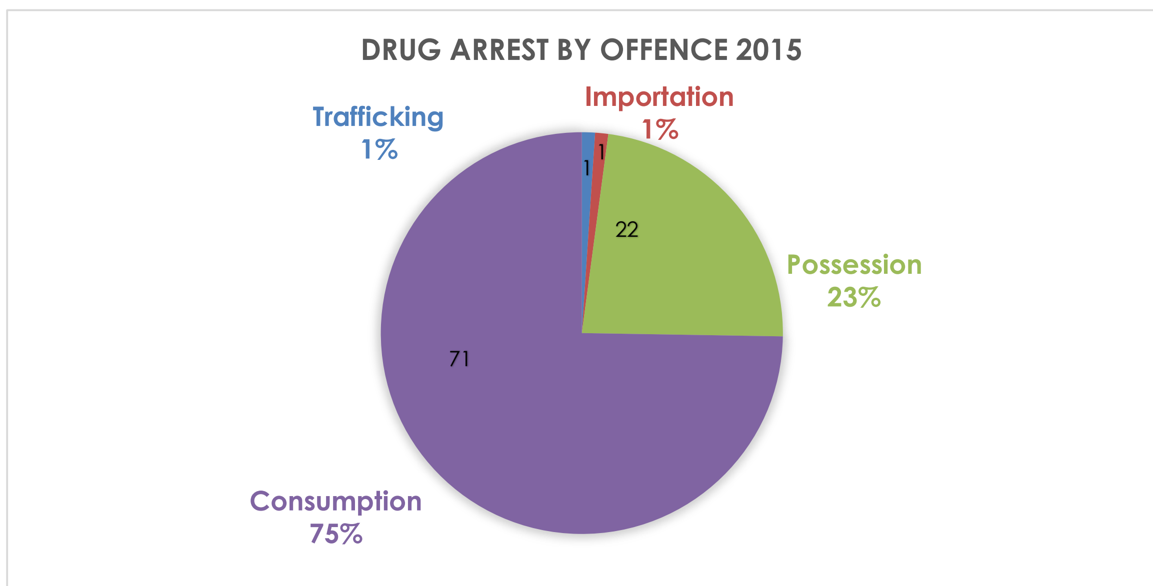
The Narcotics Control Bureau (NCB) is Brunei Darussalam's leading agency in drug matters combating drug related crimes in Brunei Darussalam. As the leading agency, the Bureau serves as the coordinator of any anti-drug related programmes and projects at the national level.

The NCB role is two-pronged with its strategy in:

a) The reduction of supply through the prevention of drugs through legal and illegal entry points; and
b) The reduction of demand through effective activities such as preventative drug education, supervision, and rehabilitation.

A. Trends in Drug Use and Offences

Chart 1



B. Drug Laws

The Misuse of Drugs Act (MDA), Chapter 27 is the main piece of legislation implemented by the NCB in conducting arrests, seizures, investigations and prosecution related to drug trafficking activities. It provides the mandatory death penalty for offences involving trafficking of certain amounts of specific controlled drugs.

The Misuse of Drugs (Amendment) Order 2012 was passed in February 2012. This involved a reclassification of controlled drugs including the elevation of cannabis as a "Class A" Drug, and several ATS substances such as ecstasy (MDMA) and Syabu (Methamphetamine), Codeine, Ketamine and Nimetazepam (Erimin 5) have been re-classified and elevated to Class B controlled drugs. Under the revamped classification in the drug schedule, mitragynine (ketum or kratom leaves) was classified as a Class D drug.

Other legal amendments to the Misuse of Drugs Act, Chapter 27 include the following:

a) Consumption of controlled drugs outside Brunei Darussalam by permanent residents;
b) Provisions that empower the Director to admit persons who voluntarily submit themselves for treatment and rehabilitation at Pusat Al-Islah.
c) Regulations for residents of the Al-Islah Treatment and Rehabilitation Centre to be brought out of the centre for the purpose of social / community services as part of the social re-integration programme run by the Centre; and
d) The provision on the period of treatment and rehabilitation in the Al-Islah Centre was amended from 'not more than 1 year' to 'not more than 2 years'.

The Misuse of Drugs Act is supplemented by 4 subsidiary pieces of legislation, namely;

1. Misuse of Drugs Regulations,
2. Misuse of Drugs (Board of Visitors for Approved Institutions) Regulations,
3. Misuse of Drugs (Approved Institutions) (Treatment and Rehabilitation) Regulations,
4. Misuse of Drugs (Approved Institutions) (Discipline) Regulations.

C. Community-Based Drug Treatment for Drug Offenders

In Brunei Darussalam, treatment and rehabilitation of drug users are managed by the NCB alone through inpatient service and outpatient or community based-treatment. Inpatient treatment and rehabilitation is handled by Pusat Al-Islah which is the only approved treatment centre in Brunei Darussalam under the Misuse of Drugs Act. Provisions on outpatient rehabilitation, in turn, are contained in the Misuse of Drugs (Approved Institutions) (Discipline) Regulations. A Supervision Scheme is compulsory in Brunei Darussalam and legally it is provided by the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations, 1987.

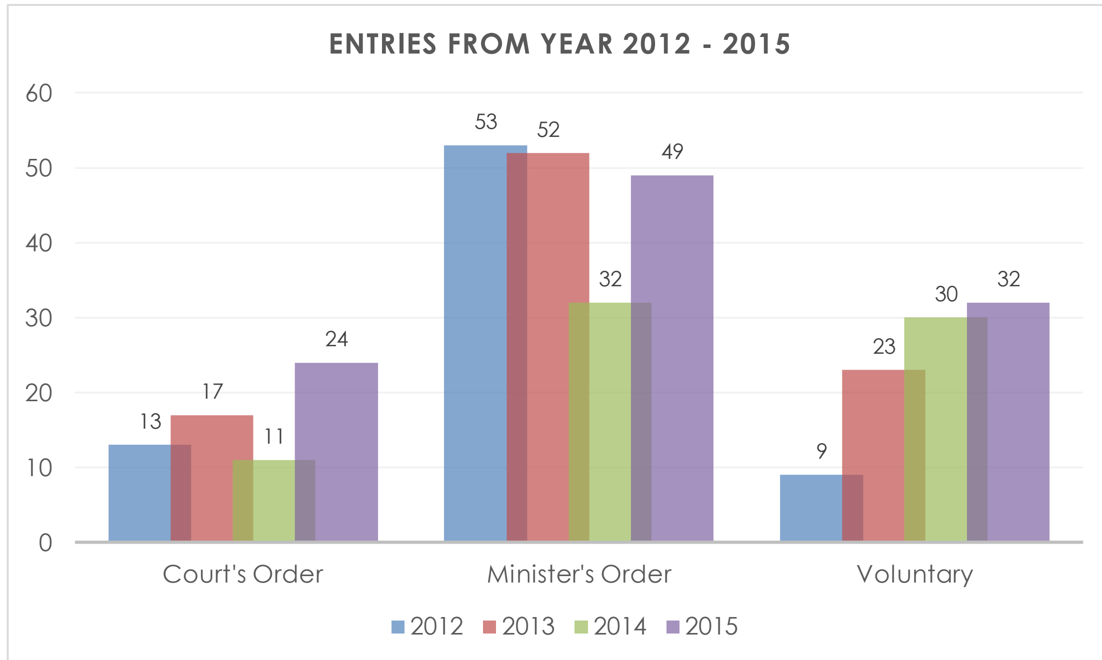
There are three types of admissions to the drug rehabilitation centre:

1. A Court Order after undergoing the prosecution process.
2. A Minister's Order-referral from the enforcement division (family request or first arrest) or upon referral from the supervision division (relapse during supervision period).

   Under section 33(2b), "to undergo treatment or rehabilitation or both at an approved institution, the Minister may make an order in writing requiring that person to be admitted for that purpose to an approved institution".

3. Voluntary admission. A person who is a drug addict may volunteer to undergo treatment and rehabilitation at an approved institution and any statement made by such person for the purpose of undergoing treatment shall not be admissible in evidence against him in respect of any subsequent prosecution for any offence under this Act.

Chart 2



Treatment and Rehabilitation Programmes:

1. Induction and Religious Classes
2. Therapeutic Community Practice
3. Vocational Programme
4. Drill and Physical Exercise
5. Social and Recreational Activities

Outpatient Treatment Programmes:

Admission into NCB supervision programmes falls into three categories;

1. Administrative Admission
2. Mandatory Admission
3. Voluntary Admission

Mandatory and voluntary supervision are provided by the law. Under Regulation 12(2) of the Misuse of Drugs Act, the Director or any other officer authorized by the Minister may make an order directing a person who has been convicted of an offence against section 6(b) to report to a supervision officer for the purpose for such period not exceeding 2 years.

Under Section 32A, Misuse of Drugs Act, a person who is an alleged drug addict may make an application in writing to the Director to undergo voluntary supervision under the Bureau for a period not exceeding one year.

(2) Any person who is related by blood or marriage to a person who is alleged to be a drug addict may make an application in writing for a supervision order to be made

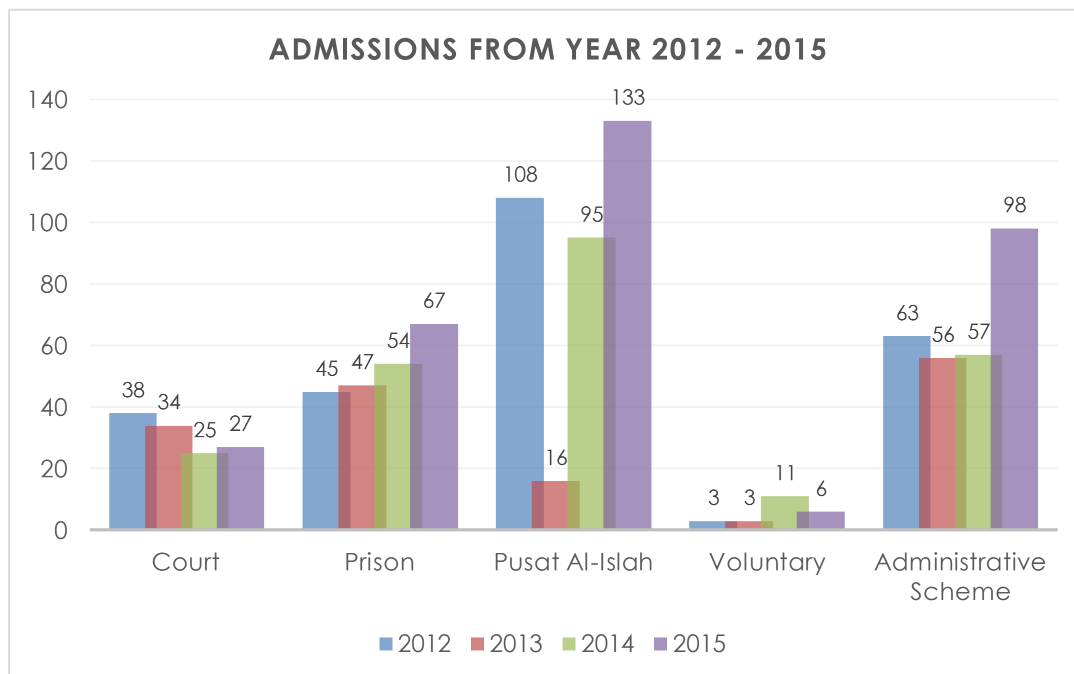
against the alleged drug addict, and the Director may thereupon make an order in writing requiring that person to undergo supervision and such order shall be for a period not exceeding one year.

An administrative scheme is a supplementary service given by the Supervision Division as part of early intervention for drug users at an experimental stage involving students and first time arrestees.

Outpatient Programmes:

- Orientation
- Religious Programmes
- Family Muzakarah
- Team Building
- Sport / Leisure
- Educational Visits
- Religious Activities (according to the Islamic Calendar)
- Community-based Activities
- OBBD (Outward Bound Brunei Darussalam)

Chart 3



Outpatient counselling services:

- Individual Counselling
- Group Counselling
- Family Counselling
- Psycho-education

Mandatory Supervision Scheme (Drugs)

No.	PARTICULARS	PHASE I	PHASE II
1.	Reporting	Once a week	Once every two weeks
2.	Urine test	a. On every reporting b. Surprise checks at least twice	
3.	Interview session	At least twice a month	Once a month
4.	Home visits	At least once	Twice
5.	Family Meeting	At least once	Once (before discharge)
6.	Supervision duration	Not more than 24 months	

Mandatory Supervision Scheme (Inhalant)

No.	PARTICULARS	PHASE I	PHASE II
1.	Reporting	Once a week	Once every two weeks
2.	Urine test	If there are no signs of involvement with drugs	
3.	Interview session	At least once a month	Once a month
4.	Home visits	At least once in every phase	
5.	Family Meeting	Once in every phase	
6.	Blood sample taking	Once in every phase	
7.	Supervision duration	Not more than 12 months	

Voluntary Supervision Scheme

No.	PARTICULARS	PHASE I	PHASE II
1.	Reporting	Once a week	Once every two weeks
2.	Urine test	a. On every reporting b. Surprise checks at least twice	Surprise checks at least once
3.	Interview session	At least twice a month	At least once a month
4.	Home visits	At least once in every phase	
5.	Family Meeting	Once in every phase	
6.	Supervision duration	Not more than 12 months	

Administrative Supervision Scheme (Drugs)

No.	PARTICULARS	PHASE I	PHASE II
1.	Reporting	Once a week	Once every two weeks
2.	Urine test	a. On every reporting b. Surprise checks at least once	
3.	Interview session	Shall be conducted	
4.	Family Meeting	At least once	
5.	Supervision duration	Not more than 6 months	

D. Through-care System and Aftercare

The Supervision Division under the NCB collaborates with the Ministry of Culture, Youth and Sports, through the Youth Centre, in running training programmes for the supervisees such as cooking classes, computer etc. with Outward Bound Brunei Darussalam to provide a team building training course to instil patriotism, leadership and responsibility. Pusat Dakwah Islamiah or The Islamic Propagation Centre also collaborates to give lectures to supervisees in empowering the practices of Islam as the way of life. The Social Welfare Department and the Brunei Islamic Council (MUIB) also gives support in terms of living allowance, monthly food supplies and housing rentals.

The Al-Islah treatment and rehabilitation centre works closely with the Ministry of Culture, Youth and Sports and Brunei Islamic Council in supporting the residents' welfare especially for their family and children in need. This is to ensure residents have a focus in their treatment and to assist family members, thus supporting the treatment and rehabilitation of their loved ones.

Family involvement begins from day one, where supervisees must bring a family member to witness a briefing on the supervision order and programmes. Family members are also invited to the orientation programme for the supervisees. There are also special programmes catering for the families through the family consultation programme (Muzakarah), Psycho-education classes for families of supervisees and motivational camp dedicated to children of supervisees (age range for 12-18 years old) are also organized.

At the Pusat Al-Islah Treatment and Rehabilitation Centre, family orientation takes place after the resident has completed the two-week detoxification process. During their period of treatment, residents' families are invited to participate in sport and religious activities aimed to strengthen their family relationships. Residents are also given the privilege of visits by their family members once every two weeks.

A. There is no legal definition under Brunei laws on relapse and recidivism for drug users. However, administratively those who are found to test positive during their supervision period are considered a relapse. Again, there is no time frame for someone to relapse.

Section 29(3) MDA contains a provision on a repeat drug offence: "Any person convicted of any offence under Part II (except section 6) shall, if the offence is a second or subsequent offence, be liable to twice the punishments …" The period used in applying

this provision is not explicitly defined under the law. However, as a result of judicial review, a five year benchmark has been explicitly established by court practice.

CHALLENGES AND RESPONSES TO TREATMENT OF DRUG USERS AND DRUG-DEPENDENT OFFENDERS IN THE COMMUNITY BRUNEI DARRULSALAM

I. LEGISLATION

The Misuse of Drugs Act (Chapter 27)

The Misuse of Drugs Act (MDA), Chapter 27 is the main piece of legislation implemented by the NCB in conducting arrests, seizures, investigations and prosecution related to drug trafficking activities. It provides the mandatory death penalty for offences involving trafficking of certain amounts of specific controlled drugs.

The Misuse of Drugs (Amendment) Order 2012 was passed in February 2012. This involved a reclassification of controlled drugs including the elevation of cannabis as a "Class A" Drug, and several ATS substances such as ecstasy (MDMA) and Syabu (Methamphetamine), Codeine, Ketamine and Nimetazepam (Erimin 5) have been re-classified and elevated to Class B controlled drugs. Under the revamped classification in the drug schedule, mitragynine (ketum or kratom leaves) was classified as a Class D drug.

Other legal amendments to the Misuse of Drugs Act, Chapter 27 include the following:

a) Consumption of controlled drugs outside Brunei Darussalam by permanent residents;
b) Provisions that empower the Director to admit persons who voluntarily submit themselves for treatment and rehabilitation at Pusat Al-Islah.
c) Regulations for residents of the Al-Islah Treatment and Rehabilitation Centre to be brought out of the centre for the purpose of social / community services as part of the social re-integration programme run by the Centre; and
d) The provision on the period of treatment and rehabilitation in the Al-Islah Centre was amended from 'not more than 1 year' to 'not more than 2 years'.

II. ORGANIZATION

The Narcotics Control Bureau (NCB) is Brunei Darussalam's leading agency in drug matters combating drug related crimes in Brunei Darussalam. As the leading agency, the Bureau serves as the coordinator of any anti-drug related programmes and projects at the national level.

The NCB role is two-pronged with its strategy in:

c) The reduction of supply through the prevention of drugs through legal and illegal entry points; and
d) The reduction of demand through effective activities such as preventative drug education, supervision, and rehabilitation.

In Brunei Darussalam, treatment and rehabilitation of drug users are managed by the NCB alone through inpatient service and outpatient or community based-treatment. Inpatient treatment and rehabilitation is handled by Pusat Al-Islah which is the only approved treatment centre in Brunei Darussalam under the Misuse of Drugs Act. Provisions on

outpatient rehabilitation, in turn, are contained in the Misuse of Drugs (Approved Institutions) (Discipline) Regulations. A Supervision Scheme is compulsory in Brunei Darussalam and legally it is provided by the Misuse of Drugs (Approved Institutions and Treatment and Rehabilitation) Regulations, 1987.

III. RESOURCES

Funding is through an annual budget. In the organization every division is required to submit annual plan one year ahead. The available materials are sufficient to cover the activities etc.

IV. HUMAN RESOURCES

Generally, manpower is sufficient for each Division under the NCB. However, in some areas there is still a lack of specialized professionals.

V. ASSESSMENT AND TREATMENT OF DRUG USERS AND DEPENDENT OFFENDERS

Addiction Severity Index

The Addiction Severity Index (ASI) is a semi-structured interview for substance abuse assessment and treatment planning. The ASI is designed to gather valuable information about areas of a client's life that may contribute to their substance abuse problems.

SOCRATES V8

SOCRATES is an experimental instrument designed to assess readiness for change in abusers. The instrument yields three factorially-derived scale scores: Recognition, Ambivalence, and Taking Steps.

In clinical settings, SOCRATES can assist in obtaining information necessary for treatment planning (client motivation for change is an important predictor of treatment compliance and eventual outcome).

DRUG ABUSE SCREENING TEST (DAST)

The Drug Abuse Screening Test (DAST) was designed to provide a brief instrument for clinical screening and treatment evaluation research. The 28 self-report items tap various consequences that are combined in a total DAST score to yield a quantitative index of problems related to drug misuse.

MINI MENTAL STATE EXAMINATION (MMSE)

The mini–mental state examination is a 30-point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment.

NEO PERSONALITY INVENTORY

The NEO-PI-3 is the updated version of the Revised NEO Personality Inventory (NEO PI-R) – the standard questionnaire of the Five-Factor Model . It is a comprehensive measure of the

five major domains of personality (Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness) and the six facets that define each domain.

PERSONALITY ASSESSMENT INVENTORY (PAI)

The Personality Assessment Inventory (PAI) authored by Dr Leslie Morey (1991, 2007), provides information relevant for clinical diagnosis, treatment planning and screening for psychopathology.

The PAI covers constructs most relevant to a broad-based assessment of mental disorders. It is comprised of 344 items and requires 50-60 minutes to administer. It is used in various contexts, including psychotherapy, crisis/evaluation, forensics, personnel selection, pain/medical practice, and child custody assessment.

VI. MANAGING THE OFFENDERS EFFECTIVELY

The NCB has a proper programme and service whereby the supervisees need to report to the NCB on a scheduled basis. During their reporting time, several activities are arranged accordingly. Activities include urine taking, counselling, peer support, religious classes motivational interviewing etc. As provided by law, the period of supervision is two years.

VII. PROFESSIONAL KNOWLEDGE AND SKILLS OF OFFICERS

The NCB still has limited specialized manpower and human capacity building to cater to the needs of drug treatment either in the community or residential treatment. Areas that need to be explored are supervising skills, interviewing techniques, facilitating skills, counselling skills, psycho-education skills, relapse prevention, psychological assessment and family support group.

VIII. WORKING WITH CORRECTIONAL AUTHORITIES

We work closely with the Prisons Department in terms of handing over inmates to be placed into our supervision programme. The NCB also work closely with the Ministry of Culture, Youth and Sports In supporting the welfare of residents and supervisees, especially for their family and children. It is aimed to ensure residents or supervisees focus on the treatment and to assist and advocate for family members, thus supporting the treatment and rehabilitation of their loved ones.

IX. COOPERATING WITH OTHER CRIMINAL JUSTICE AGENCIES

Any cases that need to be investigated or prosecuted will be done by another Division under one roof, i.e. the Enforcement Division.

X. COMMUNITY RESOURCES

BASMIDA is currently the only NGO working independently to carry out preventive drug education among the population.

XI. AFTERCARE FOR DRUG ABUSERS AND DEPENDENTS

Supervision is an aspect of aftercare services that is considered to be vital for the true realisation of the rehabilitation process. It is felt that continuous aftercare support and encouragement must be given to the supervisees to help them reintegrate fully into society. Under the law, after completion of in-house treatment for a period of not more than 36 months, this is followed by community-based treatment which shall not exceed a period of 24 months. After expiration of this community-based treatment the supervisee is fully integrated into society.

XII. EVALUATING TREATMENT

Currently we are still looking into a standardized evaluation tool to evaluate treatment. It is part of our long-term planning that the NCB shall invite a consultant specializing in treatment and rehabilitation to assess and evaluate our facilities.

	CHALLENGES	CAUSES	WAY FORWARD
1.	Public stigma towards drug users.	There is no intervention specially designed to reduce public stigma related to substance disorder. Lack of organization or expertise. We do not have an organization to lead a specific programme or intervention in reducing public stigma.	We run programmes to educate the public on the importance of giving support to reformed drug users in their reintegration into society as part of their rehabilitation process. In general the majority of the public seems to accept them. However, there is still a section in the community that labels them. We are to work with civil society groups to reach out to the community as part of the intervention to reduce public stigma towards reformed drug users.
2.	Job matching - It is quite hard to find jobs that match their skills and training which they acquired while undergoing treatment and rehabilitation.	Lack of trust. Lack of initiative to open the doors. Lack of advocacy and partnerships.	Specific collaborations with proper agencies. There is a need to have a public-private partnership so that the training given matches the job market.

	CHALLENGES	CAUSES	WAY FORWARD
3.	Employment into the public sector is being hindered by current government regulations according to which a person who has a drug criminal record shall not be accepted into the government sector. Most of the time job opportunities are available only in the private sectors. However due to mismatch of skills and job offers, this may cause lack of interest on the part of the reformed user.	Some former drug users lack self-empowerment or self-will once they are employed. It is very hard for them to stay long in a job. In some instances, lack of trust on the part of employers to recruit former drug users also poses a problem. There are always job opportunities but due to a mismatch of skills and the nature of the work, it is unattractive to reformed users. In some instances, the employer is not keen to employ drug users due to the lack of trust and lack of will or self-empowerment among the reformed drug users.	We need to educate the relevant authorities on employment as part of the rehabilitation and reintegration of former drug users the society.
4.	Supervision officers are required to do cross-sectional multi-tasking to support other areas which may lead to not focusing on their core jobs.	There is a lack of specialization as rehabilitation practitioners in their particular field of work.	Identifying officers for specialization jobs. Setting a clear and proper career-path.
5.	Abscondment among supervisees.	Some supervisees do not have their own transport and lack public transport to report to their supervisors	Need to do public-private partnerships with transport companies to give subsides or privilege cards as part of their corporate and social responsibility.
6.	Lack of support from supervisees' family members.	Lack of trust and knowledge in family support as part of the recovery process.	To educate families through consultation sessions, family group sessions and psycho-education.
7.	The absence of continuous treatment and rehabilitation in the community which impedes the easy access for support required for recovering addicts.	Due to lack of manpower the establishment of half-way house outside the drug rehabilitation centres is yet to be realized. Half-way houses in the community allow easy access and treatment for drug users which are considered to be vital for the true realisation of the rehabilitation process.	More manpower and collaboration with NGOs.
8.	Inability of ex-users to maintain their sobriety.	Lack of resilience, peer pressure, unemployment and exposure to high-risk areas.	To give psycho-education including relapse prevention classes and to set up a proper support group and the establishment of HELPLINE to help reformed drug users.

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS CAMBODIA

Chhit Sophal[1]

I. OVERVIEW

A. Trends in Drug Use and Offenders

In general, in Cambodia, Persons who use Drugs (PWUD) are not sent to prison but they are sent to Temporary Drug Treatment Centres which are closed settings with a less restricted environment. Based on the reports of the National Authority for Combating Drugs, the trends of drug use and offenders are increasing.

In 2012, a national survey on PWUD revealed that there are about 13,000 in Cambodia. About 14% of them are female. The most common substances used are amphetamine-type stimulants which are accountable for 80%, and the second substance is heroin (7%).

According to the Law on Drugs Control, drug users or drug dependents are considered as criminals (article 35). However, a prosecutor can make the decision to refer a PWUD to jail or a health service (article 105). Nevertheless, prosecutors usually referred PWUD to temporary centres for treatment (but there is limited skills for drug treatment in the centres).

B. Drug Laws

In 2012, the National Assembly of Cambodia endorsed the Law on Drugs Control. The Law has 9 Chapters and 125 articles.

The National Authority for Combating Drugs developed a National Strategic Plan on Drugs Control 2013-2015. The strategies are focused on:

1. Demand Reduction
2. Supply Reduction
3. Treatment, Rehabilitation and Reintegration
4. Law Enforcement
5. International Cooperation

[1] Director, Department of Mental Health and Substance Abuse, The National Authority for Combating Drugs

However, the plan has been implemented only in part.

C. The Criminal Justice Process for Offenders

By the Law on Drug Control (article 53), a PWUD is still considered a criminal, and needs to be sent to prison from 1 month to 6 months and punished with a fine of 100,000 Riels (ca. USD 25) to 1000,000 Riels (ca. USD 250). In case of a repeat offence, a PWUD would be sentenced to prison from 6 months to 1 year, and to a fine of from 1,000,000 Riels (ca. USD 250) to 2,000,000 Riels (ca. USD 500).

However, drug users who report themselves and voluntarily seek health care won't be charged (article 105).

A PWUD who is arrested and referred by the police will be sent to a prosecutor. Then the prosecutor needs to ask the PWUD whether they accept treatment or not. If the PWUD accepts treatment, all charges will be dropped. After that, the PWUD can choose either treatment in a closed setting or with a general health service provider. In case they do not accept treatment, they will be sent to a closed setting for compulsory treatment (article 105).

Figure 1: Flow of Voluntary Treatment for PWUD

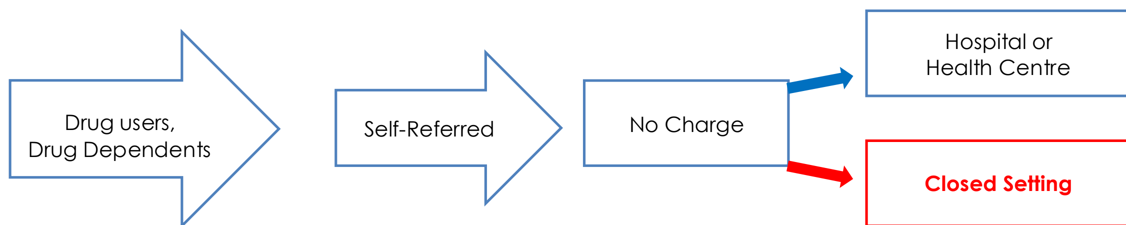
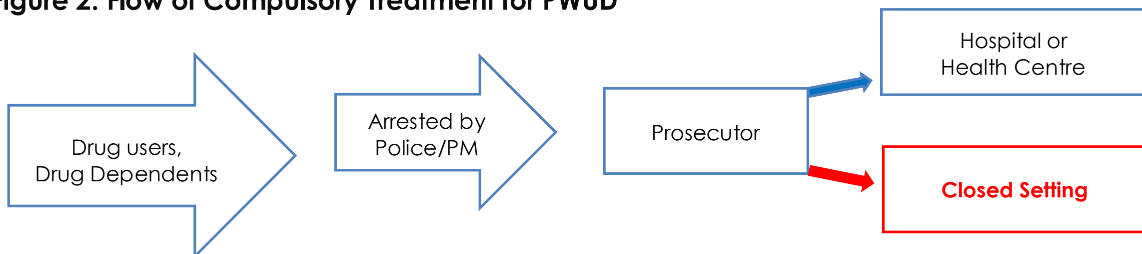


Figure 2: Flow of Compulsory Treatment for PWUD



- The National Authority for Combating Drugs is the national coordinating body in charge of drugs matters in terms of policy and strategy.
- The Ministry of Interior and the Ministry of National Defence are working on supply reduction. However, both are operating temporary drug treatment centres with limited skills.
- The Ministry of Social Affairs, Veterans and Youth Rehabilitation deals with social affairs for the population. However, as with the case of the ministries of national defence and interior, also their skills are limited.
- The Ministry of Health, which is in charge of population heath, has adopted community-based treatment for PWUD in public health facilities, and provides

technical support to the government and private temporary centres. However, the medical staff have only very basic skills in drug treatment and counselling.

- The United Nations: WHO, the UNODC and UNIADS have provided guidance, technical support and a little financial support for the development of community-based treatment for PWUD.
- NGOs: very few NGOs work in drug treatment. Only two NGOs have drop-in centres for PWUD.
- The private sector: Some entities in the private sector have operated temporary centres for PWUD and received PWUD referred by law enforcement agencies and families. However, they have limited skills in drug treatment and management.

D. Community-Based Treatment for Drug Offenders

1. Types of community measures, orders, dispositions

So far, Cambodia does not send offenders guilty of drug use to prison. Only drug dealers who have been arrested and convicted have been sentenced to prison. Nevertheless, some drug dealers are PWUD as well. Neither in-patient nor out-patient drug treatment is provided in prison.

In Cambodia, there are 10 Temporary Drug Treatment Centres like closed settings where PWUD are sent by police, military police, social affairs or families. The closed settings are managed by police, military police, social affairs, and the private sector. However, each centre has a different capacity and approach. Mainly they provide very basic health care, and almost no medical approach is applied.

i. Eligible offenders
   - In respect of drug use, the law does not stipulate the amount of illegal drugs.
   - There is no age limit in the law.

ii. Sentencing/decision authority
   - Drug dealers will be sentenced to prison.
   - Offenders guilty of drug use will be sent to temporary centres or health services in accordance with the prosecutor's decision. The majority of PWUD are sent to close settings.

2. Supervision/treatment period by type of community measure

- The government has established a committee in charge of treatment and rehabilitation for PWUD which is an inter-ministry committee. The Minister of Health is the Chairman of the committee. Usually a Ministry of Health team conducts technical supervision of the centres. However, coordination with the centres remains challenging since administratively the centres are not under the Ministry of Health.

3. Supervision, treatment, and other interventions

- The Government has adopted community-based treatment for PWUD which is implemented by the Ministry of Health, and tries to link the closed settings with health services located near the centres.

- The Ministry of Health needs to train closed settings staff in drug dependent assessment, brief intervention, and symptomatic treatment (in case they have medical staff), and basic drug counselling.

4. Assessment, classification, level of supervision/treatment

- Due to poor resource and facilities in closed settings, drug dependents have not been assessed and accommodated properly.
- The Ministry of Health's medical doctors, psychiatrists and nurses have conducted technical supervision of the centres.

5. Treatment programmes and other interventions

- There is no specific programme in the closed settings. However, all the closed settings have tried to provide vocational and life skills training to PWUD prior to their discharge.

E. Community Resources

- There is a huge gap in linking networks between closed settings and community resources, especially after discharging PWUD from the centres.
- Health services and social affairs networks could provide support only to the centres while PWUD stay in the centres. Once PWUD are discharged, there is no mechanism to maintain continuing care.
- There are also some NGOs providing peer support groups but there is no link between closed settings and NGOs services.

However, stigma and discrimination are still deeply rooted in community.

F. Through-Care System and Aftercare

Although drug treatment services are fragmented, Health and Social Affairs are the main collaborative partners in treating and rehabilitating PWUD in closed settings.

G. Family Support

The level of understanding of drug treatment is low among family. Families tend to avoid their responsibilities.

II. REFERENCES

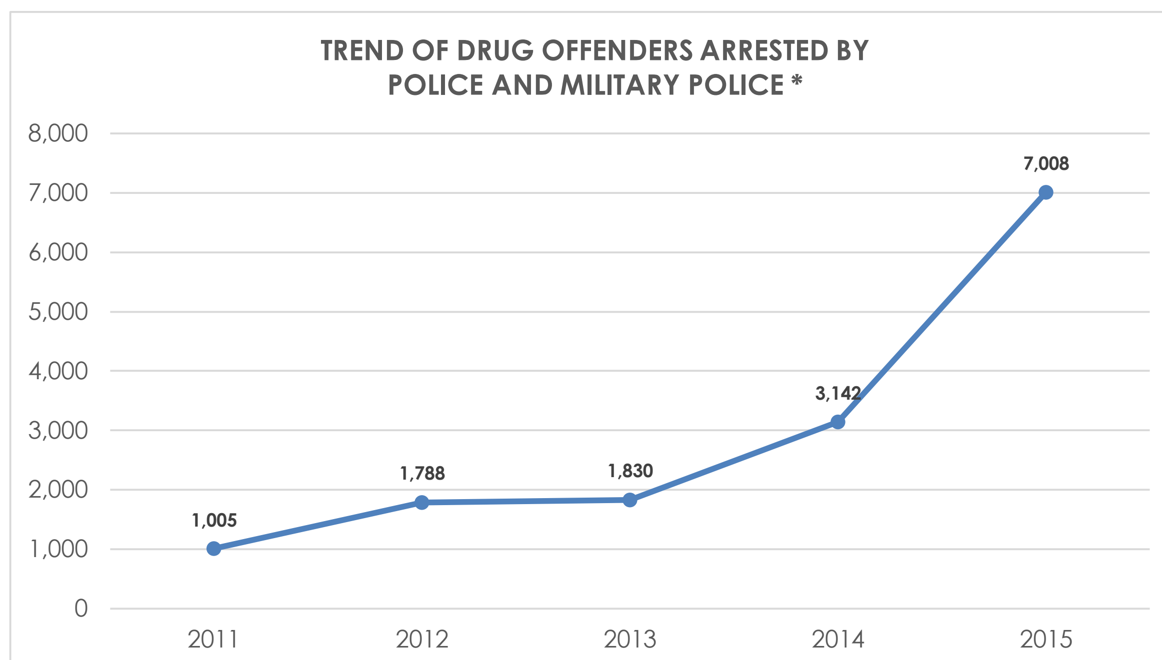
1. National Authority for Combating Drugs (2012). Annual Report for 2011
2. National Authority for Combating Drugs (2013). Annual Report for 2012
3. National Authority for Combating Drugs (2014). Annual Report for 2013
4. National Authority for Combating Drugs (2015). Annual Report for 2014
5. National Authority for Combating Drugs (2016), Annual Report for 2015
6. National Authority for Combating Drugs (2012), National Size Population Estimation of PWUD, 2012.
7. Cambodia Law on Drugs Control (2012).
8. National Authority for Combating Drugs. National Strategic Plan on Drugs Control 2013-2015.

III. STATISTICS

Table A: List of Temporary Drug Treatment

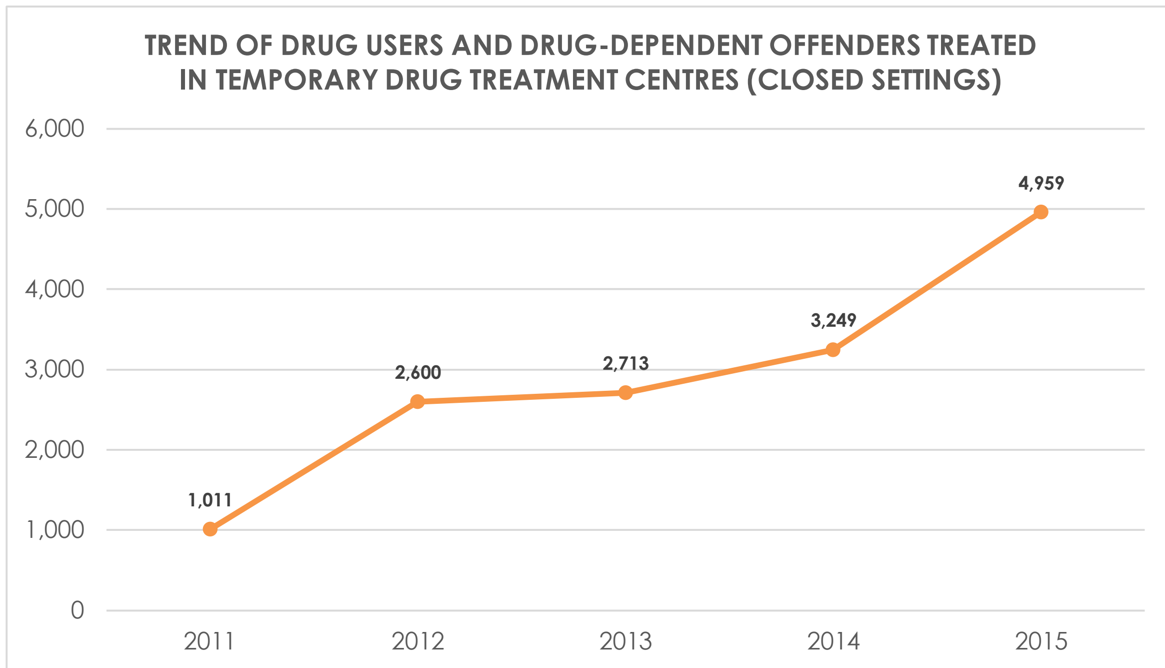
No	Name	Province	Operated by
1	Centre of Youth Rehabilitation	Banteymean Chey	Social Affairs
2	Centre of Okas Knhom	Phnom Penh	Municipality
3	Centre of Hope	Battambang	Police
4	Centre of Education, Training and Rehabilitation	Battambang	Military Police
5	Centre of Education, Training and Rehabilitation	Banteymean Chey	Military Police
6	Centre of Rehabilitation for PWUD	Siem Reap	Police
7	Centre of Education, Training and Rehabilitation	Sihanouk	Military Police
8	Drug Addict Relief Treatment, Education, Training Association	Phnom Penh	Private
9	Centre for Education and Vocational Training	Phnom Penh	Private
10	Centre for Drug Victims	Kandal	Private

Chart 1



(Most are drug dealers)*

Chart 2



OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS CAMBODIA

Savna Nouth[2]

I. OVERVIEW

A. Trends in Drug Use and Offences

2015 has seen a significantly sharp rise in drug-related offences in Cambodia. 2,356 cases of drug-related offences were prosecuted in 2015 compared to merely 996 cases in 2014. This worrying trend has caused considerable social burden as well as challenges for law enforcement and correctional services. Noticeably illegal trafficking of substances used to result in amphetamine-type stimulants (ATS) from overseas end up in Cambodia, mostly to supply local demands, but a considerable quantity of ATS produced in Cambodia is also for export. The main points-of-entry through which most drugs and substances used to manufacture drugs are trafficked into Cambodia are along the Lao-Cambodia borders.

According to the National Authority for Combatting Drug's annual report released early in February 2016, 96 kilograms of cocaine was seized, more than 49 kilograms of heroin as well as 1.5 tons of dried marijuana were also confiscated. On top of that, during the same period the Central Agency has itself confiscated 78 kilograms of substances used in the manufacturing of various drugs, more than 20 kilograms of heroin, and more than 1,000 kilograms of dried marijuana. The number of frequent drug users in Cambodia has so far reached 16,575, but only 7,753 have received treatment at rehabilitation centres across the country.

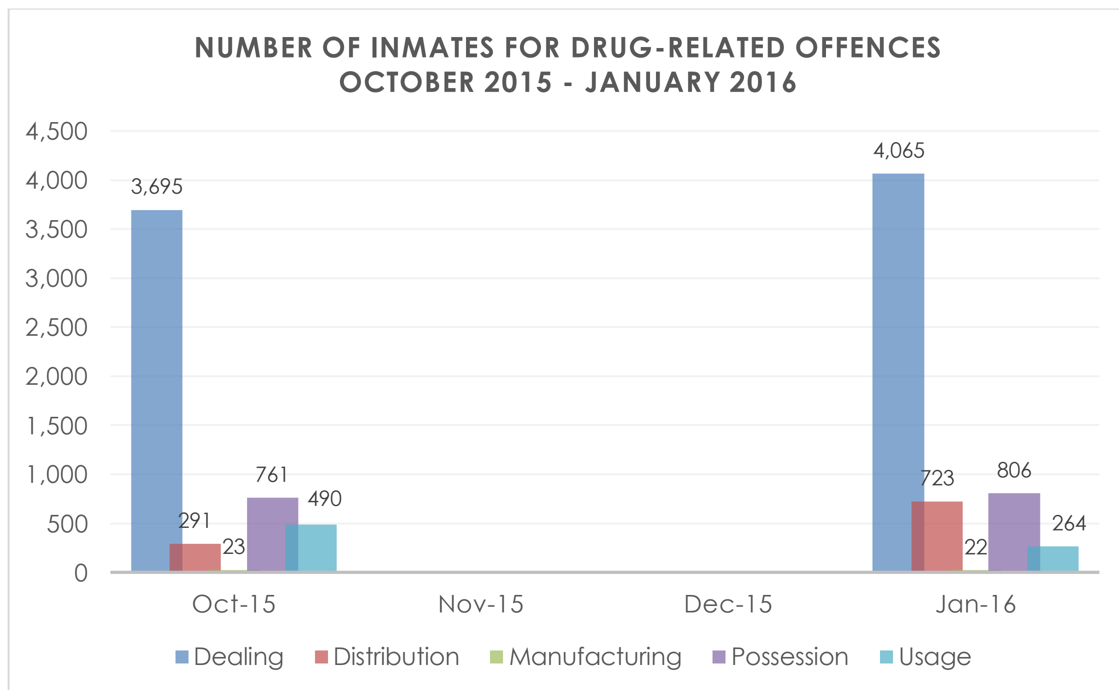
The number of drug-related cases has been categorized as follows:

			Oct 2015	Jan 2016
1.	Drug dealing	:	3,695	4,065
2.	Drug distribution	:	291	723
3.	Manufacturing of drugs	:	23	22
4.	Drug possession	:	761	806
5.	Drug usage	:	490	264
	TOTAL	:	5,260	5,880

[2] Deputy-Director General, Directorate General of Prisons

Out of the current 18,308 inmates countrywide in Cambodia (January 2016 data), approximately 32% have been incarcerated on charges related to drug offences. However, 5,650 inmates were found to have had illicit drug in their system and were thus identified as frequent users. Of these, 758 are women. The rate of male drug offenders out of the overall inmate population is 30.18% while the rate of female drug offenders is considerably higher at 54.29%. Noticeably some of the 5,650 frequent users were not charged with drug-related crimes, but with other offences caused by the effects of illicit drugs including violence, rape, operating a vehicle while under the influence, causing damage to properties, etc. while some of the people charged with drug-related crimes are not actually users.

Chart 1



B. Drug Laws

In terms of law enforcement Cambodia utilizes the following legal framework:

1. Cambodia ratified the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 in 2005.
2. The United Nations Convention on Psychotropic Substances 1971 was ratified in April 2005.
3. Law on Control of Drugs 1997
4. Law on the Amendment of the Law on Control of Drugs 2005
5. Law on Prison 2011, and recently
6. Government sub-decree No. 01 2016

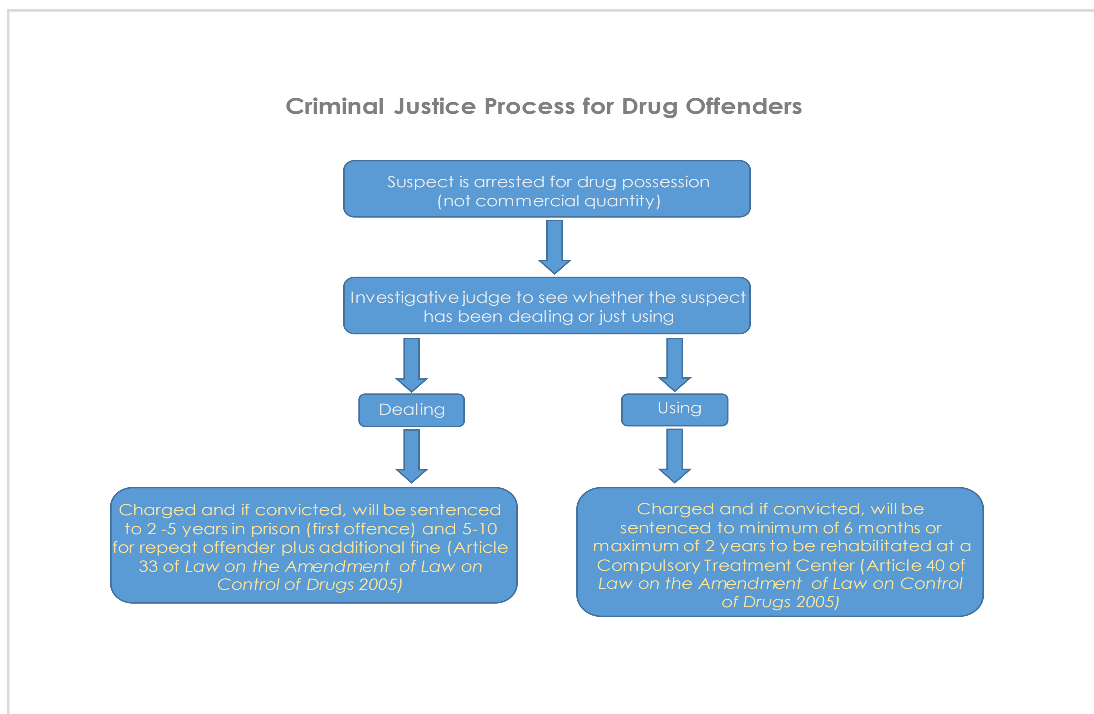
In relation to alternatives to incarceration for drug offenders, it is actually up to the court to decide whether a particular offence merits a custodial sentence or should a non-custodial

measure be imposed, such as judicial supervision, community service, suspended sentence, suspended sentence with probation, deferment of sentence, semi-liberty, as well as a sentence served in instalments (half-way house). Generally Cambodian correctional services do not monitor systematic community-based treatment as stipulated in Article 117, 118, and 119 of the Penal Code 2009, and also in the Law on Prison (particularly Section 7, Article 66 – Article 73), because there are no proper mechanisms established to carry out or implement such decisions by the court rather than imprisonment. However, Article 79 of the Law on Prison indiscriminately states that if there are facts beyond reasonable doubt that an offender has reformed and is poised to become a productive member of the society, he or she should be granted a conditional early release. The procedures are to be governed by the Penal Procedure Code 2007 for those who were sentenced to between 6 months and 5 years of imprisonment.

C. The Criminal Justice Process for Drug Offenders

In practice people who are addicted to illicit drugs are considered to be victims of harmful substances. When they are arrested on the ground of drug possession their cases will be examined by investigative judges to see if they are merely a user or a dealer. If they are found to be mere users, they will be sentenced to a minimum of 6 months and maximum of 2 years of involuntary treatment programmes at either a government-operated drug rehabilitation centre (i.e. operated by the Ministry of Social Affairs, Veterans, and Youth Rehabilitation) or a privately operated clinic. Treatment at a compulsory treatment centre could extend beyond external operators. Obviously if a judge deems beyond reasonable doubt that it is necessary for a drug addict to be locked up for treatment behind bars because he or she may be a risk to public order or safety, then the judge may choose to do so. This normally applies to repeat offenders who fail to meet their bail conditions. Article 38 of the Law on Prison 2011 stipulates that those who have psychological issues or illicit drug substance in their system must be cared for in a separate facility.

Diagram A



D. Community-Based Treatment for Drug Offenders

The government has recently issued a sub-decree concerning treatment for drug offenders, which focuses more on community-based treatment instead. The new guideline will entail that government officials at the community level monitor known drug addicts directly. Patients will receive discreet treatments at local health centres. Cambodia does not currently have drug courts.

E. Community Resources

Because drug use has become widespread among the youth population in Cambodia, in respect of preventative measures youth organizations such as the Cambodian Scouts, the Cambodian Red Cross and the Union of Youth Federations of Cambodia have been actively involved in providing education and promoting awareness of the danger of illicit drugs. Additionally, religious leaders such as monks and imams have also volunteered to include messages during their religious sermons along with similar efforts from the local authority, which form part of a community programme called Safe Village-Commune Programme wholly administered by the Ministry of Interior. The treatment efforts by non-government organizations such as the Drug Addict Relief Association of Cambodia and Drug Addict Relief Treatment, Education, and Training Association are propelled by telecom, media and broadcasting companies who have been helping with anti-drug messages.

Even though this preventative measure seems like a systematic one, drug problems among the youth population escalate even further due to lack of proper resources and effective cooperation among stakeholders. Youths are enticed by excitement, while the combined countering measures by the community do not seem to hit the right spot. Criminal networks have also become more sophisticated in overriding the authority's resources, because their investment in evading the law exceeds the resources available to fight against their activities. Prison overcrowding is obviously a major issue when it comes to recidivism among drug offenders while the authorities focus too heavily on promoting awareness and arresting drug suspects rather than balancing their efforts on treatments and aftercare.

II. REFERENCES

1. United Nations Office on Drugs and Crime 2014, *World Drug Report 2014,* Vienna.
2. United Nations Office on Drugs and Crime 2010, *World Drug Report 2010,* Vienna.
3. Council for the Development of Cambodia, 2016, *Economic Trend,* viewed 24 Feb 2016, http://www.cambodiainvestment.gov.kh/investment-enviroment/economic-trend.html
4. UNICEF Cambodia, *Situation Analysis of Youth in Cambodia,* viewed 26 Feb 2016, http://www.unicef.org/cambodia/results_for_children_13004.html
5. National Authority for Combating Drug 2016, *Annual Report 2016*

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS INDONESIA[3]

I. OVERVIEW

A. Trends in Drug Use and Offences

1. According to research conducted by the National Narcotics Board (BNN) and the University of Indonesia, the prevalence of drug abuse in Indonesia in 2014 is 2.1 percent, which corresponds to 3.8 million to 4.1 million people. By 2019 the number could reach 7.4 million people if we do not take the appropriate measures.

2. Indonesia is not only a key transit country, but with the growing economy and size of the population, it has become an important destination and market for illicit drugs. This situation poses considerable challenges and threats to public security, health, and the economic well-being of the Indonesian people.

3. Cannabis is still the most used and abused drug in Indonesia. Working closely with the national geospatial institution, the BNN has monitored the possible areas of cannabis cultivation, in order to eradicate it and prevent its expansion and production. Likewise, the BNN enhanced collaboration between central and local government to sustain the alternative development projects that have been developed. Cannabis is the type of drug that was widely mentioned as the leading drug in all the provinces (61%), especially in Papua (92%), West Nusa Tenggara (84%), Maluku (82%) and West Kalimantan (79%). In addition to marijuana, the type of drug that many use is methamphetamine and ecstasy. Shabu is found in particular in East Kalimantan (49%), South Sumatra (19%), and North Sumatra (13%). Ecstasy is mostly used in the Riau Islands (22%), South Sumatra (16%), North Sumatra (11%), Lampung (10%), and Bali (9%). Thus, the type of drug most widely consumed is marijuana, methamphetamine, and ecstasy.

4. Drug-related arrests and drugs seized in the last few years indicate that the trend is moving from cannabis to amphetamine-type stimulants (ATS). Since 2012, the BNN has also noted that cases related to opioids and cocaine substance increased moderately. However, cases related to ATS, in particular crystalline

[3] Paper submitted by National Narcotics Board

meth-amphetamine and ecstasy, have increased significantly. In 2011 alone, the BNN seized one ton of crystal meth-amphetamine.

5. The trends of ATS manufacturing are also changing. Back in 2006 – 2010, the BNN successfully dismantled a number of mega-laboratories producing ATS. But in 2011-2012, only small or kitchen labs were found. On the other hand, ATS trafficking and smuggling is on the rise in an unprecedented curve as we speak, as shown in the number of drug-related arrests by law enforcement.

6. 35 new psychoactive substances (NPS) was found in Indonesia. These have become one of the emerging challenges. Like many countries around the world, we carefully monitor the use and abuse of these new substances that are not listed or controlled, and would like to learn from the experiences of other countries how to tackle this problem.

7. While drug smuggling and trafficking by air or via courier remains, drug smuggling by sea indicates there is a new route for drug trafficking and smuggling. The BNN also uncovered new routes of trafficking using remote border crossings with neighbouring countries such as Timor Leste. Due to the geographic characteristic of Indonesia with more than 17,000 islands, trafficking by sea and remote through ports or borders has become a growing concern and challenge.

8. Other emerging or new modes of trafficking have also been disclosed, namely the use of mail and parcels delivery, with some using the Internet and others using someone's address without their consent.

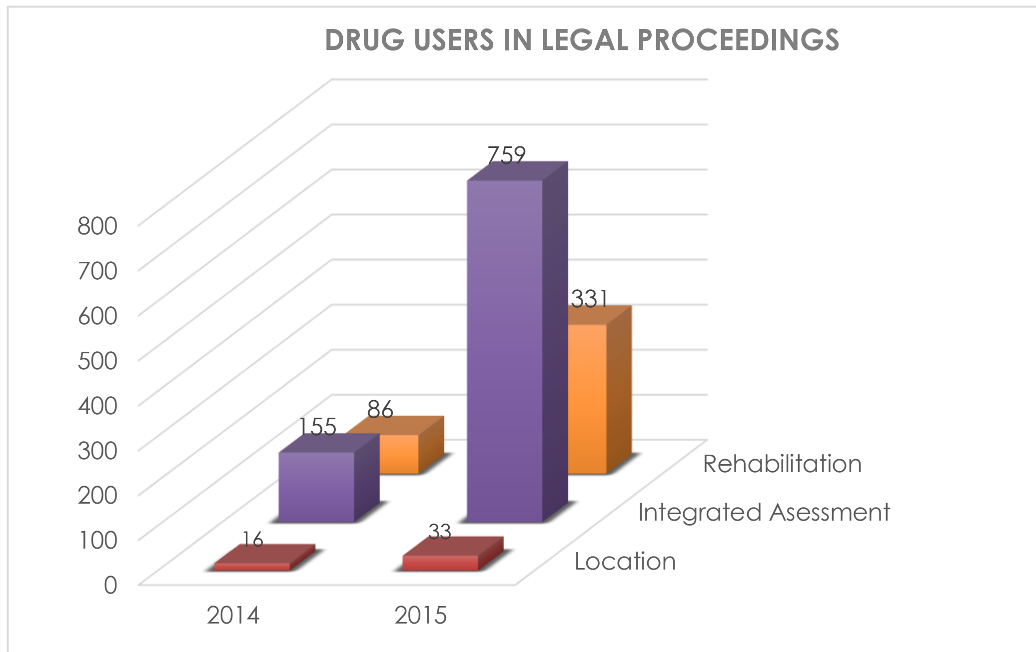
9. Recent cases also demonstrate the increased threat of drug trafficking and smuggling to Indonesia. The BNN noticed a trend in the last two years of new syndicates exploiting couriers from many countries including Indonesian citizens. However, the BNN remain alert with regard to syndicates from West Africa.

10. Data from the Ministry of Law and Human Rights shows that the number of suspects and convicted drug offenders reached 55,671 people. The provinces with the most cases are Jakarta (10,000 cases), West Java (7,000 cases) and East Java (4,000 cases). Thus, the number of cases successfully resolved is still relatively low, or 39% of all cases in 2013.

11. In order to handle drug users and drug-dependent offenders in legal proceedings in Rehabilitation Centres, in March 2014, seven governmental institutions (the Supreme Court, the Ministry of Law and Human Rights, the Ministry of Health, the Ministry of Social Affairs, the Attorney General Office, the Indonesia National Police and the National Narcotics Board) reached a consensus on signing a joint ministerial regulation on Handling Drug Addicts and Victims of Drug Abuse in Rehabilitation Centre through an integrated assessment process (criminal justice assessment and medical assessment). The policy was implemented by the Pilot Project conducted in 16 cities in Indonesia in 2014, then in 2015 it has been implemented in all provinces in Indonesia.

12. Data on drug users and drug-dependent offenders in legal proceedings who have undergone integrated assessment and placed in rehabilitation in 2014 and 2015 are as follows:

Chart 1



B. Relevant drug laws and legal frameworks for custodial measures and alternatives to incarceration for drug offenders (non-custodial measures).

In practice, imprisonment is already overused and may not be suitable for all prisoners, especially those who are sentenced for petty or non-violent offences and drug addiction cases. Narcotics-related offenders in Indonesia account for roughly 35 percent of the total prison population, which is approximately 160,000. Most of these convicts are drug users who were convicted for drug possession and have little access to quality rehabilitation services behind bars.

Overcrowding can be decreased either by building new prisons or by reducing the number of people staying in them. Practice shows that trying to overcome the harmful effects of prison overcrowding through the construction of new prisons does not provide a sustainable solution. Indeed, a number of European countries have embarked on extensive programmes of prison building, only to find their prison populations rising in tandem with the increased capacity acquired by their prison systems. Indonesia is experiencing most likely the same situation in this respect. "*Building new prisons and maintaining them is expensive, putting pressure on valuable resources. Instead, numerous international instruments recommend a rationalization in sentencing policy, including the wider use of alternative to prison, seeking to reduce the number of people being isolated for long periods.*"[4] In order to meet the objective of reducing the number of prisoners, comprehensive reform of criminal legislation needs to be undertaken and sentencing practices need to be changed.

[4] https://www.unodc.org/unodc/en/justice-and-prison-reform/prison-reform-and-alternatives-to-imprisonment.html

However, the goal of introducing alternatives to prison is not only to address the problem of overcrowding in prisons. According to the UNODC, The wider use of alternatives reflects "*a fundamental change in the approach to crime, offenders and their place in society, changing the focus of penitentiary measures from punishment and isolation, to restorative justice and reintegration. When accompanied by adequate support for offenders, it assists some of the most vulnerable member of society to lead a life without having to relapse back into criminal behaviour patterns. Thus, the implementation of penal sanctions within the community, rather than through a process of isolation from it, offers in the long-term better protection for society.*"[5]

In the context of developing an integrated and balanced strategy between law enforcement and a public health approach regarding drug-related issues, the Government of Indonesia continues its commitment to establish a mechanism on alternatives to incarceration for drug-dependent people and to provide access to rehabilitation and social reintegration services in the country. One of the main achievements aiming to harmonize governmental responses after the new Narcotics Act number 35 was passed in 2009, occurred in March 2014; seven governmental institutions (the Supreme Court, the Ministry of Law and Human Rights, the Ministry of Health, the Ministry of Social Affairs, the Attorney General Office, the Indonesia National Police and the National Narcotics Board) reached consensus on signing the joint ministerial regulation on Handling Drug Addicts and Victims of Drug Abuse in Rehabilitation Centre. Subsequently, operational guidelines set out in the national drug regulatory agency head number 11 were passed in 2014 and regulation number 50 of the health Minister in 2015.

Alternatives to imprisonment in the context of drug users follow the same general reductionist strategies as for other crimes. In order to assist the Government of Indonesia and provide a full picture of challenges and opportunities to fully implement alternatives to imprisonment for drug-dependent people, Indonesia plans to conduct a comprehensive assessment of the national drug policy legal framework using a criminal justice assessment and medical assessment toolkit on alternatives to incarceration.

C. The Criminal Justice Process for Drug Offenders

Traditionally, in Indonesia, the "criminal model" was adopted with standards to deal with drug-dependent offenders by strict punishment. But since overcrowding in prisons became a big issue, a new law promulgated in 2009 nevertheless stipulated a transition to rehabilitation. It is still under transition and needs more time and effort to be completed, and so enrichment of treatment in prisons is also pursued in parallel.

The number of drug users and drug-dependent offenders as a suspect or accused of a criminal offence for narcotics has increased. Rehabilitation of drug abusers has been demonstrated empirically to be able to suppress the supply of narcotics and can reduce the circulation of illicit narcotics. Therefore, the process of punishment for drug users and drug-dependent offenders is not fully able to provide a deterrent effect because prisons and correctional facilities were over capacity and it cannot implement the rehabilitation programme to the fullest.

[5] Ibid

This judicial process provides an opportunity to rehabilitate suspects and accused drug users and drug-dependent offenders. To restore and develop them physically, mentally and socially, persons suspected or accused of a criminal offence related to narcotics can be provided with treatment programmes, treatment and recovery in an integrated and coordinated environment in connection with the judicial process.

The purpose of the placement of drug users and drug-dependent offenders in a rehabilitation institute, in accordance with Article 4(d) of Act Number 35 of 2009 on Narcotics, is to ensure the regulation of medical and social rehabilitation efforts for drug users and drug-dependent offenders. Moreover, Article 127 also can be used as guidelines by the judge in decisions on rehabilitation for addicts and drug users and drug-dependent offenders, with regard to the provisions of Article 54, Article 55 and Article 103. In addition, as stipulated in Act Number 35 of 2009, the rehabilitation of drug users and drug-dependent offenders is also regulated in Article 13 paragraph (4) to paragraph (6) of Government Regulation No. 25 Year 2011 on the Implementation of Mandatory Report Addicts Narcotics and in the joint regulation between the Supreme Court, the Minister of Justice and Human Rights, the Attorney General, the Head of the Indonesian National Police, the Minister of Health, the Minister of Social Affairs, and the Head of National Narcotics Board on Handling Drug Addicts and Victims of Drug Abuse in Rehabilitation Centre through an integrated assessment process (criminal justice assessment and medical assessment) as well as in National Narcotics Board Regulation No. 11 of 2014 on Procedures for Handling of Suspects and or the Defendant Narcotics Addicts and Narcotics Abuse Victims In a Rehabilitation Institute.

The provisions of the legislation mandate that drug addicts and victims of drug abuse should be treated humanely, but the handling of drug addicts and victims of drugs abuse who have entered the realm of the law needs to be done more carefully and cautiously through the assessment process before they are placed in a rehabilitation centre. The objective of the assessment is to determine the extent of addiction and their role in narcotics crime. To ensure objectivity, the assessment is done by representatives from medical professions (physicians and psychologists) and legal professions (BNN investigators, police investigators, prosecutors and Bapas[6]).

D. Community–Based Treatment for Drug Offenders, Rehabilitation Programme in Prisons

In Indonesia from 2014 until 2015, rehabilitation for drug users and drug-dependent offenders consisted only of an inpatient treatment programme. The programme used short-term inpatient care for three months**.** Rehabilitation can be done if in the investigation stage investigators make a request to do an integrated assessment and the legal and medical team determine that the defendant is only a drug addict and was not involved in other drug-related crime.

The increasing number of criminal offences related to drugs and drug abuse in prison and detention centres indicates that the issue of demand for and supply of narcotics is not being aggressively and continuously addressed. Data shows that the number of prisoners convicted of narcotics offences dominates prisons and detention centres throughout Indonesia, with more than 30% of the inmate population having been

[6] Correctional Institution

convicted of narcotics offences. Among that number, as many as 18,973 inmates are classified in the category of drug addicts (article 127 of Law No. 35 of 2009 on Narcotics).[7] The number of prisoners sentenced for narcotics offences to prisons and detention centres has been increasing in the past last ten years, impacting the tasks and functions of the Directorate General of Corrections. These conditions encourage the Ministry of Justice and Human Rights and particularly the Directorate General of Corrections to take steps in order to provide specific care and treatment for prisoners of narcotics cases.

Prisoners who are addicts and victims of drug abuse require effective rehabilitation and training programmes to recover from addiction. Therefore, more emphasis is required to provide drug offenders with rehabilitation programmes that address both social and medical rehabilitation. Currently not all prisons are able to provide rehabilitation. This is related to insufficient human resource capacity, infrastructure, and budget for rehabilitation programmes. Thus the implementation of rehabilitation in prisons for drug offenders either as a suspect, accused or convicted who are in prison and in detention centres becomes very important to follow up on the Joint Regulation of 2014. This time the BNN has implemented the handling of cases of abuse narcotics involving various government institutions and community organizations. Furthermore, in order to guarantee the rights of drug users, the offender can be placed in a rehabilitation facility for treatment or medical rehabilitation and social rehabilitation. The BNN and the Director-General of Corrections from the Ministry of Law and Human Rights, considers that there is a need to develop technical programmes for implementation of rehabilitation programmes in prisons and detention centres.

In 2015, prisons as designated by the Directorate General of Corrections organized rehabilitation for drug addicts and victims of drug abuse. Provision of facilities and infrastructure that are used in the implementation drug rehabilitation programmes in prisons are as follows:

a. Special blocks for the rehabilitation programme
b. Administration room
c. Polyclinic
d. Multipurpose room
e. Vocational space
f. Recreational facilities
g. Place of worship
h. Kitchen

Rehabilitation services for addicts in prison consist of physical and psychological evaluation activities undertaken for 2 weeks, and the core programme carried out for 8 weeks with an emphasis on behavioural change. In addition, preparatory activities for post-rehabilitation is carried out for 2 weeks.

[7] http://smslap.ditjenpas.go.id/ (Directorate General of Corrections (DG PAS) Ministry of Law and Human Rights)

Human Resources are needed as follows:

a. Physician
b. Nurse
c. Psychologist
e. Social worker
f. Mental and spiritual guidance officers
g. Addiction counsellor
h. Security officer
i. Officers for guidance work
j. Administration officer

In 2015 the number of prisoners who have been rehabilitated is 3,485 people.

E. Through-Care System and Aftercare

In areas of demand reduction, since 2007 the BNN has operated a Technical Operation Unit (UPT) for Therapy & Rehabilitation in Lido Sukabumi, a free-of-charge service for the implementation of comprehensive and integrated therapy and rehabilitation for drug abusers who wish to recover from drug abuse. The Therapy & Rehabilitation UPT applies a one-stop (integrated) service for medical and social rehabilitation in one facility. The Therapy & Rehabilitation has the most complete and extended facility in Indonesia, which makes this rehabilitation centre a focal point and research centre for therapy and rehabilitation.

Another rehabilitation centre was established at the Baddoka Makassar - South Sulawesi, Tanah Merah Samarinda - East Kalimantan, and Batam-Riau Island. In 2016, The BNN will also launch rehabilitation centres in Lampung and North Sumatera. There is hope that the establishment of rehabilitation centres in these regions will motivate many drug addicts to receive rehabilitation services.

The treatment services rendered are medical check-up, detoxification, and application of the Therapeutic Community (TC) modality in the Primary and Re-entry programme, the follow-up programme after re-entry, and the aftercare programme. In the aftercare programme, several skills are taught including the repair of mobile phones, community services (Indomaret), planting of one million trees, integrated in-house and the real outbound training, photography and handicrafts for souvenirs.

The aftercare programme is a follow-up of the rehabilitation programme to prevent recovered drug victims from relapse.

a. Tambling Wildlife Nature Conservation

The BNN Tambling Wildlife Nature Conservation (TWNC) cooperates with Artha Graha Peduli Foundation in an aftercare programme for ex-drug abusers, by implementing a performance-based and nature conservation activity in West Lampung. This activity is a breakthrough in post-rehabilitation initiated by the BNN in 2011. Through the aftercare programme, it is hoped that relapse will decrease for ex-drug addicts. The ex-drug addict becomes a self-sufficient person when reintegrated in the society, and will be able to optimize his/her competence. This programme is also in line with the mandate contained in President Instruction

Number 12 of 2011 on the Implementation of National Policies and Strategies in the Prevention and Eradication of Drug Abuse and Illicit Drug Trafficking (P4GN). The therapy concept of nature conservation originated from an initiative of an Englishman named John Hall in 2003. Based on this concept, the nature conservation programme is helpful and effective in developing the drug addict's self-confidence, motivation and cooperation in a group. There is no doubt that ex-addicts encounter many problems after the rehabilitation process. Ex-addicts carry a stigma that makes them unwelcome in the community which can make it difficult to have a normal life and find work. To prevent a return to drugs, the programme makes addicts productive by providing skills and trainings when they reintegrate in society. The objective is that a successful rehabilitation programme is achieved by three elements, namely economic, social and environmental. From the economic view point an addict has to be self-sufficient and productive. He/she must be able to re-integrate and socialize with the community, and must be able to respect and maintain nature conservation. A loving nature means the addict learns to respect and not ruin one's self by abusing drugs. The environmental aspect in the learning is related to forest conservation. TWNC was inaugurated in 2008 and manages approximately 60 species of wild animals. TWNC has obtained a permit from the Ministry of Forestry to manage conservation of 45,000 hectares, and a permit to manage nature tourism for 100 hectares. In the conservation centre there is a breeding facility for 35 endemic animals from the Tambling area, such as Sumatera tigers, siamangs, tapirs, antelopes and eagles.
TWNC obtained these animals from people in the area or from the traditional market. The animals obtained usually have to go through a recovery process to return their instincts before being released in the forest. The Sumatera tiger when at a productive age usually recovers rapidly. The average period of recovery is 3 to 4 months, and the maximum 6 months. For the comfort of the staff and visitors, the conservation centre is also furnished with cottages, pendopo (open hall), cooperative, clinic, an airstrip and a helipad.

In the area for forest and fauna conservation, ten ex-addict residents have followed the aftercare programme since 30 November 2011, during which they received several training sessions and were provided on-the-job training according to their respective interest and talent, e.g., in food & beverages, cooking, horse patrol, and mechanical engineering.

In the programme, the residents start with the character forming process, from discipline, adherence to instructions and environmental identification. Their daily activities start at 05.00 AM with the early morning prayer for Moslems, followed by morning call, sport and breakfast. Then residents have time to work on their personal needs, such as doing the washing, cleaning the tent and surrounding area. After lunch the residents receive material on the projects they have to work on, with an interval for a games session. Through these sessions they will know each other and develop solidarity. During this time they are also given instructions on the concept of nature conservation from the TWNC. After finishing their activities the residents gather for a reflection hour. In turns they state their opinion, give input or criticize what they experienced during the day.

b. Bengo – Bengo (South Sulawesi)
A similar aftercare programme in wildlife and forest conservation will be conducted in Bengo – Bengo, South Sulawesi, in cooperation with the Faculty of Forestry, University of Hassanuddin in Makassar, South Sulawesi.

c. Rumah Dampingan
This Programme is a six-month programme that consists of support groups, job discussion, counselling, and vocational training.

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY–BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS LAO PEOPLE'S DEMOCRATIC REPUBLIC[8]

I. OVERVIEW

A. The Drug Situation

The Government of the Lao People's Democratic Republic (PDR) prioritized the fight against drug trafficking and use and instructed line sectors, local administrations and the public to focus on the successful implementation of national legislative strategies against drugs, such as the Law on Narcotics and the National Drug Control Master Plan. The Lao National Commission for Drug Control and Supervision (LCDC) has effectively strengthened its monitoring efforts during the last years.

B. Legislation and National Drug Control Policy

Under the National Drug Control Programme implemented from 1994 to 2000, drug control mechanisms have been established such as the Pharmacy and Drug Control Department (PDCD), counter-narcotic units (CNU) and border liaison units (BLOs) which support capacity building as gradual and balanced approaches to drug control that focuses on alternative development. The strategy of a "balanced approach to opium elimination" which includes alternative development, demand reduction and law enforcement has been implemented from 2000 to 2006. The National Programme Strategy for the Post-Opium Scenario and the Action Plan focused from 2006 to 2009 on 1,100 of the poorest villages in order to provide them with alternative development, demand reduction, civic awareness & law enforcement linked to the Sixth National Socio-Economic Development Plan (NSEDP) to provide an overall reduction in poverty. The implementation of the National Drug Control Master Plan for 2009 to 2013 was extended to 2015 in order to address the recent rise and proliferation of illicit drug production, trafficking, abuse as well as related criminal activities through a nine-point comprehensive strategy.

[8] This paper is an abstract of the presentation delivered by the Lao PDR delegation

C. Law Enforcement

Key priorities of the Government of the Lao PDR are capacity enhancement of law enforcement agencies, increasing border surveillance and improving intelligence in order to improve the ability to detect, investigate and prosecute illicit trafficking and related crimes.

D. The Trafficking Situation

As an indicator of the strengthened policy efforts, during 2015 the authorities arrested 3,346 drug traffickers (of whom 555 were women and 90 were foreigners), and seized 134,841 kg of heroin, 51,614 kg of opium, 3,258.045 kg of cannabis, 141,907 kg of Ice, and 6,331,692 ATS tablets.

E. Preventive Education

The authorities concerned enhanced joint efforts in disseminating information on the newly adopted legislation at the provincial level as a contribution to the attainment of a higher level of health protection, well-being and social cohesion by complementing LCDC action in preventing and reducing drug use, dependence and drug–related harms to health and society. Identifying the demographic challenges of the Lao PDR where 60 percent of the population is under 25 years old and the median age is 21 years old, the authorities concerned are also focusing on awareness-raising, anti-drug campaigns and strong advocacy in school and education environments, among teachers and parents. The legislative and executive branches of the Lao PDR also address risks of the emergence of amphetamine-type stimulants (ATS) and other synthetic drugs over the past decade, an emergence which also marks an alarming new trend that is now known to primarily affect urban youth in the major cities and rural youth on trafficking routes.

F. Treatment and Rehabilitation

At present the concerned authorities of the Lao PDR operate 11 standard and non-standard rehabilitation and vocational training centres. Two more are under construction and an additional three centres are planned. Due to these enhanced efforts, the number of rehabilitated and reintegrated drug users has increased.

The authorities concerned plan to expand the availability of community-based treatment (CBT) for ATS users, including access to counseling services to all citizens by enabling hospitals, health facilities and educational institutions across the country to offer these services.

The responsibility of the centres

The responsibility of the centres are treatment and vocational training for abusers using different kinds of drugs, such as amphetamine, heroin, opium, alcohol, and others. Treatment, rehabilitation and vocational training for drug abusers are divided into four phases as follows:

1. *Drug Detoxification Phase*: This lasts for about 21-42 days depending on the addiction level of the patient. Patients receive medicine and vitamins that have been prescribed according to the withdrawal symptoms. Counselling, consultation and psychological support treatment are provided for the patients and their families.
2. *Rehabilitation Phase*: This lasts for 3-6 months depending on the severity of the patient's drug problems. Vocational and occupational training, group counselling, religious instruction, exercise, sports and entertainment, and activities such as sculpture and vegetable gardening are provided.
3. *Prepare for Reintegrated*: This lasts for 6-9 months, and continues the counselling, occupational training, sculpture, vegetable gardening, and sports activities.
4. *Follow-up Phase*: This lasts for 6-12 months. The discharged patients are encouraged in reintegrating into society. Willing participants are offered employment or further education opportunities, and their social and drug behaviour after discharge is followed. Parents need to take the patient to the centre for check-ups and urine tests every 15 days.

G. Juvenile Care and Rehabilitation

Since 1975, Laos has entered a new era and continues to open up economic investment and receives cultural and social influences from neighbouring countries. Therefore, children and young people are increasingly vulnerable to trafficking and exploitation. As a result, it appears that there are many new challenges facing Lao children and young people. Lao children are facing many social issues such as drug abuse, child labour, migration, HIV/AIDS, child prostitution and trafficking. Among these issues, trafficking in children is a growing concern of the Lao Government.

The Organization Responsible for Juvenile Care and Rehabilitation

Lao Youth Union

- Coordinates with other social organizations in order to educate, train and protect youth and children, and strengthen the appropriate interests of Lao youth and children from all ethnic groups;
- Provide information on living conditions and socio-cultural development suitable for youths/children, including child protection and participation opportunities for self-development; and
- The young pioneers department has roles to lead and protect children across the country from the central to local levels in order to find suitable ways for educating children. So far, Lao PDR as well as the Lao Government has increased attention to children and in 1992 set up a national committee on children and mothers. This committee has conducted and disseminated content on the Convention on the Rights of the Child nationwide and this committee has drafted provisions on child rights which aim at four basic rights: the right to survival, the right to development, the right to protection and the right to participation.

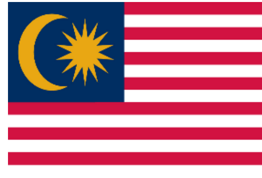
II. CONCLUSION

To actively realize and implement the ASEAN's vision of a drug-free community, the Lao PDR focuses on the following strategies:

1. Strengthening the overall oversight and advocacy capacity of the LCDC;
2. Enhancing effective law enforcement at all levels by using holistic approaches in preventing and reducing drug use, dependence and drug-related harms;

this enforcement should be coordinated within the concept of safe borders, safe cities and safe communities;

3. Strengthening a nationwide monitoring and data collection system in order to chart drugs, HIV and AIDS, as well as crime-related trends from village to district, to province and to central levels as a basis for identifying gaps and improving policy planning and strategy development at the national level;
4. Strengthening trend analysis and risk assessment;
5. Improving options for sustainable livelihood by providing access to training, credit and markets;
6. Further focusing on awareness-raising among at-risk and vulnerable groups in urban settlements and along trafficking routes, especially among adolescents;
7. Further providing and improving treatment, rehabilitation centres and reintegration schemes in order to respond to the needs of drug addicts;
8. Placing strong emphasis on institutional capacity-building for policy-implementing stakeholders;
9. Ensuring that policies, strategies and programmes are brought down to the grassroots level through projects and activities, in order to also ensure participation of all stakeholders by involving civil society in the development of a counter culture against drugs; and
10. Further developing strong cooperation and networks at the ASEAN level, including harmonizing related laws to strengthen the legal response to the challenges of the ASEAN community and ASEAN transport connectivity intended to benefit regional trade and economic development but also expected to be exploited by transnational organized criminal groups.



COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS MALAYSIA

Abdul Aziz Bin Abdul Razak[9]

I. OVERVIEW

A. Trends in Drug Use and Offences[10]

Malaysia is facing a changing of the drug landscape from traditional drugs such as opium, heroin and cannabis to newer psychoactive substances, particularly amphetamine-type stimulants (ATS), methamphetamine, ecstasy and eramin 5 ((Nimetazepam) etc. The demand for ATS, and the lucrative profits generated from the trade, continues to provide ample incentive for drug traffickers to expand their illicit activities. At the same time, improved infrastructure and increased vehicle traffic, which facilitate the smooth flow of licit goods, services, etc., provide opportunities for an expansion of international drug trafficking syndicates in Malaysia.

More drug offenders were arrested in 2013 as compared to 2012. A total of 128,412 persons were arrested under the Dangerous Drugs Act (DDA) 1952 as compared to 115,927 in 2012. Out of this total, the number of persons arrested under Section 39B which carries the mandatory death penalty was 4,301. The number of offenders under Section 39A was 9,533, and 114,578 people were arrested for committing offences under other sections of the DDA 1952. In 2013, 838 offenders were detained under the Special Preventive Measures of the DDA 1985 as compared to 813 in 2012

In 2013, RM94.71 million worth of assets belongings to drug syndicates were seized under the Dangerous Drugs (Forfeiture of Properties) Act 1988, which is an increase of 74 percent as compared to RM54.42 million in 2012. During the same year, RM6.79 million worth of assets were confiscated, a decrease of 45 % from RM12.40 million in 2012.

Intelligence also revealed that the landscape of methamphetamine trafficking is changing. Previously, the West African region was not known to produce ATS but has become a prominent point of origin of methamphetamines trafficked to South East Asia, including Malaysia. The Nigerian syndicates in Malaysia which used to traffic primarily cocaine and

[9] Director of Parole and Community Division, Malaysian Prison Department, Ministry of Home Affairs
[10] Source : Ministry of Home Affairs Malaysia, 2 May 2014
http://www.na.gov.la/docs/AIPA/aifocom11/Doc_for_AIFOCOM/COUNTRY%20REPORT/(11)%20Annex%20M-%20Country%20Report%20of%20Malaysia.pdf

heroin, are trafficking increasing amounts of methamphetamine into Malaysia by air couriers and parcel services.

B. Drug Laws

Malaysia's drug laws are found in six (6) major statutes.

- The Dangerous Drugs Act 1952;
- The Poisons Act 1952;
- The Drug Dependents (Treatment and Rehabilitation) Act 1983;
- The Dangerous Drugs (Special Preventive Measures) Act 1985;
- The Dangerous Drugs (Forfeiture of Property) Act 1988; and
- The National Anti-Drugs Agency Act 2004.

C. The Criminal Justice Process for Drug Offenders

The following list contains the agencies/organization that deal with drug users and drug offenders:

- The Ministry of Health
- National Antidrug Agency (under the Ministry of Home Affairs)
- Malaysia Prison Department (under the Ministry of Internal Security)

D. Community-Based Treatment for Drug Dependents

Malaysia is one of the few countries in the region that has developed a compulsory rehabilitation programme for drug dependents. The objective of the treatment and rehabilitation programme is to enable drug dependents to overcome their physical and psychological addiction to drugs and to thereafter live a drug-free lifestyle.

Another rehabilitation centre is in the form of an open access service known as Cure & Care 1 Malaysia Clinic. The National Anti-Drug Agency implements four (4) methods of treatment and rehabilitation, namely:

I. Rehabilitation in the Institution (Cure & Care Rehabilitation Centre)

II. Rehabilitation in the Community (Cure & Care Service Centre, Caring Community House);

III. Open-Access Services (Cure & Care 1Malaysia Clinic); and

IV. Rehabilitation through Career (Cure & Care Vocational Centre)

A suspected addict can be detained for a period of 14 days for urine and medical examination to ascertain his status. If he is certified to be an addict and the social report proposed by the Anti-Drugs Officer so recommends, the magistrate can either sentence the offender to an institutional rehabilitation programme or place him under the supervision of a Rehabilitation Officer/Anti-Drug Officer in the community.

Methadone Maintenance Treatment MMT Policy in Prison:

- Adopt the policy set by the Ministry of Health.
- Continue the programme outside the prison after receiving written confirmation from a medical officer.
- Continuous monitoring is carried out on prisoners who participate in this programme. Treatment of prisoners will be determined by the medical officer as stipulated in the Guidelines for Methadone Substitution Therapy: Health Ministry of Malaysia.
- A special counselling programme to prisoners who participate in therapy programme in addition to the existing counselling sessions.

II. REFERENCES

1. Malaysian Drug Treatment Policy: An Evolution from total Abstinence to Harm Reduction, available at: http://www.adk.gov.my/html/pdf/jurnal/2008/5.pdf

2. The Effectiveness of Methadone Maintenance Therapy Among Opiate - Dependents Registered with Hospital. Raja Perempuan Zainab II Kota Bharu, Kelantan

3. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3629676/

4. Implementing methadone maintenance treatment in prisons in Malaysia. Jeffrey A Wickersham, Ruthanne Marcus, Adeeba Kamarulzaman, Muhammad Muhsin Zaharib & Frederick L. Altice, available at: http://www.who.int/bulletin/volumes/91/2/12-109132.pdf

5. Guidelines for the Management of Adult HIV Infection with Antiretroviral Therapy – Ministry of Health, Malaysia

6. http://www.moh.gov.my/images/gallery/Garispanduan/HIVGUIDELINES.pdf

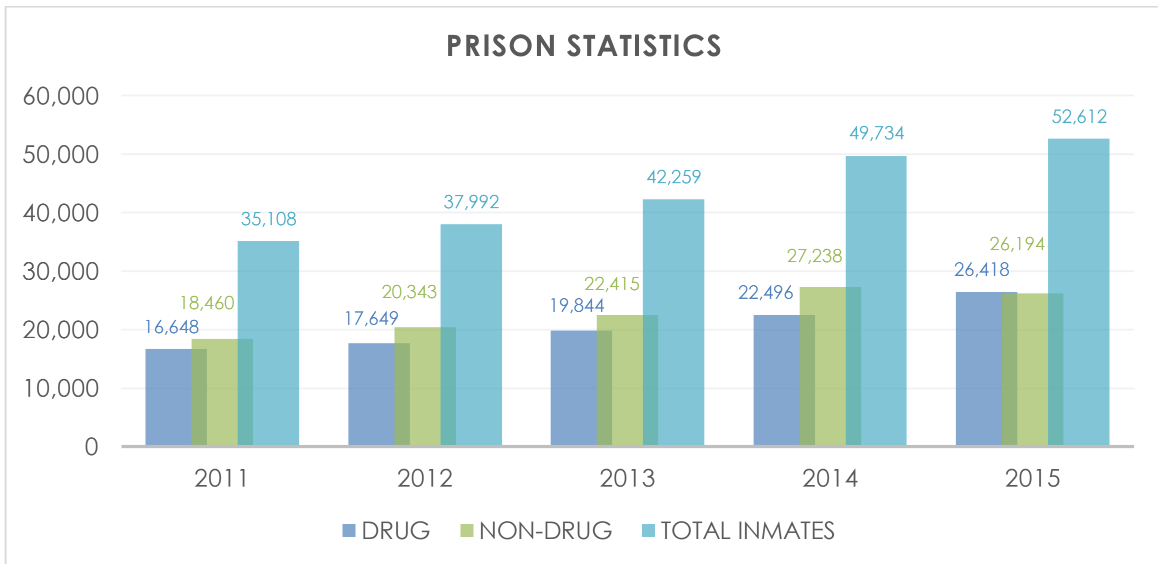
7. Improvement of quality of life following 6 months of methadone maintenance therapy in Malaysia, available at: http://link.springer.com/article/10.1186%2F1747-597X-7-32

8. Methadone dose at the time of release from prison significantly influences retention in treatment: Implications from a pilot study of HIV-infected prisoners transitioning to the community in Malaysia, available at: http://umexpert.um.edu.my/file/publication/00000544_92917.pdf

III. STATISTICS

Inmates Statistics 2011- 2015

Chart 1



Parole Statistics 2010 – 2015

Chart 2

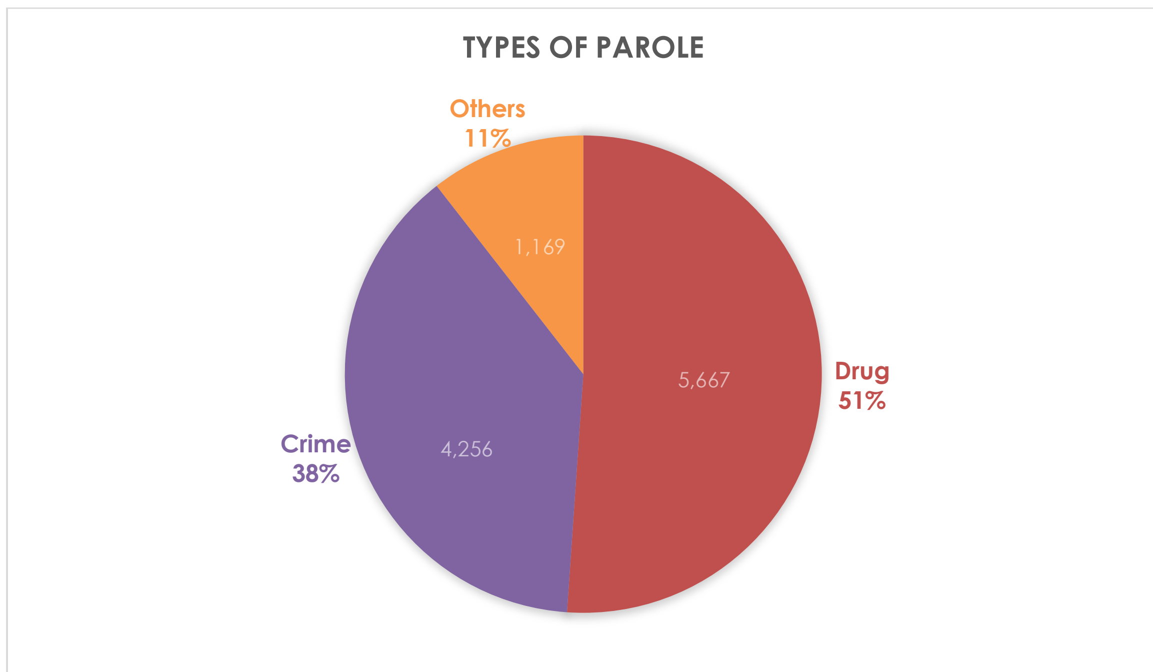


Chart 3

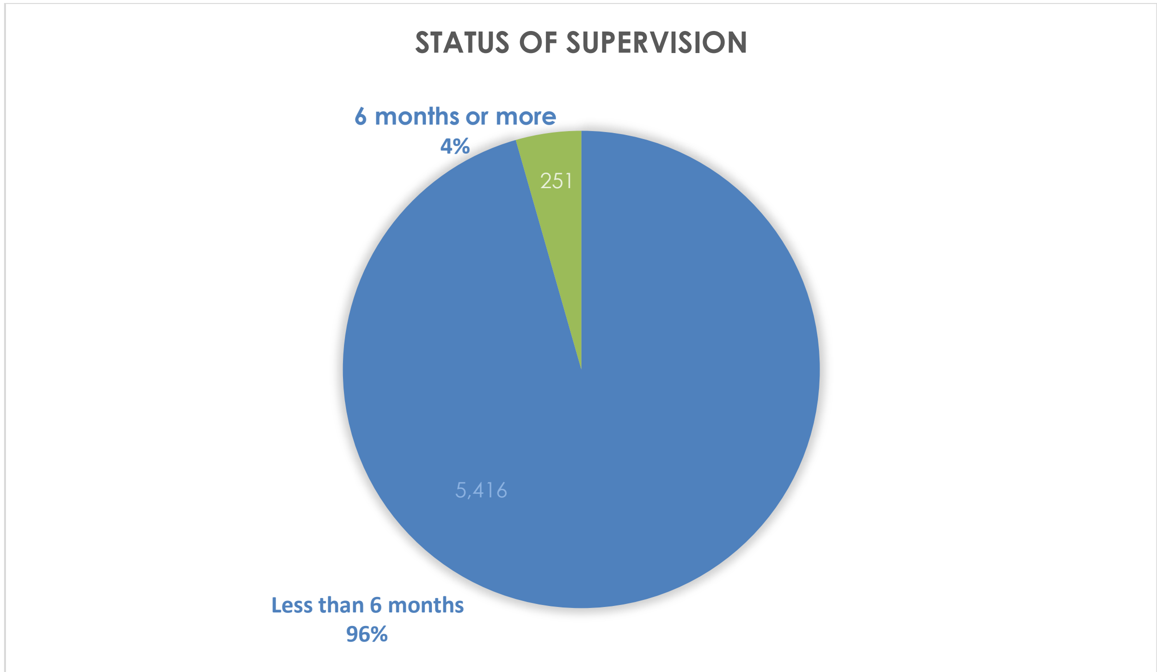
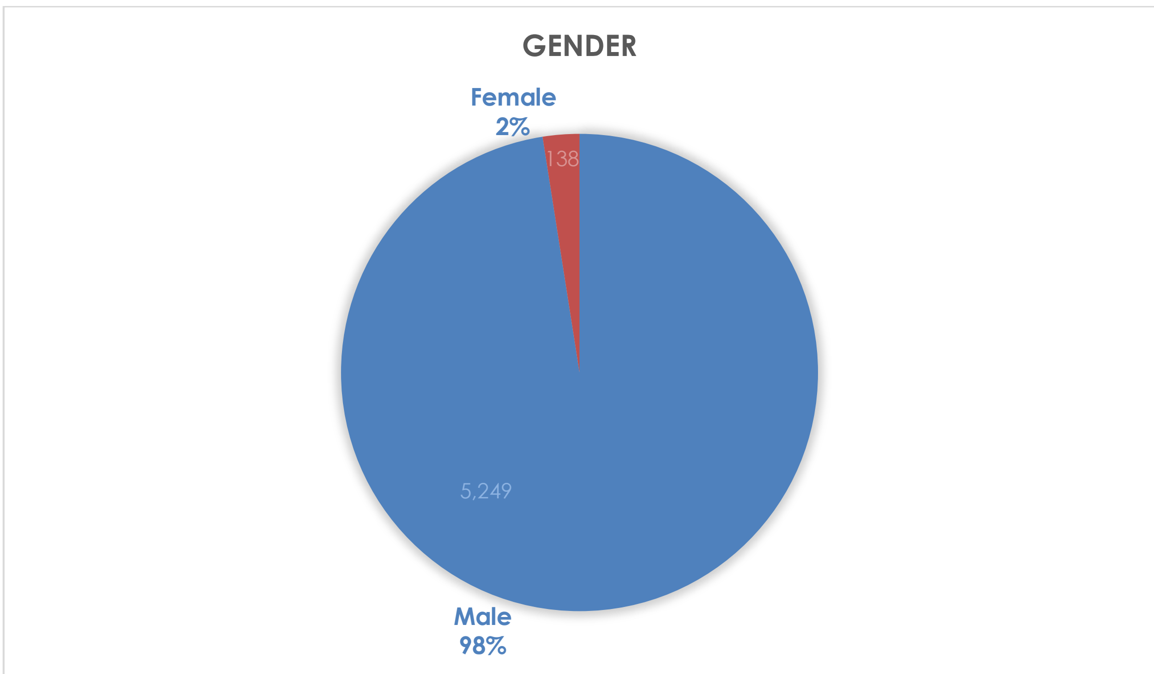


Chart 4



Methadone Statistics in Prison Institutions 2010 – 2014

Table A

Treatment	2010	2011	2012	2013	2014	Total
Methadone	901	1,190	1,357	1,546	2,350	**7,344**

Recidivism Statistics 2010 – 2014

Table B

Year	Total of inmates released in three (3) years	Number of recidivists	Percentage
2010	75,397	5,524	7.32%
2011	76,699	6,033	7.86%
2012	81,862	6,524	7.97%
2013	88,983	6,769	7.61%
2014	94,495	7,619	8.06%
2015	102,214	8,897	8.70%

CHALLENGES AND RESPONSES TO TREATMENT OF DRUG USERS AND DRUG-DEPENDENT OFFENDERS IN THE COMMUNITY MALAYSIA

Abdul Aziz Bin Abdul Razak[11]

I. Introduction

The parole system was implemented in Malaysia in June 2008 with an initial release on parole of 64 parolees. The Prison Department has gone through several phases in progression and expansion. This is in line with current developments, namely the Government Transformation Programme (GTP) introduced by the Government in 2010. The GTP programme is designed towards moving the country into a fully developed nation with high incomes, for the benefit and well-being of the people. Strategies to achieve the vision have been drawn from the objective to "reduce the crime rate" by enhancing rehabilitation, treatment and aftercare of convicts. The main purpose of parole is to accelerate the reintegration process of inmates into the society by helping the adaptation and reacceptance of prisoners into society.

About 70% of the 12,013 inmates released on parole until 2015 are related to drug abuse cases which would be categorized as drug users or drug-dependents. The sentences imposed by the court are diverse and vary from short to long term. Those eligible for parole are the ones who have been sentenced for one year and above. Various rehabilitation programmes are conducted in the parole system and it is a continuation of the rehabilitation and recovery programme outside incarceration/prison.

Parole is granted to inmates who have successfully completed and surpassed the comprehensive assessment by the prison authority and an internal committee evaluation followed by an external evaluation. While they are on parole, the parolees will be supervised and monitored by parole officers in their specific designated area. In the event of breach of terms and conditions imposed while under parole, this will lead to the revocation of their parole order. Our data up to December 2015 shows that from the 12,013 released on parole, the parole order for 216 parolees had been revoked. Of the revoked parole orders, 65% were due to a drug violation which is a relapse into drug addiction.

Supervising and monitoring drug offenders is a big challenge to probation officers compared to those with other criminal backgrounds. The current trend of drug abuse has changed, with synthetic drugs having become more commonly used compared to opiate-based drugs. Although there has been rejection from their families and the society in the process of reintegration, there are many who are willing to support and cooperate. The parolees themselves need a driving power in order to adapt, be ready to change and enhance their resilience in order to determine and restore their success.

---

[11] Director of Parole and Community Division, Malaysian Prison Department, Ministry of Home Affairs

II. CHALLENGES

A. Managing the Offenders

The initial stage for 'release on parole' begins with the preparation of dossiers by the parole officer at the prison, state and district level. This puts pressure on the parole officer in ensuring the dossiers are submitted 14 days prior to the eligible date of parole for the inmate. The dossier comprises the profile of the inmates, progressive reports on rehabilitation and their recovery in the prison, which are done by correctional officers, and the Pre-Release Report (PRR), which is done by a parole officer. The PRR are prepared to identify and secure jobs for the inmate, significant members of society to help in the reintegration process, survey their surroundings and neighbourhood, and the consent, willingness and acceptance of their family or next of kin to provide accommodation. At an average about 550 to 600 PRR are prepared every month by the Regional Parole Officer. Most inmates with a background of drug use or drug-dependent are sentenced between 12 to 18 months. Due to this short time, a great deal of pressure is on the Parole Officer to carry out his/her work.

At the same time, the Regional Parole Officer must ensure the implementation of the rehabilitation and intervention activities with the parolees to ensure its compliance with the order until it expires. All drug user or drug-dependent cases fall into the maximum supervision category. It is the duty of the parole officer to organize and draw up a case plan carefully to ensure supervision is carried out effectively to help the entire recovery programme. The level of supervision; maximum, medium and minimum does not merely involve daily monitoring with phone calls, home visits, attendance at work place and spot checks, but also interventions in a Parole Office or other designated place.

These challenges are not a barrier to the parole officer in ensuring the success of the parole system. Awareness of all parties including the parole officer, family and society is crucial in the smooth implementation of the parole system. Rigorous assessment criteria with recommendations, endorsement and further approval by the Parole Board are involved in the evaluation process of the parole system.

Parolee found to have violated parole conditions will be rearrested and detained in prison and an investigation will be done promptly under the State Prison Director's directive. Subsequently, if a violation is proven, the parole orders will be revoked and the parolees will serve their remaining sentence in prison and are subjected further to a forfeited remission. The Commissioner General of Prisons has the jurisdiction and authority to cancel the remission, in accordance with the Prison Act 1995. The provision empowers the Commissioner General of Prisons to "cancel all or any part of the entitled remission'.

In ensuring the smooth implementation of parole activities, and in particular strategies for managing an accumulating caseload in hot spot districts, State Directors are given the authority to mobilize staff within districts under their jurisdiction to support the needs. They are equipped with "multi-skilling" talent which include monitoring, supervising and preparing reports within their respective district. Case files with high risk and tendency for potential violation of parole conditions will be submitted to the State Director for further consideration and instruction.

Table A below shows an uneven distribution of workload among officers. This is due to the fluctuation in the number of parolees and the difference in the size and area of districts in each state. To manage and overcome this, a restructuring process is currently underway,

according to the number of offenders, the size of the district and the deployment of staff in the area. *Table A* also shows the distribution of parolees in states as at 4 February 2016:

Table A: Distribution No. of Parolees by State

State	Perlis	Kedah	Pulau Pinang	Perak	Selangor	Wilayah Persekutuan	Negeri Sembilan	Melaka	Johor	Pahang	Terengganu	Kelantan	Sabah	Sarawak	**Total**
Parolee	12	33	47	48	46	32	25	26	67	28	25	65	82	19	**555**

Parole Statistics as at 4 February 2016

B. Professional Knowledge and Skill of Officers

Parole officers are recruited from among officers in the prison institutions. They are required to apply to become a parole officer and are put through interviews, psychological tests and written tests. The minimum number of years of service should not be less than 5 years working in the prison environment. These are the criteria and consideration given before they are appointed. These sets of conditions and criteria are to ensure their exposure and experience in order to enhance their understanding, appreciation and practice as prison and correctional officers.

Upon selection, a basic parole officer course will be offered and conducted. An evaluation and assessment will be done at the end of the course by the Parole Division in the headquarters. Those short-listed will be accepted if there is any new headcount or movement of existing staff. Upon their appointment as parole officers, an advance course will be offered. New recruits will be trained and familiarized with their job description, roles, responsibilities and their duties, involving monitoring, supervision, intervention and recovery of the parolees. The course also involves bio-psychosocial skills, and the components involve emotional and behavioural issues, health management, and family and social networks to serve psycho-social treatment among parolees. However, pharmacological treatment is strictly handled by professional service providers such as a physician who is not under the control of the Parole Division.

The challenges faced by the organization (Parole division) is in consolidating the pool of talents by maintaining excellent practitioners, especially employees who are skilled, competent, dedicated, and committed as parole officers and do not intend to leave due to career enhancement through promotions, transfer to the other institutions or retirement. In general, this will affect the running/implementation of programmes, especially programmes involving drug offenders which requires high skills and knowledge. It takes time to achieve excellent performance. *Table B* shows the yearly mobilization of staff.

Table B: Estimated Percentage of Staff Mobilisation Yearly

Group	Promotion (%)	Retirement (%)
Professional	10 -15	0.5
Support	40 -45	3.5

In order to overcome the challenges, a succession plan is paramount in ensuring sustainability, especially among drug treatment experts. Every district is given the task to work and strive hard in achieving their goal and will be measured periodically, constantly and consistently through Key Performance Indicators (KPIs). KPIs are set on the 'violations of parole conditions' to ensure it does not exceed the specified percentage. A performance audit is conducted periodically for the purpose of compliance with procedures and practices, towards achieving the objective of parole recidivism rate, which is not to exceed 3%.

In line with the current development, drug abuse is now more complex with the shift from opiate-based drugs to an increase in synthetic drugs. Previously, Methadone Maintenance Therapy (MMT) had been quite helpful in drug recovery programmes. However, that approach no longer suits the current trend towards use of synthetic drugs. This has encouraged the Prisons Department to give exposure to our officers to other treatment methods through collaboration with local universities and relevant government agencies, such as the National Anti-Drug Agency (NADA).

Parolees under supervision shall undergo the 'Community Treatment Programme' handled by the NADA, a tailor-made module known as the "Social Support Groups" Module or "Cure and Care Programme" in which techniques such as Cycle Stop (Stop the Cycle) and Thought Stopping has been introduced, that may help reduce addiction and its effects on offenders. This programme is scheduled accordingly by the Parole Officer for the parolees to attend. Between 10 to 15 offenders attend 30-45 minute sessions held at a district parole office. Failure to attend this programme may result in a revocation of the parolee's order.

Since 2013, the programme has successfully contributed in maintaining low recidivism rates, at 0.53% in 2013, 0.46% in 2014 and 0.35% in 2015.

Other approaches currently taken by the department are encouraging potential candidates among parole officers to pursue studies in the field of psychology and counselling in treatment for drug users at the post graduate level. To date there are ten officers pursuing this degree, with two pursuing their Masters' Programme at local universities.

C. Community Resources

A basic and important source of support in the community is family support. Family, relatives or significant people in a parolee's life plays an important role in providing support and accommodation to parolees while they are out undergoing rehabilitation in the community. Other factors that determine the success of a parolee's life outside the prison walls include economic factors. Parolees need money to live, not relying on family to support them financially and to maintain themselves in the long run. Although inmates are

provided with knowledge and skills while they are in prison, their level of education also determines their employment. The educational level of most parolees is low, and therefore they end up as general workers with an income insufficient to support themselves and their family. The economic and financial factors of the parolees have to be looked into seriously, otherwise it might lead the parolees to regret, give up and turn back to their old life style and commit crime again.

However, in Malaysia, there are jobs that do not require high educational qualifications but still provide a high income and good demand. They are jobs in the service sector such as bus drivers, heavy equipment/vehicles operators, construction workers, high-rise building cleaners and plantation industry workers. In ensuring that the inmates are "marketable" in the job market, selection will be made among the parolees while they are in the prison institutions. Those who have the potential to undergo certified courses are trained by certified government and private bodies. These courses/training are endorsed and recognized by professional bodies such as the Malaysian Construction Industry Development Board (CIDB), the Metro Driving Institute, and the HG Academy and National Dual Training Scheme. Interested parties are linked in to facilitate their employability. The course fee is borne/paid by a government agency or non-government organizations. Parole officers will provide supervision while parolees attend the training/courses.

However, when community resources are sufficient, knowledge and skills have been inculcated in the prisoners as preparation for their real life outside prison, considering that employment is concentrated in urban areas. Some of the parolees are placed in rural areas with their families where employment opportunities are low and the risk of relapse or reoffending is high. Prisoners interviewed prior to their release said that they prefer to reside in their home town. There are many pull factors that they want to maintain because they are more complacent and prefer to engage with their peers. It is difficult to change their mind-set.

As an alternative or solution to this, the Prisons Department has established Half-Way Houses in all the states to facilitate and help parolees to start a new life. They are kept there for a certain period of time to change their perception and keep them away from their peer group, to speed up their capability to reintegrate into the society and stand on their own feet.

D. Cooperating with Criminal Justice Agencies

Parole release involves high financial implications which in turn involve multiple processes, from the preparation of documents in the prisons, to supervision in the community which involves the implementation of rehabilitation and intervention programmes. At the same time, it also involves other law enforcement agencies such as the police to monitor if parolees are involved in any new cases/offence or if they have not been charged with any previous offences.

Another setback is that the ex-convicts or parolees will be the first suspect/target by the police if any incident or criminal case happens in the area where the parolee is. This has become a stigma imposed by society. The status of a parolee is as a convict and he/she

is subject to comply/adhere to the Parole Order. The District Parole Officer has the discretion to add any conditions deemed necessary during the time of supervision.

The Malaysian Prisons Department collaborates and works together with the police and courts in certain cases to give priority to cases involving past offences while the parolees are undergoing their Parole Order. For example, parolees caught by the police due to previous pending cases while on parole are subject to be brought to court. In such cases the parole is to be reconsidered by the court through the submission of the parolee's progress report by the Parole Officer. Thus, it is entirely the decision of the court to review the case by taking into consideration or to proceed with the parole. Previous, minor criminal cases related to drug abuse will be reviewed by the court based on the Parolee Progress Report.

III. CONCLUSION

In conclusion, various efforts have been planned and implemented by the Prisons Department to parolees involved with drug abuse to ensure that the rate of recidivism is reduced. All the challenges we are facing can be addressed and we have strategies to overcome them. The end result is the indicator of effectiveness on how we run the programme. The average recidivism rate among ex-parolees is 0.45%. This has proven the effectiveness of community-based rehabilitation/treatment. However, we strive to reduce the rate further in years to come in line with our vision to become a fully developed nation and in enhancing the well-being of people. New mechanisms should continue to be explored, fine-tuned and practiced according to the specific situation in the nation.

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS MALAYSIA[12]

I. OVERVIEW

A. Drug Law and Legislation

Drug legislation in Malaysia is comprehensive and covers prevention, treatment and rehabilitation as well as drug enforcement. This reflects the seriousness of the national efforts to curb drug trafficking and drug abuse. The existing laws are continuously reviewed to identify weaknesses and consequently to enhance their effectiveness.

Malaysia's drug laws are found in six (6) major statutes. They are:

i. the Dangerous Drugs Act 1952;
ii. the Poisons Act 1952:
iii. the Drug Dependents (Treatment and Rehabilitation) Act 1983;
iv. the Dangerous Drugs (Special Preventive Measures) Act 1985;
v. the Dangerous Drugs (Forfeiture of Property) Act 1988; and
vi. the National Anti-Drugs Agency Act 2004

The Dangerous Drugs Act 1952

The Dangerous Drugs Act 1952 (DDA 1952) represents the major legislation in relation to drug control in Malaysia. This Act is very extensive and covers aspects of offences, procedures and evidence. Among others, it provides a mandatory death sentence for drug trafficking offences. This legislation has been amended several times in order to keep abreast with the upsurge in drug trafficking and the drug abuse situation.

The Poisons Act 1952

The Poisons Act 1952 is aimed at controlling the import and sale of poisons. The term 'poisons' refers to any substance specified in the Poisons List and includes any mixture, preparation, solution or natural substance containing such substance other than an exempted preparation or an article or preparation included for the time being in the Second Schedule of the Act. The control of any drug that does not appear under the First Schedule of the DDA 1952 would be controlled under this Act.

The Drug Dependents (Treatment and Rehabilitation) Act 1983

The Drug Dependents (Treatment and Rehabilitation) Act 1983 provides for compulsory treatment and rehabilitation, either in a treatment centre or in the community, to any person who has been confirmed as drug dependent. There is also provision for voluntary treatment and rehabilitation in a centre as well as in the community. The period of treatment and rehabilitation at a treatment centre is for two (2) years and is followed by aftercare for another two (2) years.

[12] Paper submitted by National Anti-Drugs Agency

The Dangerous Drugs (Special Preventive Measures) Act 1985

This preventive detention law that came into force on 15 June 1985 is aimed at enhancing the effectiveness of countermeasures taken by the relevant authorities against those who are involved in drug trafficking. It empowers the Government to detain anyone suspected of being a trafficker without having to bring the suspect to any court of law.

The Dangerous Drugs (Forfeiture of Property) Act 1988

Drug trafficking in the country remains rampant despite the provision for a mandatory death sentence on those convicted for drug trafficking. Despite the penalty, many are still willing to take the risks because drug trafficking remains lucrative. In cognizance of this, the Government has introduced the Dangerous Drugs (Forfeiture of Property) Act 1988, which came into force on 10 June 1988. It empowers the relevant authorities to trace, freeze and confiscate assets of convicted drug traffickers.

The National Anti-Drugs Agency Act 2004

The National Anti-Drugs Agency Act 2004 provides for the establishment of the agency. It confers powers upon officers of the National Anti-Drugs Agency to perform prevention, treatment, rehabilitation, enforcement, investigation, special preventive measures, confiscation of property and administrative functions with respect to offences under the relevant acts. The functions and powers of the Agency are elucidated in Section 6 of the Act.

B. Cabinet Committee on the Eradication of Drugs and its Sub-Committees

The Cabinet Committee on the Eradication of Drugs was established in 2004 under the direction of the Prime Minister. Under this Committee, currently there are three (3) Sub-Committees. The aim of these committees is to oversee and review the implementation of the National Drug Control Strategy and to ensure its effective implementation.

The three sub-committees act as the working group and suggest new policies for implementation or review existing policies. The Cabinet Committee makes the final decision on any changes in policy.

The three sub-committees currently focusing on the core areas are:

i. Prevention Education and Publicity – chaired by the Minister of Communication and Multimedia
ii. Law Enforcement – chaired by the Minister of Home Affairs
iii. Treatment and Rehabilitation – chaired by the Minister of Health

This system is replicated at the state level and reaches down to the district level. By a directive issued by the Prime Minister in April 2007, Members of Parliament can chair meetings at the district level committees, and thus play an important role in the local community to prevent drug abuse.

Background on the Role of Anti-Narcotics Agencies in Malaysia

1. The National Anti-Drugs Agency (NADA) under the Ministry of Home Affairs is the lead agency responsible for drug demand reduction initiatives by providing drug treatment and rehabilitation services, implementing drug preventive education campaigns/programmes as well as detection and supervision of drug dependents and recovering persons.
2. The Narcotics Crime and Investigations Department (NCID) of the Royal Malaysia Police (RMP) is the main agency for drug supply reduction by enforcing anti-drug laws. The Royal Malaysian Customs is also involved in enforcing the anti-drug laws and the task is carried out by its Narcotics Division.
3. The Pharmaceutical Services Division of the Ministry of Health Malaysia enforces the Poisons Act 1952 which controls the sale, import and export of poisons, precursors and essential chemicals.

C. Drug Treatment and Rehabilitation Programmes

Malaysia is one of the few countries in the region that has developed a compulsory treatment and rehabilitation programme for drug dependents. The objective of the treatment and rehabilitation programme is to enable drug dependents to overcome their physical and psychological addiction to drugs and to thereafter live a drug-free life. Another type of treatment and rehabilitation programme is in the form of open access service which is known as 1Malaysia Cure & Care Clinic.

In term of type of setting, the National Anti-Drug Agency has two types of programmes: residential/in-house treatment programmes and in-community treatment programmes.

The residential/in-house treatment programmes are:

- The Cure & Care Rehabilitation Centre (CCRC) – a compulsory treatment centre for drug abuse
- 1Malaysia Cure & Care Clinic (C & C Clinic) – a voluntary open-access service treatment centre
- The Cure & Care Vocational Centre (CCVC) – a treatment centre focusing on vocational training

The in-community treatment programmes are:

- the Cure & Care Service Centre (CCSC) – a mini-centre which provides different services for recovering persons, the family and the public in general;
- the Caring Community House (CCH) – a community-based programme which engages the community and the recovering substance users; and
- the NADA District Office – provides several services to the recovering persons including counselling, support-group meetings, etc.
- the Mobile Caring Service - services provided in rural and suburban areas consist of a psychosocial programme, general health screening, advocacy, and a preventive drug education programme. The service also provides family consultation on drug related problems.

NADA has strengthened treatment and rehabilitation programmes through a holistic approach by combining the psychosocial elements, therapeutic community (TC) and spiritual approach both in the residential/ in-house and the in-community treatment programmes.

For in-community treatment and rehabilitation programmes, the agency has introduced the CCSC and CCH. In 2015, 1,836 of clients (residential) received treatment in 59 CCSCs throughout the country while 47,622 (clients and community) had received services at 78 CCHs.

<u>The role and functions of CCSC are as follows:</u>

i. To plan and implement drug preventive programmes at the district level;
ii. To provide facilities for drug treatment and rehabilitation for volunteering drug addicts;
iii. To provide counselling and advisory services to those who require such services;
iv. To manage and determine the rehabilitation programme that would best suit the clients. These clients are referred to the centre by the police or they themselves volunteer for treatment and rehabilitation; and
v. To provide follow-up services to addicts who are mandated under the supervision programme and also to those who have completed their programme at the government treatment and rehabilitation centres.

Recent Initiatives

On 4 August 2015, the Client's Integration Centre (CIC) was launched in Tasek Gelugor, Penang. This marks a new beginning of an improved community reintegration programme for recovering clients. CICs, altogether eleven throughout East Coast Malaysia, act as platforms for clients from CCRC to practice and enhance their coping skills gained in the treatment facility and then reintegrate into the community prior to their completion of compulsory treatment and rehabilitation programmes.

The CIC is seen as an important element in a client's recovery process, since clients are required to be employed and thus accustom themselves to financial management as well as the working environment and all at once, becoming functional again in the community. Clients from the CCRC are selected to enrol in CICs based on several criteria as follows:

a. They should be 21 years old and above;
b. They should have undergone treatment and rehabilitation programmes in CCRC for at least 6 months;
c. They should excel in Recovery Progress Assessment;
d. They should be highly motivated;
e. They should have a good relationship with and support from family;
f. They should be in good health with no chronic disease;
g. They should be interested in undergoing the programme in a CIC;
h. They should not have participated in a Methadone Maintenance Treatment (MMT) programme; and
i. They must possess an Identification Card (ID card)

Another new model adopted by NADA in treatment and rehabilitation is the religious model which emphasizes the spiritual aspect of the recovering individuals. The individual undergoing the treatment programme under this model is required to practice certain types of religious acts of worship such as voluntary prayers, zikr (remembrance of God), etc. CCRC Sg. Ruan in Pahang has been selected to adopt this model, without neglecting the other components of the psychosocial model, since March 2015.

Other initiatives:

i. The shelter house (*Rumah Prihatin*) in Sentul, Kuala Lumpur is for the homeless who are working around Kuala Lumpur. This is meant to control the situation and minimize the risk of them becoming involved in drug use. Recovering persons who do not have a place to stay at night are also welcomed here in an effort to help them regain control over their lives. This project is a joint programme between NADA and MAIWP or the Islamic Religious Council of Federal Territory.

ii. *Baitul Islah* near Serendah, Selangor is planned to be a residential service centre for Muslim HIV/Aids patients with a history of drug addiction. This project is funded by the State of Selangor Islamic Religious Council (MAIS) which will provide specialized services and treatment to the clients according to their specific conditions. The centre will be run by MAIS. However, certain programmes, especially those which are related to drug use treatment, will be provided by NADA.

    This centre is a high profile project since many HIV/Aids patients are actually drug users. Helping HIV/Aids patients with drug-related problems without addressing their complex addiction treatment needs will not help them much, if at all. Only male patients are accepted. The admission to the centre is based solely on voluntary will. This centre is expected to begin before the end of 2016.

D. The Role of Non-Government Organizations, the Private Sector and Mass Media

The roles played by non-government organizations must not be underestimated and ignored. Activities with non-governmental organizations are carried out in drug prevention activities, aftercare and in the social reintegration of recovering substance abuse individuals into society. For example, PEMADAM (the Anti-drugs Association of Malaysia), is an NGO engaging in preventive drug education programmes and activities, and PENGASIH is very active in providing treatment programmes based on the Therapeutic Community (TC) model to those who voluntarily seek help to treat their dependence on drugs. There are also quite a number of private treatment/rehabilitation centres/places run by NGOs but most of them are operated below the minimum standards of practice. Other community-based organisations such as the local neighbourhood committees, women and youth organisations also participate in drug prevention activities.

The newly formed MASAC or Malaysian Substance Abuse Council is aimed to gather all drug-related NGOs under one umbrella in order to better manage and coordinate them to

become stronger partners to contribute to effective drug demand reduction interventions especially in treatment and rehabilitation.

Private sector involvement takes place through support to national level anti-drug campaigns and particularly in supporting drug prevention programmes in the workplace. Their participation has also been encouraged through the production of posters, leaflets and billboards promoting the anti-drug messages.

Media involvement in Malaysia is through the participation of the Ministry of Information providing coverage for national and international conferences and events, launch of campaigns, as well as airing television and radio talk shows.

E. Evaluating Treatment

The recovery index is used as a standard measure / indicator for determining the status of recovery during the entire lifetime of clients. The Index needs to include the existing indicators which are factors / attributes to the achievement of recovery. Recovery is not just a reduction or stop in the use of drugs, but involves individual achievement in all aspects of life.

The Stages of Change (SOC) assesses motivation for change by providing scores on four stages of change: pre- contemplation, contemplation, action and maintenance.

The ten basic components of recovery of a client are as below:

1. Person-driven
2. Individual and client –centred
3. Empowerment
4. Holistic
5. Non-linear
6. Strength
7. Peer support
8. Respect
9. Responsibility
10. Hope

The evaluation of the client's recovery progress is based on the following criteria:

1. Self-Responsibility
2. Responsibility towards Family
3. Responsibility towards Society
4. Commitment in Recovery Program
5. Urine Test
6. Employment

II. CONCLUSION

Malaysia believes that the only way to solve the drug problem is through a multi-disciplinary approach and in partnership with all sectors of society in the country and by strengthening cooperation with its neighbouring countries.

Since illicit drugs is a global problem and knows no borders, cooperation across national border is crucial. International drug syndicates are far more advanced in their criminal activities and therefore the enforcement agencies among neighbouring countries must cooperate closely to restrain and obstruct them. In addition, all related agencies must work closely and place the national agenda of addressing drug problems above all others.

In a nutshell, primary treatment alone is not enough. After completing the primary treatment, a social integration programme will determine how long the clients will remain sober. Thus, a sound reintegration programme must be prioritized and put in place if one wishes to see the recovering person abstain from drugs for a long time and become socially functioning and productive again.

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS MYANMAR

U Tin Khine[13]

I. INTRODUCTION

Offenders are mainly treated to not recommit crime and to build a better life on the basis of vocation training upon release. In addition to security issues, prison staff from the Prisons Department have been serving to rehabilitate, provide knowledge and teach vocational skills to prisoners regardless of their crimes. Moreover, they are implementing measures in line with the following United Nations Standard Minimum Rules for the Treatment of Prisoners (also known as the Mandela Rules):

(a) Prisoner file management
(b) Separation of categories
(c) Accommodation
(d) Personal hygiene
(e) Clothing and bedding
(f) Food
(g) Exercise and sport
(h) Health-care services
(i) Restrictions, discipline and sanctions
(j) Instruments of restraint
(k) Searches of prisoners and cells
(l) Information to and complaints by prisoners
(m) Contact with the outside world
(n) Books
(o) Retention of prisoners' property
(p) Notifications
(q) Investigations
(r) Removal of prisoners
(s) Institutional personnel
(t) Internal and external inspections

[13] Deputy Director, Prison Department, Ministry of Home Affairs

In addition, the Prison Department always tries to complete four main objectives. They are as follows:

(a) To maintain security
(b) To make correctional moral and morality
(c) To provide vocational training
(d) To strive for the best interest of the people

A. Treatment for Drug Users and Drug-Dependent Offenders

Mainly, drug users do not control their mind and do not understand the danger of drugs. So, they use drugs and become offenders. When they are released from prison, they are provided counselling, teaching from primary school to graduate school to improve their knowledge, performing respective religious ceremonies and opening meditation centres in prisons for rehabilitation, teaching craftsmanship and industrial arts to build a better life in the outside world to reduce re-offending in the community.

Prison staff who are detaining drug users and drug-dependent offenders participate in seminars to gain knowledge concerning drugs in connection with the Central Committee for Drug Abuse Control. Prison staff are also carrying out searches to limit illegal drugs into prisons.

Rehabilitation Centres in Coordination with the Ministry of Social Welfare, Relief and Resettlement, the Ministry of Health and the Central Committee for Drug Abuse Control are the following:

Table A

No.	Name	Opening Date	Township	District	State/Region
1.	Centre for Women Care (Tontay)	5-10-2002	Tontay	Northern Yangon	Yangon
2.	Centre for Women Care (Mandalay)	3-2-2005	Patheingyi	Mandalay	Mandalay

B. Use of Narcotic Drugs and Psychotropic Substances Law, Offences and Penalties

Narcotic drugs are opium poppy plants, coca plants or any kind of plants which the Ministry of Health has by notification declared to be a narcotic drug. This also includes substances and drugs derived or extracted from any such plant and drugs which the Ministry of Health has by notification declared to be a narcotic drug, and substances containing any type of such drug. Psychotropic substances are drugs which the Ministry of Health has by notification declared to be a psychotropic substance. Drugs which are being used in Myanmar are as follows:

(a) Heroin/opium
(b) Cannabis
(c) Powder/leaf of mitragyna
(d) Psychotropic substances
(e) Cough syrup which the Ministry of Health has by notification declared to be a narcotic drug

The number of offenders who were using, in possession, transporting, distributing and producing drugs are as follows:

Table B

Gender of Offender	Number of Offenders
Male	34,592
Female	5,813
Total	**40,405**

Number of total prisoners:

Table C

Prisoners	Male	Female	Total
Convict	49,901	6,620	56,521
Under Trial	8,013	1,105	9,118
Total	**57,914**	**7,725**	**65,639**

Enforcement of offences and penalties in Myanmar are as follows:

(a) Narcotic Drug Law 15 - A drug user shall be punished with imprisonment for a term which may extend from a minimum of 3 years to a maximum of 5 years.

(b) Narcotic Drug Law 16 - Whoever is guilty of cultivation, possession, transportation, transmission and transfer of a narcotic drug shall, on conviction be punished with imprisonment for a term which may extend from a minimum of 5 years to a maximum of 10 years and may also be liable to a fine.

(c) Narcotic Drug Law 17 - A responsible person from the bank of financial institutions, who is guilty of causing to disappear, transferring of accounts, altering and amending relevant financial records and returning and transferring without permission of the relevant Court relating to the offence and money, property and benefits seized as exhibits in respect of money, property and benefits shall on conviction be punished with imprisonment for a term which may extend from a minimum of 5 years to a maximum of 10 years and may also be liable to a fine.

(d) Narcotic Drug Law 18 - A person authorized to search, arrest, seize exhibits and investigate in respect of any offence, who is guilty of asking and accepting any money and property as gratification, replacing another person for the offender, causing to disappear, altering by wrongful means, substituting, mixing the material involved in the offence; stating incorrectly the weight, volume of quantity of the material shall on conviction be punished with imprisonment for a term which may extend from a minimum of 5 years to a maximum of 10 years and may also be liable to a fine.

(e) Narcotic Drug Law 19 - Whoever is guilty of possessing, transporting, transmitting and transferring a narcotic drug or psychotropic substance for the purpose of sale, offering for sale, concealing and causing to disappear money, property and

benefits derived from the commission of any drug, transferring and converting money, property and benefits involved in an offence, so that it may appear to have been acquired from a legitimate source shall on conviction be punished with imprisonment for a term which may extend from a minimum of 10 years to a maximum of an unlimited period.

(f) Narcotic Drug Law 20 - Whoever is guilty of production, distribution and sale, importing and exporting, offering to export a narcotic drug or psychotropic substance shall on conviction be punished with imprisonment for a term which may extend from a minimum of 10 years to a maximum of an unlimited period or with death.

(g) Narcotic Drug Law 21 - Whoever attempts, conspires, organizes, administers or provides financial assistance to commit or abets the commission of any such offence shall be liable to the punishment provided in law for such offence.

(h) Narcotic Drug Law 22 - Whoever is guilty of being a member of a local of foreign organization or group which commit crimes involving narcotic drugs of psychotropic substances or communicating with and participation in such organizations or group, handling and using arms or explosives, making use of children who have not reached the age of 16 years, making use of the influence or power of a public servant shall be liable to the punishment provided in law for such offence.

(i) Narcotic Drug Law 23 - Whoever is guilty of any of the acts provided in sections 16 to 21 shall, after a prior conviction for the same offence, be liable to the maximum punishment provided for such subsequent offence.

(j) Narcotic Drug Law 24 - The Court shall in passing a sentence for any offence provided in sections 16 to 21 pass an order for the confiscation or destruction or disposal in accordance with the stipulations of the narcotic drug, psychotropic substance, money, implements, moveable property, vehicles/ vessels and animals involved in the offence.

(k) Narcotic Drug Law 25 - The Court shall in respect of a person who habitually commits or is notorious for committing any offence contained in law pass an order of execution of a bond for good behaviour during a period not exceeding 3 years and if there is failure to execute a bond punish such person with imprisonment for a term which may extend from a minimum of 1 year to a maximum of 3 years.

Anti-narcotic tasks are also being carried out as a national project in Myanmar and the Myanmar Police Force (Drug), the Committees for Drug Abuse Control, medical centres under the Ministry of Health and Courts of Justice are mainly solving problems of drug users and dependence.

C. Drug Users and Drug Offenders Instead of Reactive Treatment Challenges

Myanmar is facing several challenges in dealing with the treatment of drug users and drug-dependent offenders, as follows:

(a) Weakness of cooperation between government and non-government organizations in rehabilitating and treating drug users and drug-dependent offenders;

(b) Not enough financial resources for activities and lack of technology and equipment;
(c) Need for support and care (finance, social, health care) to provide community-based treatment for persons after release from prison;
(d) Need to strength staff and provide better equipment to monitor and reform offenders;
(e) Systems that are not fully effective and lack communication, and insufficient knowledge in the sharing of information concerning drug use with the public;
(f) Drug use is increasing among juveniles; and
(g) Weakness in cooperating with medical organizations, private organizations and social organizations.

D. Appraisals Concerning Challenges

Appraisals concerning current challenges in treatment for drug users and dependence offenders in Myanmar are as follows:

(a) As a developing country there is a lack of funds, technology, equipment and resources from government and non-government organizations to perform the monitoring, care and rehabilitation of drug users;
(b) Lack of after-care, of cooperation with social communities and of employment opportunities;
(c) Drugs are used as a medicine in remote parts of the country. There is a need to educate and share knowledge concerning drug use;
(d) There is an increase in juveniles using drugs due to parents' lack of attention to their children. There is a need for open discussion and access to medical evaluation and treatment from health organizations if there is any doubt that their children are using drugs; and
(e) Need to share more knowledge concerning drugs at schools.

II. CONCLUSION

If the Myanmar Police Force, the Prisons Department, the Supreme Court, the Ministry of Social Welfare, Relief and Resettlement, media, non-government organizations and international anti-drug organizations cooperate to reduce drug use and improve treatment for dependence offenders there will be greater results.

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS THE PHILIPPINES

Amy Helconida H. Sarmiento[14]

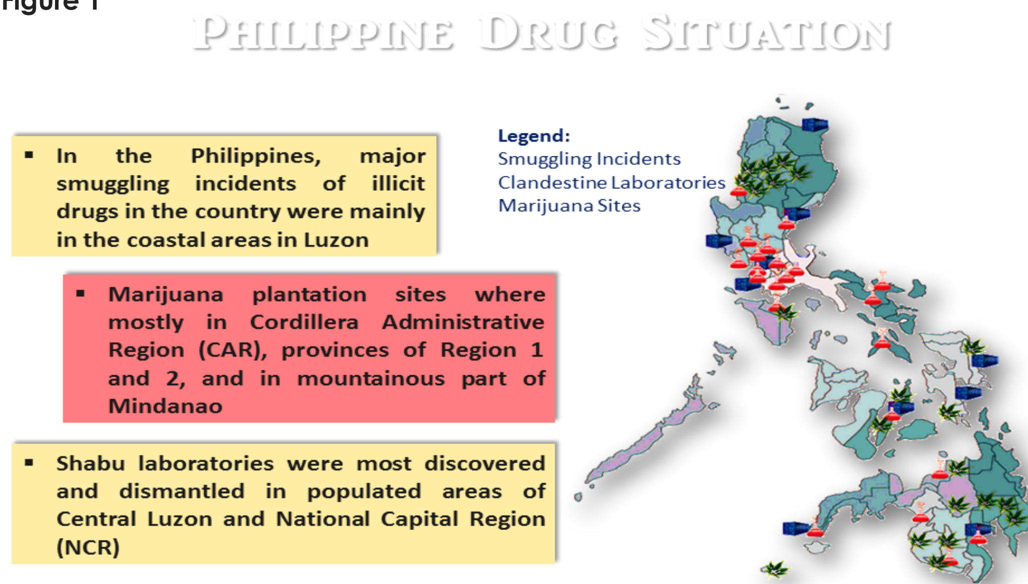
I. OVERVIEW

A. Trends in Drug Use and Offences

The persisting drug problem worldwide goes beyond borders. Transnational drug syndicates have found a way to link up with one another and pose an even greater danger to law enforcers globally. Countries in the world may share similar situations in dealing with drug problems but they face different challenges that require distinct responses and adamant efforts in order to totally free them from sinking into the abyss of the menace of illicit drugs.

The Philippines is not spared from this global drug menace and is engaged in an ongoing battle against illegal drug trafficking and abuse. We have our share of this quandary and we take seriously the challenges set forth before us.

Figure 1

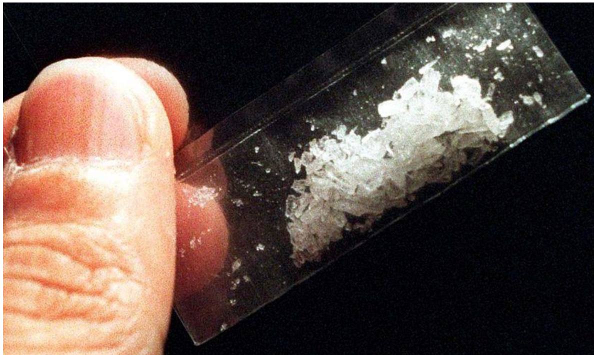


Source: the Philippine Drug Enforcement Agency (PDEA)

[14] Assistant Regional Director, Parole and Probation Administration, Department of Justice

Reports from the Philippine Drug Enforcement Agency (PDEA) reveal that consistent with the observations over the years, shabu or methamphetamine hydrochloride and marijuana or cannabis remain the most abused illegal drugs in the Philippines.

Figure 2. *Methamphetamine Hydrochloride (Shabu)*



Street names: shabs, ice, meth, crystal, kristal, basura, tawas

Figure 3: *Cannabis Sativa (Marijuana)*

Street names: weed, jutes, pot, grass, damo, chongke

Based on 2014 arrest data reported by the Dangerous Drugs Board, 88.78% of the arrests involved the seizure of shabu, while 8.86% percent involved the confiscation of marijuana. Dangerous drugs such as cocaine, ecstasy, ephedrine, 'fly-high' and others constitute 2.36% of the drug-related arrests.

As to frequency of drug use, based on the statistics, 65.06% of the persons arrested are said to have been weekly drug users and 19.01% are reported to be daily users.

Likewise, over the past two (2) years, reports have been recorded of the increasing number of incidences of transporting illegal drugs using mail and parcel services. The utilization of various materials such as sandals, milk boxes and electronic devices to conceal illegal drugs was also noted. Alarmingly, persons engaged in the trafficking of drug are utilizing new methods of illicit transactions. The investigation into one of the anti-drug operations in the country revealed the use of digital or virtual currency called “bitcoin,” as a mode of payment. This is being exploited by syndicates and terrorists to avoid the risk of revealing their identity.

The vulnerability of the Philippines to the entry of drugs is due to its geographic location, which provides a number of points of entry. Identified drug routes and trafficking entry points in the Philippines include airports, seaports and coastlines aside from the mail and parcel services.

A research has this description of the drug situation in the country. “The illicit drug market has successfully gained inroads into subcultures of users, into collegiate life, and deep into the bowels of Philippine rural life, burgeoning into a raging epidemic of drug addiction.”

Thus, today, shabu, marijuana and the other mentioned types of drugs pose a problem as serious, as frightening, as formidable, as any present day issue confronting Filipino society.

Here are some news clips regarding arrests of drug users in the Philippines during the years 2014, 2015 and 2016. These are taken from "Drug Buster", the official newsletter of the Philippine Drug Enforcement Agency (PDEA), from national newspapers such as the Philippine Star and the Manila Bulletin, and from Rappler Philippines.

Figure 4:

Police officers secure 5 persons arrested during a raid in Quezon City. The lawmen confiscated 20 grams of shabu, several sachets of marijuana and various weapons from the suspects.

Source: The Philippine Star, 2015

Illegal drugs with a street value of P6 million, wads of marked money and other pieces of evidence displayed by the police in Marikina City. Four members of an alleged drug syndicate were arrested.

Source: Manila Bulletin, 2014

Figure 5:

Davao City Mayor Rodrigo Duterte speaks to suspects who were arrested in a series of drug raids in the city.

Source: Rappler Philippines, 2016. Photo by Editha Caduaya/Rappler

Drug suspects Genaro Talino and Antonio Ugay wait at the PDEA headquarters in San Fernando City, La Union following their arrest, in which at least 650 grams of shabu were seized.

Source: The Philippine Star, 2014

Figure 6:

Tablets of "fly high" seized from the Indian national arrested during a buy-bust operation on March 24, 2014.

Source: PDEA, 2014

Drug offender arrested for possessing 11 bundles of elongated marijuana dried leaves with fruiting tops in San Fernando City, La Union.

Source: PDEA, 2014

With these reports among others, the drug situation has passed prevention and the point of containment as the government and law enforcement are trying to come up with solutions and responses to how to combat the illicit drug situation in the country.

B. DRUG LAWS AND LEGAL FRAMEWORKS FOR CUSTODIAL AND NON-CUSTODIAL MEASURES

The Government envisions a victory by putting more drug users and pushers behind bars, and by taking more illegal drugs off the streets and consequently out of reach of the citizens, especially the children. Illegal drugs should have no place in the community, and thus the Government has launched an intensified war against illegal drug syndicates in the country.

Here are the relevant drug laws and legal frameworks for custodial and non-custodial measures:

1. Republic Act No. 9165, otherwise known as the Comprehensive Dangerous Drugs Act which was implemented in 2002, encompasses several punishable acts involving dangerous drugs such as: the unauthorized importation of dangerous drugs, including any and all species of opium poppy regardless of the quantity and purity involved, or any controlled precursor and essential chemicals (Section 4); unauthorized sale, trading, administration, dispensation, delivery, distribution and transportation of any dangerous drugs, including any and all species of opium poppy regardless of the quantity and purity involved, or any controlled precursor and essential chemical, or act as broker in any of those transactions (Section 5); maintenance of den, dive or resort where dangerous drugs or any controlled precursor and essential chemical are used or sold (Section 6); unauthorized manufacturing of dangerous drugs or any

controlled precursor and essential chemical (Section 8); unauthorized or illegal diversion of any controlled precursor and essential chemical (Section 9); delivery, possession with intent to deliver, or manufacture with intent to deliver equipment, instrument, apparatus and other paraphernalia of dangerous drugs (Section 10); unauthorized possession of dangerous drugs (Section 11); unauthorized possession equipment, instrument, apparatus and other paraphernalia for any kind of use of dangerous drugs (Section 11); and the like.

2. Republic Act No. 9344, otherwise known as the Juvenile Justice and Welfare Act which provides for the suspension of sentence for children in conflict with the law in relation to RA 9165, the Probation Law and the Salient Features of the Supreme Court Rule on Children charged under RA 9165, as provided under Administrative Order No. 07-8-2-SC. This Supreme Court Rule, the rule on children in conflict with the law and RA 9344, apply to all cases involving children charged under RA 9165, the provisions of which features rehabilitation and treatment programme for children under voluntary submission, probation and community service as penalties, strengths-based approach for rehabilitation and a more coordinated and collaborative response to juvenile drug crime cycle. The goal of the said rules is to ensure that the rights of children charged under RA 9165 are-well protected, and that their interests and those of their family and community are adequately balanced. The Supreme Court Rule aims to provide a rule of procedure, to ensure a more active, continuous judicial supervision and monitoring of compliance and progress of child and family, and to establish greater coordination among courts, treatment communities and other agencies in responding to the needs of the child. The rule must be interpreted liberally in favour of children in conflict with the law and balanced restorative justice and the best interests of the child under RA 9344.

3. The enactment of RA 9165 revolutionized and reformed the Philippine drug enforcement system.

    a. It reorganized the Dangerous Drugs Board (DDB) as a policy-making and strategy-formulating body in planning and formulation of policies and programme s on drug control and prevention. It likewise empowered the DDB to promulgate rules and regulations as may be necessary to carry out the programmes for the treatment and rehabilitation of drug dependents (Sec. 81-b of RA 9165).

    b. Another reform is the creation of the Philippine Drug Enforcement Agency (PDEA) as a single-mission agency to lead all other law enforcement agencies in the fight against illegal drugs, to serve as the implementing arm of the DDB, to exercise operational supervision over drug enforcement units of other law enforcement agencies and to coordinate the participation of other sectors in the national anti-drug campaign.

4. Under Executive Order No. 206 dated May 15, 2003, the following anti-illegal drugs task forces were created to support the PDEA:

    a. The Philippine National Police - Anti-Illegal Drugs Special Operation Task Force (PNP-AIDSOTF);

b. The National Bureau of Investigation - Anti-Illegal Drugs Task Force (NBI-AIDTF); and

c. The Bureau of Customs - Customs Task Group/Force in Dangerous Drugs and Controlled Chemicals (BOC-CTGFDDCC).

5. An Integrated Drug Abuse Data Information Network (IDADIN) was created to monitor drug use and abuse. This is an online drug data pooling and collection system that allows better management and assessment of the overall drug demand and supply reduction efforts undertaken by the Government through DDB Regulation No. 7, Series of 2006. This was institutionalized and approved for implementation. IDADIN is designed as an online or web-enabled reporting system and consists of thirteen interactive forms. Quarterly reports come from public and private hospitals, forensic and drug testing laboratories, treatment and rehabilitation centres, law enforcement and prosecution agencies and prison population profiles from municipal, city and provincial jails. This network allows easier processing of drug data, ensures secured up-to-date statistics and convenient reporting.

6. President Benigno S. Aquino III has ordered concerned agencies to strengthen the Government's campaign against drugs through Memorandum Circular No. 89 issued on December 17, 2015, in which the president directed all government offices, departments, bureaus, agencies, offices and government owned or controlled corporations to implement the National Anti-Drug Plan of Action or NADPA.

7. The Department of Justice has issued Department Circular No. 022 on February 12, 2013 setting the "Guidelines on the Release of Respondents/Accused Pending Automatic Review of Dismissed Cases Involving Republic Act No. 9165 (Comprehensive Dangerous Drugs Act)." This circular reiterates the procedure set in earlier Department issuances by restating that the dismissal of all drug-related cases involving violations for which the maximum penalty is either reclusion perpetua or life imprisonment will be subject to automatic review by the Justice Secretary whether such case was dismissed at the inquest, preliminary investigation or reinvestigation stage.

8. The Dangerous Drugs Board has issued the following regulations pertaining to drug treatment and rehabilitation:

    a. Board Regulation No. 1, Series of 2009: Guidelines for the Rehabilitation of First Time Offenders Under Section 15 of RA 9165 who are not drug dependents after a drug dependency examination. The regulation aims to provide effective mechanisms or measures to re-integrate into society individuals who have fallen victim to drug abuse or dangerous drug dependence, through sustainable programmess of treatment and rehabilitation.

    b. Board Regulation No. 2, Series of 2007: Providing for Revised Guidelines in the Conduct of Barangay Drug-Clearing Operations. To accelerate the drive against illegal drugs in the communities and to promote participation of local institutions in the suppression of drug trafficking and abuse, Anti-Drug Abuse Councils were created on the province,

city, municipality and barangay levels, empowering the Barangay Anti-Drug Abuse Councils (BADAC) to implement government strategic policies on drug prevention and control given the political and police powers of the barangay to administer the affairs of the community.

c. Board Regulation No. 3, Series of 2007: Rules Governing Voluntary Confinement for Treatment and Rehabilitation of Drug Dependents. This regulation is a clarification of and supplement to Section 2 of RA 9165 declaring the policy of the State to provide effective mechanisms or measures to re-integrate into society individuals who have fallen victim to drug abuse or dangerous drug dependence, through sustainable programmes of treatment and rehabilitation and to Article VIII of the same law which provides for the programme for the treatment and rehabilitation of drug dependents. The DDB has been empowered to issue guidelines as to the approval or disapproval of applications for voluntary treatment, rehabilitation or confinement, wherein it shall issue the necessary guidelines, rules and regulations pertaining to the application and its enforcement as expressly provided in Section 81 (q) of RA 9165.

d. Board Regulation No. 5: Institutionalization of the Barkada Kontra Droga Programme. The Barkada Kontra Droga is designed as a preventive education and information programme to counter the dangers and disastrous effects of drug abuse. It aims to empower the individual to be the catalyst within his peer groups in advocating healthy and drug-free lifestyles through involvement in various wholesome activities.

   It is envisioned that the Barkada Kontra Droga will evolve into a nationwide Barkadahan concept – a collective action among the students, the youth, and the people in the community that would strengthen camaraderie, collaboration, cooperation, solidarity and linkages in their common commitment to attain a drug-free lifestyle wherever they may be.

e. Board Regulation No. 4, Series of 2007: Amendment to Certain Sections of Board Regulation No. 5, Series of 2003, Entitled Guidelines in the Implementation of Operation "Private Eye" as amended by Board Regulation No. 4, series of 2006. This is in relation to Section 22, Article II of RA 9165, wherein the Board, exercising its powers as provided under Section 81(b) of RA 9165, issued Board Regulation No. 5, Series of 2003, which provides for the Guidelines in the Implementation of Operation "Private Eye", which is a project designed to give commensurate award/reward as an incentive to any person providing information to law enforcers which results in the successful confiscation, seizure or surrender of dangerous drugs, plant sources of dangerous drugs, and precursors and essential chemicals and/or the arrest of persons violating the penal provisions of RA 9165. The amendment of certain provisions in the previous regulation related to this programme was necessary to become more responsive to the dynamic national and international

drug situation and to the drug prevention and control campaign of the Government.

f. Board Regulation No. 1, series of 2006: Guidelines in the Implementation of the Aftercare Programme for Recovering Drug Dependents. This is to provide a programme for recovering drug dependents who have been discharged from rehabilitation centres for reintegration and independent functioning within their families and communities and to prevent the recurrence of drug abuse or relapse.

g. Board Regulation No. 2, Series of 2006: Regulation Governing the Implementation of Section 57 (Probation and Community Service Under the Voluntary Submission Programme) Section 70 (Probation or Community Service for a First-Time Minor Offender in Lieu of Imprisonment) of RA 9165. This Regulation shall apply exclusively to natural persons covered by Section 57 and Section 70 of RA 9165, specifically:

    1. Those who have been discharged as rehabilitated by the DOH-Accredited Centre under Voluntary Submission Programmes, but failed to qualify for exemption from criminal liability under Section 55. As a consequence, they were charged and convicted for violation of Section 15 of RA 9165. However, instead of serving sentence, they were placed on probation and required to undergo community service as an alternative to imprisonment.

    2. Those first-time minor offenders whose sentence was suspended pursuant to Section 66 of RA 9165. However, in view of their violation of the condition of their suspended sentence and the applicable rules and regulations of the Board exercising supervision and rehabilitative surveillance over them, including the rules and regulations of the Centre should confinement be required, they are returned to the Court for the pronouncement of the sentence. The Court, in its discretion, may place the first-time minor offenders under probation even if the sentence actually imposed exceeds the maximum term of imprisonment covered by PD 968.

h. Board Regulation No. 2, Series of 2005: Rules on the Suspension of A First-Time Minor Drug Offender. Pursuant to Sections, 66, 68 and 81 (b) of Republic Act No. 9165, the DDB issued certain rules and regulations to govern the suspension of the sentence of a first-time minor drug offender as provided in Sections 66 to 71 of the said Act.

Aside from the above-enumerated laws and legal frameworks, there are other national and regional strategies undertaken to combat drug use and trade in the country. Herein below are some of the concrete implementations of said strategies, taken from the website of the Philippine Drug Enforcement Agency (PDEA).

1. To support the country's fight against illegal drugs, the United States Drug Enforcement Agency (USDEA), together with the United States Embassy to the

Philippines, donated vehicles to the Philippine Drug Enforcement Agency (PDEA) – Ninoy Aquino International Airport Inter-Agency Drug Interdiction Task Group (NAIA-IADITG);

2. The Philippine Drug Enforcement Agency (PDEA) and the Bureau of Corrections (BuCor) have created a joint manual of operations in the conduct of search and seizure of dangerous drugs, controlled precursors and essential chemicals, and drug paraphernalia in all Bureau of Corrections Prison and Penal Farms. The creation of the manual ensures that the two agencies have synchronized efforts in anti-drug operations in all BuCor prisons and penal farms. The manual encompasses the basic rules and procedure in the standard conduct of Greyhound operations in all national prisons and BuCor penal farms and in the eradication of illegal drugs and activities inside these facilities.

3. To efficiently synchronize anti-illegal drug efforts in airports, an Airport Inter-Agency Drug Interdiction Task Group (Airport-IADITG) is hereby created for all airports under the Civil Aviation Authority of the Philippines (CAAP) control and jurisdiction. The Philippine Drug Enforcement Agency (PDEA) shall lead the task group. This is contained in the Memorandum of Agreement (MOA) signed on September 14, 2015 by PDEA Director General Undersecretary Arturo G. Cacdac, Jr., and Lieutenant General William Hotchkiss III, CAAP Director General, together with seven other government instrumentalities and their representatives from the Office for Transportation Security (OTS); Bureau of Customs (BoC); Bureau of Immigration (BI); Department of Justice-National Prosecution Service (DOJ-NPS); National Bureau of Investigation (NBI); the Philippine National Police (PNP) Anti-Illegal Drugs Special Operations Task Force; and the PNP Aviation Security Group.

4. For the protection of the consuming public against hazards to their health and to safeguard them from the harmful effects of dangerous drugs, the Philippine Drug Enforcement Agency (PDEA) and the Food and Drug Administration (FDA) hereby adopt and issue this joint advisory to warn the public consumer not to buy or use hempseed oil or their varieties and derivatives from cannabis, commonly known as "marijuana" or "Indian hemp", from the specie of the plant Cannabis Sativa L, including but not limited to, Cannabis Americana, hashish, bhang, guaza, churrus and ganjab or by its any other name and to report and surrender these prohibited products immediately to FDA or PDEA.

5. The Philippine Drug Enforcement Agency (PDEA), with the assistance of the Bureau of Jail Management and Penology (BJMP), has recently created its own handbook on the implementing guidelines on custodial handling and management of inmates, or simply referred to as the Detention Facility Manual which encompasses the basic rules and procedures every PDEA custodial officer must know and understand with regard to humane safekeeping, security and control of individuals who were arrested and temporarily held at our detention facilities for drug-related offenses.

C. CRIMINAL JUSTICE PROCESS FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS IN THE PAROLE AND PROBATION SYSTEM

The Adult Probation Law of 1976 or Presidential Decree No. 968 was signed into law by the President of the Philippines on 24 July 1976. With the enactment of this law, the Probation Administration was created to administer the probation system. Under Executive Order 292, "The Administrative Code of 1987", the Probation Administration was renamed the "Parole and Probation Administration" and given the added function of supervising prisoners who, after serving part of their sentence in jails, are released on parole or are granted pardon with parole conditions.

Recently, the investigation and supervision of first-time minor drug offenders placed under suspended sentence (FTMDO) have become another added function of the Administration pursuant to the provisions of Republic Act No. 9165, "The Comprehensive Dangerous Drugs Act of 2002" and per Dangerous Drugs Board Resolution No. 2 dated 19 July 2005 and the Memorandum of Agreement between the Dangerous Drugs Board and the Parole and Probation Administration dated 17 August 2005. As embodied in the said Memorandum of Agreement, the Dangerous Drugs Board tapped the assistance of the Administration through its manpower in the performance of its duties to investigate and supervise minor drug offenders who apply for and/or are granted suspended sentences by the courts. The Dangerous Drugs Board appointed some of the Administration's trained personnel to be its authorized representatives to carry out the former's duty of determining whether a minor drug offender may enjoy a suspended sentence and supervising his or her treatment and rehabilitation.

Further, Executive Order 468, mandating the revitalization of the Volunteer Probation Aide (VPA) programme, places the Administration in the forefront in relation to crime prevention, treatment of offenders in community-based settings and on the overall administration of criminal justice.

As aforementioned, Presidential Decree 968 was originally envisioned to cover only adult offenders but as practiced today, supervision of clients now includes probationers, parolees, or pardonees who may be drug-dependent offenders, and minor drug offenders who apply for and/or are granted suspended sentences by the courts. Likewise, the Dangerous Drugs Board has trained and authorized/designated selected personnel of the DOJ-PPA to act for and in behalf of the Board to facilitate the process of filing applications for Voluntary Confinement of Drug Dependents in treatment and rehabilitation centres with the appropriate trial courts.

In the implementation of the laws related to probation and parole/conditional pardon, the Administration always makes sure that the ends of justice and the best interests of the public will be served. The offender under probation or parole must substantially comply with the terms and conditions of the privilege granted him, otherwise he has to suffer the consequences of his act. However, in strict adherence to the rule of law, the Administration always takes cognizance to strike a happy balance to the end in view of giving a human face to justice, by highlighting the essence of social justice.

In pursuit of the vision statement which says, "A model component of the Philippine Correctional System that shall enhance the quality of life of its clients through multi-disciplinary programmes and resources, an efficient organization and a highly professional and committed workforce in order to promote social justice and

development", the Administration has embarked on the adoption of strategic pathways that include among others the adoption of an integrated rehabilitation programme for its clients that underscores restorative justice, a therapeutic community approach and volunteerism. The sustained implementation of this programme promotes and strengthens crime prevention and the rehabilitation of probationers, parolees, pardonees and first-time minor drug offenders on suspended sentence in the community.

PPA Major Final Outputs:

1. Investigation Services for Petitions for Probation, Parole, Executive Clemency and Suspended Sentence for First-Time Minor Drug Offenders.

This programme makes certain the suitability of petitioners for probation, parole conditional pardon and first-time minor drug offenders, who will likely respond to community-based individualized treatment. Those offenders who have no potential to reform are recommended to remain in jail or prison to ensure community safety.

It gathers information on the petitioner's personality, character, antecedents, environment and other relevant information, which includes the internal as well as external resources which shall be tapped in rehabilitating clients.

The investigation of first-time minor drug offenders in the implementation of Section 57 (Probation and Community Service under the Voluntary Submission Programme) and Section 70 (Probation or Community Service for First-Time Minor Offenders in lieu of imprisonment) of RA 9165. "The Comprehensive Dangerous Drugs Act of 2002" was implemented only in 2006 pursuant to a Memorandum of Agreement between the Administration and the Dangerous Drugs Board.

2. **Supervision and Rehabilitation Services for Petitions for Probation, Parole, Executive Clemency and Suspended Sentence for First-Time Minor Drug Offenders.**

This programme seeks to administer and execute existing laws relative to the probation and parole system in order to effect the rehabilitation and integration of the probationers, parolees and pardonees as productive, law-abiding and socially responsible members of the community.

Supervision is the essence of the probation and parole systems as it is in this area where intervention strategies are effected towards client rehabilitation.

The objective of supervision is the permanent regeneration of the client's attitude towards observance of the law. Supervision treatment should be concerned with the total configuration of the offender's personality in relationship to family, community and society.

3. Administration of Volunteer Programme (Volunteer Programme Revitalized-EO 468 dated October 11, 2005)

In support of the national policy of maximizing community involvement in the administration of the criminal justice system, it has become imperative for the Parole and Probation Administration to open every opportunity to allow people participation in the implementation of the parole and probation programmes.

The recruitment and deployment of volunteers who can assist the Administration in the pursuit of its vision, mission and goals will play a pivotal role in strengthening the essence of partnership between government and the private sector in ensuring the success of programmes and activities that derive their existence from public funds.

Volunteer Probation Assistants (VPAs) are provided with necessary training and orientation, for them to appreciate the knowledge, skills, attitudes and values that will enable them to perform their functions and duties with utmost efficiency, effectiveness and productivity, and at the same time, experience fulfilment and satisfaction from a job that gives them very minimal or no monetary returns at all.

The Parole and Probation System

A. Probation

1. *Definition*

Probation is a disposition under which a person who is convicted of a criminal offense is released, subject to the conditions imposed by the sentencing court and to the supervision of a probation officer (Section3 (a), PD 968 or Probation Law of 1976). It is a mere privilege and as such, its grant rests solely upon the discretion of the court.

A court may, after it shall have convicted and sentenced a defendant for a probationable penalty and upon application by said defendant within the period for perfecting an appeal, suspend the execution of the sentence and place the defendant on probation for such period and upon such terms and conditions as it may deem best. No application for probation shall be entertained or granted if the defendant has perfected the appeal from the judgment of conviction: *Provided*, that when a judgment of conviction imposing a non-probationable penalty is appealed or reviewed, and such judgment is modified through the imposition of a probationable penalty, the defendant shall be allowed to apply for probation based on the modified decision before such decision becomes final. The application for probation based on the modified decision shall be filed in the trial court where the judgment of conviction imposing a non-probationable penalty was rendered, or in the trial court where such case has since been re-raffled. In a case involving several defendants where some have taken further appeal, the other defendants may apply for probation by submitting a written application and attaching thereto a certified true copy of the judgment of conviction. The trial court shall, upon receipt of the application filed, suspend the execution of the sentence imposed in the judgment. This notwithstanding, the accused shall lose the benefit of probation should he seek a review of the modified decision which already imposes a probationable penalty. Probation may be granted whether the sentence imposes a term of imprisonment or a fine only. The filing of the application shall be deemed a waiver of the right to appeal. An order granting or denying probation shall not be appealable. (Section 4 of PD 968, as amended by RA 10707)

2. Disqualifications

Any person who is not otherwise disqualified under the probation law can apply. The following are disqualified from applying for probation (Section 9, Probation Law of 1976, as amended by RA 10707):

a. sentenced to serve a maximum term of imprisonment of more than six (6) years;
b. convicted of any crime against the national security;
c. who have previously been convicted by final judgment of an offense punished by imprisonment of more than six (6) months and one (1) day and/or a fine of more than one thousand pesos (P1,000.00);
d. who have been once on probation under the provisions of this Decree; and
e. who are already serving sentence at the time the substantive provisions of this Decree became applicable pursuant to Section 33 hereof.
f. Those whose conviction is on appeal;
g. Those convicted of violation of the Omnibus Election Code of the Philippines;
h. Those convicted of violation of the Wage Rationalization Act (Sec. 12, Republic Act No. 6727).

B. Parole

1. *Definition*

Parole is the conditional release of a prisoner from a correctional institution after he or she has served the minimum period of his or her indeterminate sentence. A prisoner case shall not be eligible for review by the Board of Pardons and Parole unless: (a) the prisoner is confined in prison or jail to serve an indeterminate sentence, the maximum period of which exceeds one year, pursuant to a judgment of conviction which has become final and executory, and (b) he or she has served the minimum period of said sentence (Rule 2, Sec. 2.1 of Rules of Parole, 26 June 2003). Act 4103 as enacted in 1933, otherwise known as the Indeterminate Sentence Law, is the basic law governing the administration of the parole system in the country. The Board of Pardons and Parole is the administrative arm of the President of the Philippines in the exercise of the constitutional power to grant parole and other forms of executive clemency after conviction by final judgment.

2. Persons Who are Disqualified from Parole

The following persons are disqualified from being granted parole:

1. Those convicted of an offense punished with the death penalty, reclusion perpetua or life imprisonment (reclusion perpetua has a duration of 20 years and 1 day to 40 years of imprisonment);
2. Those convicted of treason, conspiracy or proposal to commit treason or espionage;
3. Those convicted of misprision of treason, rebellion, sedition or coup d'etat;
4. Those convicted of piracy or mutiny on the high seas or Philippine waters;
5. Those who are habitual delinquents;
6. Those who escaped from confinement or evaded sentence;
7. Those who having been granted conditional pardon by the President of the Philippines violated any of the terms thereof;
8. Those whose maximum term of imprisonment does not exceed one year or those with a definite sentence;
9. Those certified as suffering from mental disorder as certified by a government psychiatrist or psychologist;

10. Those whose conviction are on appeal or has not yet become final and executory;
11. Those who have pending case/cases;
12. Those national prisoners serving sentence in a municipal, city, district or provincial jail, unless the confinement in said jail is in good faith or due to circumstances beyond the prisoner's control.

Administration of Parole and Probation as a Community-Based Alternative to Incarceration

Core Functions: 1. Investigation of Probation, Parole and Pardon Referrals

Investigation of petitioners for probation, parole and pardon is done after the sentence has been rendered to secure that the ends of justice and the best interest of the public (safety of the community) as well as that of the petitioner-defendants will be served. The investigation process involves detailed and in-depth study of the applicant's criminal records, family history, educational background, married life, occupational records, interpersonal relationships, spirituality, behavioural history, substance use, economic and social status and other aspects of his or her life. Available institutional and community resources are likewise determined. The post-sentence investigation is a process to complete a background check of the offender. This is a complete inquiry or investigation into all important aspects of an offender's life history. It is done primarily to know whether the offender is suitable for community-based rehabilitation and that he or she is not a threat to the peace and well-being of the community where he or she will be placed.

The investigation procedures as enunciated in the Probation Law of 1976 are as follows:

After conviction and sentence, an offender or his or her counsel files a petition for probation with the trial court, which in turn orders the probation officer to conduct a post-sentence investigation to determine whether or not an offender may be placed on probation. The grant of probation is premised upon three conditions:

1. an application for probation by the offender;
2. an investigation conducted by the probation officer; and
3. a determination by the court that the ends of justice and the best interest of the public as well as the offender will be served thereby (Section 5). The post-sentence investigation report must be submitted by the probation officer within 60 days from receipt of the order of the court to conduct investigation. The court shall resolve the petition for probation not later than 15 days after receipt of the said report. Pending submission of the investigation report and the resolution of the petition, the defendant may be allowed on temporary liberty under his or her bail filed in the criminal case, provided that, in cases where no bail is filed or that the defendant is incapable of filing one, the court may allow the release of the defendants on recognizance to the custody of a responsible member of the community who shall guarantee his appearance whenever required by

the court (Section 7). The grant of probation in effect suspends the execution of the sentence of imprisonment.

Investigation of Board of Pardons and Parole/Jail Referrals

The pre-parole/executive clemency investigation is conducted to provide the Board of Pardons and Parole with necessary and relevant information in determining the prisoner's fitness for parole or any form of executive clemency. The investigation and evaluation focus on the physical, mental and moral records of prisoners confined in city jails, the national penitentiary and penal colonies to identify who are eligible for parole or executive clemency.

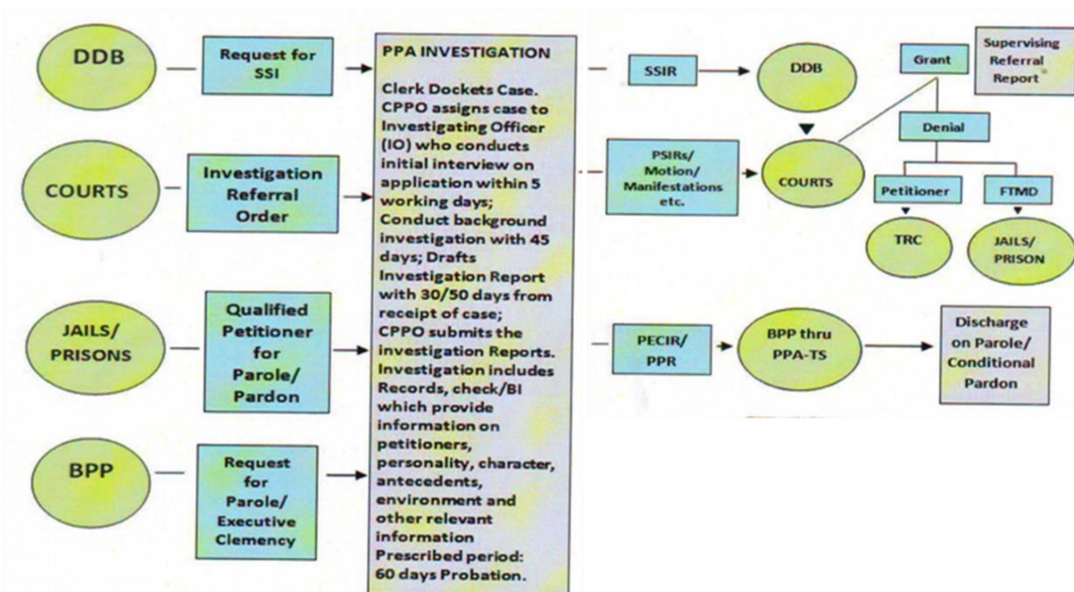
Investigation of Referrals from the Dangerous Drugs Board

Pursuant to the Memorandum of Agreement (MOA) entered into by the Parole and Probation Administration (PPA) with the Dangerous Drugs Board (DDB), the agency has an added task of conducting investigation of first-time minor drug offenders who apply for suspended sentence under RA 9165, otherwise known as the "Comprehensive Drugs Act of 2002" in relation to Republic Act 9344. The objective is to provide the Dangerous Drugs Board with relevant information and judicious recommendations for the selection of first-time minor drug offenders to be placed on suspended sentence. The scope and coverage of this task include all offenders who are over fifteen (15) years of age at the time they violated Section 11 or 15 of the Republic Act. No. 9165, also known as the "Comprehensive Dangerous Drugs Act of 2002" but not more than eighteen (18) years of age at the time they are found guilty of said offence.

The conduct of a Suspended Sentence Investigation which aims to gather substantial data or information about all aspects of the client's life will be a crucial factor in the grant or denial of the petition for suspension of sentence.

Figure 7

Investigation Flow Chart



Supervision of Client-Offenders

Supervision involves the monitoring of the clients to ensure adherence to and compliance with the terms and conditions of a client's probation, parole or pardon undertaking.

Probation once granted to an applicant is accompanied by conditions imposed by the court and which conditions must be followed by the probationer while he or she is under the supervision of a probation officer. There are two types of conditions that the probationer must adhere to. These are the general mandatory conditions and the special or discretionary conditions, both of which are incorporated in every order of probation issued by the court.

The mandatory conditions require that the probationer shall (a) present him or herself to the probation officer designated to undertake his or her supervision at each place as may be specified in the order within 72 hours from receipt of said order, and (b) report to the probation officer at least once a month at such time and place as may be specified by the officer.

Special or discretionary conditions are those additional conditions imposed on the probationer which are geared towards his or her correction and rehabilitation outside of prison and in the community to which he or she belongs. The court may require him or her to:

(a) cooperate with a programme of supervision;

(b) meet his or her family responsibilities;

(c) devote him or herself to a specific employment and not to change said employment without the prior written approval of the probation officer;

(d) undergo medical, psychological or psychiatric examination and treatment and enter and remain in a specified institution, when required for that purpose;

(e) pursue a prescribed secular study or vocational training;

(f) attend or reside in a facility established for instruction, recreation or residence of persons on probation;

(g) refrain from visiting houses of ill-repute;

(h) abstain from drinking intoxicating beverages to excess;

(i) permit the probation officer or an authorized social worker to visit his or her home and place of work;

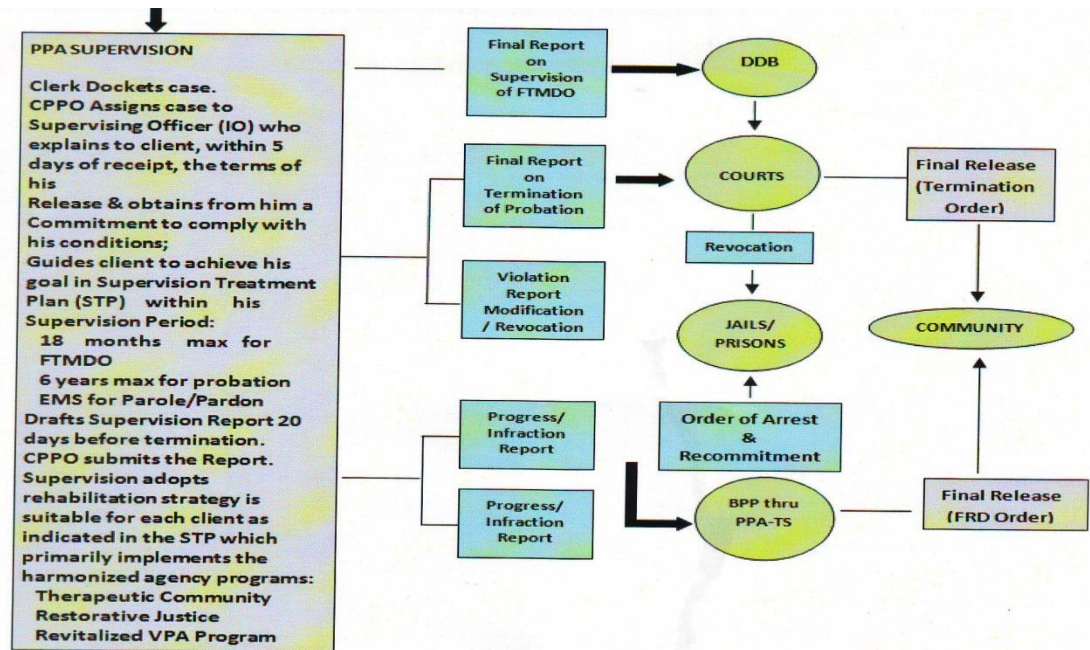
(j) reside at premises approved by it and not to change his or her residence without prior written approval; or

(k) satisfy any other condition related to the rehabilitation of the defendant and not unduly restrictive of his or her liberty or incompatible with his or her freedom of conscience. The conditions as enumerated are non-exclusive. The court has the discretion to add other conditions or omit some of those already provided.

A violation of any of the conditions may lead either to a more restrictive modification of the same or the revocation of the grant of probation. Consequent to the revocation, the probationer will have to serve the sentence originally imposed.

Figure 10

Supervision Flow Chart



Probation and Parole Officers Authorized as Dangerous Drugs Board (DDB) Representatives in Facilitating Applications for Voluntary Confinement of Drug Dependents

In connection with the implementation of the provisions of Republic Act 9165, the Executive Director of the DDB is authorized to act for and in behalf of the Board, and is further authorized to designate any Provincial or City Health Officer, Provincial or City Social Welfare and Development Officer, Provincial or City Local Government Operations Officer of the DILG, Provincial or City Schools Division Superintendent of the DepEd and Regional, Provincial or City Parole and Probation Officer of the PPA to perform the aforesaid delegated authority. The Representatives of the Board designated by the Executive Director shall be assisted by the Department of Justice, through the Public Attorney's Office, in the performance of their delegated authority, unless the applicant retains the services of a private counsel at his/her expense. The Executive Director and all other authorized representatives shall render a monthly report to the Board on all applications for voluntary confinement received, the corresponding actions taken, and the status thereof.

DOJ-PPA has accepted the training and authorization or designation of selected personnel of DOJ-PPA to act for and in behalf of the Board to facilitate the process of

filing applications for Voluntary Confinement of Drug dependents in treatment and rehabilitation centres with the appropriate trial courts.

All Probation and Parole Officer all over the country who are authorized as DDB Representatives are given a document issued by the Executive Director of the Board designating them as such and stating therein their specific duties and responsibilities which are as follows:

1. To receive verified applications for voluntary confinement for treatment and rehabilitation;
2. To order the drug dependency examination of the applicant or the person in whose behalf the application is filed by a DOH-accredited physician;
3. To order the temporary confinement, not exceeding fifteen (15) days, of the drug dependent;
4. To file the petition for voluntary confinement for treatment and rehabilitation, for and in behalf of the Board, with the appropriate Court;
5. To appear and represent the Board during the hearing of the petition with authority to make stipulation of facts;
6. To designate the Centre where the drug dependent shall be confined or the DOH-accredited physician in whose care the drug dependent shall be placed under;
7. To receive reports from the head of the Centre or DOH-accredited physician regarding the status of the drug dependent; and
8. To furnish the Board with copies of all applications, issued orders, petitions and other pleadings, reports and other documents in connection with the exercise of their delegated authority.

Application for Voluntary Confinement Process

Article VIII of RA 9165 provides for a programme for the treatment and rehabilitation drug dependents. Section 81 (b) of RA 9165 empowers the Dangerous Drugs Board to promulgate rules and regulations as maybe necessary to carry out the purposes of the said Act.

Herein provided are the steps on how to apply for Voluntary Confinement of a dependent in a treatment and rehabilitation centre in which Probation and Parole Officers comply with whenever referrals are received or walk-in clients directly approach their respective field offices.

a) Any drug dependent may by himself/herself or through his/her parent, spouse, guardian or relative within the fourth degree of consanguinity or affinity, may file a verified application to the Board for voluntary confinement for treatment and rehabilitation.

b) Upon receipt of the verified application, the Board shall order that the applicant or the person in whose behalf the application is filed be examined for drug dependency by a DOH-accredited physician. The certification by the examining physician shall state, among others, whether the immediate confinement of the drug dependent is recommended, taking into consideration his/her level of drug dependency and the potential danger he/she may pose to himself/herself, his/her family and the community.

c) Upon issuance of a certification by the examining physician that the applicant or the person in whose behalf the application is filed is a drug dependent and his/her confinement in a treatment and rehabilitation centre is recommended, the Board shall file a petition with the appropriate Court for the confinement of the said drug dependent for treatment and rehabilitation pursuant to Section 54 of R.A. 9165.

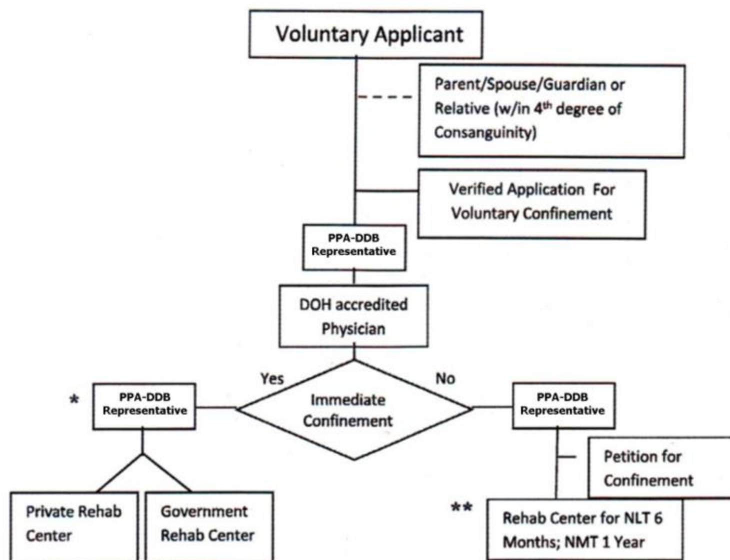
d) If the examining physician recommends the immediate confinement of the drug dependent, the Board shall order his/her temporary confinement in a government or private treatment and rehabilitation centre, at the option of the applicant, at his/her expense, pending the issuance of the commitment order of the Court. The temporary confinement of the drug dependent shall not exceed fifteen (15) days and it shall be duly alleged in the petition of the Board to be filed with the Court.

e) Upon the petition of the Board, the Court shall order that the applicant be examined for drug dependency or shall take cognizance of the certification of the examining physician mentioned in paragraphs (b) and (c) hereof. If the examination by a DOH-accredited physician results in the issuance of a certification that the applicant is a drug dependent, he/she shall be ordered by the Court to undergo treatment and rehabilitation in a Centre designated by the Board for a period of not less than six (6) months: *Provided*, That a drug dependent may be placed under the care of a DOH-accredited physician where there is no Centre near or accessible to the residence of the drug dependent or where said drug dependent is below eighteen (18) years of age and is a first-time offender and non-confinement in a Centre will not pose a serious danger to himself/herself, his/her family or the community.

Confinement in a Centre for treatment and rehabilitation shall not exceed one (1) year, after which time the Court, as well as the Board, shall be apprised by the head of the Centre of the status of said drug dependent and determine whether further confinement will be for the welfare of the drug dependent and his/her family or the community.

Figure 11

Flow Chart for Voluntary Confinement of a Drug Dependent in a Drug Treatment and Rehabilitation Centre



****(Immediate Confinement) The Temporary Confinement of a drug dependent shall not exceed fifteen (15) days and it shall be duly alleged in the petition of the Board to be filed with the Court.*

*****Provided: That a drug dependent maybe placed under the care of a DOH accredited physician where there is no Center near or accessible to the residence of the drug dependent or where said drug dependent is below eighteen (18) years of age and is a first time offender and non confinement in a Center will not pose a serious danger to himself/herself, his/her family or the community.*

D. COMMUNITY-BASED TREATMENT FOR DRUG OFFENDERS

The Parole and Probation Administration is part of the Department of Justice (DOJ) family as an attached agency. Within the DOJ's functional clusters, namely Law Enforcement Legal Services and Corrections, DOJ-PPA belongs to the third cluster as the sole agency that has a niche for the community-based corrections. Thus, it also categorized under the fourth pillar of the Criminal Justice System, the Corrections Pillar.

It is a mandate for the Parole and Probation Administration to promote the reformation of criminal offenders who are put under the probation, parole and pardon system and reduce the incidence of recidivism, thereby contribute to crime reduction and attain the peace and order in society. To realize this, it employs the "community-based treatment programme " that is individualized in every offender in consideration to his/her basic realities and circumstances. This community-based treatment programmes is adopted with three-pronged approaches or components, namely: Restorative Justice as the philosophical framework; Therapeutic Community as the treatment modality of choice; and, Volunteer Probation Aides as the lead community resource.

Figure 12

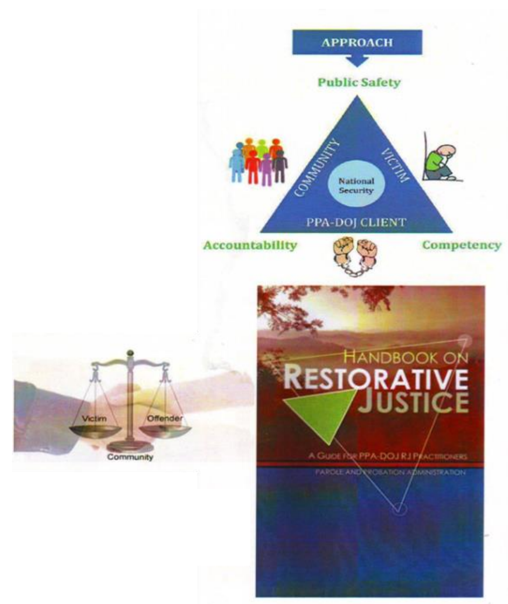
PPA-DOJ Three-Pronged Rehabilitation Programme

Restorative Justice

Restorative Justice is an approach to justice that focuses on the needs of the victims and the offenders, as well as the involved community, instead of satisfying abstract legal principles or punishing the offender. Victims take an active role in the process, while offenders are encouraged to take responsibility for their actions, "to repair the harm they have done – by apologizing, by payment of civil liability, or by way of community work service" which promote repair, forgiveness and reconciliation and reassurance. In addition, it provides help for the offender in order to avoid future offenses. It is based on a theory of justice that considers crime and wrongdoing to be an offense against an individual or community, rather than the state. Restorative justice that fosters dialogue between victim and offender shows the highest rates of victim satisfaction and offender accountability.

In the PPA context, RJ is the agency's philosophical foundation which further enhances the community-based treatment of offenders. Generally PPA adopted three (3) major RJ processes, namely: Mediation, Conferencing, and Circle of Support. It also recognized and paid observance to other Indigenous Practices that promote healing the stakeholders to crime. The sessions conducted usually bear positive and successful results which lead to restitution, peace-making encounters, community work services and others.

Figure 13



The PPA-DOJ Handbook on Restorative Justice Programme

Therapeutic Community Ladderized Programme

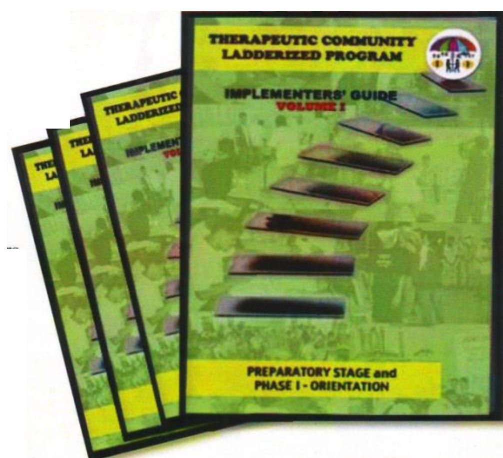
Therapeutic Community (TC) is an environment that helps people get help while helping themselves. It operates in a similar fashion to a functional family with a hierarchical structure of older and younger members. Each member has a defined role and responsibilities for sustaining the proper functioning of the TC. There are sets of rules and community norms that members commit to live by and uphold upon entry. The primary "therapist" and teacher is the community itself, consisting of peers, probation and parole officers/staff and even Volunteer Probation Assistants (VPA), who, as role models of successful personal change, serve as guides in the recovery process.

The TC Ladderized Programme (TCLP) is the treatment modality currently utilized by PPA-DOJ to provide treatment and rehabilitation to its clients. It integrates tools, norms and methods of the Therapeutic Community model with probation and parole requirements, implemented in progressive phases within the non-residential community-based setting of the Parole and Probation Administration programme. It provides clients with success milestones through graduated completion criteria and aims for more active involvement of clients and their families. In the TCLP, clients go through a series of phases that are designed to gradually introduce positive behaviour and attitude changes, including life skills and employable skills, that would help clients become productive members of society.

As a major improvement of the TCLP, tools and instruments were translated in various dialects so that the clients will understand easily the TC language. VPAs were trained on the basic knowledge about the programme and on how to accomplish the TC forms so that they will effectively assist the clients during TC sessions. Some VPAs were mobilized as Resource Persons. Family Support Groups were likewise organized and oriented on the roles they have to play in the reformation aspect of the clients. Family members are also encouraged to participate in the TC activities.

Worthy to mention is the support of institutions, national government offices and local government units and non-governmental institutions for the sustainability and improvement of the programme. They continuously provide financial support and other community resources for the conduct of values formation activities, livelihood and non-livelihood projects, skills training and other reinforcing activities.

Figure 14



The PPA-DOJ TCLP Manuals

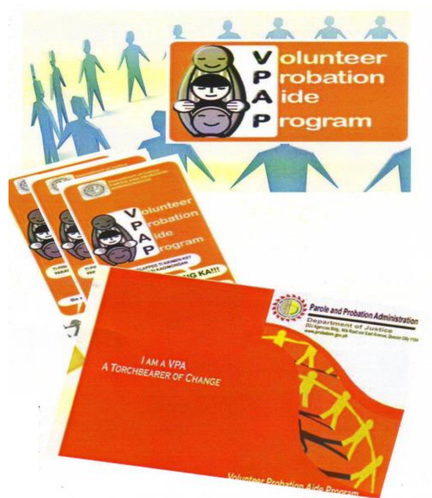
Volunteer Probation Assistant Programme

The Volunteer Probation Assistant (VPA) Programme is a strategy by which the Parole and Probation Administration may be able to generate maximum citizen participation or community involvement. Citizens of good standing in the community may volunteer to assist the probation and parole officers in the supervision of a number of probationers, parolees and conditional pardonees in their respective communities. Since they reside in the same community as the client, they are able to usher the reformation and rehabilitation of the clients hands-on.

The VPA Programme is a probation rehabilitation approach to get community involvement in the reformation process of probationers, parolees and pardonees. As provided in Section 28 of PD 968, as amended, it states: "To assist the Probation and Parole Officers in the supervised treatment programme of probationers, the Probation Administrator may appoint citizens of good repute and probity, who have the willingness, aptitude, and capability to act as VPAs for a tenure of two (2) years.

Its mission is to promote the rehabilitation and development of Parole and Probation Administration clients through a competent corps and Volunteers using the holistic approach in volunteer and community resource development. Its main task is to endeavor to implement treatment objectives as provided in the programme of supervision of probationers, parolees and pardonees with the end objective of crime prevention, treatment of offenders and criminal justice administration.

Figure 15



IEC Materials for the VPA Programme

PPA also implement other activities in order to address the different areas where the drug-offender client may need assistance or help in pursuing his or her rehabilitation and are intended to focus on the needs of the clients. These activities are always conducted in co-ordination with socio-civic, charitable, religious organizations, local government, individuals and our Volunteer Probation Assistants. These are as follows.

A. Individual and Group Counselling

Individual counselling involves one-on-one interaction between the client and the probation and parole officer. The officer assists the client in trying to sort out his or her problems, identify solutions, reconcile conflicts and help resolve them.

Group counselling has the same objective but it is done with a group, ideally intended for those with similar problems, conflicts or offences. The activity focuses on reminders of compliance to the conditions of their probation and parole, lectures on individual and marital problems, behavioural problems, proper conduct in the community, health issues and social responsibility, as well as environmental awareness.

B. Social-Moral and Values Formation and Spiritual/Religious Activities

These activities are accomplished through seminars, lectures or training offered or arranged by the office, most of the time inviting outside resource person and availing of their services for free. Active Non-Governmental Organizations, local government units, lay ministers and their ministries, school and faculty associations provide much help in facilitating the conduct of these activities.

C. Work and Livelihood

The Administration initiates a self-sustaining livelihood programme to ensure that a client can provide basic necessities for himself and his or her family. Field

officers conduct/organize seminars for a home-based, labour intensive economic activity, in coordination with local government units, non-government organizations and civic organizations which can assist the clients in the pursuit of feasible livelihood projects.

D. Skills Training

Productivity and economic sufficiency of the clients during the process of reintegration is one of the objectives of the Administration aimed to achieve for the clients, such that clients with inadequate technical know-how are encouraged and referred for skills training to enhance/acquire marketable skills to make them more competitive for employment.

E. Health and Medical Services

To address some of the basic needs of clients and their families, medical missions are organized to provide various forms of medical and health services including physical examination and treatment, free medicines and vitamins, dental examination and treatment, drug dependency test and laboratory examinations. Psychological testing and evaluation as well as psychiatric treatment are likewise provided by the Administration's Clinical Division and if not possible by reason of distance, referrals are made to other government accredited institutions.

F. Literacy Programme

In co-ordination with local government unit programmes, adult education classes are availed of to help clients learn basic writing, reading and arithmetic. Likewise, literacy teach-ins during any sessions conducted for clients become part of the module. This is particularly intended for clients who are "no read, no write" to help them become functionally literate. Likewise, there are regular linkages with educational foundation, other government organizations and non-government organizations for free school supplies, bags and uniform for clients' children and relatives.

G. Community Service

This programme refers to the services in the community rendered by clients for the benefit of society. It includes tree planting, beautification drives, cleaning and greening of surroundings, maintenance of public parks and places, garbage collection, blood donation and similar socio-civic activities.

H. Clients' Self-Help Organization

This programme takes the form of co-operatives and clients' associations wherein the clients form co-operatives and associations as an economic group to venture on small-scale projects. Similarly, client associations serve another purpose by providing some structure to the lives of clients where they re-learn the basics of working within a group with hierarchy, authority and responsibility much like in society in general.

I. Payment of Civil Liability

The payment of civil liability or indemnification to victims of offenders is pursued despite the economic status of clients. Payment of obligations to the victims instils in the minds of the clients their responsibility and the consequences of the harm they inflicted on others.

J. Environment and Ecology

To instil awareness of and concern for preserving ecological balance and environmental health, seminars/lectures are conducted wherein clients participate. These seminars/lectures tackle anti-smoke belching campaigns, organic farming, waste management, segregation and disposal and proper care of the environment.

K. Sports and Physical Fitness

Activities that provide physical exertion like sports, games and group play are conducted to enhance the physical wellbeing of clients. Friendly competitions of clients from the various offices of the sectors, together with the officers, provide an enjoyable and healthful respite.

Other Alternatives to Incarceration

1. Probation

Probation is a disposition under which a person who is convicted of a criminal offence is released, subject to the conditions imposed by the sentencing court and to the supervision of a probation officer. The grant of probation suspends the execution of the sentence and places the defendant on probation for such period and upon such terms and conditions as it may deem best.

2. Community Service

This programme refers to the services in the community rendered by clients for the benefit of society. It includes tree planting, beautification drives, cleaning and greening of surroundings, maintenance of public parks and places, garbage collection, blood donation and similar socio-civic activities. The effectiveness of community service is often underestimated or underappreciated and usually imposed only as an add-on requirement in probation and parole supervision. Under RA 9165, the Comprehensive Dangerous Drugs Act of 2002, community service can now be imposed as a separate penalty.

3. Fine

In lieu of imprisonment the court may impose upon the offender the payment of a fine commensurate to the offence he or she committed. Imposition of fines or finical punishment is traditionally used in conjunction with other penalties or for minor offenses. Interestingly, the Supreme Court of the Philippines in a circular has discouraged judges from imposing the penalty of imprisonment for violation of Batas Pambansa 22, the Bouncing Check Law, and instead to consider fine as the more appropriate penalty. Prosecution for violation of the Bouncing Check Law is now also covered by the

Summary Rules on Criminal Procedure where summons are just issued for the appearance of the accused instead of the usual warrant of arrest.

4. Release on Recognizance

Recognizance is an obligation of record, entered into before some court duly authorized to take it, with condition to do some particular act or acts, the usual condition being the appearance of the accused for trial. The application for release on recognizance may be filed at any time before conviction in the court where the case is pending.

Presently, release on recognizance is available only in the following instances:

a. When the offence charged is for violation of an ordinance, a light felony or a criminal offence, the imposable penalty for which does exceed six months' imprisonment and/or a 2,000 peso fine (Republic Act 6036).
b. When a person is in custody for a period equal to or more than the minimum of the principal penalty prescribed for the offence charged (Rule 114 Section 16, Revised Rules on Criminal Procedure).
c. When the accused has no bail filed or he or she is incapable of filing for bail (Rule 114, Section 24, Revised Rules on Criminal Procedure).
d. When the youthful offender is held for physical and mental examination, trial or appeal (Presidential Decree 603).

A new bill on release on recognizance (Recognizance Act of 2008) is now pending in the Philippine Congress. The Administration strongly supports such proposal. This measure is intended to serve as the enabling law for the full implementation of release on recognizance as an instrument for temporary release.

Moreover, this measure is a means to promote the principle of restorative justice especially among poor litigants who have yet to be convicted but are detained due to their inability to post bail or due to a simple lack of an enabling law on recognizance. It would give the members of a community a bigger and more pro-active role in reforming suspected offenders and upholding a fair system of justice. This is also a way to address other problems confronting the criminal justice system such as protracted trials, prolonged resolution of cases, lack of legal representation, lack of judges, congestion in jails, and lack of opportunity to reform and rehabilitate offenders. This bill also seeks to expand the coverage of release on recognizance from the present six months up to 20 years' imprisonment.

5. Diversion

Jails and prisons are simply not for children under the new law on juvenile justice. Instead of putting them to jail, children in conflict with the law will be placed in diversion programmes without undergoing court proceedings, subject to the conditions imposed by law. It may be conducted at the Katarungang Pambarangay , the police investigation or the inquest or preliminary investigation stage and at all levels and phases of the proceedings, including judicial level (Section 4 (i) of Republic Act No. 9344, or the Juvenile Justice and Welfare Act). The diversion programme includes adequate socio-cultural and psychological responses and services for the child. At the different stages where diversion may be resorted to, the following diversion programmes may be agreed upon, such as, but not limited to:

1. At the Level of the Punong Barangay
   - Restitution of property;
   - Reparation of the damage caused;
   - Indemnification for consequential damages;
   - Written or oral apology;
   - Care, guidance and supervision orders;
   - Counselling for the child in conflict with the law and the child's family;
   - Attendance in training, seminars and lectures on anger management skills, problem-solving and/or conflict resolution skills, values formation, and other skills which will aid the child in dealing with situations which can lead to repetition of the offense;
   - Participation in available community-based programmes, including community service; or
   - Participation in education, vocation and life skills programmes.

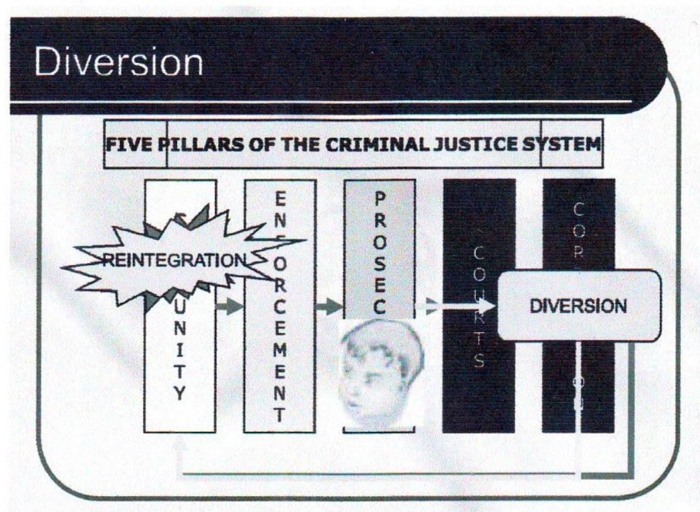
2. At the Level of the Law Enforcement Officer and the Prosecutor
   - Diversion programmes as specified above; and
   - Confiscation and forfeiture of the proceeds or instruments of the crime.

3. At the Level of the Appropriate Court
   - Diversion programmes as specified above;
   - Written or oral reprimand or citation;
   - Fine;
   - Payment of the cost of the proceedings; or
   - Institutional care and custody.

Community-based programmes on juvenile justice and welfare are instituted by the local government units through the Local Councils for the Protection of Children, school, youth organizations and other concerned agencies. The local government units are mandated to provide community-based services which respond to the special needs, problems, interests and concerns of children and which offer appropriate counselling and guidance to them and their families. These programmes shall consist of three levels:

1. Primary intervention includes general measures to promote social justice and equal opportunity, which tackle perceived root causes of offending;
2. Secondary intervention includes measures to assist children at risk; and
3. Tertiary intervention includes measures to avoid unnecessary contact with the formal justice system and other measures to prevent reoffending (Section 19 of Republic Act No. 9344, or the Juvenile Justice and Welfare Act).

Figure 16



As illustrated above, in the prosecution of minors or children in conflict with the law under RA 9344, diversion proceedings are applied at all levels, even up to the judicial level.

6. Bail

As a mode for releasing a person usually under preventive imprisonment, bail can be granted by the court as matter of right or discretion. Release on bail is available as matter of right in the following instances:

1. Before and after conviction in the Municipal Trial Courts;
2. Before conviction in the Regional Trial Courts for offences not punishable by death, reclusion perpetua or life imprisonment;
3. Before conviction in the Regional Trial Court for offences punishable by death, reclusion perpetua or life imprisonment where the evidence of guilt is not strong.

After conviction in the Regional Trial Court for offences not punishable by death, reclusion perpetua or life imprisonment, release on bail, usually for humanitarian reasons, is already discretionary.

E. COMMUNITY RESOURCES

RA 9165 enumerates the involvement of agencies, organizations and other stakeholders in dealing with the treatment and rehabilitation of drug offenders.

1. *Involvement of the Family:* The family being the basic unit of the Filipino society shall be primarily responsible for the education and awareness of the members of the family on the ill effects of dangerous drugs and close monitoring of family members who may be susceptible to drug abuse. (Sec. 41, RA 9165)

2. *Student Councils and Campus Organizations.* All elementary, secondary and tertiary schools' student councils and campus organizations shall include in their activities a programme for the prevention of and deterrence in the use of dangerous drugs, and referral for treatment and rehabilitation of students for drug dependence. (Sec. 42, RA 9165)

3. *School Curricula*. Instruction on drug abuse prevention and control shall be integrated in the elementary, secondary and tertiary curricula of all public and private schools, whether general, technical, vocational or agro-industrial as well as in non-formal, informal and indigenous learning systems. Such instructions shall include:
    (a) Adverse effects of the abuse and misuse of dangerous drugs on the person, the family, the school and the community;
    (b) Preventive measures against drug abuse;
    (c) Health, socio-cultural, psychological, legal and economic dimensions and implications of the drug problem;
    (d) Steps to take when intervention on behalf of a drug dependent is needed, as well as the services available for the treatment and rehabilitation of drug dependents; and
    (e) Misconceptions about the use of dangerous drugs such as, but not limited to, the importance and safety of dangerous drugs for medical and therapeutic use as well as the differentiation between medical patients and drug dependents in order to avoid confusion and accidental stigmatization in the consciousness of the students. (Sec. 43, RA 9165)

4. *Heads, Supervisors, and Teachers of Schools.* For the purpose of enforcing the provisions of Article II of this Act, all school heads, supervisors and teachers shall be deemed persons in authority and, as such, are hereby empowered to apprehend, arrest or cause the apprehension or arrest of any person who shall violate any of the said provisions, pursuant to Sec. 5, Rule 113 of the Rules of Court. They shall be deemed persons in authority if they are in the school or within its immediate vicinity, or even beyond such immediate vicinity if they are in attendance at any school or class function in their official capacity as school heads, supervisors, and teachers.

    Any teacher or school employee, who discovers or finds that any person in the school or within its immediate vicinity is liable for violating any of said provisions, shall have the duty to report the same to the school head or immediate superior who shall, in turn, report the matter to the proper authorities.

    Failure to do so in either case, within a reasonable period from the time of discovery of the violation shall, after due hearing, constitute sufficient cause for disciplinary action by the school authorities. (Sec. 44, RA 9165)

5. *Publication and Distribution of Materials on Dangerous Drugs.* With the assistance of the Board, the Secretary of the Department of Education (DepEd), the Chairman of the Commission on Higher Education (CHED) and the Director-General of the Technical Education and Skills Development Authority (TESDA) shall cause the development, publication and distribution of information and support educational materials on dangerous drugs to the students, the faculty, the parents, and the community. (Sec. 45, RA 9165)

6. *Special Drug Education Centre*. With the assistance of the Board, the Department of the Interior and Local Government (DILG), the National Youth Commission (NYC), and the Department of Social Welfare and Development (DSWD) shall establish in each of its provincial office a special education drug centre for out-of-school youth and street children. Such Centre which shall be headed by the Provincial Social. Welfare Development Officer shall sponsor drug prevention programmes and

activities and information campaigns with the end in view of educating the out-of-school youth and street children regarding the pernicious effects of drug abuse. The programmes initiated by the Centre shall likewise be adopted in all public and private orphanage and existing special centres for street children. (Sec. 46, RA 9165)

7. *Department of Labour and Employment* (DOLE). With the assistance of the DDB, DOLE shall develop, promote and implement a national drug abuse prevention programme in the workplace to be adopted by private companies with ten (10) or more employees. Such programme shall include the mandatory drafting and adoption of company policies against drug use in the workplace in close consultation and coordination with the DOLE, labour and employer organizations, human resource development managers and other such private sector organizations. (Sec. 47, RA 9165)

8. *Labour Organizations and the Private Sector*. All labour unions, federations, associations, or organizations in cooperation with the respective private sector partners shall include in their collective bargaining or any similar agreements, joint continuing programmes and information campaigns for the labourers similar to the programmes provided under Sec. 47 of this Act with the end in view of achieving a drug free workplace. (Sec. 49, RA 9165)

9. *Government Assistance*. The labour sector and the respective partners may, in pursuit of the programmes mentioned in the preceding Section, secure the technical assistance, such as but not limited to, seminars and information dissemination campaigns of the appropriate government and law enforcement agencies. (Sec. 50, RA 9165)

10. *Local Government Units' Assistance*. Local government units shall appropriate a substantial portion of their respective annual budgets to assist in or enhance the enforcement of this Act giving priority to preventive or educational programmes and the rehabilitation or treatment of drug dependents. (Sec. 51, RA 9165)

11. *Department of Health*. The DOH shall:
    (a) Oversee the monitor the integration, coordination and supervision of all drug rehabilitation, intervention, after-care and follow-up programmes, projects and activities as well as the establishment, operations, maintenance and management of privately-owned drug treatment rehabilitation centres and drug testing networks and laboratories throughout the country in coordination with the DSWD and other agencies;
    (b) License, accredit, establish and maintain drug test network and laboratory, initiate, conduct and support scientific research on drugs and drug control;
    (c) Encourage, assist and accredit private centres, promulgate rules and regulations setting minimum standards for their accreditation to assure their competence, integrity and stability;
    (d) Prescribe and promulgate rules and regulations governing the establishment of such Centres as it may deem necessary after conducting a feasibility study thereof;
    (e) The DOH shall, without prejudice to the criminal prosecution of those found guilty of violating this Act, order the closure of a Centre for treatment and

rehabilitation of drug dependency when, after investigation it is found guilty of violating the provisions of this Act or regulations issued by the Board; and

(f) Charge reasonable fees for drug dependency examinations, other medical and legal services provided to the public, which shall accrue to the Board. All income derived from these sources shall be part of the funds constituted as special funds for the implementation of this Act under Section 87. (Sec. 76, RA 9165)

12. *Dangerous Drugs Board*. – The Board shall be the policy-making and strategy-formulating body in the planning and formulation of policies and programmes on drug prevention and control. It shall develop and adopt a comprehensive, integrated, unified and balanced national drug abuse prevention and control strategy. It shall be under the Office of the President. (Sec. 77, RA 9165)

13. *Creation of the Philippine Drug Enforcement Agency (PDEA)*. –PDEA, serves as the implementing arm of the Board, and shall be responsible for the efficient and effective law enforcement of all the provisions on any dangerous drug and/or controlled precursor and essential chemical as provided in RA 9165.

14. *Department of Social Welfare and Development.* The DSWD is tasked to formulate the after-care programme and schedule of the drug dependent. Likewise, the capability building of local government social workers shall be undertaken by the DSWD.

F. THROUGH-CARE SYSTEM AND AFTERCARE

Board Regulation No. 1, series of 2006 sets certain Guidelines in the Implementation of the Aftercare Programme for Recovering Drug Dependents. This is to provide a programme for recovering drug dependents who have been discharged from rehabilitation centres for reintegration and independent functioning within their families and communities and to prevent the recurrence of drug abuse or relapse.

The programme of treatment and rehabilitation for drug-dependent offenders in the Philippines provides an Aftercare Programme (ACP) which refers to services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment and rehabilitation. It provides an opportunity to address important issues and problems associated with abstinence and recovery. Aftercare provides a safe environment for continued support till it is no longer needed.

Aftercare and follow-up is an integral component of the treatment and rehabilitation process. It is a continuation of the rehabilitation process within the community after discharge from a treatment facility. The aftercare and follow-up programme facilitates the client's reintegration to the community and prevents relapse into drug dependency.

The ACP is composed of medical, psycho-social, and economic programmes which are focused on reviewing and consolidating the gains made during treatment. The programme aims at imparting new skills for sustaining recovery which would include:

- handling everyday responsibilities;
- managing family, peer, workplace and other relationships;
- expanding the social circle;
- reintegration to work or referrals to agencies which facilitate employment or livelihood; and

- sustaining and developing new insights into the client's psychological and emotional functioning.

G. FAMILY SUPPORT

Family Support Groups are likewise organized and oriented on the roles they have to play in the reformation aspect of the clients. Family members are also encouraged to participate in the activities related to the treatment and rehabilitation of the dependents.

The Dangerous Drugs Board regularly conducts the Seminar Workshop on Systematic Training for Effective Parenting (STEP) to demonstrate and appreciate the roles of parents on drug abuse prevention and control. This will help the parents in finding ways to improve the relationship with their children and to detect and refer drug dependents for appropriate care. The seminar emphasizes the preventive and protective role that parents and families of drug-dependent offenders must perform. Family members are always part of the process. They have corresponding roles to play in the treatment and rehabilitation of drug dependents.

II. REFERENCES

This reports and data on this Overview Paper has been realized with the reference materials from different government agencies and non-government institutions who are stakeholders in the advocacy for the treatment of drug dependents and drug user-offenders. Gratitude is hereby expressed to the following for making available their reports and statistical data via the internet, which facilitated in the completion of this paper to:

1. Philippine Drug Enforcement Agency (PDEA) @http://pdea.gov.ph;
2. Dangerous Drugs Board (DDB) @www.ddb.gov.ph;
3. BJMP Data and Statistics on Drug Cases - Bureau of Jail Management and Penology (BJMP) @www.bjmp.gov.ph;
4. PD 968 as amended by PD 1991 and RA 10707 - DOJ-Parole and Probation Administration (PPA) @http://probation.gov.ph;
5. Guidelines for the Implementation of a Drug-Free Workplace - Department of Labour and Employment @www.dole.gov.ph;
6. Drug Addiction in the Philippines – Drug and Alcohol Rehab in Asia @alcohol rehab.com
7. Republic Act 9165 @chanrobles.com
8. Republic Act 9344 @chanrobles.com
9. List of Accredited Treatment and Rehabilitation Centres and List Accredited Physicians – Department of Health
10. United Nations Office on Drugs and Crime

III. STATISTICS ON DRUG USERS AND DRUG OFFENDERS

A. DATA FROM THE PAROLE AND PROBATION ADMINISTRATION

Suspended Sentence Caseload

Chart 1

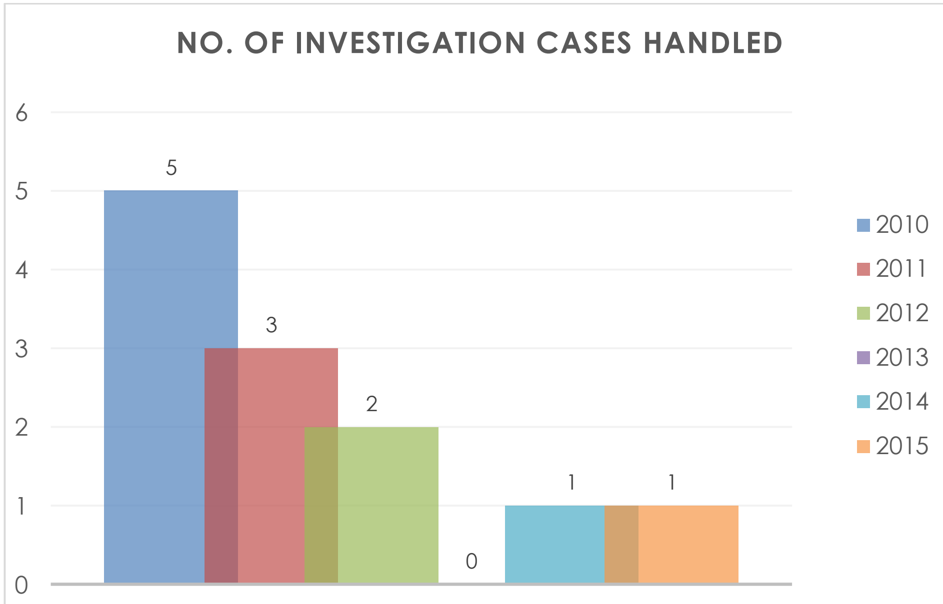
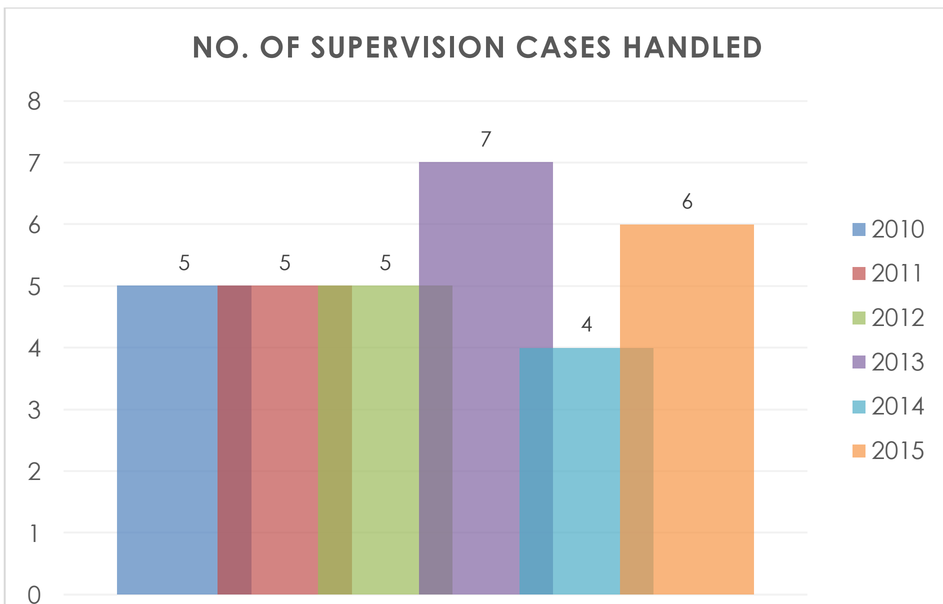


Chart 2



The data above shows the Suspended Sentence Caseload of Minor Drug Offenders investigated and supervised by different Parole and Probation Officers all over the country from 2010 to 2015. The first graph shows that the highest number of investigation caseload was in 2010 while the lowest was in 2013. While the second graph shows that the highest supervision caseload was in 2013 and the lowest was in 2014.

Voluntary Confinement Caseload

Chart 3

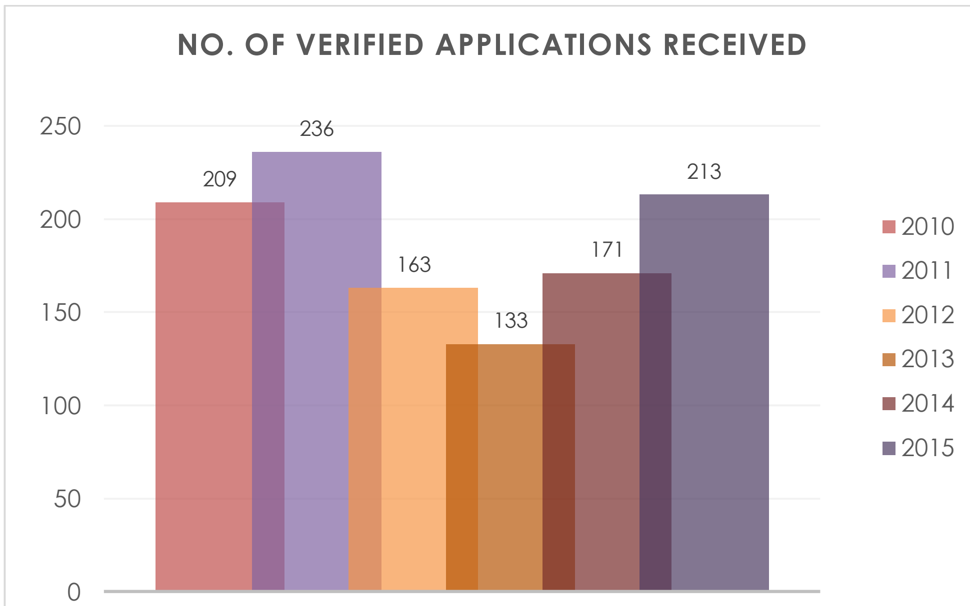


Chart 4

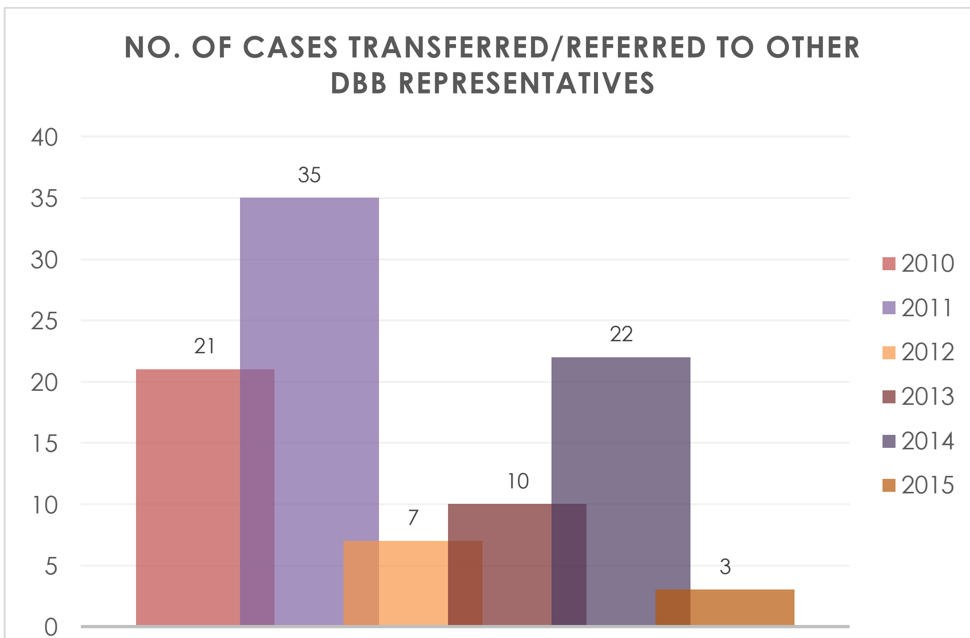


Chart 5

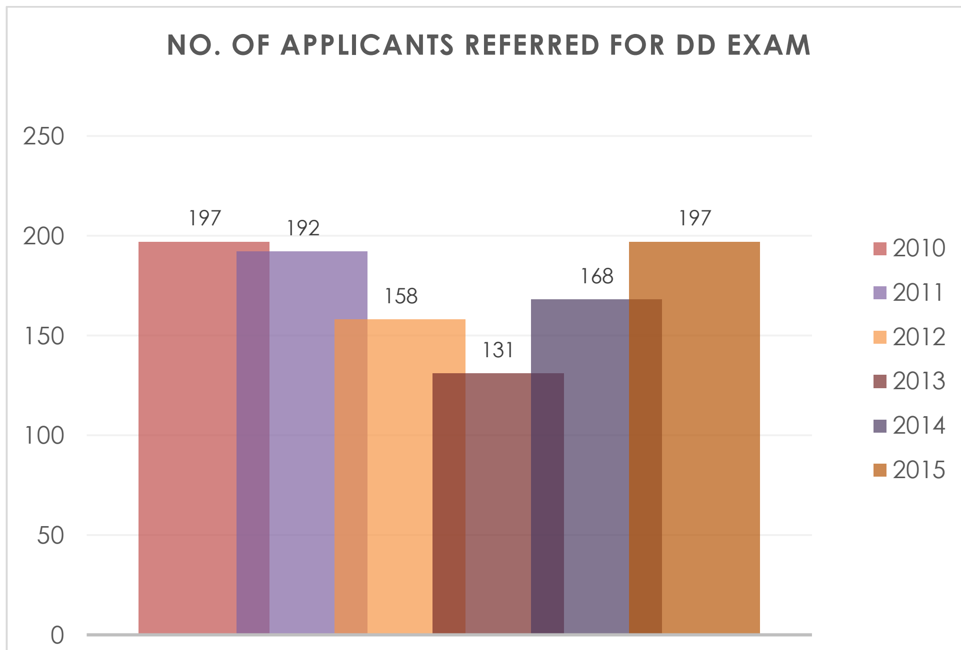
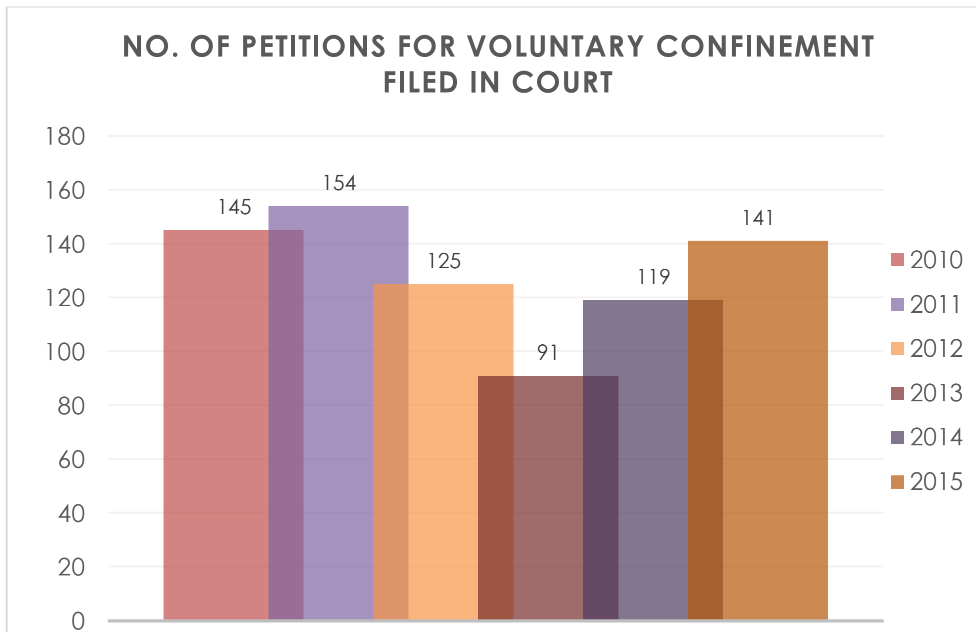


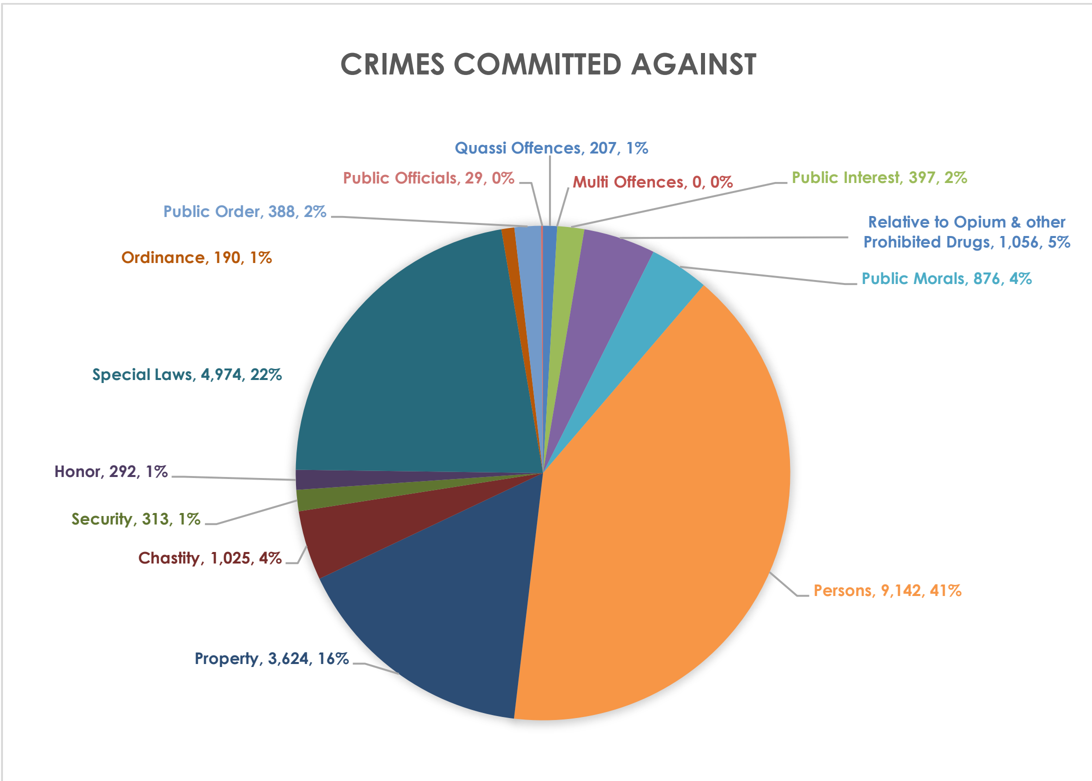
Chart 6



The data above shows the Caseload for Voluntary Confinement of Drug Dependents in Treatment and Rehabilitation Centres. These are the caseloads referred to different probation and parole offices from the year 2010 to 2015.

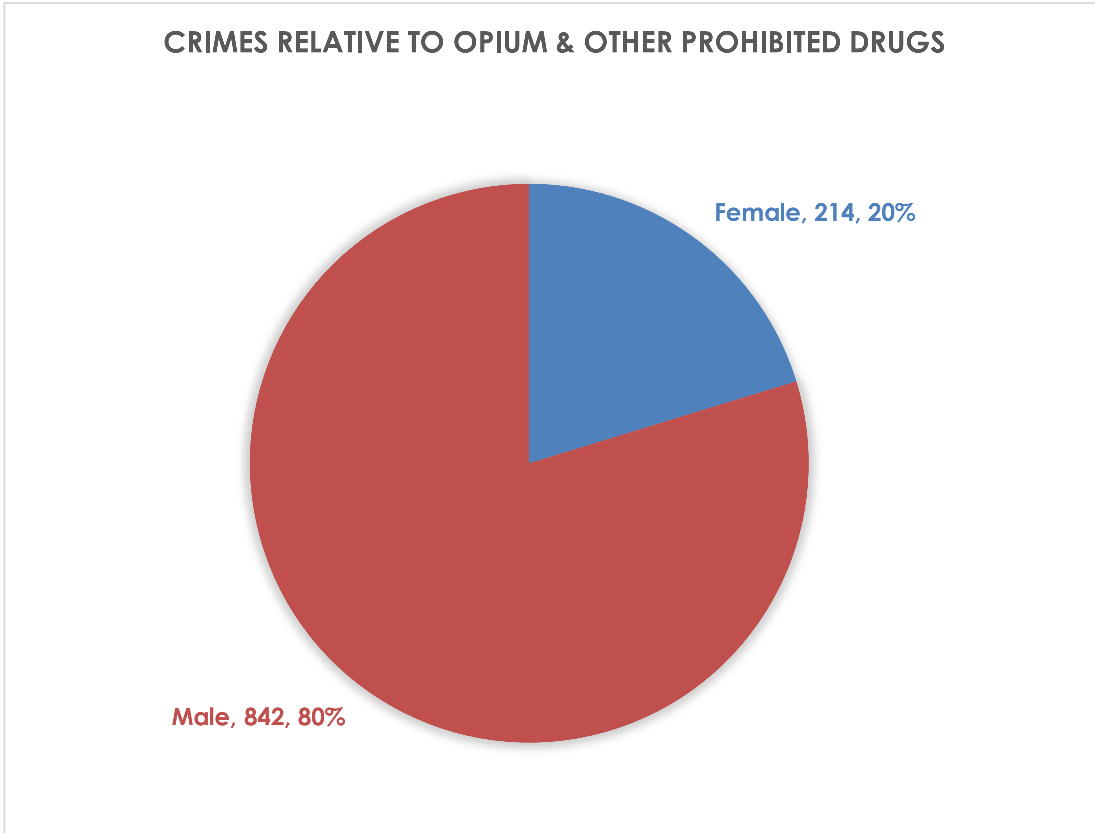
The data below shows the statistics on probationer/parolees/pardonees who committed crimes or offences related to opium and other prohibited drugs.

Chart 7



Other data from Parole and Probation Administration for the year 2014 shows that out of 22,516 offenders who are already under Probation and/or Parole/Pardon Supervision; 1,056 (5%) of them committed Crimes Relative to Opium and Other Prohibited Drugs.

Chart 8



Among the 1,056 offenders of Crimes Relative to Opium and Other Prohibited Drugs, 842 (80%) are Male.

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM

FOR DRUG USERS AND DRUG OFFENDERS THE PHILIPPINES

Janette S. Padua[15]

I. OVERVIEW

A. Legislation

In the Philippines setting, persons who are convicted for the first time and whose sentences do not exceed six (6) years and have no other disqualifications as specified by law, may enjoy the privilege of community-based corrections as an alternative to the sentence of imprisonment. However, persons who are sentenced to more than six (6) years in drug-related cases shall be behind bars for the required period of time and thereafter, may then be qualified for parole or executive clemency subject to background investigation and compliance with other requirements.

These privileges are created to enable the offenders to redeem themselves from the stigma of being an ex-convict and turn them into responsible members of the community, into taxpayer rather than "tax eaters". Thus, effective reformation of convicted offenders shall surely result in the prevention of crime and the maintenance of peace and order in the community.

The Philippines has strengthened its campaign against illegal drug-use and increased the penalty in drug-related cases under RA 9165, otherwise known as the Comprehensive Dangerous Drug of 2002, which thus disqualifies many offenders convicted in drug-related cases from availing themselves of the benefits of probation. With this amendment, the percentage of offenders in drug-related cases to whom probation is granted has decreased.

With the former law on drugs (RA 6425), pushers and user of illegal drugs could avail themselves of probation. Under RA 1965, only those who violated and were convicted of section 12. Possession of Equipment, Apparatus and Other Paraphernalia for Dangerous Drugs, Sec.14, Possession of Equipment, Instruments Apparatus and Other Paraphernalia for Dangerous Drugs during Parties, Social Gatherings or Meeting, Sec. 17. Maintenance and Keeping of Original Records of Transactions on Dangerous Drugs and/or controlled precursors and Essential Chemicals, and Sec. 70, Probation or Community Service for a First Time Minor Drug Offenders are now qualified to avail themselves of probation in the Philippines.

It is worth noting that probation can be given only to adult offenders and those whose sentence shall not exceed 6 years. Prior to the enactment of RA 1965, probation was not possible for minors (below 18 years old). However, with the new changes as stated in RA 9165, minors can now be granted probation regardless of sentence, and this shall be a

[15] Assistant Regional Director/Special Assistant to the Administrator, Parole and Probation Administration, Department of Justice

matter of the child's right. This is one major challenge for probation officers because special treatment is needed for first-time minor drug-offenders.

B. Organization

The Parole and Probation Administration is an agency attached to the Department of Justice that is responsible for providing a less costly alternative to imprisonment for first-time minor drug offenders and other convicted individuals who are likely to respond to individualized community-based treatment programmes. It was created by virtue of Presidential Decree No. 968, otherwise known as the Probation Law of 1976, to administer the probation system in the Philippines setting. The approval of the said law created the Probation Administration which was renamed the Parole and Probation Administration and given the added function of supervising prisoners who, after serving part of their sentences in jail/prison, are released on parole or pardoned with parole conditions.

The Agency, through its 16 regional offices and 227 field offices nationwide, performs three major functions:

a. *Investigation*. This is a complete inquiry into all important aspects of an offender's life history. This investigation is done primarily to know whether the petitioner/offender is suitable for community-based rehabilitation and shall not be a threat to the peace and well-being of the community where he/she intends to reside.

b. *Supervision*. This involves monitoring of the clients to ensure adherence to and compliance with the terms and conditions imposed on a convicted offender placed under probation, parole or executive clemency.

c. *Rehabilitation*. For the effective reformation of offenders placed under probation, parole and executive clemency, the agency is mandated to implement a rehabilitation programme known as individualized, community-based treatment. This aims to promote the reformation of offenders through a three-pronged approach, namely restorative justice as the philosophical framework, the therapeutic community as a treatment modality and volunteerism with volunteer probation aides as the lead community resource.

   The **THERAPEUTIC COMMUNITY (TC)** is a self-help social learning treatment model used in the rehabilitation of offenders with drug-related cases and other clients with behavioural problems. TC precepts are based on "right living".

In the year 2014, the Department of Justice-Parole and Probation Administration (DOJ-PPA) investigated cases and submitted 8,054 required reports to the court, and the Board of Pardons and Parole had a total of 18,919 clients under its active supervision.

II. CHALLENGES ENCOUNTERED

a. **Budget constraints** in the establishment of rehabilitation centres and the training probation officers to enhance their skills in handling the rehabilitation of offenders (adults and minors)

   Implementation of the rehabilitation programme and other support activities under the community-based rehabilitation programme for offenders with drug related cases,

especially first-time minor drug offenders, has been limited due to the lack of a budget for the rehabilitation programme. The implementation of the rehabilitation programme is heavily dependent on the resources solicited from the community (the local government unit, the government and non-government organizations and or private individuals). Aside from a heavy caseload, this is an added burden on the field officers who are tasked with implementing the rehabilitation programme yet have a significant number of clients to monitor.

b. **Lack of Manpower** to fully supervise clients in drug-related cases. In view of the significant increase in the investigation and supervision of cases, probation and parole officers have the burden of accomplishing quality implementation of the rehabilitation programme for clients with drug-related cases. One probation officer at times handles 80 supervision cases and 40 investigation cases.

c. **Lack of Mechanism** to monitor and evaluate the sustainability of DOJ-PPA client's rehabilitation for offenders in drug-related cases and monitor further the reoffending rate of those who were convicted and underwent community-based corrections.

After discharge from probation and/or parole supervision, the Administration has no control nor sufficient tools to monitor and evaluate the development of clients (whether there are relapses or whether the treatment was effective) after being placed under probation, parole or executive clemency. There is no data that can be referred to, to know the positive or negative outcome of the community-based treatment that has been conducted with the agency's clientele. The only means to determine the success of treatment is through the rate of terminated cases of those who successfully complied with probation and parole conditions through community-based corrections.

III. COUNTER-MEASURES IN FACING CHALLENGES

a. Budget Constraints

Countermeasure: Stakeholder engagement and partnerships

Multi-sectoral Memoranda of Agreement were entered into among and between stakeholders and duty holders to effectively sustain the effective implementation of rehabilitation programmes for clients, especially with those who committed drug-related cases. This significant move has a great impact to the agency capacity building programme which ultimately benefitted clients, personnel and VPAs and likewise generates savings of the agency funds.

Strengthened cooperation with the Dangerous Drugs Board (DDB) is being implemented by the agency. A noteworthy linkage was made by the agency with the Tagum Development Corporation (TADECO), a non-governmental entity which felt the need of the agency and donated air-condition units and altruistically shared its resources. With its financial assistance, a functional multi-purpose hall and dormitory for males and females were created. This hall is now being used for several meetings, assemblies and other important seminars and events that enhance the capabilities of DOJ-PPA personnel, VPAs and other agency personnel in the implementation of effective rehabilitation programmes for offenders with or without a relation to drug cases.

The close coordination with the DDB continuously supported the needs of the DOJ-PPA. Aside from successfully responding to the agency's referral for drug tests, the DDB sponsors training for probation officers and other related capability building programmes. Likewise, the agency shows its support to the DDB by way of giving assistance through its field officers who are designated as DDB-authorized representatives for the assistance of clients in voluntary confinement.

b. Lack of Manpower

Countermeasure: Strengthen the volunteer probation aide (now volunteer probation assistant) programme.

The agency is working hand in hand with VPAs who assist probation and parole officers in supervising clients. They likewise help the agency in initiating programmes and tapping resources for the effective implementation of the rehabilitation programmes for clients. Their assistance lessens the burden of the field officers in handling clientele and extend the required support for them. Volunteerism enhances or maximizes community involvement in crime prevention and treatment of offenders in drug-related offences.

c. Improve tools to monitor and evaluate the sustainability of the rehabilitation of DOJ-PPA clients, especially those in drug-related cases.

Countermeasure: Continue to tap linkages and other resources for free treatment of clients in drug-related cases.

The agency is trying to put its best foot forward to tap linkages and other resources which can give the necessary assistance in developing the mechanism and to study the extent of reformation of DOJ-PPA clients after discharge from probation and parole supervision. To effectively implement this endeavour, there is a need for funding to make the necessary study, research and implementation to monitor and evaluate the sustainability of client's rehabilitation

One resource that has recently been tapped was former DOJ-PPA Region VI Regional Director Emetri Amoroso who pledged financial assistance amounting to Php 250,000.00 for a programme that encouraged DOJ-PPA personnel to effectively implement an effective therapeutic community (TC) modality for offenders and assess its effectiveness in the years 2015-2017. The TC is a self-help social learning treatment programme from institution-based to non-institution based, and uses the TC family or community and clients to move from "wrong to right living". Said assistance paved the way to evaluate partly the manner of the implementation of the TC. The agency is now in its second year of monitoring theTC programme for the rehabilitation of clients using the TC modality programme.

IV. RECOMMENDATION:

Strengthen and institutionalize reforms and strategic priorities such as the following:

a. Continuous stakeholder engagement and partnerships for treatment of offenders in drug-related offences;

b. Human resource development through programmes designed to promote personal and career growth to improve efficiency and productivity in implementing an effective probation and parole system;

c. Continuously upholding inter-agency and international agency cooperation and coordination specifically in the active participation in ASEAN plus the Three Summit on Probation and Non-Custodial Measures and other related initiatives;

d. Strengthening of the volunteer probation assistant (VPA) programme; and

e. Strengthen cooperation with justice sector agencies and stakeholders such as the Dangerous Drugs Board, the Department of Social Welfare and Development, the Department of Health and other potential partner agencies.

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS SINGAPORE[16]

I. OVERVIEW

A. Trends in Drug Use and Offences

Singapore has maintained its status as a relatively drug-free society due to the tough stance it has adopted against drug trafficking and consumption. Despite the Republic's vulnerability to the drug scourge due to its close proximity to the Golden Triangle, tough laws and vigorous enforcement have kept the local drug situation under control.

However, worrying trends have emerged. Since 2007, there has generally been an increase in the total number of drug abusers arrested. The total number of drug abusers arrested aged below 30 years old grew by 61% since 2010, from 826 in 2010 to 1,330 in 2015, and their proportion constituted 40% of all drug abusers arrested in 2015.

Heroin and methamphetamine remained the two most commonly abused drugs in Singapore, with methamphetamine overtaking heroin as the most commonly abused drug in 2015. 1,851 methamphetamine abusers (55%) and 1,253 heroin abusers (38%) were arrested in 2015. Cannabis is the third most commonly abused drug, with 194 cannabis abusers (6%) arrested in 2015.

Methamphetamine abusers made up the largest proportion of all new abusers at 77% in 2015. Among new abusers, cannabis displaced heroin as the second most commonly abused drug, with a 12% increase, from 139 in 2014 to 156 in 2015.

The estimated street value of the drugs seized in 2015 was S$8.56 million, which was 5% higher than in 2014. Increased seizures in methamphetamine, cannabis and new psychoactive substances suggest a strong demand for these controlled drugs among abusers.

B. Drug Laws

The Central Narcotics Bureau (CNB) is the primary drug enforcement agency entrusted with the responsibilities of coordinating all matters pertaining to drug eradication. The Misuse of Drugs Act (MDA) is the legal framework to combat drugs use in Singapore.

The Children and Young Persons Act (CYPA) is an act that takes precedence when a person below the age of 16 years old is dealt with for his offences.

[16] Submitted by the Ministry of Social and Family Development

The Misuse of Drugs Act (MDA)

The Misuse of Drugs Act (MDA) is the main legislation for the control of dangerous or otherwise harmful drug and substances, and for purposes connected therewith. The MDA spells out the offences involving controlled drugs and substances in relation to trafficking, manufacturing, cultivation, importation or exportation, possession and consumption.

The MDA empowers the Director of the CNB to commit a drug abuser for treatment and rehabilitation in the community or a drug rehabilitation centre. It also provides for longer term imprisonment regimes and caning for recalcitrant abusers of specified drugs, and harsh punishments for drug traffickers.

The Children and Young Persons Act (CYPA)

The Children and Young Persons Act (CYPA) is an act to provide welfare, care, protection and rehabilitation of children and young persons who are in need of such care, protection, or rehabilitation, to regulate homes and young persons and to consolidate the law relating to children and young persons below the age of 16 years.

On proof of offence, the Youth Court shall have the power to discharge the young offender, make a probation order requiring the offender to be under supervision by a Probation Officer, order the offender to be held in a place of detention or in a juvenile rehabilitation centre, or order the offender to pay a fine or be dealt with in a District Court.

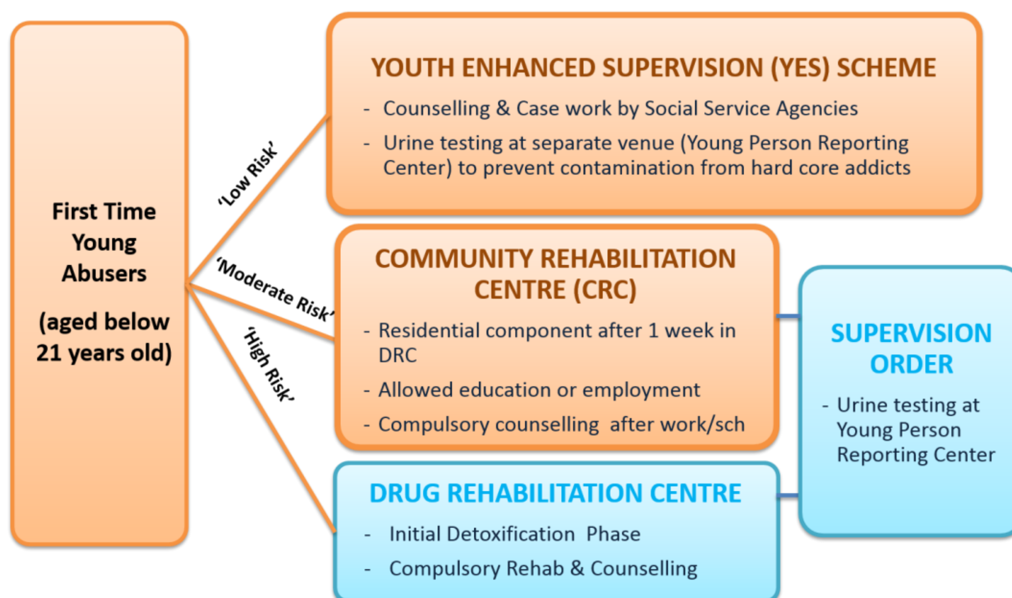
C. Management of Drug Abusers

The options in dealing with arrested drug users may vary, depending on factors such as their age, number of arrests, risks, and severity of drug addiction. Not all drug offenders would be charged in court or incarcerated.

An adult drug abuser may be placed on drug supervision or be detained at the Drug Rehabilitation Centre (DRC) to undergo rehabilitation. Repeat drug offenders may also be prosecuted in court, and sentenced to imprisonment.

For young drug abusers, they may be placed on drug supervision, or ordered to undergo rehabilitation at the Community Rehabilitation Centre or Drug Rehabilitation Centre. The following diagram lists the possible outcomes for first-time young drug abusers. In addition, young drug abusers may also be prosecuted in court for drug consumption offences, and they may be placed on probation or sentenced to imprisonment and/or fined.

Diagram 1: OUTCOMES FOR YOUTH DRUG ABUSERS



D. Community-Based Rehabilitation & Supervision for Drug Abusers

<u>The Youth Enhanced Supervision (YES) Scheme</u>

The YES Scheme started in 2013, and is a collaboration between the CNB and the Ministry of Social and Family Development (MSF). It is a six-month rehabilitative programme, extendable for an additional six months on a needs basis, for drug and inhalant abusers under 21 years who have been arrested by the CNB for the first time. These youth are assessed to be of lower risk and would benefit from receiving intervention in the community. YES runs concurrently with a urine testing regime, and enhances it with a case management and counselling component. Families of young abusers are also involved in the programme as family support is integral to rehabilitation and reintegration.

YES seeks to lower relapse rates by increasing motivation of youths to abstain from drug abuse, educating youths in coping with relapse, and equipping parents will skills to support their children in leading healthy lifestyles. The programme consists of group work, individual and family sessions, and is conducted by social service agencies in the community. The CNB works closely with these agencies and MSF to monitor the progress of youth drug supervisees.

<u>The Community Rehabilitation Centre (CRC)</u>

The Community Rehabilitation Centre (CRC) was officially launched in January 2015. It is operated by a Voluntary Welfare Organisation (VWO), in partnership with the Singapore Prison Service, and aims to rehabilitate male drug abusers between the ages of 16 and below 21 years of age who have been arrested by the CNB for the first time.

Suitable drug abusers of moderate risk may be channelled to the CRC, where they would undergo a regime consisting of a six-month Residential Phase, followed by a six-month Home Leave Phase. Relative to the Drug Rehabilitation Centre regime, the CRC focuses on providing rehabilitation in the community to support the youths in desisting from drug abuse while continuing with their education or employment. A key-differentiating feature of the CRC is that the youths are allowed to continue with their education or employment in the

community, hence minimizing disruption to their daily lives. The rehabilitation programme for each resident includes, wherever possible, counselling, education, training, social and recreational activities and any other forms of assistance for facilitating their reintegration into society and addressing their drug addiction issues. During the Home Leave Phase, the resident will return home to their families while still receiving support and supervision from the CRC. This allows them to translate learning they have acquired at the CRC into practice, while receiving support to maintain and hone the skills needed to prevent relapse to their old patterns of behaviour.

Probation Order

The Probation Service comes under the purview of the MSF. The probation system in Singapore is a court-ordered community-based rehabilitation programme for suitable offenders. It offers the courts an alternative sentencing option to deal with offenders, who may otherwise be ordered to reside in a juvenile rehabilitation centre or sentenced to imprisonment.

A probation officer will supervise an offender placed on probation for a period between 6 months and 3 years. The offender is free to carry on with his daily activities, and will be guided in managing his risks and needs. However, he must not reoffend and will need to adhere to the conditions attached to his probation order, such as curfews and community service requirements. Otherwise, he will face consequences, which may include the revocation of probation and the imposition of a fine or period of institutionalization.

The Probation Service seeks to involve the community and families in the provision of support and services, and effectively integrate offenders into mainstream society. In most cases, drug offenders on probation would be required to undergo urine tests with the CNB and attend counselling to strengthen their skills in relapse prevention. If assessed to be suitable, the probationer may also undergo the YES Scheme during the period of his probation order.

E. Community Resources

There are a number of community resources available to support drug abusers in their rehabilitation and reintegration. The list discussed below is not exhaustive, but aims to give an overview of the main resources available.

The National Addictions Management Service (NAMS)

The NAMS was set up in the Institute of Mental Health in 2008, with the support of the Ministry of Health, to provide treatment for people with addictions. The NAMS runs both an outpatient clinic and inpatient ward. The latter is a residential facility for patients who require detoxification and rehabilitation services. Admission to the inpatient and outpatient services is on a voluntary basis, and the following options are available:

i. Inpatient Treatment

The inpatient treatment lasts for 2 weeks, with the first week dedicated to detoxification, followed by a second week of rehabilitation. During the first week, a multi-disciplinary team of doctors, nurses, counsellors, psychologists, and medical social workers provide individualized treatment for the patients. During the rehabilitation phase, the patients attend a series of individual and group sessions focusing on relapse prevention and emotion management.

ii. Outpatient Treatment

The outpatient treatment programme comprises 3 months of intensive counselling and psychiatric treatment, followed by regular reviews over 9 months. The first session will include an evaluation by both a counsellor and psychiatrist to determine the type of treatment required.

Counselling involves motivating the patient to work toward abstinence, providing the patient with adaptive coping and relapse prevention skills, and leveraging on the patient's strengths to deal with difficulties and challenges that arise during recovery.

iii. Acupuncture Treatment

The NAMS offers acupuncture treatment to complement existing psychiatric and psychological treatment programmes for patients with addiction disorders. Acupuncture has shown therapeutic effects on alcohol and substance dependence. The treatment aims to aid in recovery from addictions by reducing the severity of withdrawal symptoms, pain and cravings, as well as the symptoms of some comorbid disorders such as mood disorder and anxiety. It can support an individual's chances of recovery from addictions and having an improved quality of life.

iv. ReLive – Clinic for Adolescents

The ReLive clinic was specially set up to provide integrated treatment services to adolescents aged 13 to 18 years old struggling with substance or behavioural addiction issues. The NAMS' ReLive counsellors work with a multi-disciplinary team of specialists, including a psychiatrist, psychologist, family therapist and medical social worker to help the adolescent patient.

The patient will receive intensive individual counselling to help him break the habit, and group therapy focusing on life skills to help the adolescent reintegrate back into the community. The counsellor will work closely with the relevant agencies such as the school counsellor, the probation officer and the family to consolidate the overall treatment. Family therapy is also crucial, so that the adolescent receives the encouragement and support of his family, especially his parents.

v. The ACE Programme – Youth Anti-drug Counselling and Engagement Programme

ACE is a three-month early intervention programme targeted at youths at-risk of drug abuse under the age of 21 years old, without a previous drug offence. Youths attending the programme can be referred by the CNB, Children and Young Persons Homes, and other organizations, or may be current adolescent patients of the NAMS with drug issues, but they must be subjected to urine test with negative result before they can be enrolled in the programme. Through group and individual sessions, youths would learn the

knowledge and skills required to lead a drug-free life. There would also be a workshop for parents to gain awareness and learn skills on managing and supporting their children.

The Drop-in-Centre (DIC) by the Singapore Anti-Narcotics Association (SANA)

SANA's DIC serves primarily as an emergency facility providing crisis resolution to recovering addicts and their families when their living situation is threatened or disrupted, or when they experience stress accompanied by cravings for drugs.

Individuals and/or their families who need to see a counsellor on specific drug issues or help may also walk-in to the DIC for advice. The DIC further functions as an activities hub for counselling activities, family enrichment programmes, and support groups for women and families of ex-offenders.

F. The Through-Care System

Drug Supervision Order (DSO)

The Drug Supervision Scheme is administered by the CNB, and is governed by a set of regulations under the Misuse of Drugs Regulations (MDR). Drug abusers who have completed their stint in the DRC or prisons are served with DSOs that require them to regularly report to the CNB for a period of up to 2 years. During this time, they will be subjected to routine urine tests, surprise urine tests and interviews. This scheme seeks to deter former drug abusers from using drugs again and isolate them should they be found to have gone back to abusing drugs.

The Singapore Corporation of Rehabilitative Enterprises (SCORE)

The Singapore Corporation of Rehabilitative Enterprises (SCORE) was established as a statutory board under MHA on 1 April 1976. SCORE plays an important role in the Singapore correctional system through the provision of rehabilitation and aftercare services to inmates and ex-offenders. SCORE seeks to enhance the employability of offenders and prepare them for their eventual reintegration into the national workforce by focusing on four main building blocks of training, work, employment assistance and community engagement. SCORE acts as the secretariat of the Care Network.

i. The CARE Network

The CARE Network was formed in 2000 as the first formal structure to co-ordinate and improve the effectiveness of the efforts of the many agencies engaging in rehabilitative works for ex-offenders throughout Singapore. The network aims to engage the community in rehabilitation, coordinate member agencies activities and develop innovative rehabilitative initiatives.

The CARE Network facilitates the following:

a. Yellow Ribbon Community Programmes for ex-offenders – these focus on education, vocational training and the upgrading of skills, which are important components in the rehabilitation of ex-offenders to return to society as useful and contributing citizens
b. Project SAFE (Support for Recovering Addicts and Families through Empowerment) – this is a pilot programme developed by the National Council of Social Services in collaboration with two voluntary welfare

organizations. It is targeted at both drug offenders and their families, with long-term goals of reducing recidivism and inter-generational offending. Aside from psycho-education and addiction therapy, the programme also teaches life skills such as management of finances, marriage counselling and parenting skills.

c. Case Management Services (as discussed below)

d. Halfway House Service Model (as discussed below)

Case Management Services

Case management is a client-centred individual case management service that is provided by caseworkers from the social service agencies – the Singapore Aftercare Association (SACA), the Singapore Anti-Narcotics Association (SANA) and the Care Community Services Society. The outcomes of case management are to enable higher functioning of offenders as they prepare for their eventual release, and greater resilience amongst offenders to manage life events and stressors. Case workers work closely with drug offenders to achieve their goals and needs, and community resources and families are also involved in the rehabilitation process.

The caseworker coordinates, mobilizes and partners with other professionals, volunteers and family to work towards reducing the risk of re-offending and increasing the protective factors to meet the needs of the offender. The caseworker will also continue to guide the offender in domains such as employment, familial relationships, accommodation and coping skills.

Community-Based Programmes (CBP) by the Singapore Prison Service (SPS)

On 1 August 2014, the SPS established the Community Corrections Command (COMC) to better help ex-offenders reintegrate into society after their release by strengthening aftercare support and enhancing their rehabilitation in the community under statutory provisions. The COMC oversees various CBPs for adult and young offenders. Offenders who are assessed to be suitable are allowed to serve the tail end of their sentence in the community under supervision, so as to facilitate gradual reintegration back into society. The more common CBPs are described below:

i. *Residential Scheme*

Lower-risk inmates who have strong family support are allowed to go through this scheme, where they serve their remaining detention period at home. They would be engaged in work or academic pursuits while on electronic monitoring. They would also have to report regularly to their Reintegration Officers, who would monitor their progress and conduct random house visits as well as urine tests.

ii. Work Release Scheme

Inmates assessed to be fit for employment will go through this scheme during the tail end of their sentences or detention period. They will work during the day, and return to the Community Supervision Centre after work. This gives them a chance to be a productive member of society, and also helps them inculcate good work ethics and habits, and develop a sense of responsibility.

iii. Halfway House Scheme

Inmates without homes or family support or whose family environment may not be conducive for their reintegration are placed in this scheme. They would reside in halfway houses during the tail end of their sentences or detention period, where they would be engaged in work and rehabilitation programmes.

G. Family Support

The involvement of families in the rehabilitation and reintegration of drug offenders is pivotal. Families act as a source of support and motivation for drug offenders to overcome the struggles faced during the journey of rehabilitation. This is widely acknowledged and most of the community-based treatment, resources and after-care programmes discussed above include an element of family involvement in the form of counselling, therapy, workshops or structured programmes.

II. REFERENCES

1. Attorney General's Chambers (2012). *Understanding Legal Processes: Sentencing in Singapore*. Retrieved 20 February 2016, from https://www.agc.gov.sg/DATA/0/docs/ULP/Sentencing%20Process.pdf

2. Care Network (2015). *CARE Network - Home*. Retrieved 20 February 2016, from http://www.carenetwork.org.sg/

3. Central Narcotics Bureau (2016). *A Handbook for Current Drug Supervisees.* Retrieved 20 February 2016, from http://www.cnb.gov.sg/PDE_PDFs/CNB_ImInControl_English.pdf

4. Central Narcotics Bureau (2016). *Central Narcotics Bureau Press Release.* Retrieved 20 February 2016, from http://www.cnb.gov.sg/Libraries/CNB_Newsroom_Files/CNB_statistics_2015.sflb.ashx

5. Central Narcotics Bureau (2016). Staying Drug-free: *A parental guide to a child's recovery from drug abuse.* Retrieved 20 February 2016, from http://www.cnb.gov.sg/PDE_PDFs/Staying_Drug_Free_English_v2.pdf

6. Government of Singapore (2016). *Singapore Prison Service 2016 Release of Annual Statistics.* Retrieved 20 February 2016, from http://www.gov.sg/~/sgpcmedia/media_releases/sps/press_release/P-20160217-2/attachment/Press%20Release_Singapore%20Prison%20Service%20Statistics%20Release%202015.docx

7. Ministry of Home Affairs (2016). *The Opening Ceremony of the Anti-Drug Abuse Carnival – Speech by Mr Masagros Zulkifli, Minister in the Prime Minister's Office and Second Minister for Home Affairs and Foreign Affairs.* Retrieved 20 February 2016, from https://www.mha.gov.sg/Newsroom/speeches/Pages/The-Opening-Ceremony-of-the-Anti-Drug-Abuse-Carnival---Speech-by-Mr-Masagos-Zulkifli,-Minister-in-the-Prime-Minister's-Offi.aspx

8. National Addictions Management Service (2015). *Services at NAMS.* Retrieved 20 February 2016, from http://www.nams.sg/services/Pages/Overview.aspx

9. National Addictions Management Service (2015). ACE Programme Booklet. Retrieved 22 February 2016, from http://www.nams.sg/resources/Documents/ACE%20Programme%20brochure.pdf

10. Singapore Prison Service (2016). *Annual Report 2014.* Retrieved 20 February 2016, from http://www.sps.gov.sg/sites/default/files/SPSAnnualReport2014_18_lowRes.pdf

11. Singapore Statutes Online (2015). *Children and Young Persons Act.* Retrieved 20 February 2016, from http://statutes.agc.gov.sg/aol/search/display/view.w3p;page=0;query=DocId%3A911aba781d05-4341-96b7ee334d4a06f0%20%20Status%3Ainforce%20Depth%3A0;rec=0;whole=yes

12. Singapore Statutes Online (2015). *Intoxicating Substances Act.* Retrieved 20 February 2016, from (http://statutes.agc.gov.sg/aol/search/display/view.w3p;page=0;query=DocId%3Abc393956-c2b7-4369-8fe5-fd23d1c0fcd4%20%20Status%3Ainforce%20Depth%3A0;rec=0;whole=yes)

13. Singapore Statutes Online (2015). *Misuse of Drugs Act.* Retrieved 20 February 2016, from http://statutes.agc.gov.sg/aol/search/display/view.w3p;page=0;query=CapAct%3A185%20Depth%3A0%20Status%3Ainforce;rec=0;resUrl=http%3A%2F%2Fstatutes.agc.gov.sg%2Faol%2Fsearch%2Fsummary%2Fresults.w3p%3Bquery%3DCapAct%253A185%2520Depth%253A0%2520Status%253Ainforce;whole=yes)

14. Singapore Prison Service (2016). *Community Partnerships Integral to Reducing Re-offending.* Retrieved 20 February 2016, from http://www.sps.gov.sg/sites/default/files/publication-documents/Press%20Release_Singapore%20Prison%20Service%20Statistics%20Release%202015.pdf

15. Singapore Prison Service (2014). *Annual Report 2014.* Retrieved 23 February 2016, from http://www.sps.gov.sg/sites/default/files/SPSAnnualReport2014_18_lowRes.pdf

16. The Singapore Anti-Narcotics Association (SANA) (2016). *Services.* Retrieved 20 February 2016, from http://www.sana.org.sg/services/aftercare/

17. United Nations Office on Drugs and Crime (UNODC) (2016). *World Drug Report 201.* Retrieved 20 February 2016, from http://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf

III. STATISTICS

A. Statistics on Drug Users and Drug Offenders

Chart 1

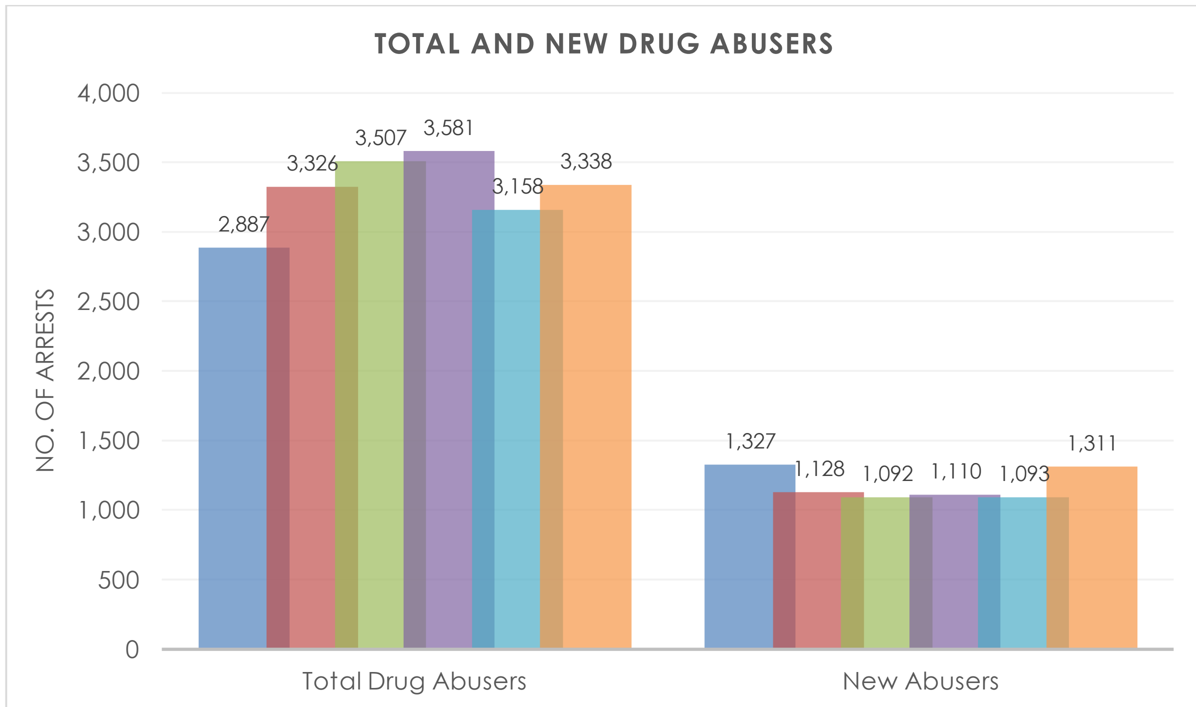


Chart 1 illustrates that the total numbers of abusers has increased about 16% from 2010 to 2015. While the total new drug abusers remained largely similar from 2011 to 2014, there has been a 20% increase in new drug abusers, from 1,093 in 2014 to 1,311 in 2015. New abusers arrested currently make up 39% of all the abusers arrested.

Chart 2

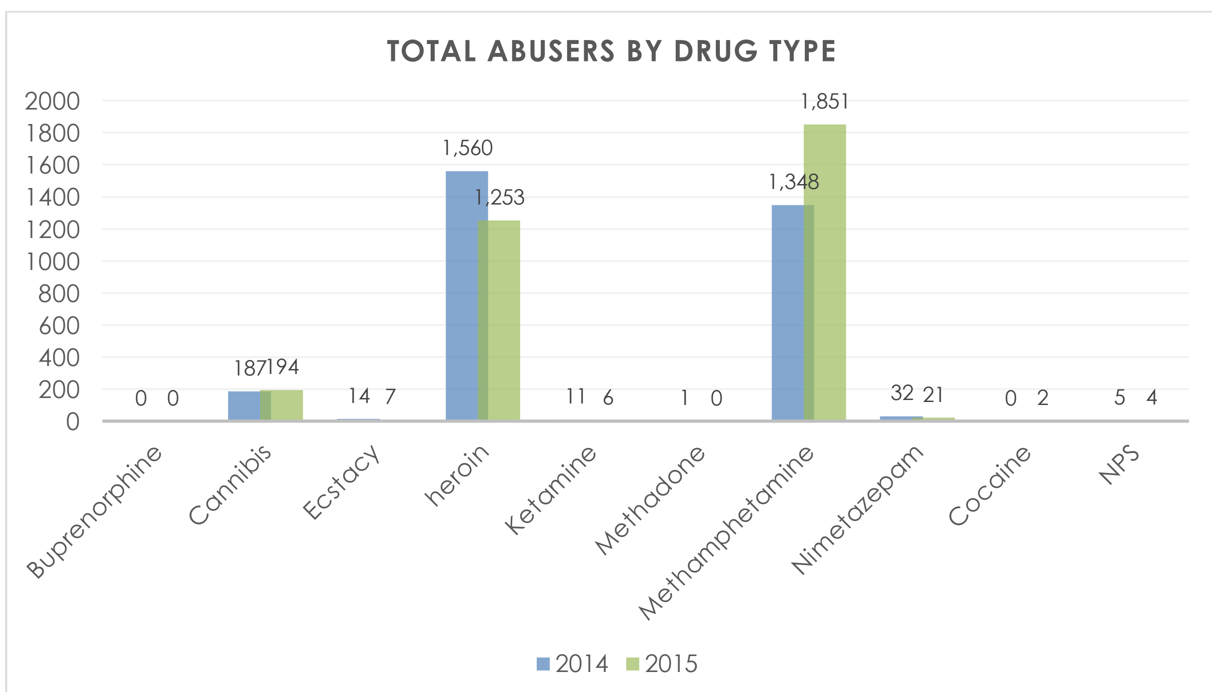


Chart 2 indicates the drugs most commonly abused by all the drug abusers arrested. Heroin and methamphetamine remained the two most abused drugs in Singapore. Methamphetamine displaced heroin as the most abused drug in 2015. 1,851 methamphetamine abusers (55%) and 1,253 heroin abusers (38%) were arrested in 2015. Cannabis is the third most commonly abused drug, with 194 cannabis abusers (6%) arrested in 2015.

Chart 3

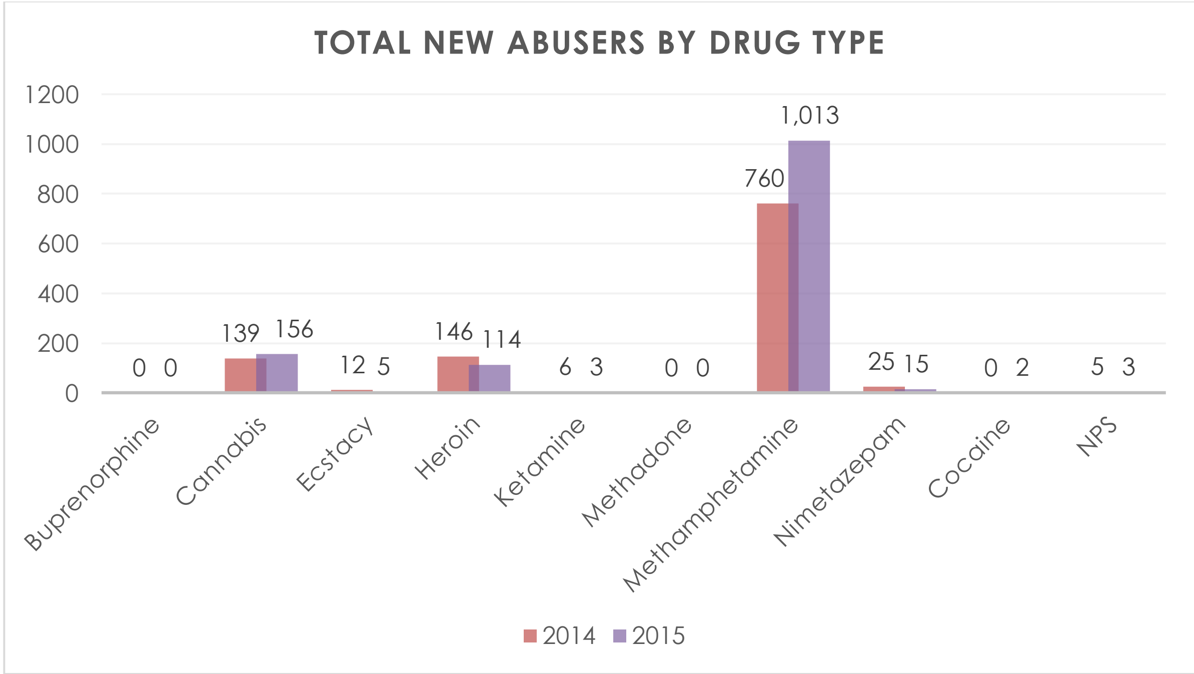
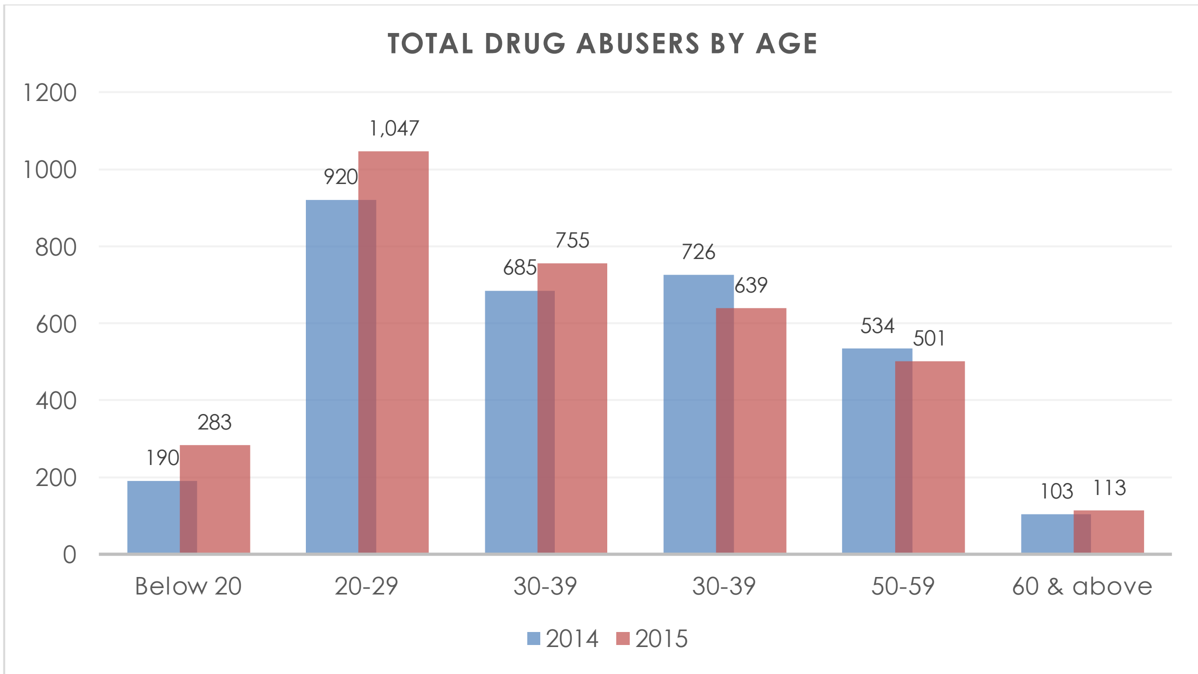


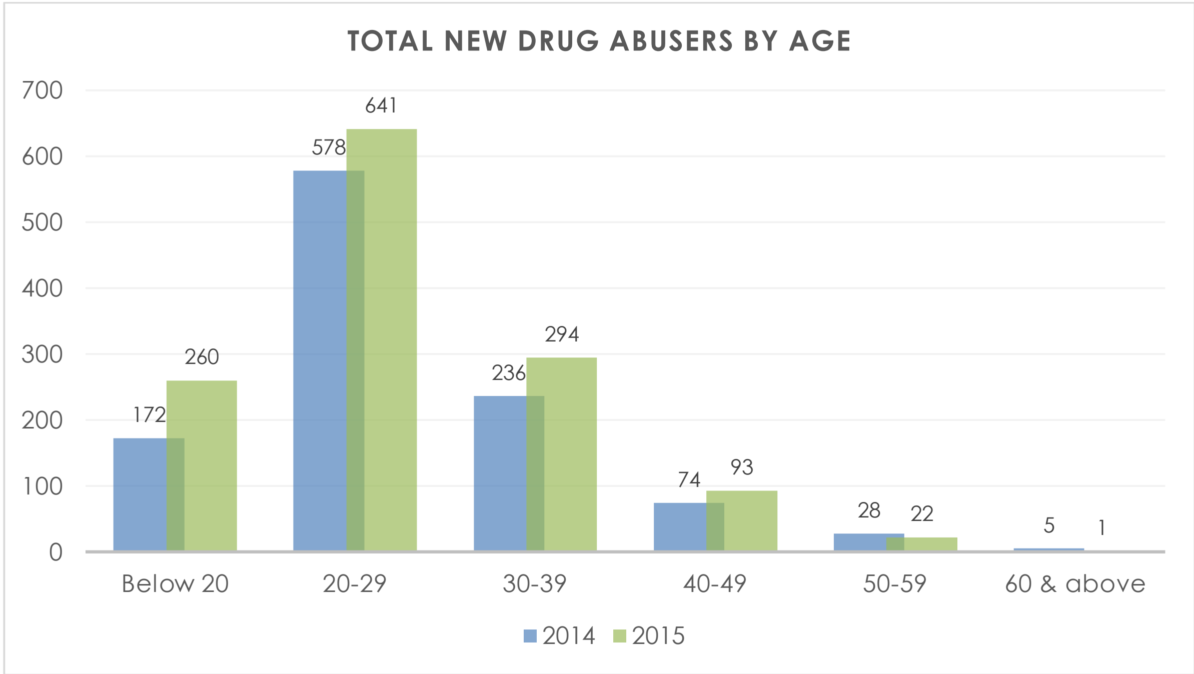
Chart 3 indicates that methamphetamine remains the most-abused drug among new abusers arrested in 2014 and 2015. Among new abusers, cannabis displaced heroin as the second most commonly abused drug, with an increase of 12% from 139 in 2014 to 156 in 2015.

Chart 4:



The 20 to 29 years old age group continues to form the largest population of total abusers in 2015. Their numbers increased from 920 (29%) in 2014 to 1,047 (31%) in 2015. Drug abusers in the below-20 age group saw the largest percentage increase of about 49%, from 190 in 2014 to 283 in 2015.

Chart 5



New abusers in the 20 to 29 age group form the largest proportion of total new abusers arrested, and nearly half of all new abusers fall into this group. There has also been a sharp increase of 51% in the number of new abusers in the below 20 years old group. In total, more than two-thirds (69%) of new abusers in 2015 were aged below 30.

Table A

Convicted Penal Inmate Population as at 31 December of each year (2013 to 2015) [17]

Category		Y2013	Y2014	Y2015
Total Convicted Penal Population		**10,042**	**9,754**	**9,602**
Gender	Male	9,170	8,886	8,783
	Female	872	868	819
Age Group	Below 21	309	261	247
	21 – 30	1,590	1,511	1,459
	31 – 40	2,367	2,156	2,071
	41 – 50	3,247	3,121	2,995
	51 – 60	2,170	2,287	2,320
	Above 60	359	418	510
Education Level[18]	No Education	142	155	157
	Primary	3,922	3,811	3,652
	Secondary	4,847	4,686	4,665
	Pre - U	146	146	158
	Vocational	651	644	657
	Tertiary & Above	334	312	313
Main Offence Group[19]	Crimes Against Persons	603	575	560
	Property Crimes	1,349	1,238	1,136
	Commercial Crimes	704	537	488
	Drug Offences	**6,510**	**6,527**	**6,675**
	Immigration Offences	225	184	134
	Crimes Against Public Order	175	174	129
	Customs Offences	166	171	88
	Traffic Offences	66	69	73
	Other Offences[20]	244	279	319

Table A shows the profile of the total inmate population in Singapore prisons. Amongst those incarcerated in 2015, 70% had committed drug-related offences. A downward trend is seen for most offences except for drug (2% increase), trafficking (10% increase) and other offences (31% increase) between 2013 and 2015.

---

[17] Convicted penal inmate population provides the number of inmates who have already been charged and are within the inmate population as at the end of the respective year.

[18] As declared by inmates upon admission.

[19] Inmates are tracked based on index (most serious) offence only.

[20] Examples of "Other Offences" include National Registration Offences, National Service Related Offences, Telecommunication & Computer related Offences.

Table B:

Convicted Penal Admissions as of 31 December of each year (2013 to 2015)[21]

Category		Y2013	Y2014	Y2015
Total Convicted Penal Admissions		**12,774**	**11,595**	**10,635**
Gender	Male	10,588	9,631	9,084
	Female	2,186	1,964	1,551
Admission[22] Age Group	Below 21	560	446	478
	21 - 30	3,814	3,553	3,324
	31 - 40	3,408	3,035	2,782
	41 - 50	3,062	2,685	2,345
	51 - 60	1,607	1,532	1,328
	Above 60	323	344	378
Education Level[23]	No Education	270	239	171
	Primary	4,699	4,152	3,347
	Secondary	5,979	5,388	5,233
	Pre - U	318	233	237
	Vocational	718	771	852
	Tertiary & Above	790	812	795
Main Offence Group[24]	Crimes Against Persons	1,021	1,004	1,043
	Property Crimes	2,158	2,044	1,773
	Commercial Crimes	1,540	1,306	923
	Drug Offences	**2,160**	**1,899**	**2,097**
	Immigration Offences	2,704	2,023	1,408
	Crimes Against Public Order	555	635	608
	Customs Offences	647	612	305
	Traffic Offences	966	905	921
	Other Offences[25]	1,023	1,167	1,557

Table B illustrates the total number of new admissions to Singapore prisons from 2013 to 2015. About 20% of the admissions are those who committed drug-related offences.

[21] Convicted Penal Admission figures show the number of inmate admissions for the calendar year.
[22] Age as at admission.
[23] As declared by inmates upon admission.
[24] Inmates are tracked based on index (most serious) offence only.
[25] Examples of "Other Offences" include National Registration Offences, National Service Related Offences, Telecommunication & Computer related Offences.

Table C

Drug Rehabilitation Centre (DRC) inmate population as at 31 December of each year[26]

Category		Y2013	Y2014	Y2015
Total Drug Rehabilitation Centre		**1,617**	**1,400**	**1,419**
Gender	Male	1,328	1,146	1,121
	Female	289	254	298
Age Group	Below 21	91	79	76
	21 - 30	631	577	633
	31 - 40	443	370	344
	41 - 50	224	195	206
	51 - 60	200	160	132
	Above 60	28	19	28
Education Level[27]	No Education	15	11	6
	Primary	370	324	308
	Secondary	940	787	821
	Pre - U	33	24	22
	Vocational	184	179	178
	Tertiary & Above	75	75	84

Table C shows that there is generally a downwards trend in the number of inmates in the DRC, with a 12% decrease in the total number of inmates from 2013 to 2015. Between the genders, males (79%) constituted a significantly larger population in the DRC. The 21 to 30 years old age group (45% in 2015), followed by the 31 to 40 years old age group (24% in 2015), has consistently been the two largest populations from 2013 to 2015.

[26] The DRC regime is meant for local inmates only. The figures provide the number of DRC inmates who are within the inmate population as at the end of the respective year.

[27] As declared by inmates upon admission.

Table D

Drug Rehabilitation Centre Inmate Admissions as of 31 December of each year[28]

Category		Y2013	Y2014	Y2015
Total Drug Rehabilitation Centre Admissions		**1,364**	**1,139**	**1,213**
Gender	Male	1,107	919	942
	Female	257	220	271
Admission Age Group[29]	Below 21	101	88	87
	21 - 30	571	505	569
	31 - 40	349	288	288
	41 - 50	178	150	162
	51 - 60	144	94	90
	Above 60	21	14	17
Education Level[30]	No Education	12	11	4
	Primary	287	253	247
	Secondary	800	639	712
	Pre - U	29	19	23
	Vocational	161	151	148
	Tertiary & Above	75	66	79

Table D indicates that about three-quarters of the admissions to the DRC are males. The 21 to 30 years old age group (47% in 2015), followed by the 31 to 40 years old age group (24% in 2015), has consistently been the two largest populations from 2013 to 2015.

Table E:

Releases – Drug Rehabilitation Centre Releases

Category		Y2013	Y2014	Y2015
Total Drug Rehabilitation Centre Releases		**1,257**	**1,350**	**1,172**
Gender	Male	1,009	1,098	942
	Female	248	252	230

Table E shows a stable number of DRC releases from 2013 between the genders.

[28] The number of DRC inmate admissions show the number of DRC inmates admissions for the calendar year.
[29] Age as at admission.
[30] As declared by inmates upon admission.

Table F:

Number of Capital Executions as at 31 December of each year

Executions	Y2013	Y2014	Y2015
Murder	0	0	1
Firearms	0	0	0
Drugs	**0**	**2**	**3**
Total	0	2	4

Table F illustrates that the number of serious drug offences leading to capital executions remains small.

Table G:

Recidivism Rates[31]

Recidivism	Release Cohort 2011	Release Cohort 2012	Release Cohort 2013
Overall	27.4%	27.6%	25.9%
Penal	27.0%	27.5%	24.7%
Drug Rehabilitation Centre	**31.1%**	**28.3%**	**31.9%**

Ex-offenders who committed drug-related offences appear to have the highest recidivism rates consistently across the different cohorts released into the community from 2011 to 2013, and one in three would relapse.

Table H

Completion Rates for Community-Based Programmes (CBP) as of 31 December of each year

Completion Rates	Y2013	Y2014	Y2015
CBP for Penal inmates	95.4%	96.7%	96.9%
CBP for Drug Rehabilitation Centre inmates	**85.9%**	**88.2%**	**81.7%**

Table 8 shows that there have been lower completion rates for after-care programmes for ex-offenders who have committed drug-related offences. Nonetheless, the completion rates have been hovering at an encouraging 82% to 88%.

[31] The recidivism rate is defined as the percentage of local inmates detained, convicted and imprisoned again for a new offence within two years from their release.

CHALLENGES AND RESPONSES TO TREATMENT OF DRUG USERS AND DRUG-DEPENDENT OFFENDERS IN THE COMMUNITY: THE YOUTH ENHANCED SUPERVISION SCHEME SINGAPORE[32]

I. INTRODUCTION TO THE PROBATION SERVICE

The probation system in Singapore is a court-ordered community-based rehabilitation programme for suitable offenders. It offers the courts an alternative sentencing option to deal with offenders who may otherwise be committed to a juvenile rehabilitation centre or prison.

The Probation Service (PS) comes under the purview of the Ministry of Social and Family Development (MSF), the Rehabilitation and Protection Group. The probation system aims to achieve effective rehabilitation of offenders on community-based orders with maximum participation of families and the community.

Aside from working with offenders placed on probation orders, the PS also oversees upstream intervention programmes to divert young offenders away from the court and the prison system. This paper will describe one such programme, the Youth Enhanced Supervision (YES) Scheme, and focus on its conceptualization, development, implementation and evaluation.

II. HISTORY

Singapore adopts a zero-tolerance stance towards drugs. In light of the worsening regional drug situation, the growing number of repeat and young drug abusers in Singapore, and shifting societal values and attitudes towards drug abuse, the Ministry of Home Affairs (MHA) formed an inter-ministry Taskforce on Drugs in October 2011 to review the drug abuse situation and recommend strategies to address this issue.[33] The Taskforce comprises members from various ministries and community partners.

The Taskforce on Drugs developed a comprehensive continuum of strategies from prevention to deterrence, and the rehabilitation and reintegration of drug abusers back into the community. Traditionally, new young abusers have been placed on a Direct Supervision Order (DSO), which consisted only of regular urine testing. The Taskforce assessed that this was insufficient in rehabilitating these youths and there was a need to introduce more effective early intervention measures to address their risks and social issues. The YES Scheme, with a casework cum counselling component, was one of the proposed recommendations.

In collaboration with the MSF and the Central Narcotics Bureau (CNB), the YES Scheme was rolled out as a new initiative in mid-2013. The YES Scheme targets youths under 21 years of age who have been arrested by the CNB for the first time for drug consumption, and are assessed to be of lower risk and suitable to undergo rehabilitation in the community.

---

[32] Submitted by the Ministry of Social and Family Development

[33] CNB Workplan Seminar 2012 at Police Cantonment Complex - Speech by Mr Masagos Zulkifli, Minister of State for Home Affairs and Foreign Affairs. http://www.cnb.gov.sg/newsroom/current/news_details/12-04-24/CNB_Workplan_Seminar_2012_at_Police_Cantonment_Complex_-_Speech_By_Mr_Masagos_Zulkifli_Minister_of_State_for_Home_Affairs_and_Foreign_Affairs.aspx

III. CONCEPTUALIZATION, DEVELOPMENT AND IMPLEMENTATION

A. Understanding the Target Population

To understand the profile of young drug abusers who would be placed on YES, surveys and interviews were conducted with 66 and 25 youths respectively who were undergoing a Direct Supervision Order. It was found that many of the youth participants were introduced to drugs by friends and even though this was their first arrest by the CNB, they were not first-time users of drugs. Participants also appeared to have risk-taking behaviours, were extrinsically motivated not to use drugs, and were largely unaware of resources to quit or have the skills to manage relapse.

B. Curriculum

A literature review was conducted to identify risk issues and evidence-based methods in working with youth drug abusers. Research suggested that multi-modal programmes with joint interventions targeting the family and individual were the most promising. It was also important to target risk factors at different levels and systems, such as the individual, interpersonal and family levels, and the school and environment systems.

Theoretical principles to anchor the programme were also explored. The Motivational Paradigm, the Good Lives Model, Relapse Prevention and Cognitive Behavioural Interventions were approaches that were well-established and showed evidence-based outcomes.

C. Programme Structure

YES was developed as a six-month programme, extendable for an additional six months on a needs basis, with a case management model. Families of young drug abusers would also be involved, since family support is integral to rehabilitation and integration.

The programme consists of a mix of group, individual and family sessions. The groupwork curriculum focused on increasing the motivation and ability of youth to desist from drug use. Individual, family and parent sessions ensured that specific needs of the youth were addressed, and parents were equipped with skills to support their child in leading a healthy lifestyle.

Implementation

Social service agencies in the community were selected and funded to conduct the YES programme. They were chosen because of their expertise and closer proximity to the residences of the youths, which served to increase accessibility. Programme facilitators were expected to have degrees in social work, psychology, counselling or related discipline, and relevant experience in conducting groupwork and working with families and youths. Training was also organized by the MSF to ensure that facilitators were familiar with the effects and treatment of substance abuse, motivational interviewing and the curriculum to be delivered.

Regular audits were conducted by the MSF and feedback was given on-site to facilitators on improving delivery. Focus group sessions were also held with the agencies to discuss challenges and improvements to the processes, programme framework and curriculum. Pre- and post-tests were administered to the participants to gather their inputs and assess the effectiveness of the programme.

IV. EVALUATION AND ENHANCEMENTS

In 2014, it was observed that many youths on probation similarly had experiences with drug abuse, and there was limited availability of suitable drug rehabilitation programmes in the community. With the success of YES after a year rollout, YES was further extended to youth on probation who experimented with drugs. The programme was also extended to include youths arrested by the CNB for inhalant abuse, as it was assessed that they too would also benefit from similar intervention.

Towards the end of the two-year pilot run of YES, feedback gathered suggested it would be necessary to modify the programme structure to increase the number of individual and family sessions, because many of the youth participants and their families had multiple risks and higher needs which warranted greater intervention. As more commitment from social service agencies was needed to meet this, funding was proportionately increased. These were taken into consideration when contracting agencies to conduct the following run of YES.

A more in-depth evaluation was recently conducted with 150 youths who underwent the YES pilot programme. Quantitative data was collected through the administration of psychometric tools, while youths and their parents were interviewed to obtain qualitative information. Overall, the goals of 85% or higher completion rate for the casework component of YES and 20% or lower relapse rate during supervision were met. Some notable findings were increased knowledge and insight into drug abuse, changes in attitudes and beliefs towards drugs, greater motivation to make changes, improved skills and self-efficacy to avoid drugs, and enhanced communication and familial relationships. However, there still remained some aspects which showed only marginal improvements, which indicate there is still much room to improve the programme.

V. CHALLENGES

Despite promising evaluation findings, there remains challenges in the implementation of YES. Firstly, increased regularity in attendance of youth participants and their parents would need to be encouraged. It was observed that for some male youth, performance of their National Service hampered participation in the YES scheme, while for some female youth, pregnancy was a factor to poor turnout. As such, arrangements were made with the relevant agencies to facilitate their attendance. Looking forward, it would be important to enhance the motivation of participants towards the programme.

Agency facilitators were observed to face difficulties in following the YES curriculum closely and being firm towards the youths. This suggests that regular programme audits, and consistent coaching and feedback would help with the alignment of facilitators with YES intervention approaches.

The increasing number of young drug abusers and their tolerant attitudes towards drugs also remains an area of concern.[34] The YES programme would have to be constantly revised to cater to these changes and focus on addressing outlooks and beliefs towards drugs, especially towards the more commonly abused drugs of methamphetamines and cannabis. A greater emphasis on individualized case management is also essential given that many youths have specific needs or multiple problems.

---

[34] CNB Maintains Enforcement Efforts in 2015 Amid Concerns from Global and Local Drug Situation. http://www.cnb.gov.sg/Libraries/CNB_Newsroom_Files/CNB_statistics_2015.sflb.ashx

Lastly, another challenge would be to ensure increased accuracy in triaging, such that youths diverted to YES will be receiving the right drug rehabilitation programme and intensity of intervention to address their needs

VI. CONCLUSION

The regional and global drug situation remains challenging and this will have an impact on the drug abuse scene among youths in Singapore. It is pertinent to stay abreast of advances in interventions with youth drug users and be flexible in adopting new approaches. It also remains vital to work closely with partners to stay ahead of changes and achieve better outcomes for our youths.

PROGRAMME STRUCTURE FOR THE YOUTH ENHANCED SUPERVISION (YES) SCHEME

The 6-month YES programme consists of:

Minimum no. of sessions	**2013**	**2015***
Sessions for youth		
Individual	4	8
Groupwork	10	10
Sessions for parents		
Groupwork	2	2
Sessions for family		
Family sessions	2	3
Home visits	1	1
Introductory meeting	-	1
Enrichment activities	optional	optional
Total	**19**	**25**

**The programme structure was revised based on feedback gathered and the number of sessions were increased as many youth participants had multiple risks and higher needs which warranted greater intervention.*

PROGRAMME CONTENT FOR YES YOUTH GROUPWORK SESSIONS

Session No.	Topic	Session Title	Session Goals
1	Module 1 – Values and Motivation	What I Value (My Valued Goods)	• Identify what they value • Understand that their lifestyle decisions are affected by what they value
2		Change and Motivation	• Identify the milestones in life that led to their arrest and set targets for change • Understand that motivation is required for change to happen • Identify what motivates them in their daily life and change processes, and the external or internal factors which influence their motivations
3		Why Change? Thinking about Change	• Understand the need for change • Learn about the Stages of Change and identify which stage they are in • Reflect on reasons for change
4	Module 2 – Thinking about Thinking	ABCs of Our Behaviour	• Learn about the ABC model • Distinguish between unhelpful and helpful self-talk • Learn that they can be in control of their self-talk
5		My Thinking, My Behaviour Cycle	• Learn about thinking errors/traps and how these influence their behaviour • Understand their problematic behaviour cycle of drug use and learn how to break it
6	Module 3 – Relapse Prevention	Introduction to Relapse Prevention	• Learn about different types of drugs and the legal, health and social implications of drugs in their lives • Understand how lapses and relapses occur
7		Risky Risky	• Identify high-risk factors (interpersonal & intrapersonal factors) • Learn to develop a personal relapse prevention plan
8		Intrapersonal Coping Skills	• Learn useful problem-solving skills to cope with situations that may precipitate a lapse • Learn to manage cravings, negative thinking and emotions that are present in high-risk situations

Session No.	Topic	Session Title	Session Goals
9		Interpersonal Coping Skills	• Learn the different styles of communication and effective communication skills • Apply refusal skills to say 'NO' to drugs • Learn how to cope with lapses
10	Module 4 – A New Start	A New Start	• Understand what leading a socially responsible life entails • Identify resources and social support networks • Learn to develop a more balanced lifestyle in accordance with what they value

COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG-DEPENDENT OFFENDERS THAILAND[35]

I. OVERVIEW

A. Trends in Drug Use and Offences

The Royal Thai Government has placed the drug problem as a national priority and declared the strategy of "the Kingdom's Unity for Victory over Drugs" to unite all parts of the society - government sectors, the private sector, NGOs, businesses as well as civil society to consecutively and sustainably participate in preventing and solving the drug problem. However, the drug situation in Thailand has remained a great challenge for each agency concerned. The most serious problem for the past ten years has been amphetamine-type stimulants, particularly methamphetamine. Originally introduced as a weight control pill and energizer, methamphetamine has been drastically abused and widely spread all over the country and across all age groups, followed by cannabis, crystal meth and heroin.

Given the unlimited supply of methamphetamine outside the country, counter-drugs measures encountered many difficulties in curbing the situation. According to the annual statistics, the number of drug-related arrests decreased from 347,028 in the fiscal year of 2014 to 264,974 in 2015, and the number of drug users registered for treatment was at 168,677 in 2015 (as of July, 2015), a decrease from 301,501 in 2014.

Drug rehabilitation in Thailand can be divided into three systems: the voluntary system, the compulsory system, and the correctional system. In the past five years, the number of drug users registered for treatment has increased from 187,415 in 2011 to 303,501 in 2014. The statistics for the fiscal year of 2015 (as of July) show that the majority of drug users were to be found in the compulsory system (56.7%), followed by those in the voluntary system (28.7%), and 14.6% in the correctional system. The largest age group represented among drug users registered for treatment was the 15-24 age group (41.7%). The most common occupation was labourers (43.9%), and the largest group in respect of education consists of those who have completed up to the middle school level (47.8%). Of the total number of drug treatment registered, there were 248,161 discharged drug patients, who were being followed up and receiving aftercare services.

[35] Submitted by Department of Probation, Ministry of Justice

B. Drug Laws

1. Narcotics Control Act B.E. 2519 (1976)

Purpose of the law: The Thai government has a rigid policy of preventing drug use and suppressing the spread of drugs; therefore, the Narcotics Control Act was enacted to introduce measures and to authorize a group of high-level government officials to deal with the drug problem.

This act sets up the Narcotics Control Boards (NCB) and gives it the authority to apply specific measures for the prevention and suppression of drug offences. The Board consists of the Prime Minister as Chairperson, the Minister of Justice, the Minister of Defence, the Minister of Interior, the Minister of Public Health, the Minister of Education, the Attorney-General, the Royal Thai Police Commissioner, six experts, and two persons from the private sector, who are appointed by the Prime Minister as members. The powers and duties of the Board include, but are not limited to; 1) preparing plans and measures for preventing and suppressing the offences under the narcotics laws, 2) monitoring the investigation and prosecution of drug offences, and 3) coordinating and supervising the treatment of drug offenders.

2. Narcotics Act B.E. 2522 (1979)

Purpose of the law: to increase the effectiveness of narcotics suppression and control in line with the international drug control convention to which Thailand is a state party.

This act classifies narcotics into the following five categories: I. dangerous narcotics such as heroin and methamphetamine, II. ordinary narcotics such as morphine and cocaine, III. narcotics in the form of medicinal formula, IV. chemicals used for producing narcotics of category I or II, and V. those not included in category I to IV such as marijuana and the kratom plant. This act also provides for the penalties for any person who produces, imports, exports, disposes of narcotics or possesses narcotics for the purpose of disposal. The penalties vary from a few years of imprisonment, a fine, or both to the death penalty, based on the categories and quantity of narcotics a person carried.

3. Psychotropic Substances Act B.E. 2518 (1975)

Purpose of the law: As a state party to the Convention on Psychotropic Substances adopted in 1971, Thailand shall cooperate with other member states to control the production, importation, exportation, disposition, or possession of psychotropic substances, domestically and internationally to ensure that these substances will not cause any harm to public health.

The act contains provisions relating to many aspects of psychotropic substances, such as the application for and issue of licenses, and the penalties for any person who produces, sells, imports, or exports any psychotropic substances without a license.

4. Act on Measures for the Suppression of Offenders in an Offence Relating to Narcotics B.E. 2534 (1991)

Purpose of the law: to suppress drug offences more effectively, specific measures are needed to increase the effectiveness of the work of law enforcement officers.

The law provides for the penalties for any person who commits an offence relating to narcotics; who assists the offenders for example by providing money, a conveyance, or

accepting benefits from the offenders; and even who attempts to commit a drug offence. This act also focuses on the examination of properties obtained through the commission of a drug offence and gives the authority to the appointed committee to order the seizure or attaching of such properties until the final non-prosecution order is issued.

5. Narcotics Addict Rehabilitation B.E. 2545 Act (2002)

Purpose of the law: The act has introduced compulsory drug treatment programmes with a new concept in solving drug problems. That is, drug users should be considered as patients rather than criminals. Moreover, many drug users are forced to become drug dealers in exchange for taking free drugs, and so these people should be treated instead of imprisoned, while drug producers or traffickers should be harshly punished. Therefore, this act was enacted to support the compulsory treatment system, which is an alternative measure to divert cases from the criminal justice system. The main agency enforcing this act is the Department of Probation of the Ministry of Justice.

In accordance with the act, drug users who are arrested will be referred to the compulsory treatment system. Offenders who are charged with drug consumption, drug consumption and possession, drug consumption and possession for disposal, or drug consumption and disposal will be referred for drug assessment. If the offender is assessed as being addicted, the prosecutor will suspend the prosecution and the drug addict will be diverted to the compulsory treatment system. The system is overseen by the Narcotic Addict Rehabilitation committee, which has the Permanent-Secretary of Justice as Chairman.

6. The Royal Decree on Prevention of Volatile Substance Abuse B.E. 2533 (1990)

Purpose of the law: Some people, especially juveniles, misuse volatile substances to satisfy physical or mental desires by inhaling or sniffing or any other means, which may result in harmful health effects. Previously, there had been no legislation that would control the use of volatile substances. For this reason, this law was enacted to prevent the misuse of volatile substances and maintain public safety.

This Decree provides for the penalties for any person who uses volatile substances to satisfy physical or mental desire and those who disposes of volatile substances to a person of less than 18 years of age. The penalties include imprisonment (2-3 years) or a fine (20,000-60,000 Baht) or both.

7. Drug Case Procedure Act B.E. 2550 (2007)

Purpose of the law: The commission of drug-related offences often involves organized crime, which increases its complexity. Moreover, the nature of drug-related cases is different from other criminal cases; thus, a law was needed that specifically handles this kind of offence.

As noted in this act, the process of investigation of and inquiry in drug cases is unique and requires a special investigative technique. The act also contains provisions on court proceedings in the first instance, the second instance, and final appeal as well as enforcement of fines so that the judge will be able to deliver judgment in drug cases more effectively.

8. National Strategies to Combat Drugs for the Year of 2016

1) Prevention measures for groups of people who are likely to use drugs, especially children and youth. Proper prevention is applied to a target group both in and out of school, and a family at risk of using drugs is targeted by cooperating with every sector to build

drug immunity and supporting people in making use of their time by organizing creative activities.

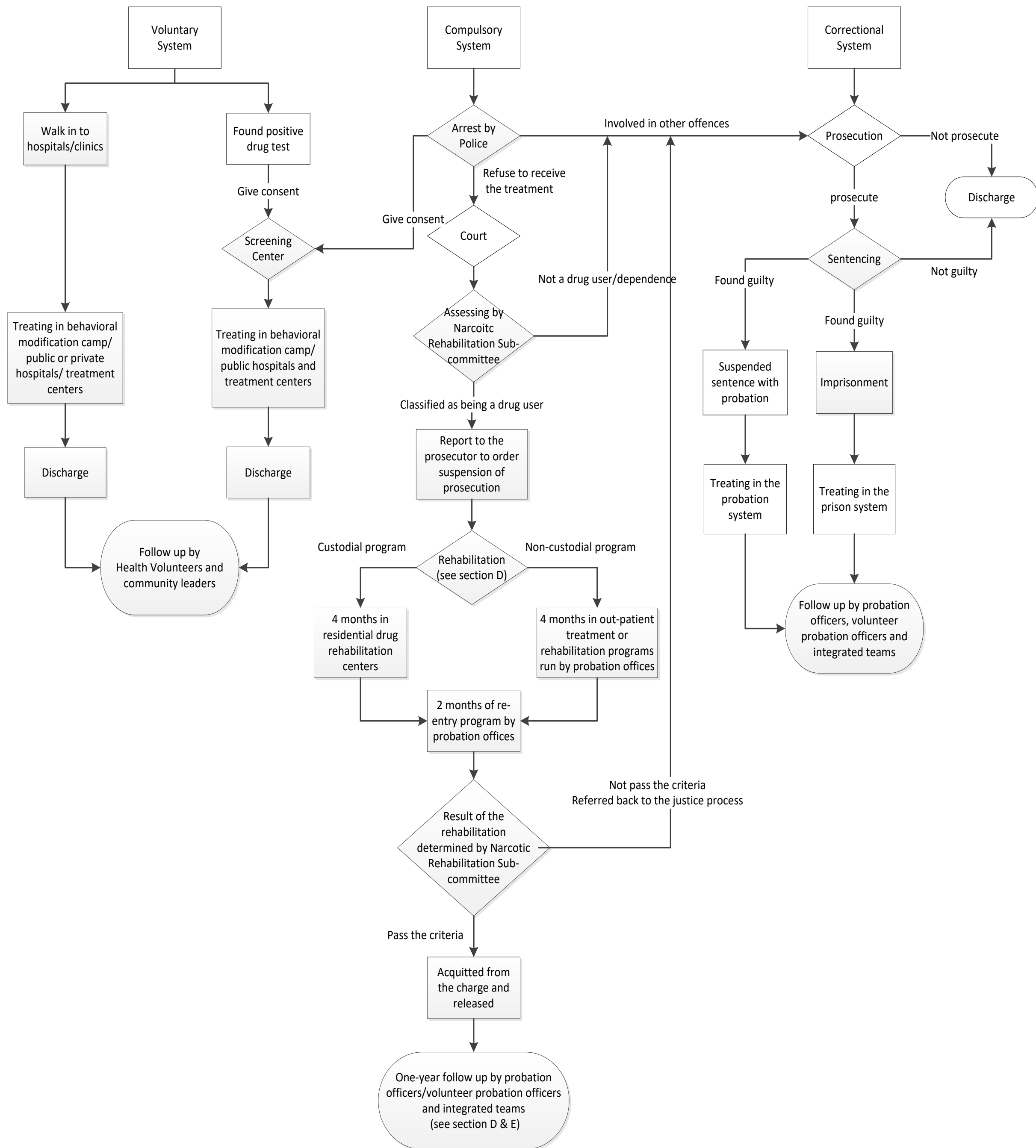
2) Developing operating mechanisms in every process of treatment, from searching, screening, classifying and improving a voluntary system according to Announcement of the National Council for Peace and Order No.108/2557 or an appropriate form of treatment such as treatment behaviour modification camps, clinics, and a compulsory system centre.
3) Developing a system to facilitate successful social reintegration of ex-addicts in terms of careers, works, training, funding sources, and education.
4) Controlling drugs and drug dealers. This strategy aims to control and interdict drugs, precursors and chemicals from entering Thailand across borders, through interior checkpoints, and along transportation routes. It includes destroying networks of drug trading and cutting the cycle of drug trafficking along the borders and the financial links.
5) Seeking and strengthening international cooperation on prevention and suppression of drugs and solutions to drug-related problems with neighbouring countries and international organizations. The main objective is to reduce drug production outside the country which has an impact on drug problems inside Thailand and the region.
6) Creating an appropriate environment to prevent drug problems. The environmental factor is an important element contributing to drug use by people, especially youths and ex-addicts. This strategy focuses on creating a positive environment through family and society mechanisms to control and prevent drug problems.
7) Promoting citizen involvement in dealing with drug problems, starting in their own village or community
8) Developing a unity managing mechanism. All sectors in each area shall work together in preventing and suppressing the spread of drugs.

C. The Criminal Justice Process for Drug Offenders

As mentioned above, there are three drug rehabilitation systems in Thailand, namely the voluntary system, the compulsory system, and the correctional system. The voluntary system and compulsory system are community-based treatment systems, while the correctional system involves both community-based treatment and prison-based treatment.

Figure 1

Flow Chart of the Drug Rehabilitation Process in Thailand



D. Community-Based Treatment for Drug Offenders

	Treatment in Probation Services	Compulsory Drug Treatment
Eligible offenders	Adult offenders (aged 18 and above) on whom may be imposed a term of imprisonment not more than three years but are granted a suspension of sentence or a suspension of the punishment with probation. (Criminal Code, Article 56)	Any person who is charged with the followings offences: 1. drug use* 2. drug use and possession* 3. drug use and possession for disposal* 4. drug use and disposal* * in accordance with the amount and type of drug indicated in the Ministerial Regulations. - After being arrested, the accused will be transferred to the court within 48 hours and the court will have discretion to refer the accused for drug assessment.
Decision authority	Court	Narcotic Addict Rehabilitation sub-committee
Supervision/ treatment period	Suspension period maximum 5 years but probation period is on the average one year	4 months of drug rehabilitation 2 months re-entry programme
Assessment	The assessment is conducted by a probation officer to identify the risks and needs of the offender. The probation officer will interview the offenders on the following subjects: • Criminal history • Education/employment • Financial matters • Family/marital matters • Accommodation • Alcohol/drug problems • Physical and mental condition	An initial screening will be conducted by a probation officer to identify whether the accused is a drug user or a drug dealer. The screening includes a urine test, a criminal record check, an assessment of physical and psychological condition as well as environmental factors. The assessment results will then be submitted to the sub-committee for a decision on whether the accused is a drug user. If so, the prosecutor will suspend the prosecution and a drug addict will be diverted to the compulsory treatment system.
Classification	Taking into consideration the result of the risks and needs assessment, the offender will be classified into one of three	The sub-committee will make a decision on the treatment level that suits a drug user, taking into account a social

	Treatment in Probation Services	Compulsory Drug Treatment
	categories: low, medium, and high risk.	report written by a probation office.
Supervision	The supervision plan is set up for each offender according to their classification. The probation officer will supervise and monitor the offender to ensure his/her compliance with the probation conditions set by court such as - meeting with the probation officer - performing community service - attending drug rehabilitation programmes	**1. Non-custodial programmes** o Out-patient treatment programme run by public hospitals o Drug rehabilitation programme run by probation offices **2. Custodial rehabilitation programmes** The custodial programme can be divided into two groups. o Intensive care o Non-intensive care
Treatment Programme	**1. Core Programme** Individual and group counselling focusing on cognitive and attitudes reconstruction, motivational interviewing, and life skills. The content includes: • Enhancement of awareness toward self and others • Self-esteem booster • Life goal setting • Coping with drugs/substances • The role of family in supporting the offender in living a non-drug lifestyle **Period:** 7-10 sessions; 1-1.30 hours each session. **Run by:** probation officers **2. Specific Programme** This is designed to address specific needs of the offenders including: • Communication and refusal skills • Decision-making and problem-solving skills • Stress and temper management skills • Beliefs and attitudes • Recognizing self-, family, and social responsibility	**1. Matrix Model** A collection of group sessions (early recovery skills, relapse prevention, family education and social support) and individual sessions. Three group sessions are scheduled per week. **Period:** 16 weeks **Run by:** Public hospitals **2. Therapeutic Community Model** A highly structured, well-defined, and continuous process of self-reliant programme operation. Residents can make positive changes by learning from fellow residents, staff members, and other figures of authority. **Period:** 4-6 months on average **Run by:** Department of Probation, Royal Thai Navy, Royal Thai Army, Royal Thai Air Force. **3. Standard Model** The core concept of this model is the therapeutic community but two elements are added to increase the

	Treatment in Probation Services	Compulsory Drug Treatment
	• Relationship building **Period:** the number of sessions varies according to the addict's problems and needs. (1-1.30 hours each session) **Run by:** probation officers **3. Moral Camp** This camp aims to encourage morality, proper attitudes, recognition of social responsibilities, as well as successful transition back to society. The offenders will learn how to live their lives righteously according to the religious perspective and practice meditation. It normally takes place at the temple in each local area. **Period:** 3-5 days **Run by:** a collaboration between the local community, volunteer probation officers and local probation offices	effectiveness of rehabilitation: health education on addiction and vocational training. Through the classes, the clients will learn about the nature of drug addiction, addiction as a brain disease, common relapse triggers, and how to handle negative emotions. **Period:** 4-6 months on average **Run by:** Department of Probation, Royal Thai Navy, Royal Thai Army, Royal Thai Air Force. **4. Religious-based Programme** The underlying framework integrates perspectives of the Matrix Programme, and Buddhism. The addicts will stay at the local temple and do routine similar to that of a monk, which is learning the Dharma, practicing meditation, and living mindfully. Living in monkhood will help promote self-responsibility and self-discipline. **Period:** 2 months **Run by:** a collaboration between the local community, volunteer probation officers and local probation offices
Actions in case of a breach	The probation officer will first investigate the incident and then report to the court. The judge might decide to extend the probation period, intensify the level of supervision, or revoke the suspension.	Incidents will be reported to the sub-committee, which may extend the period of rehabilitation or change the treatment programme.
Termination	After completing the probation period, the probation officer will	Depends on the treatment result and the discretion of the sub-committee. The

	Treatment in Probation Services	Compulsory Drug Treatment
	make a compliance report to the court.	probation office acting as the secretary of the sub-committee will monitor the treatment process and report the rehabilitation results to the sub-committee. If the treatment shows satisfactory results, the sub-committee will release the drug addict without prosecution and no criminal record. If not, the sub-committee can extend the treatment no longer than 6 months for each extension and the total period of the treatment must not exceed 3 years.
Follow-up and aftercare	One year follow-up by probation officers or volunteers.	One year follow-up by probation officers or volunteers.

E. Community Resources

The DOP is the organization responsible for community-based treatment of offenders. Various partners consisting of government organizations and communities are also involved in the rehabilitation of drug users and drug-dependent offenders. Collaboration of these organizations takes place throughout the process, starting from screening to aftercare services.

Recently, the collaboration of key stakeholders in drug rehabilitation has been strengthened through the Cabinet resolution on integrated measures for offender rehabilitation, monitoring, support and care in the community, which was approved on 12 January 2016.

Services	Involving organization
Physical and psychological examination and treatment	- Public hospitals and clinics under the Ministry of Public Health - Hospitals and healthcare service centres under the Bangkok Metropolitan Administration
Drug rehabilitation programme	- Public hospitals and clinics under the Ministry of Public Health - Hospitals and healthcare service centres under the Bangkok Metropolitan Administration
Information sharing	- Provincial and local administration organizations

Services	Involving organization
	- the Bangkok Metropolitan Administration - Police
Reintegration programme	- Village Health Volunteers - Shelters under the Ministry of Social Development and Human Security - Schools and educational institutions under the Ministry of Education
Vocational training and employment	- Employment service offices and skill development centres under the Ministry of Labour - Private companies
Follow up	- Volunteer Probation Officers - Village Health Volunteers
Personnel training	- Public hospitals and clinics under the Public Health Ministry - Hospitals and healthcare service centres under the Bangkok Metropolitan Administration

F. Through-Care System and Aftercare

1. Voluntary Drug Treatment

Follow-up and aftercare services are considered a crucial part of the rehabilitation process. In July 2014, aftercare centres were established at the provincial level nationwide to provide help and support to all addicts discharged from treatment facilities in order to ensure their abstinence and successful reintegration into society. The clients are required to report to the officers at the centres and will receive home visits about 4-7 times a year from appointed officers including village heads, village committee members, and village health volunteers. The aftercare centres are overseen by the Ministry of Interior together with the Ministry of Public Health.

2. Compulsory Drug Treatment

Clients who have completed a 4-month drug rehabilitation followed by a 2-month re-entry programme will be followed up by probation officers or volunteer probation officers for one year.

3. Collaboration with other agencies

For clients who need assistance in specific areas such as education, housing, identification documents, vocational training, job placement, and healthcare services, they will be referred to the following agencies that work in partnership with the aftercare centres and the probation offices.

- the Primary and Secondary Educational Service Area Office
- Office of Non-formal and Informal Education
- Provincial Skill Development Centres
- Provincial Employment Offices
- Provincial Labour Protection and Welfare Offices

- Provincial Social Development and Human Security Offices

G. Family Support

As the family members are close to the drug addicts, receiving care and encouragement from them will significantly aid the drug rehabilitation process. Realizing the power of the family, the Department of Probation invites families to participate in many sessions of the treatment such as orientation, family education and counselling, and post-orientation. For example, the family members are encouraged to attend the orientation with the drug addicts in order to be informed about the overview of the rehabilitation process, the conditions, and consequences of a breach. Moreover, for the drug addicts who participate in the residential programme, the rehabilitation centres often invite the family members to visit their children and also use this opportunity to inform them of the role of family in supporting their children to maintain abstinence.

II. REFERENCES

1. Department of Probation Booklet
2. Department of Probation official website: http://www.probation.go.th/
3. Office of the Narcotics Control Board official website: https://www.oncb.go.th

III. STATISTICS

Chart 1

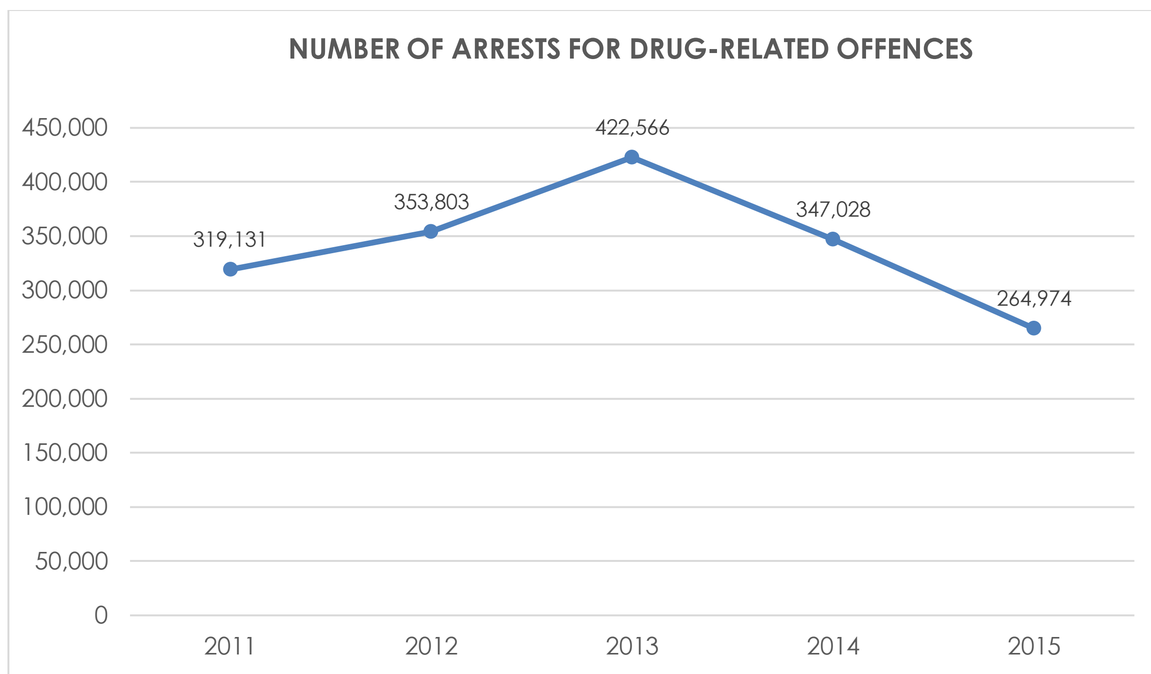
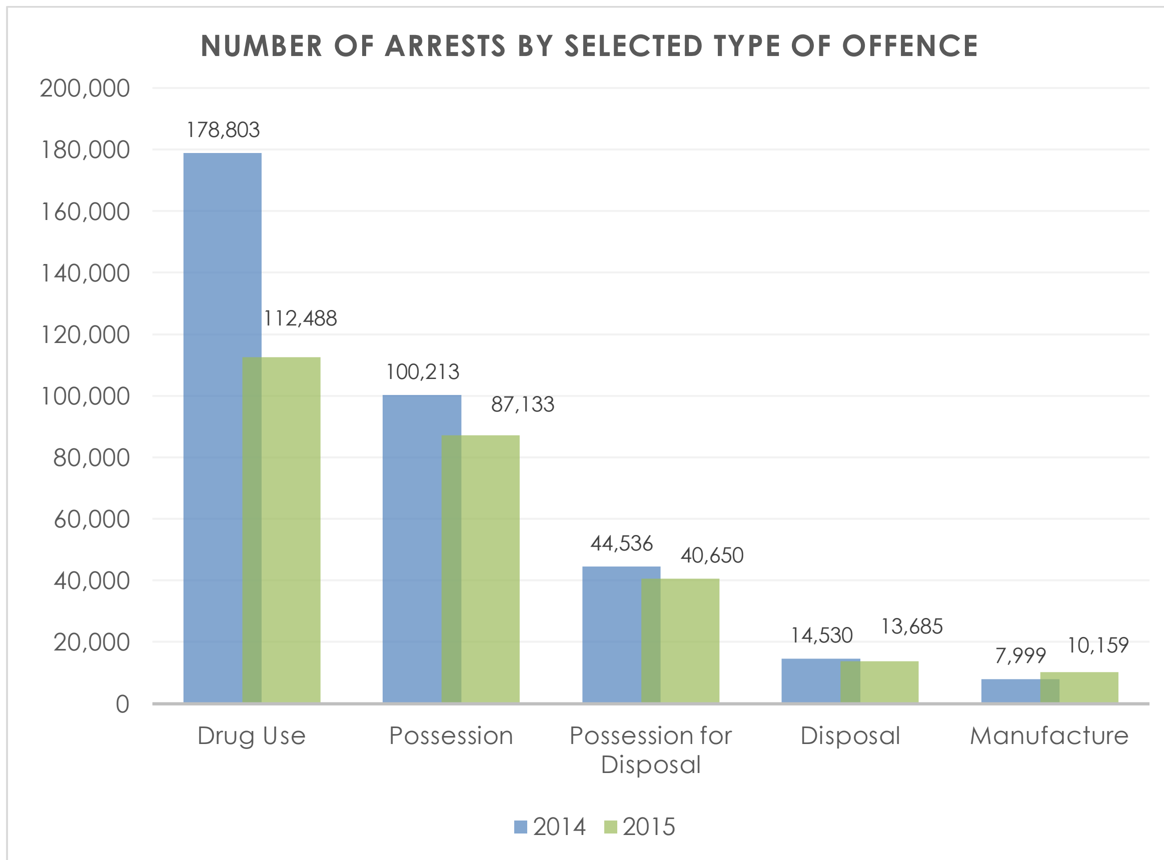


Chart 2



source: Directorate General of Corrections

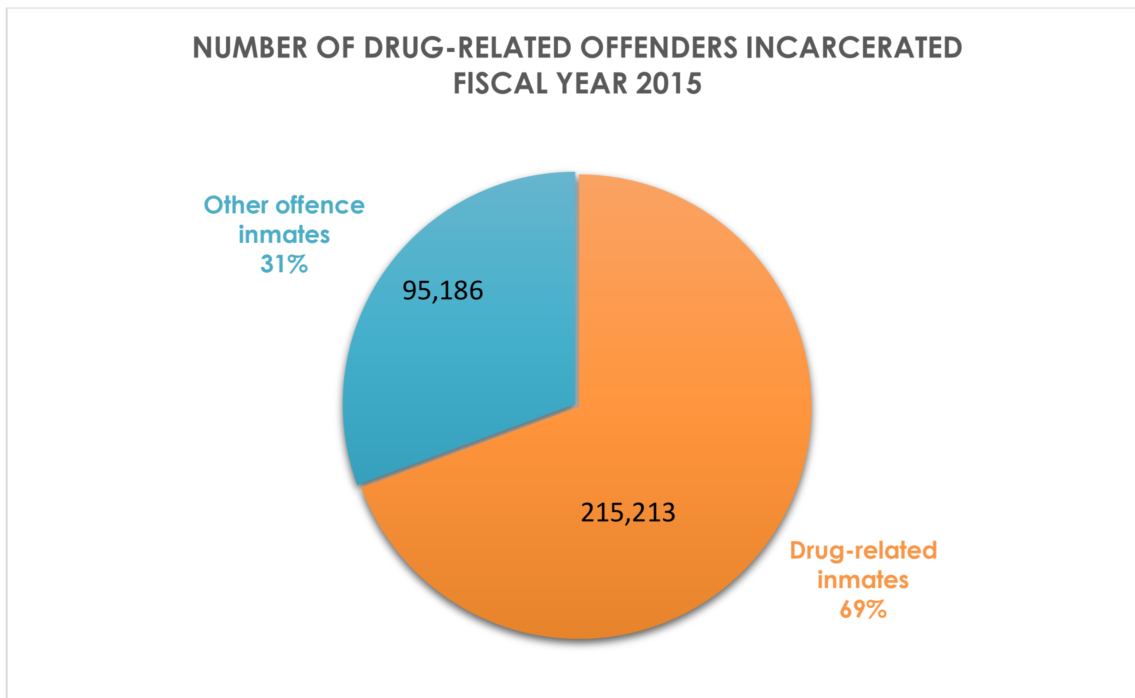


Chart 4

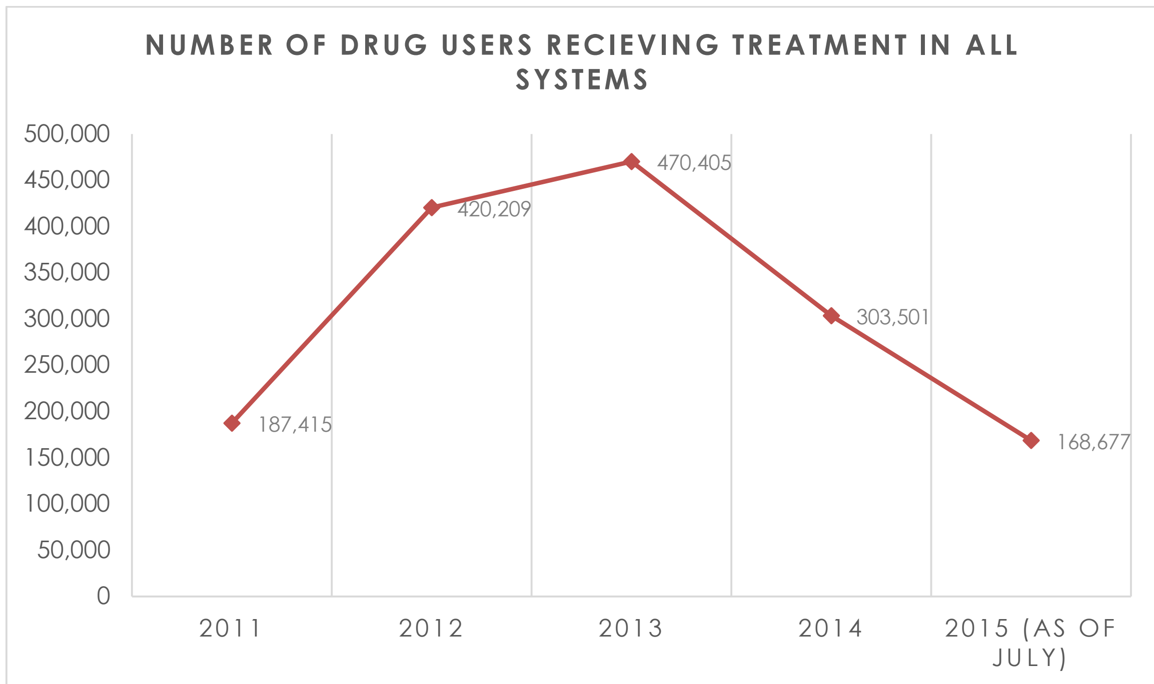


Chart 5

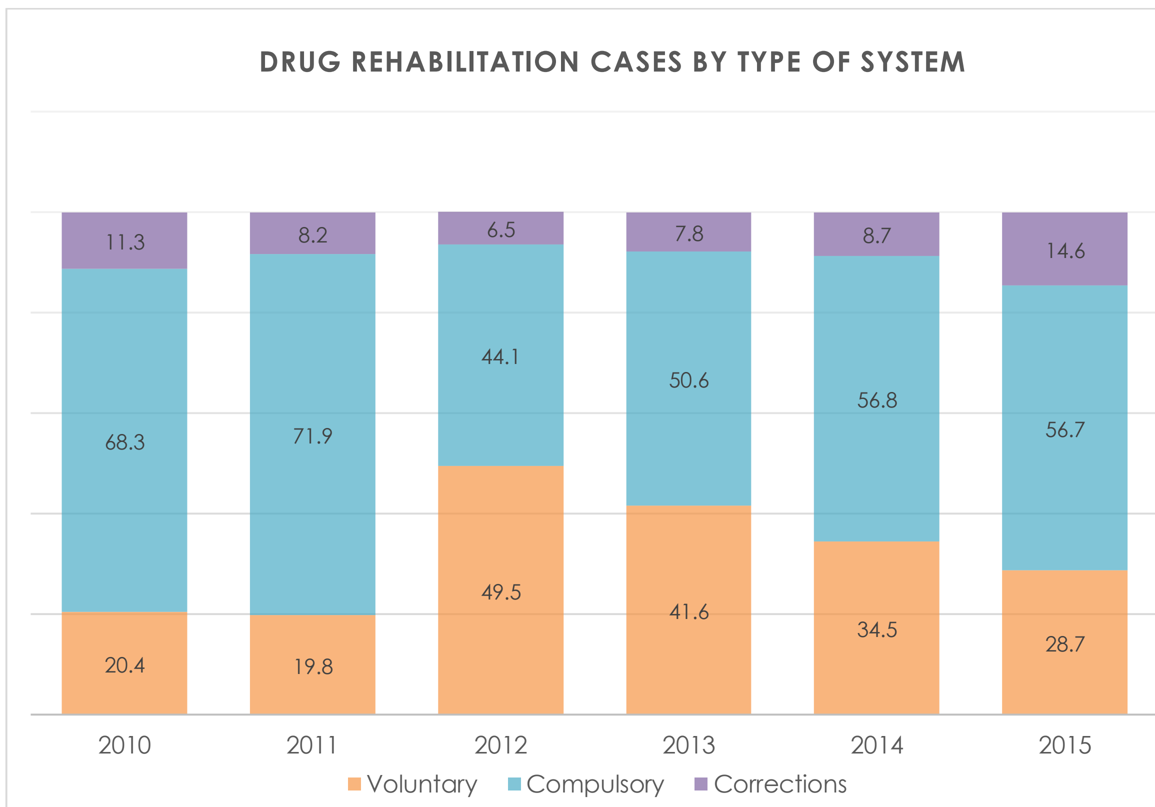


Chart 6

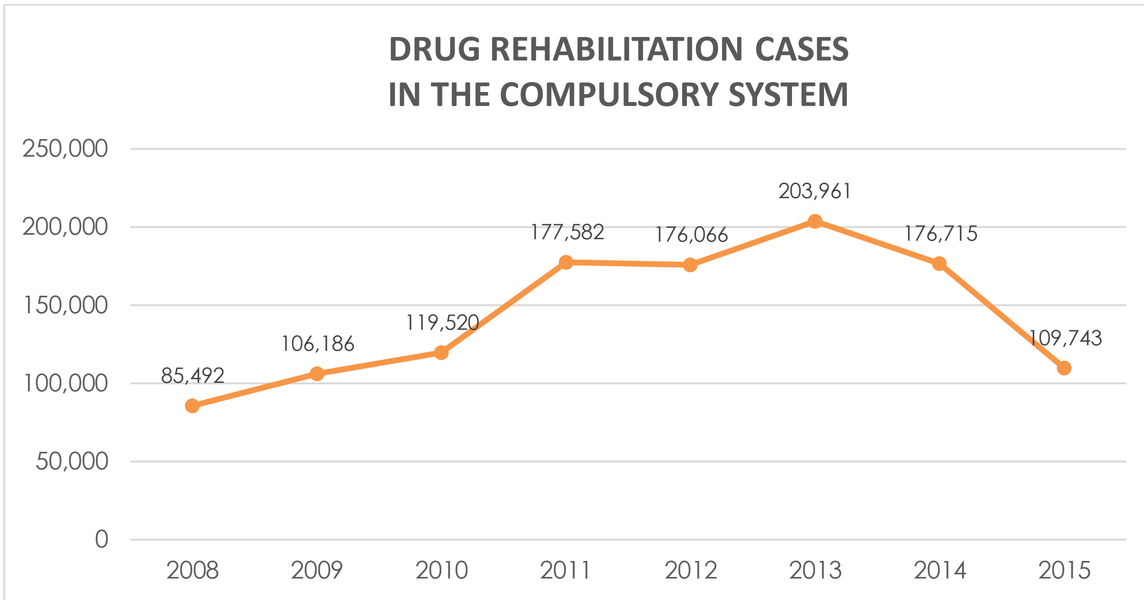


Table A

NUMBER OF DRUG OFFENDERS IN THE COMPULSORY SYSTEM (BY GENDER)

FISCAL YEAR	MALE	FEMALE	TOTAL
2010	109,079	10,441	119,520
2011	161,204	16,378	177,582
2012	159,475	16,591	176,066
2013	186,501	17,460	203,961
2014	163,429	15,902	179,331
2015	99,547	10,196	109,743

Table B

NUMBER OF DRUG OFFENDERS IN THE COMPULSORY SYSTEM (BY AGE)

FISCAL YEAR	BELOW 18	18-24	ABOVE 24	TOTAL
2010	17,063	46,072	56,385	119,520
2011	19,363	67,492	90,727	177,582
2012	12,025	68,244	95,797	176,066
2013	15,864	76,359	111,738	203,961
2014	13,548	64,632	101,151	179,331
2015	7,633	38,256	63,854	109,743

Table C

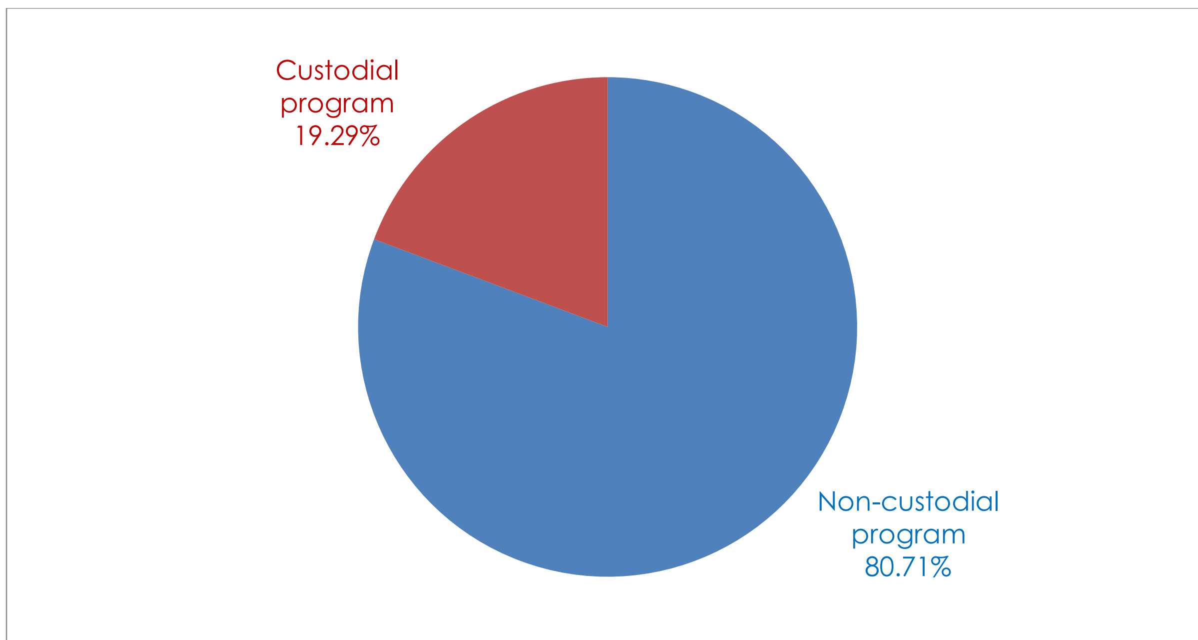
NUMBER OF DRUG OFFENDERS IN THE COMPULSORY SYSTEM (BY SELECTED TYPES OF DRUGS)

FISCAL YEAR	HEROIN	AMPHETAMINE	OPIUM	MARIJUANA	INHALANT	CRYSTAL METH
2010	284	109,023	242	3,964	5,530	414
2011	346	167,335	284	3,484	4,486	1,568
2012	328	166,832	306	2,977	2,776	2,728
2013	516	193,563	370	4,849	2,815	1,762
2014	553	169,102	419	5,454	2,503	1,183
2015	537	100,058	454	5,190	2,366	1,053

NUMBER OF DRUG OFFENDERS IN THE COMPULSORY SYSTEM
(BY TYPE OF TREATMENT PROGRAMMES)

Table D

Treatment Programmes	Cases	Percentage
Custodial programme	**21,171**	**19.29**
• Intensive care	3,049	2.78
• Non-intensive care	18,122	16.51
Non-custodial programme	**88,572**	**80.71**
• Probation-based	59,891	54.57
• In-patient	194	0.18
• Out-patient	27,120	24.71
• Others	1,367	1.25
Total	**109,743**	**100**



Sources: Division of Planning and Information, Department of Probation, Ministry of Justice, Thailand Narcotics Control Strategy Bureau, Office of the Narcotic Control Board, Ministry of Justice.

CHALLENGES AND RESPONSES TO THE TREATMENT OF DRUG USERS AND DRUG-DEPENDENT OFFENDERS IN THE COMMUNITY THAILAND[36]

I. INTRODUCTION

Treatment of drug use and dependence in Thailand consists of three systems. First is the voluntary system. People who use drugs can voluntarily receive treatment at hospitals or treatment centres. Second is the compulsory system, which is applied to drug users who do not voluntarily receive treatment. They will be brought to the drug rehabilitation process by the police and will be treated in drug rehabilitation centres, which are overseen by the Department of Probation (DOP). The last system is the correctional system. Drug users who commit crimes will be brought into the criminal justice system. If they are found to be guilty, the judge may suspend their sentence or punishment with condition or sentence them to imprisonment. Offenders with a drug use or dependence problem will be treated in the probation or prison system.

In the past, the majority of drug users were treated in the compulsory system. Meanwhile, the compulsory system has been criticized widely about its effectiveness and human rights issues. These problems have been challenges for the Thai Government for years. However, the Thai Government is coping with this situation by promoting implementation of the voluntary system and improving the effectiveness of the compulsory system, as described below.

II. Promoting Implementation of the Voluntary Drug Treatment System

Over the past 5 years (2011-2015), the number of drug users registered in the voluntary treatment system was on the average lower than those registered in the compulsory treatment system. The lowest proportion was found in 2011, when 19.8% were in the voluntary system. Later, the Thai Government has implemented measures to encourage more drug users to voluntarily receive treatment. The proportion of drug users in the voluntary system has then remarkably increased to 35-50% in 2012-2015. However, its proportion remained lower than that of those in the compulsory system.

As its most recent effort to promote the implementation of the voluntary treatment system, the Thai Government issued the Announcement of the National Council for Peace and Order No.108/2557. This order has been put into practice since 2014 and now has an effect on the Thai drug rehabilitation system. According to the Drug Prevention and Solution Operation Plan of 2016, 125,000 drug users will be rehabilitated in the voluntary system and 77,500 drug users will be rehabilitated in the compulsory system.

In accordance with the Announcement of the National Council for Peace and Order No.108/2557, the local drug prevention and suppression centre (consisting of the governor, the police, district offices, and the public health agency), is to investigate any person who is suspected of the use and/or possession of drugs. If such persons agree to drug rehabilitation, they will be sent to screening centres and receive treatment in behaviour modification camps or public treatment centres. The period of rehabilitation in the camp will not be long, about 9 days to 3 months, because the process will emphasize the follow-up which will be about 1 year, conducted by village health volunteers and local leaders, such as the heads of the village and the sub-district.

[36] Submitted by the Department of Probation, Ministry of Justice

The Thai Government also is developing plans for a long-term strategy. The Drug Code has been drafted to support the implementation of the voluntary system as the main rehabilitation programme while limiting the use of the compulsory system for drug users with serious problems or those who commit other crimes.

III. Improving the Effectiveness of the Compulsory Drug Treatment Programme

The compulsory drug treatment system is collaboratively implemented by the Department of Probation, the Department of Medical Services, the Department of Provincial Administration, the Royal Thai Army, the Royal Thai Navy and the Royal Thai Air Force. While some of these agencies have professionals or other well-trained personnel in drug rehabilitation, questions may be raised about the capability of the others in respect of drug rehabilitation.

The Thai Government realizes that there are some concerns regarding a drug rehabilitation programme, especially a custodial programme, conducted by a number of agencies together. Therefore, in 2006 guidelines for the custodial rehabilitation programme were developed and the relevant officials from the partner agencies were trained to ensure their abilities in treating drug dependence.

However, many pitfalls arose along the way. The military has faced some difficulties in helping the DOP in implementing the custodial drug rehabilitation programme. First, they did not receive enough support from their organizations in terms of infrastructure and manpower since the task of drug rehabilitation was not the organization's primary mission. Secondly, only a few officers from each centre received proper training in drug treatment; as a result, many of the rehabilitation centres operated by the military chose to follow only those parts of the guidelines that fitted their capability and context.

To address these challenges, in January 2016 the Minister of Justice has set a policy to improve the performance of the rehabilitation centres operated by the military. The following tasks have been done to implement this policy.

1. Development of a standardized manual on the custodial drug rehabilitation programme. The programme consists of three main characteristics, which are 1) using a therapeutic community module as a core programme, 2) providing education on drug dependence to the clients and their families, and 3) providing hands-on training. Besides the therapeutic community (TC) model, which is widely used to treat drug dependence, knowledge of dependence and vocational skills have proved to be key elements in maintaining abstinence.

2. Changing the commanders' attitude towards drug rehabilitation. A meeting between the DOP and the commanders of the Royal Thai Army, Navy and Air Force was held to provide them with the proper understanding about treating drug dependence and how important their roles are in supporting the programme. It was hoped that they would view drug rehabilitation as one of their jobs instead of as an additional burden.

3. Training the operational officers. Four-day training sessions were held to train the operational officers on how to use the manual, structure and activities in the TC model, and counselling skills. The operational officers will continue to receive training to strengthen their skills and update new evidence-based approaches in drug rehabilitation. Moreover, the inspection team from the DOP will randomly visit the rehabilitation centres to provide close supervision in order to ensure that the activities are done in the correct way and that the residents are treated with dignity.

4. Assigning a probation officer to be stationed at the partner drug rehabilitation centres. Each centre will have one probation officer on duty to coordinate the referral of a drug user from a local probation office to a rehabilitation centre. Their job includes giving orientation to the newcomers by informing them of the conditions and consequences of completing or failing to complete the treatment programme. Once the drug user completes the programme, the probation officer will make a report, and explain to the person what the next step is before referring him/her back to the probation office for another 2-month re-entry programme. Having a probation officer at the centre helps smooth the referral process between the probation office and the drug rehabilitation centre.

5. Encouraging the rehabilitation centres to collaboratively work with local relevant agencies in providing services to the residents. For example, they can contact a local health centre to provide health screening to the residents or give lectures on health education, transmittable diseases, and harm reduction. Also, they can invite officials from a provincial skill development centre to offer vocational training such as in welding, plumbing, bricklaying, carpentry, painting, and cooking.

IV. CONCLUSION

The current drug rehabilitation policy in Thailand has moved towards the voluntary system. There have been changes in the law and order that emphasize implementation of the voluntary drug rehabilitation system and to use the compulsory system as the last option. In the meantime, measures have been taken to improve the effectiveness of the compulsory system, targeting custodial programmes conducted in military settings. Drug rehabilitation in Thailand may be not entirely voluntary but it is definitely an alternative measure to punishment.

COUNTRY PAPER

OVERVIEW OF COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS VIETNAM[37]

I. OVERVIEW OF THE DRUG SITUATION AND TRENDS IN DRUG USE IN VIETNAM

During 2015, as a direct response to changes in the region, success was achieved in curbing crime and drug abuse in our country, but many risk factors remain. Among these are the extent, nature and severity of the overall situation of crime and drug abuse in the region, the global economic downturn, and a number of social causes such as unemployment, and moral degradation on the part of youth and adolescents. These risk factors are of particular concern along transit routes and in key areas, such as North West and North Central Vietnam as well as in the major cities, where drug crimes tend to increase. The offenders have been involved in the purchase and transport of large amounts of drugs, and have even used military weapons in fiercely resisting detection and arrest by the authorities, or in freeing their arrested comrades, even to the point of suicidal attacks. The authorities have been focusing on effectively responding to drug crimes along these routes and in the key areas, but the situation remains very complex.

Drug offences in Vietnam involve foreign elements and very complex aspects. Often, the purchase and the transport of drugs are the result of collusion between Vietnamese nationals and foreigners. In addition, there has been an increase in the transport of drugs into Vietnam by purely foreign groups, particularly African, as well as in their involvement in the organization of transport routes between Vietnam and third countries, such as Thailand, Cambodia, Philippines, Indonesia, and China.

At the end of 2015, Vietnam had 201,180 drug addicts noted in the statistics, a decrease of 3,194 (1.56%) compared with 2014 (204,377 people). One primary reason for the decrease was the number of drug addicts who had completed detox or who had died. Of the recorded drug addicts, 74.65% were living in the community, 6.85% were in drug treatment facilities, and 18.5% were in detention, remand homes, educational institutions, and reformatories.

II. LEGISLATION ON DRUG PREVENTION IN VIETNAM

The Criminal Code of the Socialist Republic of Vietnam was enacted in 1985. It has undergone many amendments, including amendments in 2015 of Chapter XX on the definition of drug-related crimes, such as the provisions of Article 248 on the offence of illegal manufacture of drugs; Article 249 on

[37] Submitted by Standing Office on Drug and Crime Ministry of Public Security

the possession of illegal narcotics; Article 250 on the illegal transportation of narcotics; and Article 251 on illicit trafficking in narcotics,

On 12 August 2000, the National Assembly of the Socialist Republic of Vietnam approved the Law on Drug Prevention. This law contains provisions on the prevention and combating of drug abuse; the control of lawful activities related to drugs; and the responsibility of individuals, families, agencies and organizations in drug prevention. Chapter IV of this law contains provisions on the treatment of drug addicts. Article 25 provides that the State shall adopt policies to encourage voluntary rehabilitation by drug addicts, and develop detox regimes. It also encourages the grassroots organization of compulsory drug rehabilitation and the implementation by individuals, families, agencies and organizations at home and abroad of forms of drug treatment.

Article 27 specifies the forms of drug treatment in the family and in communities that are applicable to all drug users. Agencies and local organizations have a responsibility to support, inspect and monitor drug treatment activities in the family and the community. The Government shall provide more details on the organization of drug treatment in the family and the community.

III. THE CRIMINAL JUSTICE PROCESS FOR DRUG-RELATED CRIMES IN VIETNAM

Vietnam's law on the agency responsible for combating drug crime and for drug treatment provides as follows:

1. **The Ministry of Public Security is responsible for:**

   Developing and implementing strategies, policies and plans for the prevention and control of drug-related crime, and synthetic results of the implementation of plans to prevent and control drugs. In coordination with the relevant authorities in the fight against drug crimes, the Ministry of Public Security is responsible for organizing forces to investigate drug-related crimes, for the organizational infrastructure, and for the training of personnel engaged in the investigation and combating of drug-related crime. The Ministry of Public Security is further responsible for coordinating with the Ministry of Labour, Invalids and Social Affairs in directing the registration and organization of the placement of addicts in compulsory detoxification establishments, and in maintaining security and order in drug rehabilitation facilities in the community and in rehabilitation facilities.

2. **The Ministry of Labour, Invalids and Social Affairs is responsible for:**

   Developing and implementing strategies, policies and plans for the organization of drug treatment, and for steering the organization of drug treatment and responding to social problems after detoxification. The Ministry is responsible for the organizational infrastructure, and for the training of personnel engaged in drug detoxification as well as in responding to social problems after detoxification. In coordination with other agencies, organizations and local governments, the Ministry builds and guides the activities of drug rehabilitation facilities; vocational training, job creation, counseling, support and facilitation of physical and mental rehabilitation to help drug abusers integrate into the community; and the prevention of relapse. The Ministry is also responsible for statistics and the assessment of drug treatment and of the response to social problems after detoxification.

IV. COMMUNITY-BASED DETOXIFICATION FOR DRUG ADDICTS IN VIETNAM

1. Establishment in the Community

- Voluntary detoxification in the community: Drug addicts aged 12 or older residing in the community are encouraged to voluntarily register, without the setting of detoxification conditions at home
- Compulsory detoxification in the community: Drug addicts aged 12 or older residing in the community who fail to report and register for voluntary detoxification may be placed in compulsory detoxification in the family and community.
- The profile available on drug treatment in the community includes the application for registration for voluntary community detoxification by drug addicts themselves or their families or guardians.
- In order to assist the Chairman in organizing communal drug treatment activities in the family and community, the commune-level People's Committee president charged with establishing a working group on the local administration of the treatment of drug addicts is the Vice Chairman responsible for communal coordination, and the members of the working group include the local officials responsible for labor, invalids and social affairs, the communal police, communal health workers, neighborhood representatives, representatives of the Fatherland Front and its member organizations of fronts, people with expertise in health care and about drug addicts, who voluntarily participate in the work on rehabilitation.

2. The Process of Community-Based Drug Treatment

- Community-based drug treatment involves the work of local medical facilities, the work of physicians on detoxification, the organization of primary health care, the keeping of medical records of drug addicts (using a form issued by the Ministry of Health), tests to detect narcotics and other tests to prepare detoxification. For the purposes of the planning of treatment, and based on medical records, test results and treatment, officials classify persons according to the type of drug addiction, their state of health and their detoxification status.
- The President of the commune People's Committee decides on the use of the existing local facilities for the organization of drug detoxification in the community. Detoxification treatment for drug users in the community is encouraged because medical doctors are trained also in drug detoxification and have provincial Health Department certification. They are capable of applying proper measures, following the detoxification regimens specified by the Ministry of Health.
- Management and monitoring of drug addicts in the community: after drug addicts have completed the detoxification phase and have returned home, they continue to be monitored and the cases managed in the light of behavioral psychology. The working group referred to above supports staff in helping drug addicts in the implementation of rehabilitation plans. In collaboration with families, organizations where drug users reside manage, monitor and support detoxification. Task Force officers assigned to support rehabilitation plans, management measures, education and rehabilitation counseling during detoxification, ensure the correct and full implementation of the process of treatment.
- During detoxification, the implementing measures used to encourage psychological changes in addicts include group activities (such as clubs); organized learning about law, morality, behavior, healthy lifestyles, responsibility and self-confidence, in order to fully restore the personality, health and mental health of addicts; organized counselling designed

to help drug users modify their behavior and personality, so that they can gradually stop using drugs, relapse can be prevented, and they can be helped in the right direction in the future; organized participation in work in order to help addicts understand the value of labor; organized sports activities and entertainment; throughout the detoxification treatment, attention is paid to educational activities, occupational therapy and restoring the behavior and personality of the drug addict.

V. RESOURCES FROM THE COMMUNITY

Coordination of the work of organizations in detoxification

- The Government has established rehabilitation centers under the lead management of the Ministry of Labor, Invalids and Social Affairs
- Also social and political organizations such as the Communist Youth Union of Ho Chi Minh, the Fatherland Front agencies and women's organizations participate in and coordinate rehabilitation. Others who participate in community-based detoxification include the leadership of communal People's Committees, representatives of industry, and unions working part-time on detoxification 10-15 days at a time.
- The private sector has relatively little involvement in rehabilitation centers in Vietnam
- As of December 2015, Vietnam had 142 drug rehabilitation facilities, which included 123 grassroots voluntary drug rehabilitation centers, compulsory centers and 19 rehabilitation establishments founded by private parties. During the period 2011-2015, treatment and rehabilitation had been organized for 217,800 addicts. Of this:
- Approximately 1/3 involved detoxification in the community and in family-based programs (72,000 visitors). This primarily involved voluntary detoxification. The State provides some funding for such programmes.
- The treatment of 16,480 addicts at detoxification facilities was paid from private funds, contributed primarily by family members.
- In 2015, the proportion treated in voluntary detoxification centers increased. Specifically, of 8,314 persons undergoing detoxification in rehabilitation facilities, 3,717 persons (44.7%) were undergoing voluntary withdrawal.
- Number of persons receiving vocational training was 52,570.

VI. THE CARE SYSTEM DURING AND AFTER TREATMENT

During the withdrawal, the Working Group organizes irregular or periodic drug tests; in collaboration with the Head of residential facilities and with family, guardians evaluate the results of the implementation of the detoxification plan. Based on test results, the monitoring and supervising of the implementation of the rehabilitation plan of individual addicts leads to the president of the commune People's Committee granting "certificates of completion" in a drug rehabilitation community

Management after detoxification: The Chairman of the communal People's Committees has the responsibility for coordinating with the local vocational training in organizing vocational training and employment for drug addicts. On a conditional basis, drug addicts may be placed in local businesses and production facilities, under responsible business persons, to receive vocational training and employment as part of their treatment. Enterprises with voluntary youth organizations have the responsibility to create conditions for youth volunteer team members to assist in this work with drug addicts who are placed in the business. Businesses which provide such drug

treatment are entitled to allocation from the State of land use rights and tax exemptions during the implementation of treatment programs as prescribed by law. They are also entitled to preferential credit loans for manufacturing and loan guarantees from the Social Policy Bank

A change has gradually been taking place in Vietnam in the perception and responsibility of the social community in helping drug addicts after detoxification to integrate and achieve a stable life through work rehabilitation and integration into the community. Not only is vocational productive labor an important stage of the rehabilitation process, working restores the health, behavior and personality of drug addicts, and also contributes to improving their material life and strengthening their spirit in the process of treatment, thus preventing a relapse. Hundreds of former drug addicts are allowed to work in enterprises after detoxification and thus have a steady income. Many small business owners help persons after detoxification and encourage their active participation in social activities, and in becoming members of groups and self-management groups

As of December 2015, 22,462 persons were involved in the local management of the post-rehabilitation of drug addicts in Vietnam, including 18,200 persons in the management of post treatment in the community and 4,262 persons managing aftercare centers.

VII. SUPPORT FROM THE FAMILY

The family of addicts have care responsibilities in management, monitoring and surveillance, and in preventing drug abusers from using illegal drugs. To coordinate with the working group, task force officers assigned to help addicts provide support, help in the implementation of the detoxification plan for drug addicts, the elimination of stigma, the determination of rehabilitation, and reintegration into the community.

CHALLENGES AND RESPONSES TO TREATMENT OF DRUG USERS AND DRUG-DEPENDENT OFFENDERS IN THE COMMUNITY VIETNAM

I. JUSTICE

According to Vietnam's Law on the Handling of Administrative Violations

1. Drug addicts who are subject to compulsory rehabilitation in facilities are the new focus. The Court decids, in accordance with strict procedures, as follows: The commune People's Committee registers compulsory detoxification -> on petition, the judge reviews the matter -> Department of Labor, Invalids and Social transfer consideration -> on petition, the district people's court considers and decides the matter. The compulsory detoxification period ranges from one to two years.
2. If an addict in an educational establishment or a reformatory (managed by Security Services) is suspected of having violated the law, but the case is not serious enough for criminal prosecution, compulsory rehabilitation measures shall be applied by the industry of Labour, Invalids and Social Affairs (humanitarian policy).

II. FORMS OF COMMUNITY-BASED TREATMENT AND REHABILITATION IN VIETNAM

The Law Against Drugs (2000) provides that "The State shall adopt policies to encourage voluntary drug rehabilitation, detox regimes applied to drug addicts ... encourage individuals, families, implementing forms of drug treatment in the family, the community, to encourage organizations and individuals at home and abroad to support the activities of drug treatment" (Article 25).

According to the Enterprise Income Tax Law, enterprises and manufacturing facilities where 30% of the employees are former drug addicts who have undergone detoxification, may be exempted from the enterprise income tax. The Prime Minister has issued a Decision on credits for households for detox business loans, up to 30 million / household

Local authorities, families and organizations involved in the rehabilitation of drug addicts facilitate vocational training, job creation, loans, and participation in social activities in order to integrate former drug addicts into the community.

1. Family-based drug treatment

Family-based drug treatment is a voluntary form of treatment for addicts aged 12 years or older. Drug addicts, the family, or the guardians of minors register the voluntary detoxification at the communal level. Such detoxification at home involves the family, and the commune People's Committee provides daily medical staff and social workers for support. The period of detoxification ranges from 6 to 12 months.

2. Community-based detoxification

- Community-based detoxification takes place in residential units determined by the scope of administrative communes, wards and towns.
- There are two forms of community-based detoxification: voluntary and mandatory:

- The persons undergoing community-based detoxification are drug addicts residing in the community who voluntarily register, without the setting of conditions at home.
- The persons undergoing compulsory community-based rehabilitation are drug addicts residing in the community who do not voluntarily register for community-based or family-based detoxification.

- The period prescribed for community-based detoxification ranges from 6 to 12 months.
- Community-based detoxification is not used as a measure for administrative violations.

3. Detoxification in a private rehabilitation facility

The State encourages the development of rehabilitation establishments in the economic sector, formed to deal with voluntary detoxification of drug addicts in the community. There are four types of private rehabilitation facilities, in accordance with the content of the detoxification process:

- facilities for implementation of the detoxification phase, detoxification and rehabilitation.
- facilities for education, the correction of behavior, and the strengthening of the personality.
- facilities subject to Labor Directors, preparing the drug addict for reintegration into the community and for transfer in the case of relapse.
- facilities for the performance of the entire detoxification process as prescribed.

4. Substitution treatment for opiate addiction with methadone maintenance therapy (MMT) in the community

Subjects: opiate users in the community who voluntarily agree to participate and commit to the therapy.

Administration:

- The family-based drug treatment, the community-based detoxification and the detoxification in a private rehabilitation facilities referred to above in 2.1, 2.2 and 2.3, respectively, are directed and managed by the Ministry of Labour, Invalids and Social Affairs.
- The methadone maintenance therapy referred to above in 2.4 is directed and managed by the Ministry of Health

III. RESOURCES FOR COMMUNITY-BASED DETOXIFICATION AND TREATMENT

1. Human Resources

The commune People's Committee establishes a working group on the local administration of the treatment of drug addicts. This is headed by the Vice Chairman responsible for communal coordination, and the members include commune-level health officials, officials of Labour, police, social organizations and the Fatherland Front, representing neighborhoods.

In the case of establishments providing methadone maintenance therapy, doctors, pharmacists, counselors and protection officers are responsible, as prescribed.

In the case of private rehabilitation establishments, medical staff, psychologists, and social protection personnel are responsible, as prescribed.

2. Funds and facilities

For family-based and community-based drug treatment, the following is paid from State funds:

- Preparation of documents, evaluation, verification, review of applications.
- Support for staff working on rehabilitation: management, office supplies and treatment.
- Support for staff tasked with psychosocial counseling.

For methadone maintenance therapy (MMT), the cost for the entire treatment facilities and the entire cost of MMT patients is covered from State funds.

Facilities:

- For detoxification in the community, the president of the commune-level People's Committee decides on the use of existing facilities for the local organization of detoxification, or on cooperation with other communes, or on a combination with rehabilitation establishments focused on detoxification.
- For base methadone maintenance therapy: ensuring the conditions for treatment as prescribed.

Funds for rehabilitation and treatment in the community come from the following sources:

- Local budgets
- The central budget arranged through national targeted drug prevention programmes.
- Contribution of individuals and the families of drug addicts.
- Mobilization of support from organizations and individuals at home and abroad, and the legal assistance prescribed by law.

Responsibility for contributions to community-based and family-based drug treatment

- Health care costs, tests, criteria for detoxification, meals during detoxification, costs for educational activities, restoration behavior, personality, vocational training and job creation for the people RDU (except some exemptions subject to policy).

IV. RESULTS OF IMPLEMENTATION

During the period 2011-2015, treatment and rehabilitation was organized for 217,800 addicts.

- Approximately 1/3 of detoxification took place in the community and in families (72,000). These primarily involved voluntary withdrawal
- 16,480 persons underwent treatment and rehabilitation in private detoxification facilities
- A total of 19,327 persons were involved in the management of aftercare in the community

According to statistics from the Ministry of Health, 55 out of the 63 provinces and cities in Vietnam have establishments providing methadone maintenance therapy to persons addicted to opiates addiction with methadone. There are a total of 220 such 220 establishments, an increase of 87 basis compared to the end of 2014 (133/220), and a total of 40,749 persons received treatment

Many models of community-based treatment have yielded good results. For example from 2011 to March 11, 2015 the province of Nam Dinh organized drug rehabilitation for 3,129 persons and methadone maintenance therapy for 1583 persons, with a relatively high proportion of this treatment being community or family-based: 1,521 people or 32% of the drug addicts were treated in this way, an annual average of 304 persons. During the withdrawal stage, medical and social

workers visit each family for the treatment, and staff departments encourage such visits. The solution and the operation of the model is implemented in a diverse and comprehensive manner, from its outreach to the support of the detoxification phase, vocational counseling, job creation and the connection with appropriate services.

Model Team volunteer social work at the commune level: By September 2015, a total of 2,833 volunteer teams, consisting of 19,938 volunteers, had been established in 39 out of the 63 provinces and cities in Vietnam, in order to provide advocacy, counseling, and support for thousands of drug addicts undergoing detoxification.

V. CHALLENGES

1. The situation

The number of people in community-based and family-based drug treatment has been declining. Previously, more than 30 provinces and cities organized community-based and family-based rehabilitation, but now only 94,700 persons are undergoing such detoxification.

The quality and efficiency of such detoxification is low, with many drug addicts not completing their treatment, with a high relapse rate.

2. Reasons

- Regarding the law: failure of family-based and community-based treatment leads to compulsory treatment. Therefore, few addicts and their families declare and register for voluntary treatment.
- Regarding policy: Drug addicts undergoing compulsory treatment is focused entirely state support: food, medicine, living expenses and other expenses, rehabilitation of drug addicts are not voluntary State support. Thus, this does not encourage them to register as addicts, since their economic circumstances are difficult.
- There is no interest in investing in family-based or community-based detoxification: the commune level is not making a satisfactory investment in rehabilitation. Commune-level health stations are funded only in respect of conventional medical treatment for the people; there is no investment in treatment for drug addicts. The level of allowances for staff in rehabilitation working groups, for psychological counseling staff etc. is very low, which does not encourage them to work.
- Members of the staff working group are not provided in their basic training with knowledge of and qualifications in communal treatment of drug addicts. Moreover, the members are often part-time, and commune officials are overworked, so that they cannot fully implement the requirements of the treatment protocol.
- Stigma and discrimination are major concerns in the community. The role of social organizations, businesses, philanthropists, and religious and social institutions have not been sufficiently promoted.

VI. REMEDIES

1. Viewpoints

Vietnam is in the process of implementing a comprehensive project to reform the approach to drug detoxification by 2020, as decided by the Prime Minister. The plans concerning voluntary detoxification and rehabilitation in the community are as follows:

- Implementation of measures to gradually diversify treatment models, expanding voluntary family-based and community-based drug treatment and decreasing the use of compulsory drug treatment centers, in accordance with the schedule. Creating conditions for easy access of drug addicts to addiction treatment services in the community proper.
- The State has invested resources and policies to encourage social prevention and treatment of addiction, and to support addiction treatment for those subject to social policy, those in ethnic minority areas, and those in remote and extremely difficult areas. Individuals and families shall be encouraged to participate and contribute, taking responsibility for drug users.

2. Content

Develop the use of addiction treatment facilities on a voluntary basis

- A network of addiction treatment facilities is needed with sufficient capacity to meet the diverse needs of drug treatment services; creation of favorable conditions for drug users access and for use of the service. The State has established policies to encourage organizations and individuals to set up addiction treatment facilities on a voluntary basis.

Development of counseling, care and support in community-based addiction treatment. Mobilization of organizations and individuals involved in the support and helping addicts to raise awareness and compliance with long-term treatment in the community

- Personnel working in counseling, care and support in community-based addiction treatment are primarily part-time and volunteers.

The task of counseling, care and support in the community-based addiction treatment: Consultants help addicts choose methods for appropriate addiction treatment; counseling and support to help addicts adhere to treatment.

- Development and implementation of training plans on prevention and on the treatment of addiction. Unified framework programmes, curriculum, conditions, criteria and procedures, licensing jurisdictions for training facilities for addiction treatment to gradually standardize staff.

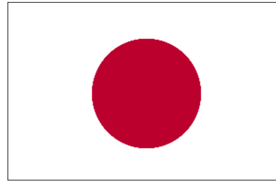
3. Amending and supplementing policies

- Policies to encourage voluntary withdrawal from drugs: addicts and their families when enrolling in voluntary detoxification programmes, depending on their specific conditions or considering how many times they have participated in voluntary detoxification, should be supported by partially or fully covering the withdrawal costs: cash for detoxification medicine, for other medicine, food and other costs.
- Encouraging many forms of voluntary abstinence through the participatiion of many sectors of society in detoxification, so that drug users can choose an appropriate package of packages, depending on the procedures, the support and funding available to detoxification facilities, the use of tax exemptions; social components can participate in only one of the stages of the detoxification process.
- Encouraging the development and facilitation of community-based organizations to contribute to the work on rehabilitation and aftercare management as self-help groups, peers, various types of club for rehabilitation and aftercare, social work team volunteers.
- To amend and supplement the regime towards increasing the investment in equipment and time, and the funding of vocational training for drug users to become qualified skilled labor in order to meet the requirements of the production facilities and enterprises.

- Research on amendments and supplements to the preferential policies on credit, land rent exemptions, corporate income tax, and sales tax on business products, and on the use at production facilities of former drug addicts who have undergone detoxification.
- Amendment of the funding regime for the reintegration of drug users into the community as well as promoting their access to credit for business loans and livelihood.

4. Other solutions:

- Implementation of the strategy of propaganda against discrimination against detoxified and HIV-positive ex-drug addicts, mobilization of the social community in order to contribute to and participate in drug treatment.
- Implementation of activities to honor, reward, promote and encourage businesses and organizations to employ ex-drug addicts.



COUNTRY PAPER

OVERVIEW OF THE COMMUNITY-BASED TREATMENT SYSTEM FOR DRUG USERS AND DRUG OFFENDERS JAPAN

Yūji AOKI [38]

Hirotaka AKAGI[39]

I. OVERVIEW

A. Trends in Drug Use and Offences

The number of persons suspected of drug-related offences in 2014 was 13,437, a level which has not significantly changed for several years. The number of persons cleared for Stimulants Control Act violations makes up 83% of the total number of drug offenders, followed by the Cannabis Control Act (13%) and the Narcotics and Psychotropic Control Act (3%). Most persons suspected of Stimulants Control Act violations are those who used or possessed methamphetamine.

On the other hand, the percentage of repeated offenders who were suspected of stimulant drug-related offences increased year-by-year, and in 2014, reached 64.5%, 6.7 percentage points higher than in 2009.

B. Drug Laws

- Offender Rehabilitation Act (Act No. 88 of June 15, 2007)
- Stimulants Control Act (Act No. 252 of June 30, 1951)
- Narcotics and Psychotropics Control Act (Act No. 14 of March 17, 1953)
- Cannabis Control Act (Act No.124 of July 7, 1948)
- Poisonous and Deleterious Substances Control Act (Act No. 303 of December 28, 1950)
- The Fourth Five-Year Drug Abuse Prevention Strategy (August 2013)

C. The Criminal Justice Process for Drug Offenders (Adult)

Figure 1 shows the criminal justice process for offenders (including drug offenders). Each agency is explained briefly, below.

[38] Attorney, Rehabilitation Bureau, Ministry of Justice

[39] Chief of the Supervision Division, Rehabilitation Bureau, Ministry of Justice

Police: In principle, all cases in which the police arrest suspects and conduct necessary investigations are transferred to public prosecutors.

Public Prosecutors Office: Public prosecutors conduct necessary investigations of the cases transferred from the police and determine whether or not to indict the accused, based on the law and evidence. At times, they detect criminal activity or conduct investigations in cases in which a person has been charged or accused.

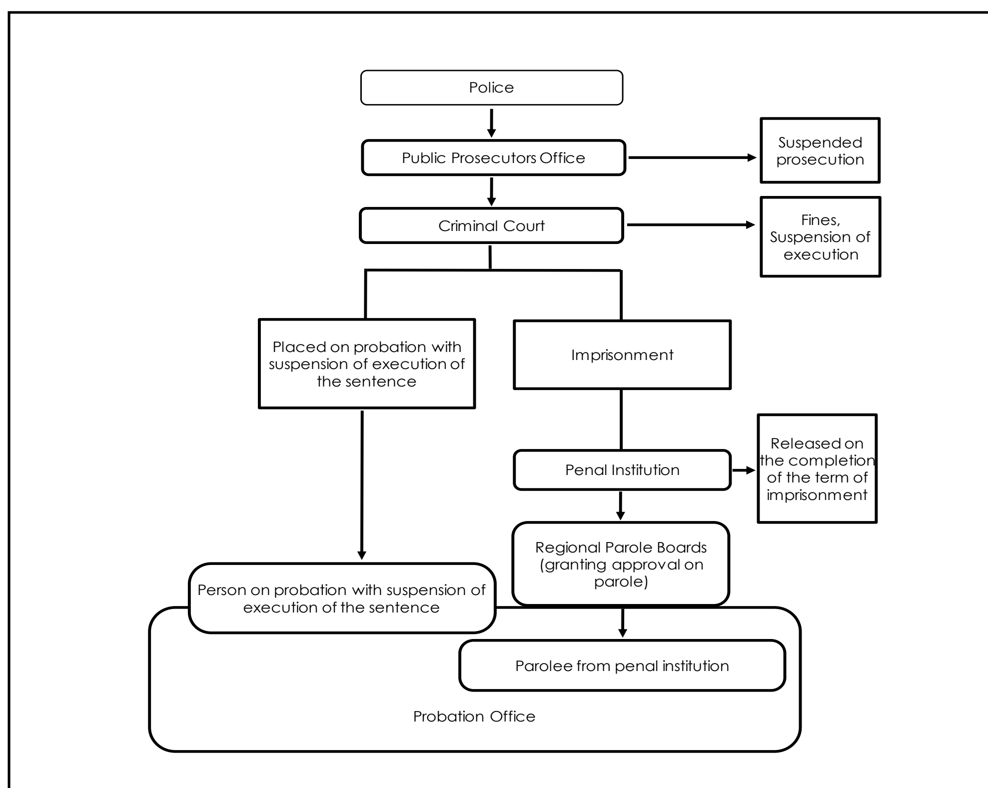
Court: The courts hold hearings at public trials, and when they find a person guilty, the courts hand down the sentence, such as the death penalty, imprisonment with or without work, or fine. In the case of imprisonment with or without work for three years or less, the prison term may be suspended due to extenuating circumstances, and probation may be imposed during the period of the suspended sentence. In the case of a relatively minor offence, the court may decide to examine the case in summary proceedings as long as the accused has no objection.

Penal Institute: After the accused is convicted, the punishment is administered under the direction of public prosecutors. As a general rule, punishment, including imprisonment, with or without prison work, or detention is enforced in prisons. Penal institutions help inmates to reform themselves and to re-integrate into the community through correctional treatment. Those who are incapable of paying the full amount of penalty or fine will be detained in a workhouse attached to a penal institution.

Probation Offices: Inmates may be released on parole in accordance with the decision of the regional parole board even before the expiration of their term of imprisonment, and parolees are placed on supervision while they are on parole. Also, those who have been given a suspended sentence on the condition of probation are placed on probation during the period of suspension, after the custodial sentence has been served. These parolees/probationers receive guidance and assistance from probation officers and volunteer probation officers and pursue rehabilitation and a smooth return to society.

Figure1

CRIMINAL JUSTICE PROCESS FOR OFFENDERS



D. Community-Based Treatment for Drug Offenders

Probationary supervision for offenders (including drug offenders) is normally conducted in collaboration with a probation officer and a volunteer probation officer (VPO) for every single probationer/parolee. Probation officers and VPOs work together to provide various instruction/supervision and guidance/assistance. Particularly, for those who have certain criminal tendencies, probation officers provide specialized treatment programmes based on their expertise.

The Drug Relapse Prevention Programme is a specialized treatment programme that is provided by requiring that probationers observe special conditions, and is put into practice mainly through educational courses using workbooks which are based on cognitive behavioural therapy (this is similar to the programme which is provided in penal institutions). In addition, simplified drug tests are conducted as a part of this programme.

E. Community Resources

After drug offenders return to the community, several community resources help them avoid returning to drugs.

Volunteer Probation Officers (VPOs): VPOs are volunteers in the local communities who provide support so that persons who have committed crimes or juvenile delinquents (including drug abusers) are able to become self-reliant as sound members in society. There are about 47,000 VPOs in Japan at present.

Offenders Rehabilitation Facilities: In addition to temporary accommodations and meals, rehabilitation facilities for offenders provide vocational guidance as well as lifestyle guidance necessary for social participation so that released inmates (including drug offenders) will be able to smoothly reintegrate into society. There are 103 offenders' rehabilitation facilities in Japan at present.

Mental Health and Welfare Centres: Mental Health and Welfare Centres are local government departments which are located in each prefecture and are responsible for providing welfare assistance to persons who are in need of psychiatric support (including drug dependent persons) in their local communities. There are 69 Mental Health and Welfare Centres in Japan at present.

Self-help Groups: There are self-help groups for drug abusers in local communities. The groups meet periodically and are engaged in other activities for drug rehabilitation. While we do not know the exact number of self-help groups in Japan, there are about 50-60 self-help groups which collaborate with probation offices at present.

F. Through-Care System and Aftercare

(Collaboration with Institutional Treatment)

In 2012, the probation office and some penal institutes introduced this programme, which is based mainly on the matrix model.[40] Both agencies share information about the results of treatment for each person.

(Collaboration with Self-help Groups)

There are quite a number of drug offenders in penal facilities who cannot obtain appropriate residences and become self-reliant. On the other hand, some self-help groups have living accommodations for drug abusers. For this reason the probation office temporarily entrust these groups to provide released inmates with accommodation and support for recovery from drug dependence.

G. Family Support

Families of drug offenders become significant supporters for rehabilitation because they are close to the drug offenders and they can encourage them in daily life.

As part of the coordination of social circumstances for drug offenders who are incarcerated in penal institutions, each probation office organizes seminars for families of drug offenders several times a year so that they can gain accurate knowledge on drug dependence, including the harm caused by addictive drugs, ways to handle drug dependence, and how family members can support a drug abuser in treatment for dependence.

II. REFERENCES

1. Offender Rehabilitation Act (Act No. 88 of June 15, 2007)
2. Stimulants Control Act (Act No. 252 of June 30, 1951)
3. Narcotics and Psychotropics Control Act (Act No. 14 of March 17, 1953)
4. Cannabis Control Act (Act No.124 of July 7, 1948)
5. Poisonous and Deleterious Substances Control Act (Act No. 303 of December 28, 1950) http://www.japaneselawtranslation.go.jp/law/
6. The Fourth Five-Year Drug Abuse Prevention Strategy (August, 2013) http://www8.cao.go.jp/souki/drug/pdf/know/4_5strategy-e.pdf
7. Website of the Rehabilitation Bureau, http://www.moj.go.jp/ENGLISH/RB/rb-01.html
8. White Paper on Crime 2014, http://hakusyo1.moj.go.jp/en/63/nfm/mokuji.html

---

[40] The matrix model is an intensive outpatient treatment approach for substance abuse. According to the NIDA (National Institute on Drug Abuse), the matrix model provides a framework for engaging stimulant abusers in treatment and helping them achieve abstinence. Abusers learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programmes, and are monitored for drug use through urine testing.

III. STATISTICS

A. Statistics on Drug Users and Drug Offenders (from 2010 to 2015)

Number of Persons Cleared for Drug-Related Offences:

	2010	2011	2012	2013	2014
Stimulants	12,200	12,083	11,842	11,127	11,148
Cannabis	2,367	1,759	1,692	1,616	1,813
Narcotics & psychotropics	375	346	341	540	452
Opium	23	12	6	9	24
(Number of non-traffic Penal Code offenders)	322,956	305,951	287,386	262,823	251,605

Source: National Police Agency; Ministry of Health, Labour and Welfare; and Japan Coast Guard (compiled by the Cabinet Office)

Number of Persons Newly Placed under Probation/Parole Supervision for Stimulants Control Act violations (proportion out of each respective total number):

	2010	2011	2012	2013	2014
Parolees from penal institutions	3,134 (21.7%)	3,384 (23.1%)	3,733 (25.4%)	4,028 (27.5%)	3,886 (27.9%)
Persons under probation with suspension of execution of the sentence	472 (12.8%)	491 (14.4%)	460 (13.6%)	466 (14.3%)	422 (12.6%)

Source: Annual Report of Statistics on Rehabilitation

REHABILITATION OF DRUG OFFENDERS IN THE COMMUNITY: CHALLENGES AND COUNTER-MEASURES JAPAN

Yūji AOKI [41]

Hirotaka AKAGI [42]

I. INTRODUCTION

In Japan, while the number of persons suspected of drug-related offences has been decreasing in the long-term perspective, the percentage of repeated offenders among them has been increasing year by year. For this reason, more effective measures for relapse prevention and rehabilitation of drug offenders have been emphasized recently.

In this paper, we provide information on the many challenges and their countermeasures related to the rehabilitation of drug offenders in Japan, especially focusing on legislation, treatment programmes, and community resources for drug offenders.

II. CHALLENGES

A. The Limited Period of Supervision

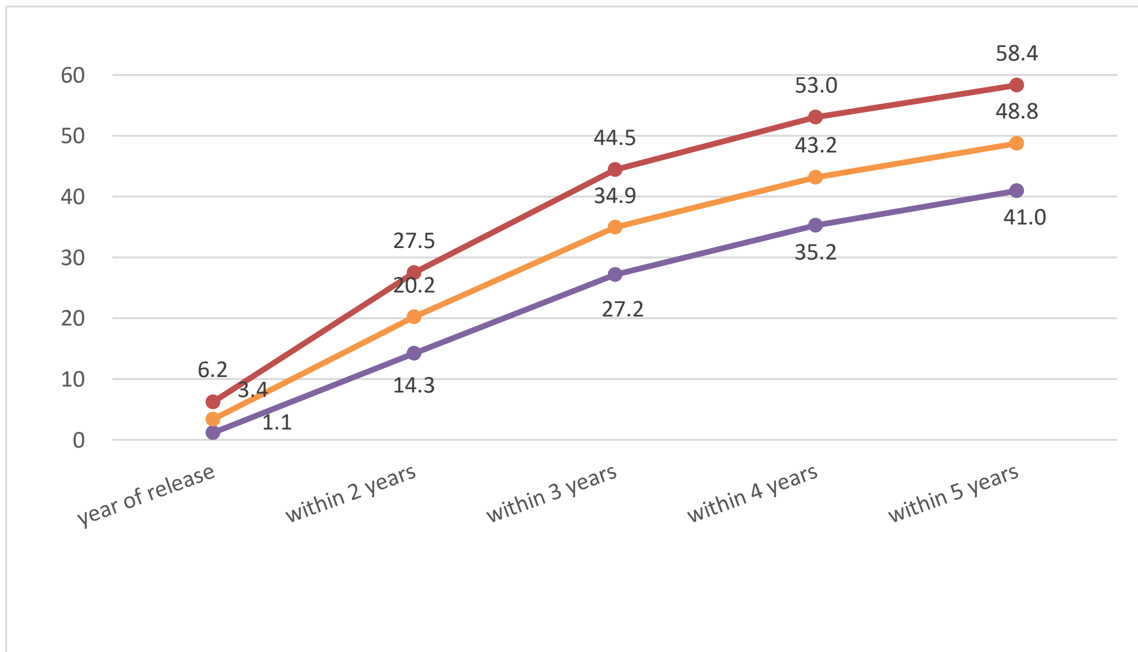
As Figure 1 shows, firstly, about half of the drug offenders are re-imprisoned for re-offending within five years after release. Secondly, the percentage of re-imprisonment of drug offenders released on completion of their term of imprisonment is higher than that of drug offenders released on parole. Lastly, most of the drug re-offenders released on parole commit crimes after the end of the term of their probationary supervision. These data show that successful rehabilitation of drug offenders requires long-term support in the community.

However, appropriate instructions and assistance to enable offenders to live drug-free lives are insufficient because the average term of probationary supervision in the community is limited to about several months at present.

[41] Attorney, Rehabilitation Bureau, Ministry of Justice
[42] Chief of Supervision Division, Rehabilitation Bureau, Ministry of Justice

Chart 1

The cumulative percentage of re-imprisonment of inmates incarcerated for violations of the Stimulants Control Act released in 2010 for a period of five years after release, inclusive of the year of release, by reason for release (on completion of their term of imprisonment or on parole).



*The cumulative percentage of re-imprisonment: The cumulative percentage of prisoners who were released in a particular year and subsequently re-imprisoned by the end of each year.

B. The Lack of Motivation of Drug Offenders to Seek Medical Treatment and Other Support

Drug offenders are often reluctant to receive medical treatment and other support. Therefore, it is necessary to have effective measures to strengthen the motivation of drug offenders to seek medical treatment and other support.

C. The Lack of Cooperation with Relevant Organizations in the Local Community

Successful rehabilitation of drug offenders requires various community resources such as welfare services, medical treatment and the support of self-help groups. However, there are very few drug offenders who take advantage of these community resources, and there is a lack of cooperation between Probation Offices and these organizations, as Table1 shows. One of the reasons behind this may be the lack of welfare and medical institutes, as well as the lack of physicians who provide special support or attentive medical treatment for drug addicts, including drug offenders.

Table1

The number of drug offenders under probationary supervision who received services from relevant organizations (Apr. 2014–Mar. 2015)

Relevant organization	The number of drug offenders
Mental Health and Welfare Centres etc.	28
Medical Institutes	179
Self-help Groups etc.	400

Source: Rehabilitation Bureau, Ministry of Justice

III. PRIMARY MEASURES FOR THE REHABILITATION OF DRUG OFFENDERS

A. Introduction of the System of Partial Suspended Execution of Sentence

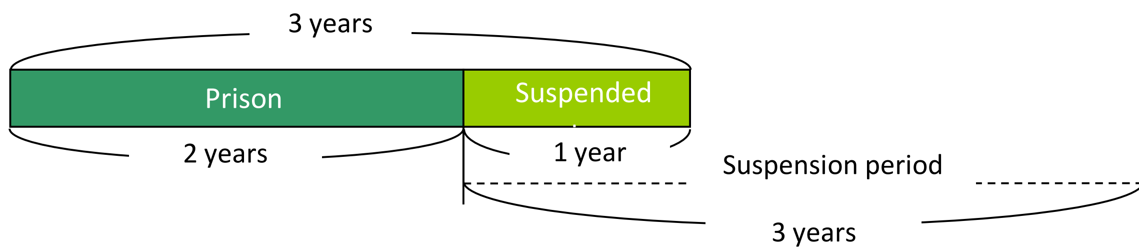
Successful rehabilitation of drug offenders requires a long process, various community resources such as medical institutes and welfare services, smooth transition from penal institutions to the community, and follow-up.

For this reason Japan will introduce a new type of sentence in 2016. Under the new law, when a court orders a sentence of imprisonment of up to three years, part of the sentence can be suspended for one to five years. For drug offenders, no matter whether it is their first offence or not, this type of sentence can be applied. This type of sentence can also be applied to first-time prisoners with otherwise clean records or those on suspended prison terms, irrespective of crime type. Figure 2 shows an example. In this example, for a three-year sentence of imprisonment, the offender serves two years, and the final year of imprisonment is suspended for three years. Repeat drug offenders who receive this sentence must be placed on probationary supervision when released from imprisonment. Therefore, they have to receive three years' supervision by Probation Officers after serving a two-year sentence of imprisonment.

This is what is referred to as the partial-suspended-execution-of-sentence system. In this way, sufficient time is allocated to assist drug offenders to rehabilitate in the community after being released from penal institutions. The offenders that receive this sentence will be obliged to complete the Drug Relapse Prevention Programme as one of their special conditions. The new law was passed in June 2013, and it will take effect in 2016.

Figure 1

An example of partial suspended execution of sentence



B. Effective Treatment Programme for Drug Offenders

Probation Officers have provided drug offenders with specialized treatment programmes, such as the Drug Relapse Prevention Programme (the DRP programme). The DRP programme[43] is an educational course based on cognitive behavioural therapy, as well as simplified drug tests.

Under this programme, participants are encouraged to identify the circumstances in which they are tempted to abuse drugs, to examine how they can avoid the temptation, and to understand the importance of their own continuous efforts to take advantage of support for recovery from drug dependence.

In addition, psychiatrists, staff of medical or health institutes or persons who have recovered from drug dependency are invited to participate in the DRP programme as co-facilitators, if necessary. In order to make the DRP programme more effective, the programme is at present under revision. The revisions include the addition of a course for special categories of offenders, such as female offenders and alcohol abusers, as well as a session that involves visiting relevant organizations, including self-help groups.

C. Development of Community Resources and Aftercare for Drug Users

To remedy the lack of collaboration among relevant organizations in the local community, the Ministry of Justice and the Ministry of Health, Labour and Welfare, in November 2015, jointly formulated principles to strengthen further collaboration, entitled "Guidelines for Community Care and Support for Drug Dependent Offenders Released from Penal Institutions etc."

Under these guidelines, every relevant organization is expected to understand that abusing drugs is understood as not only a criminal offence but also a behaviour that is a symptom of mental illness. Relevant organizations are also expected to actively cooperate with one another for the rehabilitation of drug offenders, according to their own functions and roles.

For example, Probation Offices are expected to consult with the Mental Health and Welfare Centres in respect of the drug offenders under probationary supervision, enabling the offenders

[43] The DRP programme is mainly based on the Serigaya Methamphetamine Relapse Prevention Programme (SMARPP). SMARPP is a relapse prevention programme that Dr. Matsumoto, a psychiatrist in Japan, and his co-researchers developed in 2006 by modifying the Matrix Model for Japanese drug abusers of methamphetamine and other illicit drugs. The programme is manual- and workbook-based group therapy, including simplified drug tests. SMARPP and its modified programmes have been provided at many medical institutes in Japan in recent years.

to continue to take advantage of rehabilitative support in the community after the completion of their terms of probationary supervision, if they so desire. In addition, for the purpose of realizing seamless support, various methods of cooperation among the organizations are listed in the guidelines. Continued monitoring is necessary to determine how these principles are realized effectively in the community.

IV. CONCLUSIONS

The number of drug offenders under probationary supervision may increase to a great extent in the near future because of enforcement of the system of partial suspended execution of sentence. More active cooperation among related organizations and the involvement of citizens in the community should be emphasized in order to prevent drug offenders from re-committing drug use, both through and after the completion of probationary supervision.

In addition, Probation Offices are expected to take on a significant role as coordinators for community care and support among these related organizations.

LIST OF PARTICIPANTS

BRUNEI DARUSSALAM
Zainol Adi Haji Ajmain, Assistant Director of Treatment and Rehabilitation Centre, Narcotics Control Bureau

Haji Aminuradin OKMD Haji Saman, Chief Narcotics Officer, Narcotics Control Bureau

CAMBODIA
Savna Nouth, Deputy Director-General, Directorate General of Prisons

Chhit Sophal, Director, Department of Mental Health and Substance Abuse, National Authority for Combating Drugs

INDONESIA
Nadzif Ulfa, Head of Parole Office, Directorate General of Corrections

Ida Oetari Poernamasasi, Director of Government Rehabilitation Enforcement, National Narcotics Board

Tutik Hartini, Senior Official, National Narcotics Board

JAPAN
AOKI Yuji, Attorney, Rehabilitation Bureau, Ministry of Justice

AKAGI Hirotaka, Chief of the Supervision Division, Rehabilitation Bureau, Ministry of Justice

LAO PDR
Phongsavanh Sengmany, Head of Science Research Division of Prison Department, Ministry of Public Security

Chanthala Kongthavong, Director of Drug Demand Reduction Division, Lao National Commission for Drug Control and Supervision

MALAYSIA
Abdul Aziz Abdul Razak, Director of Parole and Community Division, Malaysian Prison Department, Ministry of Home Affairs

Siti Mariam Binti Mursidan, Principal Assistant Director, National Anti-Drugs Agency

MYANMAR
Tun Khine, Deputy Director, Prisons Department, Ministry of Home Affairs

Nanda Myo Aung Wan, Consultant Psychiatrist, National Drug Abuse Prevention and Treatment Programme, Drug Dependency Treatment and Research Unit, Mental Health Hospital Yangon

THE PHILIPPINES
Jasmin T. Peralta, Medical Specialist II/ Program Manager, Dangerous Drugs Abuse Prevention and Treatment Program, Department of Health

Amy Helconida Sarmiento, Assistant Regional Director, Parole and Probation Administration, Department of Justice

Janette Padua, Assistant Regional Director, Special Assistant to the Administrator, Parole and Probation Administration, Department of Justice

SINGAPORE
Wong Liling, Manager, Probation Services Branch, Ministry of Social and Family Development

Ashley Lim, Senior Officer, Probation Services Branch, Ministry of Social and Family Development

VIETNAM
Duong Vu The, Deputy Director of Department for Offender Management,
General Department of Criminal Sentence Execution and Judicial Support,
Ministry of Public Security

Hoa Leu Quang, Superintendent of Xuan Nguyen Prison, General Department of Criminal Sentence Execution and Judicial Support, Ministry of Public Security

Hong Pham Thi, Assistant Officer, General Department of Criminal Sentence Execution and Judicial Support, Ministry of Public Security

Duc Hien Le, Deputy Director, Department of Social Evil Prevention, Ministry of Labour, Invalids and Social Affairs

Thi My Hanh Phan, Deputy Head Standing Office on Drugs and Crime,
Ministry of Public Security

THAILAND
Anchalee Pattanasarn, Deputy Director-General, Department of Probation,
Ministry of Justice
Korakod Narkvichetr, Probation Inspector, Department of Probation, Ministry of Justice

Payont Sinthunava, Director of Probation Development Bureau, Department of Probation, Ministry of Justice

Chalatip Lohasiri, Director of Drug Addicts Rehabilitation Centre, Department of Probation, Ministry of Justice

Phornprapha Klaewkla, Expert in Rehabilitation and Community Affairs, Department of Probation, Ministry of Justice

Nontajit Netpukkana, Director of Community Affairs and Community Service Division, Department of Probation, Ministry of Justice

Jamrieng Savasdivat Na Ayudaya, Chief of Drug Addicts Rehabilitation System Development Group, Department of Probation, Ministry of Justice

Yossawan Boriboonthana, Chief of Foreign Affairs and Research Group, Department of Probation, Ministry of Justice

LIST OF KEYNOTE SPEAKERS

Stephen Pitts, Criminal Justice Advisor and Ambassador, Confederation of European Probation

Olivier Lermet, Regional Advisor HIV/AIDS, UNODC

Dr Apinun Aramrattana, Northern Substance Abuse Centre, Department of Family Medicine, Faculty of Medicine, Chiang Mai University

LIST OF ORGANIZERS

DEPARTMENT OF PROBATION, MINISTRY OF JUSTICE, THAILAND

Pol. Col. Naras Savestanan, Director-General

Saifon Jantaprom, Probation Officer

Sangduen Saengbua-ngamlom, Probation Officer

Taruata Klaewkla, Probation Officer

Thanittanan Meksamrit, Foreign Relations Officer

THAILAND INSTITUE OF JUSTICE (TIJ)

Dr Kittipong Kittyarak, Executive Director

Dr Phiset Sa-ardyen, Director of External Relations and Policy Coordination

Jane Holloway, Programme Specialist, Crime and Development (Rapporteur)

Panpisut Thammavisitkul, Project Coordinator

Bowornluk Thongmark, Project Coordinator

UNITED NATIONS ASIA AND FAR EAST INSTITUTE FOR THE PREVENTION OF CRIME AND THE TREATMENT OF OFFENDERS (UNAFEI)

YAMASHITA Terutoshi, Director

MINOURA Satoshi, Professor

AKASHI Fumiko, Professor

TOYODA Yasushi, Senior Officer

Thomas Schmid, Linguistic Advisor (Rapporteur)

Annex

SEMINAR PROGRAMME

The Seminar on Developing Standards on Community-Based Treatment in ASEAN:
Focusing on Treatment for Drug Use / Dependence Offenders
2 – 4 March 2016

Tue 1	Wed 2		Thu 3	
Arrival of participants	9.00-8.00 9.30-9.00 9.30-10.00 10.00-11.00 11.00-11.30 11.30-12.00	**Registration** **Opening Ceremony** Welcome Remarks by: - Dr. Kittipong Kittayarak, Executive Director, TIJ - YAMASHITA Terutoshi, Director, UNAFEI - General Paiboon Koomchaya, Minister of Justice Break (Group photo) **"Experience on Treatment of Drug Offenders in Europe and England"** by Stephen Pitts Criminal Justice Advisor and Ambassador to the Confederation of European Probation (the CEP) Olivier Lermet, Regional HIV/AIDS Advisor, UNODC Dr. Apinun Aramrattana, Head of Department of Family Medicine, Chiang Mai University	09.00-10.20 10.20-11.40 11.40-12.20	**Country Presentations** Malaysia Myanmar Break The Philippines Singapore
	12.00-13.00	Lunch	12.20-13.00	Lunch
Arrival of participants	13.00-13.40 13.40-15.00 15.00-15.30 15.30-17.00	**The Importance of Community-Based Treatment as an Alternative to Imprisonment** by Prof. MINOURA Satoshi, UNAFEI **Country Presentations** Brunei Cambodia Break Indonesia Japan Lao PDR	13.00-13.40 13.40-14.30 14.30	**Country Presentations** Thailand Vietnam **Discussion on Treatment of Drug Use/Dependence Offenders** **Discussion on Future Seminar** **Establishing A Probation Association on the Basis of CEP's Experience** Depart to Chonburi

Fri 4		Sat 5
9.00 – 10.20 10.20-12.00	**Study Visit** to Drug Rehabilitation Centre at the Royal Thai Navy 2 in Sattahip, Chonburi Province Visit to the Turtle Reservation Centre	Departure of Participants
12.00-13.00	Lunch	
13.00-16.00 17.30-18.15 18.15-18.30	Field Trip **Wrap-up session by the rapporteurs** **Closing Speech**	