FACTORS AFFECTING THE ACCEPTANCE OF REHABILITATION PROCESS AND THE ASSESSMENT OF REHABILITATION EFFECTIVENESS IN DRUG ADDICTS

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FACTORS AFFECTING THE ACCEPTANCE OF REHABILITATION PROCESS AND THE ASSESSMENT OF REHABILITATION EFFECTIVENESS IN DRUG ADDICTS

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ABSTRACT

The purpose of this research was to study the correlation between adoption of the rehabilitation process and evaluation of results after the rehabilitation process according to the Narcotic Addicts Rehabilitation Act, B.E. 2545. The sample group consisted of 112 people who attended the compulsory system control but not strict type of the rehabilitation process at Thanyarak institute. A questionnaire was used for collecting information, with a reliability equal to 0.90. The information was analyzed by using percentage, ANOVA analysis and the Pearson Product Moment Correlation analysis.

The research results found that patients had a high level of adoption of the rehabilitation process and a moderate level of evaluation of the results after the rehabilitation process. The factors that affected the adoption of the rehabilitation process were income, education level, location, number of times treated, court orders for treatment, achievement motivation, social support and attitudes towards type of rehabilitation, and the environment of the place. The factors affecting evaluation results after the rehabilitation process were education level and number of times treated. The correlation analysis found that adoption of the rehabilitation process was not related to evaluation results after rehabilitation process, with a significance level of $P = 0.01$.

Due to the limitations of the current assessments of behavior evaluation is drug addicts attending rehabilitation, it is recommended that an improved evaluation model is developed. Also, people who evaluate the processes should have explicit information of the evaluation model, each time they undertake the evaluation process. Finally, it is suggested that relevant institutes improve their assessment models because the details of evaluation topics are still unclear.

KEY WORDS : ACCEPTANCE / REHABILITATION / ASSESSMENT

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ปัจจัยที่มีผลต่อการยอมรับกระบวนการบำบัดฟื้นฟูและประสิทธิผลของแบบการประเมินการบำบัดฟื้นฟูในผู้ติดยาเสพติด (FACTORS AFFECTING THE ACCEPTANCE OF REHABILITATION PROCESS AND THE ASSESSMENT OF REHABILITATION EFFECTIVENESS IN DRUG ADDICTS)

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บทคัดย่อ

การศึกษาครั้งนี้เป็นการวิจัยเชิงสำรวจ โดยมีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างการยอมรับการฟื้นฟูสมรรถภาพและผลการประเมินหลังการฟื้นฟูสมรรถภาพตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545 กลุ่มตัวอย่างเป็นผู้ที่เข้ารับการฟื้นฟูสมรรถภาพระบบบังคับบำบัด ประเภทควบคุมตัวไม่เข้มงวด ในสถาบันธัญญารักษ์ จำนวนทั้งสิ้น 112 คน เครื่องมือที่ใช้ในการเก็บรวบรวมข้อมูลคือ แบบสอบถาม และทำการวิเคราะห์ข้อมูลโดยใช้โปรแกรม SPSS วิเคราะห์ข้อมูลโดยใช้ค่าสถิติ ร้อยละ การวิเคราะห์ความแปรปรวน (ANOVA) และการวิเคราะห์สหสัมพันธ์ (Pearson Product Moment Correlation)

ผลการศึกษาพบว่า ปัจจัยที่มีความสัมพันธ์กับการยอมรับการฟื้นฟูสมรรถภาพ ได้แก่ รายได้ ระดับการศึกษา ภูมิลำเนา จำนวนครั้งที่เข้ารับการบำบัดและศาลที่ส่งตัวมาบำบัด แรงจูงใจใฝ่สัมฤทธิ์ การรับรู้การสนับสนุนจากสังคม และทัศนคติต่อรูปแบบการบำบัดฟื้นฟูและสิ่งแวดล้อมสถานที่ ส่วนปัจจัยที่มีความสัมพันธ์กับผลการประเมินหลังการฟื้นฟูสมรรถภาพ ได้แก่ ระดับการศึกษา และจำนวนครั้งที่เข้ารับการบำบัด และจากการวิเคราะห์ความสัมพันธ์ระหว่างการยอมรับการฟื้นฟูสมรรถภาพและผลการประเมินหลังการฟื้นฟูสมรรถภาพ พบว่า ไม่มีความสัมพันธ์กันอย่างมีนัยสำคัญทางสถิติที่ระดับ 0.01

ข้อเสนอแนะจากการวิจัยครั้งนี้ เนื่องจากพบข้อจำกัดของแบบประเมินพฤติกรรมผู้รับการฟื้นฟูสมรรถภาพ ดังนั้นควรมีการปรับปรุงแบบประเมิน และผู้ประเมินควรต้องมีข้อมูลเชิงประจักษ์ในการประเมินทุกครั้ง รายละเอียดของข้อการประเมินยังไม่เห็นเป็นรูปธรรมที่ชัดเจน ควรได้มีการเสนอแนะต่อสถาบันเพื่อการปรับปรุงต่อไป

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CHAPTER I
INTRODUCTION

1.1 Nature and Significance of the Problem

The family has drugs addict, as a member that considered is a problem and also the undesirable. The drug addict always censured from the other members in family including is separated from the social and community due to the believing in that a drug addict is so always generate any criminal problems within the social. Actually the drug addict and his surroundings had made the problem together (1) since the family to community. Chad Chonlaworn (2) remarked upon the importance reason makes a drug addict that is “Mind”, which an importance factor such as the painfulness, disappointment, lonely, lack of love, unfair from the family and social, and lastly the mind frailty.

Currently Thai social is a consumer society (1) that the people lack of the mind to hold on and the sensitive behavior into the value. Sometime cannot realize that the basic needs are create the bad effects back to him. Moreover, the high competitive status such in the invest society that make the most people’s daily life is tension as cast away; hence, the person who is cannot solve the problem by himself seeking for the help that always be a legal or also illegal drugs.

According to the reason mentioned above indicated that the cause in drug addict is contained several of factors. It is not only wrong of the drug addict, but also the social and surrounding. So that it difficulty to quit the drug, unless, the associated from every parts. The most importance is a drug addict accepts to quit and also the treatment willingly that makes the success of process.

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The drug problem in Thailand is a crisis that affects to the nation security such in the economy aspect, social, political, and the international relationship and people quality. The government had set up the important policy to solve the drug-spreading problem that is “Protection leading Subjugation, a drug addict is a patient that treatment needs and the traders punished seriously” because of the increasing number of the drug addict and spreading into the youth. This policy considered the drug addict is a patient not criminal so that widely needs the treatment and also rehabilitation. The treatment system and rehabilitation of drug addict in the early period was contained 2 systems i.e.: (3).

1) Voluntary System is a chance giving to the drug addicts that wants to quit willingly. They can get the service in any government and private hospitals based on the regulations of the Ministry of Public Health, which both inpatient and outpatient. According to the past conducted found that the drug addict not accepted his drug habit and the treatment is unnecessary. The majority patients forced by the parents or family that always missing a part of process particularly not yet mind revival, training in behavior changing, so the result is going back to the drug taking. Furthermore, there are no any regulations that in force the patients to treatment completely. Eventually, the voluntary system was not worked enough at the previous. (4)

2) Correctional System is the treatment of drug addicts who illegally in drug case and the prisoner that was treated under the law. This system directly related to the Penitentiary Department but the previous action was not afforded to the treatment and also rehabilitation due to the combined with the other prisoner cases that cause the drug addict learned the criminal behaviors. Thai social not accept the criminal biography one so that was the problems occurred. At the early time discovered a large number of drug prisoners, that someone together with the other cases such stealing for the money for drug taking; hence, it create a large number of drug related cases prisoners that make the problems such as the prisoners crowded in the prison problem.

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According to the problems mentioned above, the several governments attempted to resurrect the treatment regulation system that under the Narcotics Act, B.E. 2522. That has been in force at 22 April 1979. In section 98 provided “convicted persons in section 91 or 92 at 3 times, when finished let the officials take them to the nursing home under the minister’s order where provided for the treatment until has a writing confirmed that completely treated based the treatment regulation from the official”. But this section has not been in force due to a several reasons. At the government of general Chatchai Chunhawan, 1990, Office of the Narcotics Control Board had set up the Narcotic Addicts Rehabilitation Act for solving the problem that increased violently of the amount of drug addict. And including response to the treatment plot based on the national socioeconomic development plan sixth edition (1987-1991) that for the treatment regulation rapidly under the minister of Ministry of Justice. The purpose of the act is to take the drug addict prisoner escaped the disease by the treatment but eventually the problems still existence. For example, no clearing in regard to the proof process that which part of the body can prove and the time period of the drug verified (5). Give the official a fully power in case of the prisoners escaped or the condition disobeys when the temporary released. Hence, it seems to be the government utilized without the human right protection (5). Furthermore, the problem about no act provided that giving the right into the prisoners or treated one in any command of the subcommittee, which of course effect to the unfairly of the people right. According to the reasons mentioned above and the department of probation not yet receive the budget, the result is the act unavailable tangibly.

From the statistics of National Police Headquarter in the drug cases arrested in 2001 amount to 273,283 cases, 2002 amount to 274,478 cases that highest in any cases. The case type categorized by the drug kind, the first is amphetamines amount to 169,154 and 167,020 cases respectively. So the government had been set up the important policy to solving the drug-spreading problem by declared “Protection leading Subjugation, a drug addict is a patient that treatment needs and the traders punished seriously” (6). This considered the drug addict is a patient not criminal so that widely needs the treatment and fully rehabilitation from voluntary system, correctional system, and treated in forced. Hence, the Narcotic Addicts Rehabilitation

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Act was asking to mend for consistency connection to the principle of constitution of Thailand 1997 edition. As the result, the Narcotic Addicts Rehabilitation Act, B.E. 2545 was occurring that treatment forced system. The important content of the act is treatment services and rehabilitation of drug addict, career training, and widely surroundings change. The act provided that the investigator take the prisoner in drug taking, drug taking and possession, drug taking and possession for sales, drug taking and sales. All this based on the drugs appearance, kind, type, quantity that provided in the ministerial regulations, to court for considering and ordered to take them to proof at the rehabilitation of drug addict center. Within 15 days processed, unless, the unpredictable incidents that expanding into 30 days but the total not over 45 days. If the proof result is that prisoners necessary to treat so have to follow by based on the plan not over 6 months under the methodology of the organizations provided appropriately. The treatment result is satisfied so they released and out of the case. In the other hand, not satisfied to expand the period of the process not over 6 months in each result but all not over 3 years. If the proof result declared that person not a drug taking or drug addict so the case is follow the common case.

Thanyaluk Institute is an organization declared in the government gazette to be the follow rehabilitation of drug addict center. According to the Narcotic Addicts Rehabilitation Act, B.E. 2545 that received the proofed prisoner and the court findings that have to be treat by the weak confined patient type. In the rehabilitation of drug addict process at 90 days finished, the committee at least 3 peoples have to evaluate based on the behavior on the rehabilitation of drug addict evaluation form 8-3. After completely 120 days, the committee again in the behavior on the rehabilitation of drug addict evaluation form 8-3. Both two forms contained 4 main components i.e. 1) behavior in the Rehabilitation period, 2) Skills, 3) Attitude in himself, family, and drugs, and 4) Living plan. After that report to the subcommittee by the already Rehabilitation person have to grade from 49 marks (60%) that considered a minimum standard certified. The subcommittee will again consider when realized that the certified person is good behavior, skilled, positive attitude to him, family, and drugs, and also a good living plan. At a result the certified one will release based on the section 19 and without a bad biography anymore (7).

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The results of rehabilitation from 3 March to 31 May 2005 discovered that the number of person reached the campaign is 41,676 persons. The number of finished is 17,351 persons, satisfied results is 14,493 persons (83.53%), and not satisfied such not reached a minimum standard, no behavior changed, no skills development, no better of the attitude in any sides, no clearing living plan, is 2,147 persons (12.37%). All this results to the waste of time and the budget, which each treated person takes 120 days and not less than 10,000 baht in case of inpatient. That the state completely used money amount to over 21,470,000 baht particularly of a strict confined person at as in the not certified group due to the rehabilitation again.

In a good rehabilitation results is occurs from the acceptation in the process that generate the association. The acceptation of the innovation is come from the order following 1. Knowledge is a starting processes that percept of the innovation as knowledge in the Narcotic Addicts Rehabilitation Act, B.E. 2545, 2. Persuasion is regarding to the emotion and individual feeling that agree or disagree, like or dislike in the innovation, and realize the importance of innovation or not, 3. Decision is to make a decision in accept the innovation or not that based on the knowledge of innovation and also foresee the utilized of it 4. Implementation is taking the innovation to the usage for create the confidence in the permanent acceptation 5. Confirmation is information seeking and promoted the decision that the received data consist to the old the result is still behavior unchangeable (8). Moreover, there is the promote items to accept such as knowledge, attitude, as in the study of Tabthip Thitiphongphanich (9), the study in factors that effect the general management of the hospital official which under the Bureau of the Undersecretary of the Ministry of Public Health. Found that the high educated officials were higher accepted the general quality administer than in the lower educated one. Including also the high attitude official was higher accepted than the lower attitude that as related to the other studies. The mind character such as achievement motivate, internal locus of control, perception of the social supports, all this effect to the innovation accepted. Panalai Usamran (10) had studied on the social-mind variables that related to the acceptation in teaching innovation of the social subject at the high school in the educational area

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1, discovered that the achievement motivation, internal locus of control, perception of social support, that effect to the teaching innovation acceptable absolutely.

Thus, the researcher that acted about this treatment system tries to study the relation between the acceptances of rehabilitation by the Narcotic Addicts Rehabilitation Act, B.E. 2545 and the evaluated results after the processed that to determine how many connections. In which point that can make the patients into the qualified persons and sub-committee satisfied. All importance is for the treated person can back to his family by due and eventually become a kind one.

1.2 Objectives of the Study

1.2.1 Study in the rehabilitation acceptance level by the Narcotic Addicts Rehabilitation Act, B.E. 2545 and the evaluated results of the patients who had confined control but not strict type at Thanyaluk Institute.

1.2.2 To study the relation of the population factors, psycho-social factors, attitude in the treatment process and the acceptance in the rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545.

1.2.3 To study the relation of the population factors, psycho-social factors, attitude in the treatment process and the evaluated results of the processed who had rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545

1.2.3 Determine the relation between the acceptance in the rehabilitation processed and the evaluated results after the processed that had confined control but not strict type at Thanyaluk Institute by the Narcotic Addicts Rehabilitation Act, B.E. 2545.

1.3 Scope of the Study

Study in the relation between the rehabilitation acceptance and the evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545.

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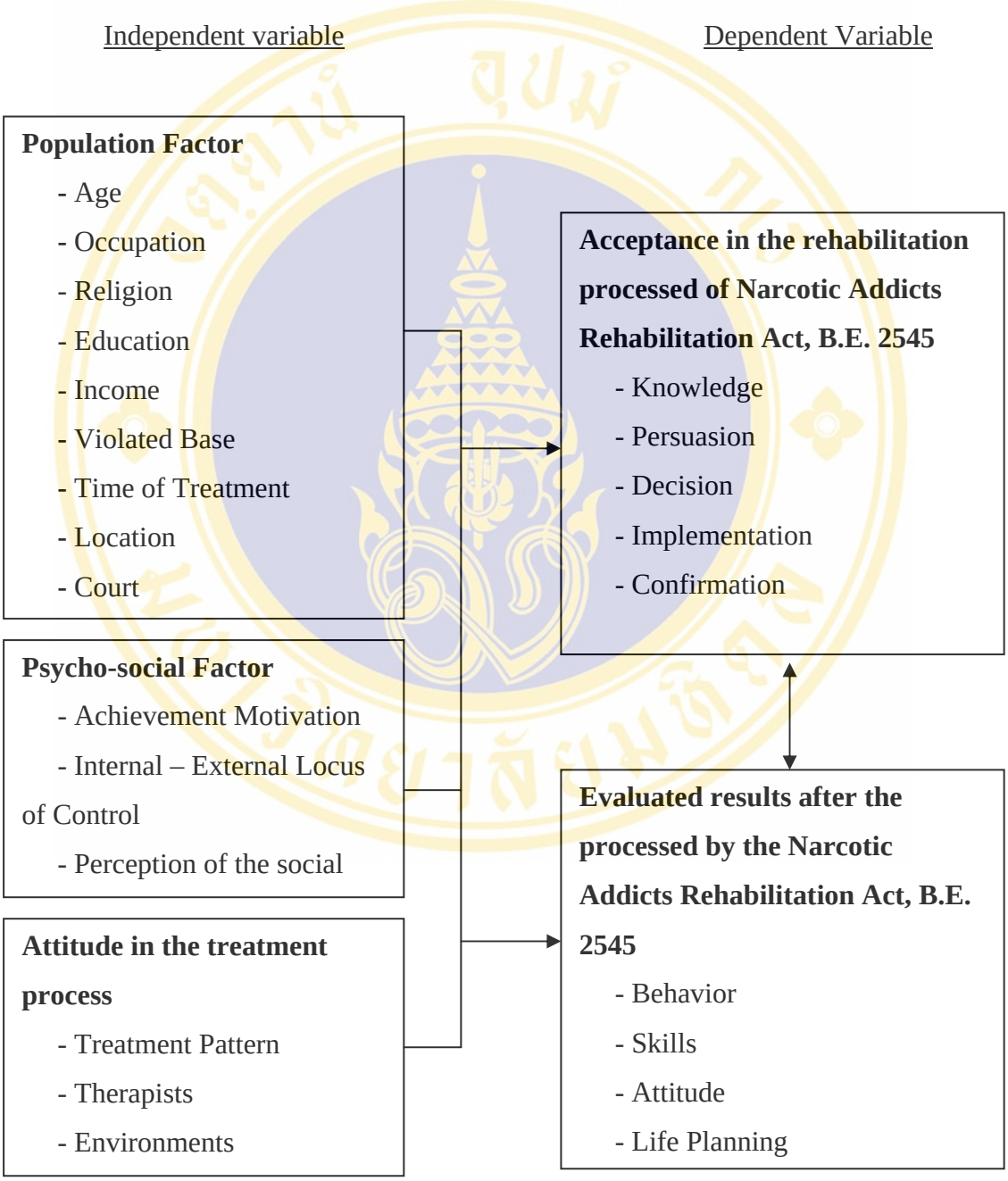
Particularly all cased patients based on the court findings at Thanyaluk Institute and only type of the confined un-strict one in the period of March to November 2007.

1.4 Conceptual Framework



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1.5 Variables of the Study

1.5.1 Independent Variables

1) Population factors contained age, occupation, religion, education, income, violated base, time of the treatment, location, court, and the knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545.

2) Psycho-social factors contained the achievement motivation, internal- external locus of control, and perception of the social support.

3) Attitude in the treatment process contained the treatment pattern, the therapists, and the environments and location.

1.5.2 Dependent Variables are acceptance in the rehabilitation processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 and the evaluated results after the processed.

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1.6 Level of Measurements

Variables	Measure Level
Age	Nominal
Occupation	Nominal
Religion	Nominal
Education	Nominal
Income	Nominal
Violated Base	Nominal
Time of Treatment	Nominal
Location	Nominal
Court	Nominal
Knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545.	Nominal
Achievement Motivation	Interval
Internal - External locus of control	Interval
Perception of the social support	Interval
Attitude in the treatment process - Treatment pattern - Therapists - Environments and location	Interval
Acceptance in the rehabilitation processed by Rehabilitation of Narcotic Addicts Rehabilitation Act, B.E. 2545 - Knowledge - Persuasion - Decision - Implementation - Confirmation	Interval
Evaluated results after the processed by Narcotic Addicts Rehabilitation Act, B.E. 2545 - Behavior - Skills - Attitude - Life Planning	Interval

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1.7 Hypotheses of the Study

1.7.1 Factors such the age, occupation, religion, education, income, violated base, time of the treatment, location, court, and the knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545 including the psycho-social factors such the achievement motivation, internal- external locus of control, perception of the social support. Attitude in the treatment process as the treatment pattern, therapists, and environments and location, all these have a correlation with acceptance in the rehabilitation processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

1.7.2 Factors such the age, occupation, religion, education, income, violated base, time of the treatment, location, court ,and the knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545 including the psycho-social factors such the achievement motivation, internal- external locus of control, perception of the social support. Attitude in the treatment process as the treatment pattern, therapists, and environments and location, all these have a correlation the evaluated results after the rehabilitation processed.

1.7.3 Acceptance in the rehabilitation processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 has a correlation with the evaluated results after the rehabilitation processed.

1.8 Definition of Terms

1.8.1 The addict means the patients who are drug addicted being rehabilitated in the Thanyarak Institute categorized as compulsory system in the violated base for drug taking, taking and possessing, taking and possessing for sale or taking and selling according to its appearance, type, kind and quantity which specified in the ministerial regulations. Those patients must be characterized as the 120 days in control but not strict type during March 15 – November 30, 2007.

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1.8.2 Rehabilitation of drug addict means any activity for the drug addict treatment and physical and mental rehabilitation of the drug addicts including the revival of physical and mental condition into normality without the risk of relapse to drug addiction.

1.8.3 Knowledge about the Narcotic Addicts Rehabilitation Act means intellectual understanding of the rehabilitators by the Narcotic Addicts Rehabilitation Act, B.E. 2545.

1.8.4 Attitude in the rehabilitation process means opinion, belief and feeling of the patients by the Narcotic Addicts Rehabilitation Act, B.E. 2545 towards treatment patterns, the therapists and environments and locations in the Thanyarak Institute. These can be performed by behavior and measured by the researcher built-questionnaires.

1.8.5 Achievement motivation means the perception of the patients in improving themselves and work without fearing of obstacle and failure, in caring for a challenging work more than a skilled one, in setting their goals appropriate to their abilities, in preferring a competent colleague while having any activity at the rehabilitation process measured by the researcher built-questionnaires based on the Mccelland concept.

1.8.6 Internal-external locus of control about health means an opinion of the patients belief that can rehabilitation create both good and bad effect resulting from their wish and expectations, as the person that believe in internal locus of control. In the other hand, is believed in the fate, sacredness, destiny, accidentally, all this can be classified as external locus of control. Measured by the questionnaire based on the concept of Wallton.

1.8.7 Perception of the social support means the patients acknowledged in the person sources that can give them the emotional help such as love, sympathy, concerned. The acceptation that he is a part of group or any helps. This is measured

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by the questionnaire based on the concept of Streeter and Franklin that the contents about the perception of peoples received the information, reflection and the social support from family and friends.

1.8.8 Acceptation means the compulsory system persons had known in the Narcotic Addicts Rehabilitation Act, B.E. 2545 that by the processed of knowledge, persuasion, decision, implementation, and the last is confirmation the use when he realized that this act is useful. It should be led to confirmation by living for rehabilitation according to the court ruling. This is measured by the questionnaire based on the concept of Roger.

1.8.9 Evaluated results mean the point's level of the treat-forced system persons that evaluated from at least 3 of the committees after the completely processed at 90 days. The evaluation is provided 4 ways: Behavior Skills Attitude and Life planning

1.9 Benefits of the Study

1.9.1 Known the cause and acceptable factors of the rehabilitation by the Narcotic Addicts Rehabilitation Act, B.E. 2545 to enhance any activity coherent with the need of the patients.

1.9.2 To be the guideline for any organizations involved to develop the process for the patients to have the approved evaluation standard which will economize time and budget.

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CHAPTER II
LITERATURE REVIEW

Study the correlation between acceptation of rehabilitation by the Narcotic Addicts Rehabilitation Act, B.E. 2545 and the assessment of rehabilitation. The researcher had studied in related literatures for the completely of research as followings:

2.1 Drug and Type of Drug

2.2 Narcotic Addicts Rehabilitation Act, B.E. 2545 and Important Section

2.3 Rehabilitation of Narcotic Addicts Rehabilitation Act, B.E. 2545

2.4 Adoption Theory

2.5 Concept in Treatment and Rehabilitation of Drug Addict

2.6 Concept in Knowledge

2.7 Concept in Mind Characteristics Factor

2.8 Concept in Attitude

2.9 Behavior Evaluation among Rehabilitation (evaluate form. 8-5)

2.10 Related Research

2.1 Drug and Type of Drug

2.1.1 Meaning of drug

Narcotics mean any substance both natural and synthetic that input to the body in any ways and effect to the mind and body into the drug dependence. If taking the drug for every day or many times per day will create 4 importance features as following:

1) Tolerance syndrome means have to taking the drug in higher quantity for the same effect.

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2) Withdrawal syndrome will occur whenever taking the drug in same quantity, decreasing, and quit.

3) Whatever actions to get the drug taking.

4) Bad-effect to oneself, other, family, social, and nation.

The meaning of drug issued by section of the Narcotics Act, B.E. 2522 declared any chemical or material that taking into the body by eat, inhalation, injection, or any and effect to the mind and body such as want to higher quantity, withdrawal syndrome when stop taking, all time needs violently both body and mind and finally deterioration of health. Including the chemical for the narcotics produce. All this is based on the minister declared in the government Gazette unless some home medicines that contained the narcotics.

Conclusion, narcotics means any substances that input to the body and so create the habit syndrome in both body and mind, want a higher quantity and a withdrawal syndrome whenever stop taking.

2.1.2 Type of Drug

Drug can categorize by:

A. Categorize by Law

1) According to the declaration of Ministry of Public Health, 1996, subject in name specification and type of the narcotics that can divide the drug into 5 types i.e.

Type1 or Violence narcotics i.e. heroin, LSD, amphetamine and its derivatives 15 kinds, etc. The importance substances are methamphetamine, MDMA, MDA. It contained the highest punishment for the drug addict, seller, occupation, import and export, and eventually the drugs in this type are not for the medicinal purpose any more.

Type 2 or General Narcotics for example, the opium, morphine, cocaine, coca, codeine, and methadone, etc. This type can use for the medicinal purposes but only the under of the doctor control.

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Type 3 or the pharmacopoeias drugs and contained the drugs type 2 in. It is an instant drug that produced under the Ministry of Public Health certified and available at the drugstore i.e. the cough syrup that contained the cocaine, diarrhea drug that contained diphenoxin, inject drug for any pain relief such as morphine, phetidine that extracted from the opium, and ached drug that contained the codeine, etc. This drug type is used for the medicinal purpose that cannot use in the other purposes or to taking.

Type 4 or the chemical used for the drug type 1 or 2 productions such as the chemical solution as acetic anhydride, and acetic chloride, that used for the change of morphine into heroine, ergometrin or chlopsudo-ephedrine that used for met-amphetamine produced, and the others 12 materials that can produce into met-amphetamine and MDMA, etc. This type is not for the medicinal purpose and contained the punishment as well.

Type 5 i.e. all part of the marijuana that create THC, all part of Kratom plant that create Alkaloid of Mitragynine, the opium that create Alkaloid of Morphine and Codinine (Papever bracteatum or Papever Somniferum Linn.), and Psilocybe cubensis that create Psilocybin, etc.

2) Divide by the category.

2.1) Opiates and Opioids, i.e. Opium, heroine, morphine, codeine, and methadone, etc.

2.2) Sedative Drugs including Anxiolytics and hypnotics such as Phenobarbital, Bromine, Metakwalone, Dormicume, and sanax, etc.

2.3) Stimulants, those are the Amphetamines such as methamphetamine, Kratom, and cocaine, etc. Moreover, this group is contained caffeine and Nicotine as well.

2.4) Hallucinogens or Phychedelics, those are LSD, PCP, Ketamine, Psilocybe cubensis, and Lumphong, etc.

2.5) Multiple effect Producing Agents such as the marijuana and Ecstasy.

2.6) Inhalants such as the substances from petroleum production and it stream able. Those are 14 chemicals, for example, Acetone, ethyl acetate, toluene,

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cello solve, etc. Including the 5 of products i.e. thinner, lacquer, synthetic glue, natural glue, and science toy balloon.

2.7) Alcohol is all substances that contained the alcohol such as a sweetmeat consisting of fermented glutinous rice, drugs, wine, beer, spirituous liquors, brandy, whisky, and palm wine, etc.

3) Divide by the middle nerve effects

3.1) Sedative, those are the opium, heroine, and also Anxiolytics and Inhalants such as Thinner, Benzene, Lacquer, and glue.

3.2) Stimulants, those are Amphetamine, Kratom, Cocaine, and Ecstasy.

3.3) Hallucinogens those are LSD, DMT, Psilocybe cubensis, Ketamine, and Lumphong, etc.

3.4) Multiple affects that is the marijuana.

4) Divide by the source

4.1) Natural Source, it is the drugs extracted from plants or a part of any plants such as the opium, marijuana, cocaine, leaf of Kratom, etc.

4.2) Synthetic Source, it occurred from chemical processed such as Morphine, Heroine, Methadone, Phetidine, Amphetamine, Ecstasy, and Sedative Drugs, etc.

5) Divide by WHO

5.1) Opium or Morphine including the morphine drugs such as the opium, Morphine, Heroine, and Phetidine.

5.2) Bartiburate. For example, Secobartibal, Amobartibal, Paraldehyde, Diazepam, Meprobamet, and Chrodiaxifoxide.

5.3) Alcohols such as the spirituous liquor, beer, and whisky.

5.4) Amphetamines. Such as the Amphetamine and Dexamphetamine.

5.5) Cocaine, those are the leaf of coca, and Cocaine.

5.6) Marijuana, those are the tops of the female marijuana, leaf gum of the marijuana.

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5.7) Cut, for example, the leaf of Cut, leaf of Kratom.

5.8) Hallucinogens, those are LSD, DMT, Lamphong, Inhalants, some toxic mushrooms, and Morning Golly seeds.

5.9) The other type, such as the Thinner, Cigarettes, Benzene, the nail clean solution, and aches relief drugs, etc.

2.1.3 Drugs Information

According to the Narcotic Addicts Rehabilitation Act, B.E. 2545 contained the Ministerial Regulations in regarding to the issued, features, type, and the quantity of drugs that based on the law of narcotics subject 2004, declared that the type of drugs for drug taking faulty base are all drug in type1, 2, and 5. Thus, the researcher is presenting only the details of these 3 types of drugs as followings:

2.1.3.1 Type 1 or Violence Narcotics i.e. Heroin, LSD, Meth-amphetamine, Amphetamine, and Ecstasy.

Heroin

Although Heroin was made from the opium but it not a natural substance, it occurred from the chemical structure changed of Morphine that is in the raw opium.

Generic name: Heroin

Alternate name: white powdered, cap, and evaporated stream.

Scientific name: diacetylmorphine

Heroin is a drug from the chemical synthetic between morphine and some chemicals such as acetic anhydride, acetyl chloride, or ethylidene diacetate. C.R. Wright, a British researcher, discovered the synthetic of heroin from morphine by acetic anhydride solution. Hence, the Bayer Company had produced into the drugs trade as “Heroin” that it not a drug firstly, but for the medicinal purposes such as the pain relief. It was drugs addict easily subsequently and higher affect than morphine approximately 4-8 times, and the opium such 30-90 times as well. Its features are a white powdered, cream color, bitter, no scent, and can divided into 2 types i.e. Heroin base, un-dissolvable, the other is Heroin salt such as Heroin hydrochloride. The

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heroin was prohibited for medicinal purposes since 1925 at USA, while 1952 together with the declaration of WHO that heroin is the most dangerous drug.

Chemical structural formula of morphine and heroin are different at position 3 and 6. The main structure as a ring of morphine named hydroxyl group (-OH), while heroin called acetyl group (CH3). The chemical structural changed of morphine into heroin by the instead of acetyl effect that the molecule higher dissolve ability in fat though rapidly to the brain and this is the reason how heroin dangerous than morphine about 2-3 times as well.

The molecules of heroin passed to the brain so enzyme changed the heroin into morphine by the wipe acetyl out and also bring up the hydroxyl back to the ring. After that the morphine catches the opiate-receptor for the affection. Thus, the main factors of the most effect in heroin are the fat dissolve ability of heroin that higher rate of the flowing into the brain.

Pharmacology Information of Heroin

Heroin has the several ways into our body based on the preference of respective person and also the pure of it. Some use by inject into the black blood vessel, some by inject into the muscles, some mixed with the marijuana or cigarettes, or powdered burn to smelling and also inhale the powdered by the nose directly. Heroin can reached the brain within 7 seconds by inhalation and 15-30 seconds for inject to black blood vessel. And approximately 1-2 minutes after the injection or inhalation can found the heroin when checking the blood.

Its effect immediately when in the body and following is the effect of Pharmacology in any organs system:

Central Nervous System

The importance pharmacology effects of heroin to the central nervous system are analgesia, sedation, and alteration of mood. The heroin effects in the

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respiratory depression by covered the respiratory center in the brain that decreased the ability of responsibly to carbon dioxide raised. Commonly the brain is contained higher response to the increasing of carbon dioxide that by gain more respiratory rate for creates oxygen as well and to wipe carbon dioxide out and eventually if the system breakdown so the drugs addict will die absolutely.

Gastrointestinal Tract and Other Smooth Muscle

Heroin cause the decreased of acid in the stomach and also the enzyme from the pancreas. The movement of the stomach and intestines are decreased. The digestion in small intestines is decreased and also the press of a big intestine to forward food is decreased. At a result is constipation.

Cardiovascular System

Heroin make the expanded of peripheral blood vessels that make low pressure in drugs addict when he moved. Moreover, together with the pouring of Histamine in the blood and also created the low pressure, pruritus, flushing, and extremely sweated.

Hormone System

Heroin destroys the sex hormone. In female cause the abnormal of menstruation and decreasing the sex hormone in male for out of sex feeling.

Protection System

Destroy the disease protection so that easily to infect. The exterior appearance is sores skin, tuberculosis, and hepatitis infected.

Acute Poisoning

Generally generated from the take overdose of heroin and based on the study discovered that over tree milligrams once of pure heroin caused immediately acute poisoning.

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The symptom as coma, stupor, low respiratory rate at 2-4 times per minute, dark green skins, low pressure, and the iris of the eye as small as a round headed pin or over expanded in case of not responding to the light. The body temperature is down and also the muscles weakly. Hence, died of the overdose of heroin taking subsequently by respiratory failure as well.

Treatment

Firstly of symptoms as the respiratory system required of treatment due to it make the un-respiratory by self and necessary to use the artificial respiration machine. And then give a heroin antagonist such as nalorphine, levallorphan, and naloxone, by injection.

LSD (Lysergic acid Diethylamicle)

LSD is a semi synthetic substance from alkasoyboyirkot.

Molecular structure

Generic name: Lysergide

Chemical name: 9, 10-Didehydro-N, N-diethyl1-6, methylergoline-8β-Carboxamide)

Alternate chemical names: D-Lysergic acid diethylamide, LSD, LSD25, Ergoline-8-carboxamide, and N, N- diethyllysergamide.

Molecular formula: C20H25N3O

Molecular weight: 323.44

Description: Crystalline powder, colorless, odorless, and tasteless.

Melting point: 80-85C (LSD), 198-200C (LSD-Tartrate)

Solubility: good in water and benzene.

Pharmacology information of LSD

When swallow or keep the LSD in the mouth it takes 20-60 minutes in effectively and then the acuteness is going up into the highest at within 15-30 minutes and sustention approximately 2-6 hours. Finally fade down within 3-5 hours.

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According the study found that there were three groups of the LSD's effects as positive, medium, and negative effect as following details:

Positive effects i.e.

1) Strength increased.
2) Creativity and united thinking.
3) Delightful.
4) Musical appreciation.
5) Faster in the nervous system.
6) Images generated both open or close the eyes.
7) Deepness in the soul.

Medium effects i.e.

1) Changed of thinking and feeling.
2) The iris of the eye expanded.
3) Thinking arrangement difficulty.
4) Saliva less.
5) Flushing, shake, and cold.
6) Deviation of Thinking and words.
7) Deviation of period.
8) All time abnormal mood.
9) A few hyperthermias.
10) A few tarchycardia.

Negative effects i.e.

1) Anxiety
2) Tension
3) Nausea
4) Dizziness
5) Confusion
6) Megalomania
7) Paranoia
8) Fear and panic
9) Flashbacks without drugs taking

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Appeared symptoms

The changed of feeling and mood higher clearly than physical symptoms and all this based on the quantity of drugs taking in, personality, moods, and the expectation of the effects and also the environments. LSD addict is feeling in its effects within 30-90 minutes and then physical appearance as the iris expanded, fever, tachycardia, hypertension, high sweat, parched mouth, hungry less, sleepless, and also shaken.

The LSD addict call the changed of moods and feeling as “Trip”, and “Bad trip” for extremely alarmed and spook. An abnormal symptom is “Flashback” that occurred immediately without the LSD taking any more. According to the Retrospective Study found that the flashback can generate after quit taking over a year. The most is occurred with the personality problem person and used the Hallucinogens regularly.

The worst effects of LSD the concerned by doctors is Bad trip and Flashback all this is due to may be suicide with conscious less.

For regular LSD addict always contained 5 chronic abnormal reactions as below:

1) Prolonged psychotic reactions
2) Depression sufficiently severe so as to be life- threatening
3) Flashback
4) Exacerbations of preexisting psychiatric illness
5) Post hallucinogen perceptual disorder

There are several LSD appearances that found at the dark market as followings:

1) Blotter: is the most form of LSD that its ¼ square inch. It designed in many patterns and colorful and then dipped in the LSD solution, thence to air into dry. In the respective unit of blotter is absorbing LSD at 50-100 micrograms that enough for once taking. The method is taking the blotter into under tongue and then

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automatically melts with absorbed into the blood eventually. The drug protection and subjugation authorities of Thailand as Sticker stamps call the LSD in this subject.

2) Gelatin: is occasional found in the transparent gelatin form. Its description is a square at ¼ square inch. The production by takes the LSD Solution mixed with the liquid gelatin powdered and left it for set and then remove from the block. The gelatin at ¼ square inch contained LSD at 50 micrograms but the arrested items always in higher varying that between 50-150 micrograms per a plate. The drugs addict or traders always call “Window panes” or “Gel Tab” that by swallow or chew.

3) Tablet: is also occasional found in a very small tablet form so it called Microdots. It’s contained LSD at 50-100 micrograms in respective tablet and the method also by swallow or chew.

Apart from the three forms of LSD mentioned above, it also has the alternates’ forms but still a few found such as liquid, powder, capsule, and sugar cubes laced with LSD.

MDMA, MDA, Ecstasy

Its difference in regard to the chemical structure. It is a synthetic substance the contained amphetamine-like and LSD-like effects and categorized into the drugs in type one based on the Act 1979.

MDMA

Scientific name: 3, 4 Methylenedioxy Methamphetamine

MDA

Scientific name: 3, 4 Methylenedioxy Amphetamine

Ecstasy

Scientific name: 3, 4 Methylenedioxy Ethylamphetamine (MDE or MDEA)

Its have the structural formula similar to methamphetamine but higher acute about 10 times and effective to the nervous stimulants and destroy any brain cells that related to thinking and memory.

Street names i.e. Adam XTC, Essence Love pill

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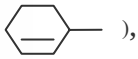
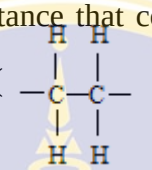
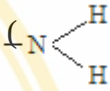
Chemical information of ecstasy

Ecstasy is a slangy word that well known among the teenagers and named for the illegal drugs that contained MDMA, MDA, or MDEA as an ingredient.

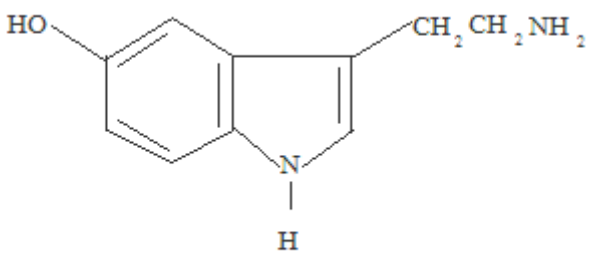
MDMA, MDA, or MDEA are the organic compound in the phenyl-ethylamine family it similar to amphetamine and also methamphetamine, which are an importance ingredient for amphetamines as well. The organic compound in the phenylethylamine family is a substance that contained atom of phenyl (), aliphatic carbon type two carbons (), and atom of amine (). Atom

of aliphatic carbon type two carbons and amine are the components in the molecule chemical structure, each atom's composition within molecule of the phenylethylamine compound as follows:

Comparisons of chemical structure of amphetamine and methamphetamine with MDMA, MDA, and MDEA, discovered that difference only at the phenyl atom. Hence, it occurred the separate pharmacology effects absolutely between these two drugs.

Pharmacology information of ecstasy

All type of ecstasy is considered a serotonin depletors or serotonin releasing agents. Its function is the chemical neurotransmitter substances and named as 5-hydroxytryptamine or 5-HT that has the chemical structure as following:



Serotonin, 5-HT

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Its has a several role for our body that caused any reactions in the central nervous system such as anxiety, depression, obsessive-compulsive disorder, and schizophrenia.

Serotonin was extracted from the human blood firstly at 1948 and discovered that Serotonin was a synthetic substance in the central nervous system for the chemical neurotransmitter. From the study found that it related to the body working within 3 parts as:

1) Small intestines that make higher squeeze.
2) Large blood vessel that all contracted.
3) Central nervous system

Taking MDMA or MDA by eat in capsule or tablet form. The generally description is a flat tablet, a smooth or swell side or a line to half. The rest side is image printing or any alphabetic such as flower, butterfly, cartoon, or alphabetic such as Adam, or Love, etc.

Martin and group had divided the psychedelic drugs into three groups i.e. LSD-like, amphetamine-like, and mixed. So ecstasy contained the effects of LSD and Amphetamine categorized in group three, thus received it caused the central nervous system stimulated. At a result that the drugs addict will funny, happy, visual illusion, auditory hallucination, confusion, anxiety, tachycardia, hyperthermia, respiratory rapidly, sleepless, pinked muscles, and active. The effective is starting after taking within 30-45 minutes and consistence about 6-8 hours and wiped out by sweat, and urinate within 72 hours.

Mechanical of the pharmacology effects of ecstasy

According from the animal experiments discovered that when the ecstasy effected and in the brain of the animal, so make a large number of Serotonin released into the gap of the nervous cells center, which use the serotonergic nerve as a transmitter in the cells. The method is ecstasy try to destroying the nerve net that

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functioning as the serotonin releaser, and then a result to serotonin gushed out the cells as well.

Symptoms

It creates after the taking within 4-6 hours as the positive mood state and euphoria, intimacy, verbosity, tachycardia, jawtension, and hyperthermia.

When fade, the next 24 hours generated the drowsiness, muscle aches, facial muscle aches, depression, and concentrate less.

Poisoning reaction of MDMA taking

It performed by the nervous system that is the visual illusion, extremely hyperthermia, muscle and kidney disorder, paranoia, confusion, depression, anxiety, feel queasy, blurred, and high sweat. In case of overdose received, as tachycardia, hypertension, muscle tension, fearfully, coma, respiratory system failure, shock, and also die.

Amphetamine and derivatives

Background of amphetamine

It firstly synthetic at 1887 as “Amphetamine sulphate”, by a German scientist Edeleano that contained the nervous stimulate effected as called “nervous stimulate drugs”. Subsequently at 1919 by a Japan scientist A.Ogata can generated it derivative of amphetamine as “Methamphetamine” and eventually at 1928 discovered that its formula was similar to ephedrine that had the properties to relief the catarrh due to its effects of trachea expanded and also asthma treated, by Dr. Gordon A. Alles.

Amphetamine available firstly in drugs for traded at 1932 called benzedrine, as smelling salt contained 250 milligrams that equal to currently amphetamine 25-50 tablets.

At 1936 the drugs company could produce the tablet benzedrine and it’s propagandized in upon 39 diseases treated properties such as mental disorder,

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depression headache, hypotension, seasick, and also pregnant disease. It affects created dexterity, strengthen, active, and was a home medicine subsequently due to the popular of amphetamine as well.

In 1937, according to the studied of Minnesota University, USA discovered that the majority of youth widespread used the amphetamine in the wrong purposes.

In 1938 the Food and Drug Administration of USA declared the benzedrine used must attached directly to the prescription and not used as a home medicine any more, hence, the benzedrine drugs had out of the market so far.

A large number of amphetamine used appeared among the world war 2 because it could generated the courage of the Army and also get set to the war anytime. Whereas Japan used the methamphetamine in the weapon factory for increasing the products, nevertheless Japan was loss the war so all the peoples came to the depression disease. It was a right time presented by the Drugs Company that amphetamine can create the cheerful and actively and so the government of Japan immediately permitted for sales and, the amphetamine addicts reached 2 millions Japanese that from the whole population at 84 millions. Thus, the government foreseen the disaster so attempted to quelled the amphetamine by took 4 years in the processed absolutely. However, amphetamine spread subsequently into Korea among Korea war as well, it used by American soldiers at most by ate and injected. So after the war a large number of Americans had amphetamines addicts by the injected suggested of American soldiers.

Due to the nervous stimulant drugs caused many of problems so the several countries gave the strict more and the law of this drugs issued by USA in 1970.

For Thailand, the proceeded of amphetamines controls in 1955 at first under the Ministry of Public Health in regard to the Dangerous Drugs by the Drugs Sold Act 1950. The declaration specified that all synthetic medulla stimulant drugs were dangerous and this section has been in forced since 30 April 1955. All this could

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controlled the amphetamines as a dangerous drugs, but however, could stopped the spread of amphetamines as far as a first wave in the period of 1958-1967.

Then amphetamines came to the rare products so the look-alike drug, which as same appearances, were occurred in 1980-1988 but contained other nervous stimulants ingredients as a second wave of Thailand such as caffeine, ephedrine, etc.

Whereas the west the third wave of stimulant drugs occurred since the middle of 1987, which appeared a new description of methamphetamine that called “ICE”, by an illegal trader synthetic. The taking method is to inhaling the smoke into the lung, it became a fashion among USA, Europe, Japan, and Philippines.

In Thailand after 1988 the most amphetamines in dark markets was contained methamphetamine as an importance ingredient and the appearance was changed. Moreover, according to the study found that the most of chemical laboratories not used the high technology anywise. The methamphetamine synthetic used the ephedrine so that controlled by the Ministry of Public Health specified ephedrine and psudoephedrine were type 2 effects material prohibit the production, sale, import, or processions as the Amphetamine and methamphetamine as well.

Meaning and type of amphetamine

Food and Drug Administration under Ministry of Public Health (11) gave a meaning of amphetamines as a narcotics type 1 by the Narcotics Act, B.E. 2522 i.e. amphetamines group, phemoline, pipradol, methylphenidate, were contained the stimulants effected to central and end nervous systems that make alert feeling, active, and also tireless.

Supat Theeravatecharoenchai (12) remarked upon the meaning of amphetamine as the nervous stimulant drug in the amphetamines group that effects to the central nervous system. Its as illegal type and synthesized. The production start from the preparation of substances such as ephedrine that the third type affected materials for methamphetamine hydrochloride produced or the amphetamines as the

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second type effected materials. The process is take the staring substances reaction with some substances such as thionyl chloride, sodium acetate, and together with some solvents such as Acetone, chloroform, ethanol, isopropanol, and alcohol. All made dry after the chemical processed so created the white crystal that is the amphetamines elite and then to mix with the other substances for increasing and compressing into the tablet.

Type of currently amphetamine provided in three patterns as below:

1) Amphetamine sulfate; was well known firstly as a universal drug by legal produced and burnable.

2) Methamphetamine, produced by the Japanese chemistry for the treatment of asthma disease better than the amphetamine sulfate. It's burnable in 300-400 ^{o}C and taking by the inhalation.

3) Methamphetamine hydrochloride; differing from Methamphetamine in a low melting point. It burnable and seem that currently amphetamines in Thailand contained this one as well. Because of the amphetamine can evaporate under room temperature so the producers always put some substances such as the metal, formalin, or grass eradicable drug, into amphetamine for come to a stand tablet and un-fragility. Furthermore, it generated more smoke when burned and preferred by the drugs addicts due to the currently trend is to inhaling the smoke that covered by the foil to the mouth (13). Sanoh Thianthiong, Minister of Interior at that time declared on 16 October 1996 that changed the amphetamines from "Ya-Ma" into "Ya-Ba" because he wanted to understanding the peoples known its effected into the mental disorder and eventually the madness. Medicinally, the changed name reason was the ingredients changed from purely amphetamine into methamphetamine hydrochloride, mixed with the caffeine, and ephedrine, which named "Ya-Ma-Plom"

Category and description of amphetamines drugs

Ya-Ba or methamphetamine is the white crystals, smell less, and a few bitter. A gram of methamphetamine can dissolve in water obtained 9 cc and 500 cc of alcohol. The methamphetamine powdered dissolvable in ether. The solution of methamphetamine is provided acid effects when tested by lismus paper.

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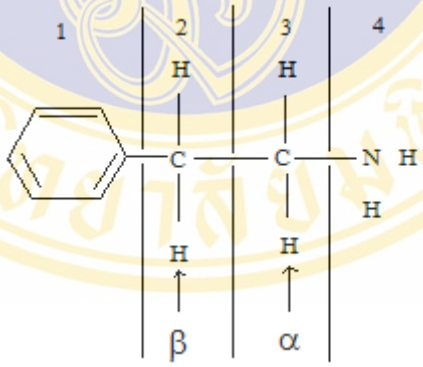
In circumstance of pure, methamphetamine is liquid, colorless; evaporate able, unique smell (Geranium leaf), and sour taste. The majority of tablet methamphetamine is various in sizes; some smooth skins or center bevel or divided into four sections. The shape may be circle, heart, or square, and the spotted colors such as brown, yellow, and also shrimp paste color, etc. Some kinds enameled by sugar or in form of transparent or thick capsules and colorful. Currently found is in the circular tablet, flat, diameter as 6-8 mm and the thick as 3 mm, a tablet weight as 70-100 milligram. Its color provided in white, orange, brown, yellow, and spotted line. The most signs found are MY, 44, M, 99, and head of horse at center of the tablet etc. while the injection amphetamine is provided in the tube or mixed with the foods or beverages.

Chemical information of amphetamine and derivatives

The amphetamine and its derivatives are the organic compound that in the Phenyl ethylamine group, and its molecules contained the atom of Phenyl, Aliphatic 2 carbons (-CH2-CH2-), and Amino (-NH2). The form of these atoms are as following:



Atoms, which close to the amino are called “Alpha carbon” while some close to the phenyl, called “Beta carbon”. The arrangement of atoms for this group is always based on pattern mentioned above. The effects of phenyl ethylamine are central nervous system stimulant.

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Shape of methamphetamine and the taking method

According to the reported of methamphetamines arrested results from any countries to the Drugs Commission of United Nation in 1999 concluded that the shape of methamphetamine provided as followings:

1) Capsule or tablet or pill as the general drugs.

2) Powder.

3) Transparent solvent contained in the glass tube as the injection.

4) Transparent crystal lump as the ice.

It difference in the taking method that based on the shape and also have a differing effects to the body as followings:

1) Capsule or tablet or pill as the general drugs.

It has the slang words such as the previous in Thailand as “Ya-Ma” and “Ya-Ba” for present. In instance for USA called Speed, Meth, or Chalk, etc. The commonly method is swallow the pill or capsule into the stomach and a minority is taking by other methods. Unless in Thailand that taking it by burnt and inhale as the cigarettes and became the most popular for Thai teenagers as well.

2) Powder

This form of methamphetamine produced by foreign countries, into the salt such as methamphetamine hydrochloride, which is the most popular and named “Crystal” or “Crank” due to it provided white powdered form. The most of taking method is the directly inhale to the nose and the rest is to dissolving in the water and filtered by the cotton wool or paper and then contain it in the hypodermic syringe inject into the black blood tube.

3) Transparent solvent contained in the glass tube

This form is found only the abroad and its shape is brown color or transparent glass tube that contained the transparent substance. Conclusion, it look is similar to generally injection drugs as well. The method is injected into the black blood tube that immediately effected to the body and also high acute effects.

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4) Transparent crystal lump as the ice.

This shape called by the taking persons as ICE or GLASSES that due to its shape similar to the ice or crystal as well. It has purely value reached nearly 100% and evaporates able when heated. Thus, it taking by the inhalation at most.

Time of Effected

Smoke or vapor as	immediately
Inhale by nose as	3-5 seconds
Inject into black blood tube as	15-30 seconds
Eat as	30 minutes

Its effects stand in 8-24 hours so the repeated taking in a day will generated the high quantity of Methamphetamine in the blood, hallucination or violently mad.

Pharmacokinetics

- Distribution: This drug can pass through the blood brain barrier and many found in the brain, spleen, and liver.

- Absorption: it good in both the respiratory system and gastrointestinal, it takes effected 2-24 hours.

- Elimination: 75% of amphetamine is stand in it shape but the rest is metabolized by monoamine oxidize.

- Excretion: it excreted by urinate and so found that can verified within 1-2 hours after used the drug. In case of the urinate is acid state (pH less than 6), half-life between 8-10 cm, which 70% will excreted within 24 hours, and 90% in fourth first day. In case of the urinate is alkali state (pH less than 7.5), half-life between 16-31 cm, which 45% will excreted within 24 hours, and 70-80% in fourth first day respectively.

Pharmacology Effects

Suchart Roawboribut (14) explained the effects of amphetamines as followings:

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Effects to the central nervous system; amphetamines provided the central nervous system stimulants, sleepless, merriment, tireless, and happy. In case of overdosed generated the panic and psychosis.

Effects to the cardiovascular system; it stimulate the heart and generated the tachycardia, headache, blood circulation failure, and chest pains.

Effects to the respiratory system; it created the higher respiratory rate.

Effects to the Gastrointestinal tract; dry mouth, hungry less, squeamishness, diarrhea, cramp in the stomach, and also the sex feeling changed.

Endurance and use drugs: the regularly uses of drugs made the drugs endurance so it have to increase the dose and generated eventually the use of drugs both body and mind. Mentally is about the thinking, mood, and when quit immediately so as these symptoms i.e. exhausted, sleep as coma, nervousness, extremely hungry within 3-4 days. After stopped the drugs may occur the Rebound phenomena of mood from the alert into the depression and subsequently also suicide.

Possible effects: alert, excited, fancifully, hypertension, sleepless, and hungry less

Withdrawal symptom: there are the symptoms after the effected of drugs as negligence, long term sleep, angry fully, depressed, and environment careless.

2.1.3.2 Type 2: general Narcotics

Morphine

Generic name: Morphine

Alternate name: Cobies, Cube, Miss Emma, White stuff

Scientific name: 3, 6-dihydroxy-N-methyl-4, 5-epoxy-mophinen- 7

Morphine is the most importance alkaloid of the opium that makes the intoxicated effects. Serturner, a German, the first extracted morphine from the opium in 1803 and its effects as press the central nervous higher than the opium about 8-10 times, nevertheless, morphine is synthetic able but it difficulty than natural sources. Its can create the other substances when the structural formula was changed such as change the hydroxyl group in third position into methoxy group so create Cocaine that combined with the cough and pain relief effects, and the change of hydroxyl group in

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third and sixth positions into acetyl group so generate Heroin that categorized the higher acute drugs than morphine as well.

Physical feature

White or white-gray, smell less, bitter, higher effects than opium at 8-10 times, habit easily, tablet, powder, and also lump or tube contained for injection. That most method is injection. It provided two forms i.e. Free form and salt such as sulfate is the most, hydrochloride, acetate, and tratrate.

Morphine effects categorized in the nervous sedative drugs

1) Effects to cerebral cortex brain, which make the feeling nervous center numbness and to be the cause of illness or tired was fade downed, and the concentrate was also decreased. The changed of these two mentioned above generated the mental symptom i.e. the happiness of its user as well.

2) Effects to medullar centers brain, that make the slow respiratory rate, less cough, whereas also stimulate the vomit control center and vegas nervous generated the low pulse rate and all this are the cause to use the morphine in some heart attacks disease treatments and the body was rested.

3) Effects to spinal cord that generated the higher reflex reaction or active while it also sympathetic nervous press that created the happiness because the body was worked less.

4) Other systems as followings:

a. Gastrointestinal tract system discovered that morphine make any anus muscles huddled as the constipated, while created the higher work of gastrointestinal muscles due to it have to pushing the feces out and some, however, may be together with the vomit from the too higher work of gastrointestinal muscles.

b. Urinary tract system: morphine make the anus muscles of urinary bladder huddled and do difficult to the urination or unusual although the work of urinary bladder muscles were worked hard.

c. Circulation system; normally dose is not much effects to this system but discovered that the blood vessel in stomach were huddled and while general end blood vessel were expanded.

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Morphine can relieving the pains by following methods:

1) Keep higher restrain for any pains based on the cerebral cortex nervous center was pressed. If it is a medium pain so be able to disappear, but in the other hand, higher pains such as a burning pain so it can come to the obstinate pain.

2) Keep higher moods level that create the comfortable.

3) Wipe the anxiety out and also the concern, and fearless

Withdrawal symptom

Vomit, squeamishness, constipation, facial itch, pink eyes, stupor, sleepy and also environment careless.

Opium

Alternate name: Papaver somniferum, and Papaver bracteatum (botanical name), Moo (opium mixed with the strong chewing tobacco, pipe tobacco smoking mixture, betel, young leaves, or the marijuana)

Effected chemical substance: Morphine and alkaloid of opium.

Opium is a compound that made from the opium resins contained with several chemical substances such as protein, mineral salts, resin and organic acid. It is the alkaloid and can divided into two types of effects as followings:

Type 1: intoxicated symptom and it is the narcotics directly. In the pharmacology aspect considered that this type of alkaloid is the hypnotic and the most effective in the opium is morphine.

Type 2: the muscles were slacked and so the pharmacology aspect considered that this type of alkaloid is not drugs, and the most importance substance is papaverine.

Physical feature

Opium is made from the opium fruit that contained white color when ripped. Some rather tan color when aired into the brown or black sticky resin, with a raw smell and bitter, called “raw opium”. Whereas the opium to taking called “prepared opium” that made from the boiled of raw opium as well.

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Drugs effects

- Nervous system sedative
- Habit both body and mind.
- Contained the withdrawal symptom in the body.

Symptom of addict

Drift mind, sleepy, stupor, the crystalline lens of the eye was half-closed, slower thinking, hungry-less, and slow pulse.

Medicinally also use the opium as the medicines as followings:

1) Raw opium i.e. the opium from its resin without any compound.

2) Prepared opium such as the simmered opium and conclude that it used in the previous.

3) Granulated opium, its features as brown powdered, contained with the morphine about 10-10.5%. The past had been used it for the treatment of dysentery and diarrhea.

4) Powdered opium, its higher powdered than the third subject above but used for the same purposes.

5) Tincture of opium, landanum i.e. the tincture contained the concentrated of opium at 10%, or has the morphine one gram in the alcohol 100 cc, and 0.5 cc for a dose.

6) Camphorated tincture of opium, paregoric i.e. the tincture contained the concentrated of tincture of opium at 4%, or morphine at 40 milligrams in tincture 100 cc. This drugs is not under the bad-effect Act due to it contained the quantity of morphine less than ¼ grains or equal to two grains of opium in 30 cc. Additionally, it couldn’t used as the narcoticss because too lower effects, but however, in case over ate will generated a queasy feeling in the stomach because the camphorated effects.

7) Dover’s powder is a drug that mixed from the 90% of powdered opium and 10% of ipecac. It’s used for the dysentery and diarrhea treatments, the dose at 0.4 grams. Additionally, it couldn’t use as the narcoticss because too lower effects, but however, in case over ate will generated the vomit. It also not under the Bad-effect Act due to it contained the quantity of morphine only 1/12 grains.

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Cocaine

Generic name: Cocaine

Alternate name: Coke, Snow, Speed ball, or Crack

Scientific name: Methyl ester of benzoylecgonine

Physical feature

Cocaine can divide into two main groups' i.e. cocaine base and cocaine salt such as cocaine hydrochloride, and cocaine sulfate.

Cocaine found in Thailand consisted two kinds i.e.

1) Powdered cocaine, it white powdered, bitter, and smell-less.

2) Free base, and crack.

Cocaine is a natural substance that extracted from Erythroxylum coca, which is a plant in the South Africa such as Peru, Bolivia, and Dominican, etc. Its effects are extremely stimulate the central nervous and also are a specific remedy.

The most of cocaine taking as following forms:

1) Cocaine hydrochloride is white crystal powdered and by inhales into the snot or dissolved for injection.

2) Free base cocaine is white or brown solid lump and has an especially name as Carck or Rock, by smoke to the lung.

Physical effects

Alertness and strength. The most clearly symptoms are hands shiver, hypertension, tarchycardia, hyperthermia, coma, respiratory system failure, and may die.

Mentally cocaine taking

The cocaine addict is prefer in euphoria at a short term and when stopped taking they may extremely nervous and anxiety, weakness, and also downhearted. So the majority of addict prefers to taking for a long that generated the overdose

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problems as the respiratory system failure, heart failure, brain blood vessel broke down, and dies.

Codeine or Methyl morphine

Codeine is an alkaloid of opium, the concentrated at 0.7-2.5%. Apart from it is a drugs, it still can produce into the derivatives. Codeine is made from the Morphine or directly extracted from the opium that firstly at 1832 and its effects are similar to morphine but lower approximately 1:6. It's used for pain relief, cough, and diarrhea medicine. It available by the sulfate salt form i.e. Codeine sulfate, and salt sulfate. The majority of codeine in USA is made from the morphine synthetic under the O-methylotion process.

Chemical formula: $C_{18}H_{21}NO_3$

Pharmacokinetics

Codeine is a pro-drug because its metabolite effects in pain relief medicine are morphine. It seems less acute than morphine due to only 10% of codeine changed to morphine and the addiction ability is also less. In quantity theory, codeine in eat dose at 200 milligrams is effected same to morphine 30 milligrams ate, and the changed of codeine into morphine occurred in the liver by the CYP2D6 enzyme.

Specification

Permitted to use the codeine as below:

- Cough syrup
- Diarrhea medicine
- Pain relief

Side effects

The side effects that result from use codeine as below:

- Itching
- Nausea
- Vomiting
- Drowsiness

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- Dry mouth
- Miosis
- Orthostatic hypotension
- Urinary retention
- Constipation

Codeine derivative

Three substance are produced from codeine as below:

1) Eucodal or Eukodal: white powdered as codeine and available used in Europe. The usage is similar to codeine and morphine, but higher acuteness contained. The dose is 3-5 milligrams and habit easier than codeine.

2) Dicodide, hycodan; white powdered as codeine dilodit and morphine. The acuteness is same or higher than morphine and used as the cough syrup. Available used in Europe and habit easier than codeine, the dose is 5-15 milligrams.

3) Nalorphine, N- Allylnor morphine, a new medicine and produced from USA. It is the white powdered and contained the chemical formula closely like morphine. It used for the medicines withstands the morphine affected, heroin, and methadone. Moreover, it's used for the addict's tests.

Methadone

Methadone is a synthetic substance in diphenylpropylamine that used for withdrawal symptom relief particularly opioid group. It feature is white powdered and the generally effects same to morphine but for many times ate generated a long term effected. The absorption is well by eaten or muscular injected. It available sale in Thailand as the tablet that each at 5 milligrams, with the 10 milligrams/milliliters of water medicine under the Drugs Materials Control Division of Food and Drug Administration, Ministry of Public Health. Methadone sold to the addicted treatment institute was the water medicine that for protect the wrong purposes used of the patients, in the other hand the tablet form frequently used in the pains treatment particularly in the cancer.

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2.1.3.3 Type 5 drugs beside the 1-4 type mentioned above such as Marijuana, Psilocybe mushroom, Kratom.

Marijuana

Marijuana is an annual plant of grass and derived from the cannabis family that 3 species i.e. Indica found in Asia, Sativa majority found at America continent, and Ruderalis found in Russia. The used of marijuana since over 5,000 years ago. It seems used as the medicine and the name differently in the respective country such as called Canabis Indica in India, and Canabis Mexicana for Mexico, and also botanical named Canabis Sativa. Furthermore, the name of marijuana is also differing in each country namely Indian hemp in England, marijuana or marijuana for Mexico, Hashish for the middle east, Kif for Morocco and Algeria, Dugga for South Africa, Bhang or Charas for India, and Kunja for Thailand.

It can divide into two types, firstly, planted for the weave and less effected given to the nervous. The rest is contained the acute effected so that planted for the drugs specially. The marijuana plant is both male and female, which all contained the nervous effected substances. Nevertheless, the most used the female due to it contained the bunch and leafs that the highest quantity of the effective substances particularly the tops of female called “Kareekunja”. While the parts taken for used as the drugs are stalk, branch, leaf, and the top of bunch, all this exposed and roasted and then grind or slice into the rough powdered. And then crammed in the cigarettes (differ from the generally cigarette that the filling is green, not brown and also contained the smell like the burned dry grass), or may be used by the pipe for smoking marijuana, or chewing, or mixed to the food. In present day, apart from the fresh or bar of marijuana, it also found in the Hashish Oil form that is the black or dark brown liquid. It derived from the extracted processes of marijuana and then got the oil that has the effected substance at 20-60%, or may be found in the Hashish form that the dry resin derived from the leafs and tops of the bunch of marijuana. Generally discovered that it higher effects than the fresh marijuana and the quantity of nervous effect substance at about 4-8%.

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Marijuana contained a number of cannabinoids substances that the most effective is D9-tetrahydracannabinol (THC) that categorized in type 1 of the materials effects to the mind and nervous based on the Act 1975. The studied of THC effects are leading to the production of Dronabinal (Marinol), which ingredient with THC used for the cancer patients by chemical treatment for squeamish protection and also increasing the hungry of AIDS patients.

Pharmacology effects

Central Nervous System

- Happiness with laughingly and verbosity, and relaxation.
- Higher senses nervous
- Confusion, concentrates less, loss memory.
- Sleepy

Cardiovascular System

- Tachycardia
- Hypotension, pink eyes, blood vessel expanded.

Respiratory System

- Membrane irritated, Trachea expanded.

Gastrointestinal System

- Stimulate the desired of food
- Dry mouth and throat.

According to the study found that the Marijuana is a higher acute drug unpredictable. The marijuana addict in a large quantity of a long term generated the weaken body and could not do any works particularly labor, thinking used, and decision. Including the Amotivation Syndrome that is the lack of motivation that strongly effects to the works and life as well. Additional, created the deficiency of body protection, infect able, like the HIV patients, also the higher risk of lung cancer than in than the cigarette smoking at five times. Chromosome was destroyed for the pregnant woman taking the marijuana and that cause any unusual of the baby such as brain nerve, DNA and sex hormone, etc. The marijuana is also decreasing the

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testosterone hormone in male and additional effects to drift, fancifully, confusion, and to hallucination.

Kratom

Kratom is a stimulant drug as cocaine, a perennial, which in the Rubiaceae family and mostly found at Asia particularly Thailand and India. It not have Western named, the followings are the types of kratom found in Thailand:

1) Mitragyna Speciosa is currently used for drugs taking in Thailand and has the alternate names such as Kratumkoke, Kratumpie, and Tom.

2) Mitragyna Brunosis is not available for herbal properties.

3) Kratom Kee-moo is not available in botanical named and its leaf used instead the kratom but less than effects.

Importance substance for addiction

I.e. Mitragynine that contained the brain nervous stimulants effects for ache relief, cheerful, work hard, and work hard in the sun. Additionally, in case of over taking have the frantic symptom, squeamish, vomit, and weaken body, constipation, green feces as goat, dark skin, violently mad, and mental disorder easily. The taking methods are tea, smoke, and chewing.

Pharmacology effects

Kratom leaf has the several of alkaloid that effects in pains relief, CNS stimulant, and its properties like codeine but less in side effects. In circumstance of overdose, it as opium and marijuana that is the sedative effects.

Ancient pharmacy of Thailand used its leaf cooked as the dysentery medicine, stomachache, diarrhea, exhausted, and also the nervous restraint medicine.

Withdrawal symptom

The addicts' symptoms are similar to in opium but lesser effects. And together with the irritable, fly into a rage, a few agitated, drowsiness, dazedly, big

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muscular and knuckle pains especially in legs and waist, laziness, spasm, fed up with foods, and sleepless.

Psilocybe mushroom

It is a plant that has a scientific name as Psilocybe cubensis Sing in Strophriaceae family. It is a poisoning mushroom sprouted on the dry excrement of buffalo. Its color is yellow like the dry straw and the top is dark brown and black, Stalk has a white thin tissue spread around. It found in all regions of Thailand and a certain diameter is 6.5-8.8 cm at it cap, and 5.5-8.0 for high of trunk and 0.8-1.0 cm respectively. It well known for tourism as magic mushroom, and contained two of chemical substances i.e. psilocybine and psilocine. Namely when psilocybine already in the body it changed into psilocine for extremely effects to the nervous system such as squeamish, vomit, hallucination, confusion, unable to directional control, and chanced of thinking and moods as LSD. Both two substances are not used for medicinal purposes.

Its dangerous is generated the mental disorder, drunk, exhausted, vomiting, hallucination such as seen the spider or unusual animals down to the stomach, felling like pierced by the needle, and heard the thunder. In case of a long term of used have to increasing it dose, and however, overdose can result to die absolutely.

2.2 Narcotic Addicts Rehabilitation Act, B.E. 2545 and Important Section

In the past of Thailand had the addict treatment in two systems i.e. Voluntary system, that under the Department of Medical Service, Ministry of Public Health. The rest is Correctional System, under the Ministry of Justice, and Penitentiary Department of Ministry of Interior. Both two systems above have many of deficiency result to the previous treatment were unsatisfied. Thus, in 1990 (government of general Chartchai Chunhawan), Office of the Narcotics Control Board had issued the Drug Addict Rehabilitation Act, which was a forced system. By in

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charge of the Prime Minister and under controlled of the Office of the Narcotics Control Board. Subsequently when the commissioner of House of Representatives considered the Act, it changed into under the Ministry of Justice that based on the Act of 1991. The minister had assigned to the Penitentiary Department to responsible, but however, it not available used due to some sections was limited the individual right and liberty. The other importance reason was not clearly to separate of drugs illegal performed to the patients for reached the process. So the problem increased and the concept that wanted everyone could look after the drugs addicts as any diseases patients as well.

So the Ministry of Justice had rectified above Act for the forced completely and related to the principle of the Constitute of Thailand 1997, and according to the policies together with the concept in the scope of the process to covered both the addicts and also possession, addict and possession for sale, and addict and a few seller, including the children and youth that infringed the law. Additional to expand the locations such as the militaries places, the nursing homes under the Ministry of Public Health, and others places, all this, which attempted to solve the problems. Hence, as a result to set up the Narcotic Addicts Rehabilitation Actof 2002 in place of 1991, and had declared in the government gazettes of a royal decree 119, episode 96a, 30 September 2002 and has been in forced since 1 October 2002.

2.2.1 Advantage of the treat forced system by the Narcotic Addicts Rehabilitation Act, B.E. 2545 (2)

1) To the addict

- The addict forced to the processed completely that the addict have to strengthen to quit the drugs absolutely, or at least a long term of stopped taking prior to retaking.

- The treat forced system maybe the pushing way to the addict reached the voluntary system because they do not want to take a long time for the processed as well.

- The rehabilitate addicts have a chance to develop him for back to the social and also create the common good henceforward.

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2) To the social and nation

- To cut the addict off completely from the trader by the treatment.

- Decrease the criminal problems

- Decrease the quantity of case about the violated by the Bad-effects Drugs Act.

- Decrease the quantity of prisoner about the violated by the bad-effects drugs.

- Promote the government's policy in regard to the drugs problems solved.

- Decrease the drug spread problems and also AIDS.

2.2.2 Abstract processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

1) When suspect was arrested based on the infringed of section 19, the investigator must take the suspect to the court within 48 hours, and in 24 hours in case of under 18 years, for the considering to the addict or taking prove.

2) Court makes an order to conduct the suspect to prove process, which for finding out the addict or not by inform the sub-committee in the area.

3) The sub-committee of the rehabilitation of drug addict informs the staff to record the personal information, the behavior of making a mistake and the defenders' surrounding. After that, the drug addiction is proven within 15 days after taking them to be responsible.

4) The sub-committee of the Rehabilitation of drug addict examines the drug addiction as follows;

- If the defenders are addicted to the drug, the sub-committee of the rehabilitation of drug addict will set the drug addicts' treatment program and inform the result to the investigators or the prosecutors for taking another action.

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- If the defenders are not addicted to the drug, the subcommittee of the rehabilitation of drug addict will report the result and take them back to the investigators or the prosecutors for taking another action.

5) According to the rehabilitation of drug addict program, each time the performance will be last not more than 6 months. If the sub-committee of the rehabilitation of drug addict is not pleased with the performance, it will be performed whatever how many times it takes. Each time it takes not more than 6 months. The overall performance is not more than 3 years.

6) The sub-committee of the rehabilitation of drug addict examines the drug addiction results as follows;

- The defenders will be exonerated and released if the performance is pleasing. The subcommittee of the rehabilitation of drug addict will inform the investigators or the prosecutors.

- If the performance is not pleasing. The sub-committee of the rehabilitation of drug addict will report to the investigators or the prosecutors for taking another action.

7) To pursue the performance is the process that is not set in the Narcotic Addicts Rehabilitation Act, B.E. 2545 of drug addicts' treatment. The behavior conduct office will send the record to "the fighting for drug center" in the area of management. It will be further conduced by potency kingdom process in their communities.

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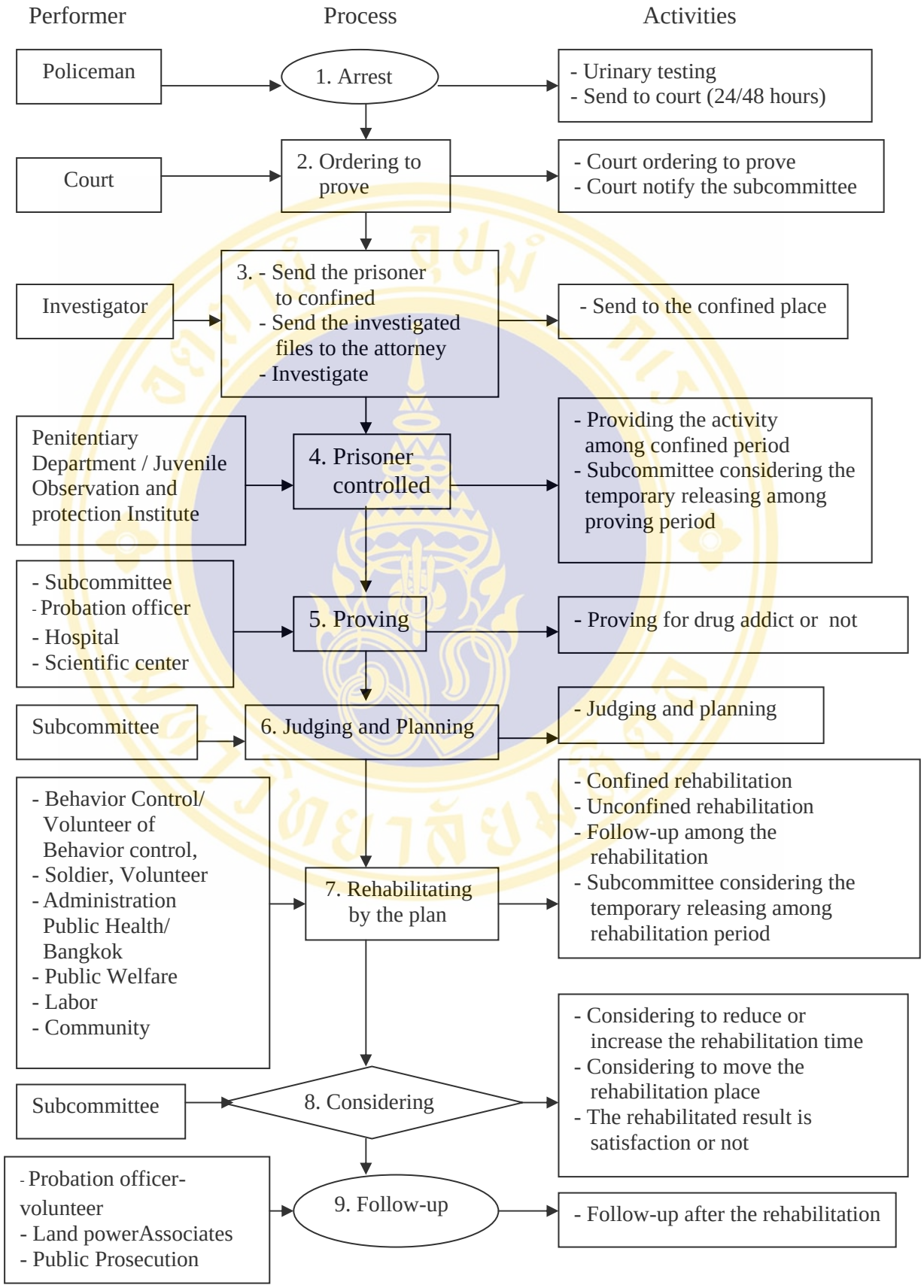

Figure 1 Process by the Narcotic Addicts Rehabilitation Act, B.E. 2545

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Section 1 This Act is called “NARCOTIC ADDICTS REHABILTATION ACT, B.E. 2545”.

Section 4 In this Act,

“Narcotics” means the narcotics under the law on narcotics and narcotics under the law on narcotics control;

“Narcotic addict” means habitually consuming narcotics and being in the state of narcoticdependence whereby such state iscapable of being identified on a technical basis;

“Rehabilitation” means any act for the treatment of narcotic addiction and for the rehabilitation of actthe physical and mental conditions of a narcotic addict including to cure of the physical and mental conditions of a narcotic addict to return to the normal state;

“Committee” means the Narcotic addict rehabilitation Committee;

“Competent official” means the Director of rehabilitation centre or a person pointed by the Minister for the execution of this Act;

“Minister” means the Minister having charge and control of the execution of this Act.

CHAPTER 1
Narcotic addict rehabilitation Committee

Section 12 The Committee shall consider to appoint a sub-committee of Narcotic Addict Rehabilitation in the localities where appropriate, consisting of the representative of Ministry of Justice as the Chairman of the sub-committee of Narcotic Addict Rehabilitation, one medical doctor, one psychologist, one social worker and not exceeding two members appointed from the persons who have the qualification according to prescribed in Ministerial Regulation as member and one representative of the Department of Probation as member and secretary.

The medical doctor according to the paragraph one shall be considered to appoint from the psychiatry doctor, if may not appointed the psychiatry doctor it shall appoint from other medical doctor who is appropriate.

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The number of sub-committee of Narcotic Addict Rehabilitation would be had how many, the Committee shall consider to appoint in regarding to the amount of cases relating to narcotics which occurred in accordance with that area.

The section 9 and section 10 shall apply to the sub-committee of Narcotic Addict Rehabilitation mutatis mutandis.

Section 13 The sub-committee of Narcotic Addict Rehabilitation shall have the following powers and duties:

(1) to consider to decide whether the persons committed for identification is a consumer or an addiction or not

(2) to follow-up and supervise the detention of alleged offender during the identification or rehabilitation for the execution accordance with rules prescribed by the Committee.

(3) to consider the transfer of persons committed for narcotics dependence treatment or committed for rehabilitation from a rehabilitation centre to another rehabilitation centre, including to consider to reduce or extend the duration of rehabilitation;

(4) to consider to grant provision release of the person committed for identification or the person committed for rehabilitation;

(5) to inform the result of identification or the result of rehabilitation to the Committee, inquiry official or prosecutor, in case depend upon.

(6) to consider the rehabilitation plan for the alleged offender who was charged to committed the offences that required under section 19;

(7) to follow-up and supervise the rehabilitation of the persons committed for rehabilitation within its territorial jurisdiction which in accordance with rehabilitation plan.

(8) to consider the result of rehabilitation under section 33;

(9) to submit the recommendations to the Committee in respect of the identification procedure and rehabilitation procedure;

(10) to perform other acts under the laws required for the powers and duties of the sub-committee of Narcotic Addict Rehabilitation ;

(11) to consider other matters as entrusted by the Committee.

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Rules and procedures in the consideration under section (1) (3) (6) and (8) shall be in accordance with the regulation prescribed by the Committee.

CHAPTER 2
Localities for Identification and Rehabilitation

Section 17 Each rehabilitation centre shall have one Director of the rehabilitation Centre as the superior official responsible for the performance of official duties thereof and having the following powers and duties:

(1) to identify the consumption or the narcotic addiction of the persons committed for rehabilitation where admitted under section 19; narcotic

(2) to detain the persons committed for identification or the persons committed for rehabilitation during the identification or the rehabilitation and supervise such persons to comply with various rules, conditions and regulations;

(3) to carry out the rehabilitation of the persons committed there for in accordance with the rules prescribed;

(4) to follow up the result of rehabilitation of the persons granted provisional release;

(5) to prepare a report on the result of the consumption or the narcotic addiction identification, including the result of the rehabilitation to be submitted to the sub-committee of Narcotic Addict Rehabilitation ;

(6) to issue regulations of the rehabilitation centre for the execution of this Act ;

(7) to perform other duties as entrusted by the Committee or sub-committee of Narcotic Addict Rehabilitation.

Section 18 In the case where it is appropriate, the Minister shall have the power to notify in the Government Gazette requiring the institution for treatment, the institution for child and youth obligation and protection, the institution of government or other institutions to be the locality for identification, rehabilitation or detention where out of the rehabilitation centre. In this case, the sub-committee of Narcotic Addict Rehabilitation shall have the power to require the supervisors of such

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localities have any powers and duties likewise the Director of Rehabilitation Centre under section 17 which suitability for such localities.

CHAPTER 3
Rehabilitation

Section 19 Any person who is alleged to consume the narcotics, consume and have in possession the narcotics, consume and have in possession for the propose of disposal or consume and dispose the narcotics which character, type, category and quantity prescribed in the Ministerial Regulation, if he does not appear to be the alleged offender or to be prosecuted for other offences which punishable with imprisonment or to be imprisoned by judgment of court. The inquiry official shall transfer the alleged offender to the court within forty eight hours from the time when such alleged offender came to the office of the inquiry official for the court to consider and issue the court order to transfer such alleged offender for the identification of narcotics consumption or narcotic addiction, except there is a crisis cause or other necessary cause risen from such alleged offender or from the changing of circumstance which can not transfer the alleged offender to the court within the time as above mentioned.

If the alleged offender has not yet completed eighteen years old of age, in the proceeding under paragraph one. The inquiry official shall transfer the alleged offender to the court for the court to issue the court order to identify within twenty four hours from the time when such alleged offender came to the office of the inquiry official. The transference for identify of consumption or narcotic addiction, the court shall consider to narcotic transfer the alleged offender to detained for identify at the rehabilitation centre, the locality of identification, rehabilitation or the detention that prescribed in the Ministerial Notification. The court, when taken into consideration together with the age, gender and the individual specific character, shall inform the sub- committee of Narcotic Addict Rehabilitation to acknowledge.

The inquiry official, during the identification and the rehabilitation, shall continue the inquiry proceeding and when has inquired, the inquiry official shall consign such inquired record to the prosecutor without the transfer alleged offender

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together and inform to his acknowledge that the alleged offender was detained at the rehabilitation centre, the locality for identification, rehabilitation or detention at anywhere.

The inquiry official or prosecutor, during the alleged offender was detained under this Act, shall not carry out the committal or posting the prosecution under the law.

Section 20 The person who appear to be alleged offender, if appear to any alleged offender who consume narcotics, before, at the time or after arrested for the purpose of himself shall receive the transfer for rehabilitation and not to be prosecuted on the account of consume and have in possession, consume and have in possession for the purpose of disposal or consume and dispose the narcotics, shall not have the right to receive the rehabilitation under this Act. The sub-committee of Narcotic Addict Rehabilitation shall inform the inquiry official or prosecutor, in case of depend upon, to receive such alleged offender to continue the proceeding accordance with the law.

The localities where accepted the alleged offender for identify or rehabilitate, during of waiting the inquiry official or prosecutor, in case of depend upon, to receive the alleged offender to continue the proceeding, shall have the power, in necessary, to detain such alleged offender, all this is due to the inquiry official or prosecutor, in case depend upon, shall come to receive the alleged offender immediately where able to be done.

Section 21 The sub-committee of Narcotic Addict Rehabilitation, in the identification of the alleged offender under section 19, shall conduct to comply to the competent official to prepare the record on biography, behavior on committed the offences through out all circumstances of the alleged offender who committed for the identification, and identify of consumption or narcotics addiction.

The identification shall conducted within fifteen days from the date accepted such alleged offender into the locality for identify, except there is a necessary cause, the sub-committee of Narcotic Addict Rehabilitation may issue order to extent that time not exceeding thirty days.

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Rules and procedures of identification shall be in accordance with the rules as prescribed by Committee.

Section 22 In the case where the sub-committee of Narcotic Addict Rehabilitation have decision to the alleged offender who committed for identification as to be a consumer or narcotic addict , its shall have the rehabilitation plan and shall inform the result of the identification to the prosecutor to acknowledge.

In this case, the prosecutor shall issued the order to suspend the prosecution until he receipt the inform of result of rehabilitation from the sub-committee of Narcotic Addict Rehabilitation under the law.

In the case where the prosecutor approve that the alleged offender whom he receipt the inform of result of the identification under paragraph one have no right to admitted the rehabilitation under this Act. The prosecutor shall continue the proceeding and inform the result to the sub-committee of Narcotic Addict Rehabilitation to acknowledge. If the result of identification disappear that the alleged offender to be a consumer or narcotic addict, the sub-committee of Narcotic Addict Rehabilitation shall report the result of identification to the inquiry official or the prosecutor to consider continuing the proceeding under the law.

In the case where the transfer of the alleged offender back to the inquiry official or prosecutor to continue the proceeding, the provision of section 20 paragraph two shall apply mutatis mutandis.

Section 23 In the conducting of rehabilitation plan under section 22, its shall required locality and procedure for rehabilitation that suitable with the state of the person committed for rehabilitation, when taking into consideration together with the age, gender, biography, behavior on committed the offence related to narcotics through out all circumstances of such alleged offender.

The requirement of locality for rehabilitation under paragraph one may require to be a rehabilitation centre or the locality of rehabilitation which prescribed in the Ministerial Notification where from the institution of treatment, the institution of child and youth obligation and protection, the locality of government or other localities where is appropriate.

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The requirement of the procedure of rehabilitation shall require in respect of the following procedure:

(1) in the case where necessary to detain in restriction of the person committed for rehabilitation , shall transfer such person to admitted for rehabilitation in rehabilitation centre or the locality of rehabilitation where have the detention system to prevent the escape;

(2) in the case where unnecessary to detain in restriction of the person committed for rehabilitation , shall transfer such person to admitted for rehabilitation in the locality of rehabilitation that is suitable and shall require the conditions to the person who committed for rehabilitation to stay within the area that required during the rehabilitation;

(3) in the case where unnecessary to detain the person committed for rehabilitation , may require to the person committed for rehabilitation to conduct with any other procedure under the supervise of probation official;

(4) during the rehabilitation, may require to the person committed for rehabilitation trained in occupation, working on social service or to conduct any acts that is suitable for the security in the life which left away from the narcotics.

Section 25 A people committed for rehabilitation shall undergo the **rehabilitation** under the rehabilitation plan for a period not exceeding six months as from the date of the commission there for.

In the case where it appears that the result of the rehabilitation is unsatisfactory, the sub-committee of Narcotic Addict Rehabilitation shall consider to extend the duration of rehabilitation.

During the rehabilitation, the sub-committee of Narcotic Addict Rehabilitation shall consider to reduce the duration of rehabilitation which appropriate.

The extension and reduction of duration of rehabilitation may be made in many times, but each extension shall not be longer than six months and the total duration shall not exceeding three years as from the date of transferring the person to commit for rehabilitation.

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Section 26 In the case where there is a reasonable ground, the sub-committee of Narcotic Addict Rehabilitation may consider the provision release to the person committed for identification or person committed for rehabilitation in accordance with the rules, procedures and conditions prescribed by Committee.

Section 27 In the case where the alleged offender have the domicile which not facilitate to admit For rehabilitation in the rehabilitation centre, the locality of rehabilitation or the detention of such alleged offender. The sub-committee of Narcotic Addict Rehabilitation itself approval or receipt the request from the alleged offender, may issue an order to transfer such alleged offender to admit for the rehabilitation or the detention at other locality, but there shall be appeared that such transference will make more useful for the rehabilitation for such alleged offender.

Section 33 When the sub-committee of Narcotic Addict Rehabilitation decided that any person committed for rehabilitation has finished all due to the rehabilitation that in specific require of the rehabilitation plan and the result of the rehabilitation is satisfactory. Its shall be deemed such person relieved from the alleged offence under section 19 and the sub-committee of Narcotic Addict Rehabilitation shall issue the order to release such person at liberty, then inform the result to the inquiry official or the prosecutor who still the proceeding to acknowledge, in case depend upon.

In the case where any person committed for rehabilitation, in spite of finished all duration under section 25, but the result of the rehabilitation is not satisfactory. The sub- committee of Narcotic Rehabilitation shall report together with the opinion to the inquiry official or the prosecutor, in case depend Addict upon, to supplement the consideration for continue the proceeding of such person and the section 22.

Paragraph four shall apply mutatis mutandis.

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CHAPTER 5

Appeal

Section 38 In the case where the sub-committee of Narcotic Addict Rehabilitation have decision under section 22 that the person committed for identification is consumed or addicted or issue the order not granted the provision release to the person committed for identification or the person committed for rehabilitation under section 26 or issue the order to extension the duration of rehabilitation under section 25, such person shall have the right to appeal such decision to the Committee within fourteen days from the date that acknowledges the decision or order, in case depend upon.

The appeal under the paragraph one shall not be the cause to delay the performance under the decision of the sub-committee of Narcotic Addict Rehabilitation.

The decision of the Committee is final.

2.3 Rehabilitation of Narcotic Addicts Rehabilitation Act, B.E. 2545

The Rehabilitation of drug addict Act 2002 of drug addicts' treatment has many kinds. It can be divided into two kinds of patients, as inpatient and outpatient.

- The inpatients' treatment
    1) Therapeutic community
    2) The new concentrated treatment, fast model
    3) The Jirasa treatment (aircraftsman)
- The outpatients' treatment
    1) The physical, mental and social therapy treatment, (Matrix Program)

The inpatients' treatment

1) Therapeutic Community

There are three principals of the therapeutic community, rehabilitation of drug addict, which are universal used as follows; (15).

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- It is to cure of the mental therapy, which includes personal and group therapy for members. The idea of this therapy is the analysis of the relationship between personal, the theory of Gestalt therapy and the confrontation.

- It is to cure of the work therapy. Work and responsibility are very important for curing because members are irresponsible such a long time. Therefore, members get work to do. They should have a meeting about the work they do everyday. Besides, the work therapy should work together with the punishment and the reward.

- It is to cure of the recreation therapy. Members in the Therapeutic community should relax themselves for taking participation in activities such as music, sport and visual education in other places. It is one of the mental, emotional and health therapy. These three principles are equally important for solving members' problems.

Curing members in therapeutic community, it consists of psychologists, legal authorities, social workers, doctors, treatment experts and other people who are interested in therapeutic community (16) Besides, ex-addicts will take part in the team for helping daily routine and practicing themselves, using their experience.

2) The new concentrated treatment FAST Model (7)

The new concentrated treatment is focused on the process of the Rehabilitation of drug addict. They will recover both physical and strong mental which have their families as the basis. Families will take part in treatment by starting treatment as advisers and supporting them to learn together. They will subsist happily and behave beneficially to families, societies and communities.

Concept

The concept is using the process of Rehabilitation of drug addict in order to recover the physical and mental. They will be back to their families with happiness and efficiency.

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Components

F: Family, Families take part in treatment at first and also take care together with living in their families, societies and communities as the real condition.

A: Alternative Treatment Activity, It is to choose appropriate alternatives in treatment as the reality of patients.

S: Self – Help, Patients experience and cure their physical, mental and social. They will have the strong mental by adjusting their behavior, attitude, emotion and relationship so that they can survive happily without drugs.

TC: Therapeutic Community, It is the way of live which has social value, using therapeutic community such as Help to Self Help, Peer Pressure, Behavior Modification, Social Learning, Morality, and Frame of Reference ⟶ Maturity.

To summarize, the new concentrated treatment, FAST Model is the process for curing drug addicts. Patients and their families will get benefits from learning treatment, which gives them to choose their appropriate alternative. It is possible to do and continuously pursue. More importantly, to pursue the curing will succeed if patients can execute the self-help process continually.

3) The Jirasa treatment

Jisasa's philosophy

Jirasa comes from two words, Jira and Arsa. It means continually helping which consists of

3.1) Smile to learn

- Having knowledge of science and medication
- Having knowledge of society, religion and culture
- Having knowledge of psychology

3.2) Depend on Thai wisdom. Keep "3 paw" principles

"Paw-dee" – to be applied knowledge properly

"Paw-piang" – to use existent resources for major benefit

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"Paw-jai" is to take part in any section of society. Everyone will be pleased.

3.3) Pay attention to moral. Holding the moral principles is the way of management and curing. It is to employ deep-seated belief in society for benefit such as the four great truths.

3.4) Lead to perform

- Easily use
- Good outcome
- Easily transmit

The outpatients' treatment

1) The physical, mental and social therapy rehabilitation

The physical, mental and social therapy is the concentrated process of external drug addicts' treatment, The Matrix Intensive Outpatient Program (IOP). It takes 16 weeks, taking the principle of changing patients' thought. They will understand the knowledge which is necessary for them and families for example; the brain's changing after taking drug, taking drug process and steps of giving up drug. This will lead to change behavior and new ways of lives which give them a better quality of lives. It consists of the principles as follows;

- Individual/Conjoint Session
- Early Recovery Skills Group
- Relapse Prevention Group
- Family Education
- Social Support Group
- 12 Step meeting
- Urination Testing

Thanyarak institute is the multilateral office, which employs the new concentrated rehabilitation, FAST Model. It was announced as the standard of Rehabilitation of drug addict by Ministry of Public Health. Drug addicts have to treat as inpatients. This idea now has spread out on Wiwat citizen of soldier school and Wiwat citizen of seaman school. It can be explained as follows;

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The new concentrated treatment, FAST Model is one of the treatment processes, which are developed from therapeutic community. The therapy focuses on families' participation and patients' center, consisting of four parts. There are F (Family), A (Alternative treatment activity), S (Self – Help) and T (Therapeutic Community).

Objectives of families' participation are giving up the drug and helping families to perform their responsibilities properly.

Processes 1) Preparing families
2) Acquiring knowledge of families' performance
3) Giving advice
4) Families' therapy
5) Families relational activities

Objectives of alternative treatment activity are to develop personal ability of the patients, to spend their free time beneficially, to promote them to have legal jobs, to make them accepted in society and to encourage patients to show their interests.

Processes 1) Survey patients' abilities and interests
2) Setting alternative treatment activity such as the club I like, sport and education.

Objectives of self - help are to develop patients to have good quality and characteristic, including physical, mental and social. The principle of emotional intelligence is performed in order to have a better change of behavior.

Process is to teach the development of emotional intelligence, including revising their minds, reaching their goals, love binding, building their societies. These are 9 learning activities.

- Keeping diary and making report
- Survey them
- Setting life goal
- Refusal skill

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- Controlling themselves
- Generating achievement motivation
- Solving problem skill
- Communication skill
- Keeping their discipline

Therapeutic Community consists of therapy group and therapy task. Objectives are to encourage them to express themselves, to learn and change their behavior, to accept themselves and other people's opinions, to have responsibility, to do any works whatever they like or not, and to work with other people. This activity tends to change behavior, including reward and giving hands when they do mistake. It will make patients know how to improve them and to learn for changing their behavior in order to live with others happily.

When the sub-committee judges patients who are proven to cure at Thanyarak institute, they became inpatient and non-strict control. Behavior officers take patients to the first section to diagnose syndrome. Basically, it is to know that they have another disease or not. Officers have ways to avoid the risk that is to average male patients to every buildings of treatment which are Ploy-rung building, O-por building, Ket-ma-nee building and Nin building. Female patients will be taken to Tong-nua-klao building and Un-ya-ma-nee building. Patients will take average to every building because it is the way to reduce the risk of taking care. (Record of professional meeting, FAST model: 2005). Beside, many patients from the same place will be taken average to every building because these patients used to stay together within a period, not more than 45 days in the place that they are waiting for the proof due to the law section 21. Staying together, patients develop their relationship, which can affect other people.

When patients who have treatment in the form of FAST Model which has been explained earlier by 90 days, the committee of the building, consisting of staff in every level, doctors of the building, professional nurses, the leader nurse of the building, the psychologists of the building, nurses who are on the duty and ex-staff

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will evaluate patients' behavior in the form of "Baw-Paw" evaluation sheet. It is made and divided into 4 parts by behavior control office. They are behavior, skill, attitude for themselves and families, and planning their lives. Patients will past this evaluation if they can get more than 49 points.

According to revising the documents and statistics of Ploy-rung building for 3 months ago, it was found that the committee evaluated 36 patients from 58 people, passing the test in the time of curing during October to December 2005. The range is equally 12 points. 22 patients from 159 people or 13.69 % escaped in the time of curing within 3 months. 3 months later, Ploy-rung building got voluntary patients, estimated 32.16%. Due to the meeting of PCT FAST Model, the proposal was presented to Thanyarak institute. The resolution of PCT FAST Model committee is to set Ploy-rung building to be the treatment office for voluntary patients since December 2005.

O-por building

Within 3 months ago, male treatment office evaluates 26 patients' behavior of. The numbers of patients whom the court judges to have compulsory therapy system are 145 people. 36 patients or 24.82% escaped during the curing. In the O-por building, there are 43.99% of voluntary patients, comparing with researcher's target group. The target group is group of forced therapy system patients so this office is not related to the point.

Ket-ma-nee building

Treatment office is one of offices that get the male patients both voluntary and forced system. Within 3 months ago, the committee of Ket-ma-nee building evaluated compulsory patients. There are 54 patients as well as the range is 18 points. 20% of patients escaped in October 2005 while 9.25% and 7.27% respectively. The total patients are 186 people within 3 months.

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Nin building

Inpatient building gets male patients both in compulsory and voluntary therapy system. 3 months ago, the committee of Nin building evaluated 43 patients. 24.09% pf patients escaped in October 2005 while 8.10% and 9.87% respectively. The average is 16.67% of 234 patients. Treatment plan was changed because patients resisted it and broke the office's rules. It is estimated 2.56% or 6 patients (record of monthly meeting, November 2005). The range is 16 points.

Tong-nua-klao building

Tong-nua-klao building is treatment office, which gets female patients both in compulsory and voluntary therapy system. 3 months ago, there are 11.86%, 8.5% and 3.8% of voluntary patients respectively. The committee of Tong-nua-klao building evaluated 40 compulsory patients. 4 patients or 10% failed the evaluation. The range is 25 points. 2.36% escaped while curing.

Un-ya-ma-nee building

Un-ya-ma-nee building is female treatment both in compulsory and voluntary therapy system like Tong-nua-klao building. 3 months ago, the committee evaluated 48 patients. 4.05% escaped while curing. The range is 10 points. There are 7.40%, 9.25% and 11.25% of voluntary patients respectively.

According to the related literature of 6-treatment office, belonging to Thanyarak institute, it was found that the patients of Ploy-rung building and O-por building are not the researcher's targets because both building has the same big amount of patients in December 2005. They are voluntary therapy system. Researcher's objective is compulsory therapy system so there are 4 offices. They are Ket-ma-nee building, Nin building, Tong-nua-klao building and Un-ya-ma-nee building. Researcher takes out 2 offices, Tong-nua-klao building and Un-ya-ma-nee building, which the range is maximum and minimum. Researcher also takes Nin building out because there are large amount of patients who escaped while curing. It can be refer to the refusal of curing process or anything. Therefore, researcher chooses Ket-ma-nee building as data collecting. Although there are a small number of

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voluntary patients in Ket-ma-nee building, it will be completed gradually and finished at the end. Besides, the percentages of patients who escaped drop gradually. These reasons make researcher interest in this building. Researcher wants to know the relationship with the acceptance of developing the capability.

2.4 Adoption Theory

Adoption is means person is conceding, a type of changing behavior. There are many concepts and meaning of adoption and changing behavior such as:

Foster (17) who had given adoption meaning that it is means population has learned through education. This learning is able to describe by acknowledgement. Adoption will be happen with learning and this effective learning was practiced as long as it is certain benefit to him finally he will invest for that innovation.

Sathien Sheuuypradup (18) gave the meaning that adoption is means a decision to makes innovation advantage. According to the innovation is better and more useful proposes. Innovation decision period may take years since learning to decision process and may be positive or negative which means innovation acceptance or refutation.

Nipa Likitprasert (19) gave the meaning that adoption is means when person accept to person, matters or situations which concern to himself with satisfaction, admiration and belief.

To Summarize, Adoption is a kind of human behavior to receive for something, tangible and intangible, that belief it is better to conduct with satisfaction. Adoption is may be take years, along learning and practicing.

Adoptions process can be provide to 5 steps (20).

1) Perception Step

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It is a first step that one knows about concepts or innovation but not profoundly concerns their issue and things .The important acceptance with regard to adoption process is capable to stimulate to study about innovation, or bring to next step of adoption process.

2) Interested Process Step

The population is interested to study about the innovation .In this step innovation was not yet set to the realistic situation but need more knowledge. Thus, the most important is cognitive or knowing about the innovation. Data persuasion in this step has more certain purpose than the first step. If the knowledge was increased, the risk of population will be decreased. This is effect to the assessment step.

3) Assessment Step

Human will intellectually assess the innovation to his situation. This step is a thankfulness experiment. For the important concept in this step is making good concern to innovation thus it will be a significant foundation to be effect to accomplishment.

4) Experiment Step

How to knowledge is the very important step. Experiment is a repeat step for make the certainly assess result.

5) Adoption Step

The last step of adoption process .It is certainly admitting the innovation not just to survey like experiment step. The important behavior in this step is to analyze the result of the experiment in the forth step.

These five steps was extremely criticized and variable consistent afterwards. To be in line with learning process and changing attitude process throughout decision process comments. Roger (20) has changed adoption process into decision process, which is a new knowledge by means of these processes.

- Knowledge function
- Persuasion function
- Decision function
- Confirmation function

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In 1983 Rogers (20) has presented decision process about innovation by adjusted the old concept about adoption process that it has presented in 1971. Due to the purpose that new concept able explain the human decision behavior in acceptable or unacceptable the innovation much clearly explanation.

1) Knowledge step is a beginning process human realizes the new innovation and find out any data in order to understanding the innovation.

2) Persuasion step is about emotion and feels of human that agrees or disagrees, like or unlike the innovation.

3) Decision step, this step human will make decision that the innovation will be accepted or not. If he knows and like the innovation, he will accept it.

4) Implementation step is taking innovation in the realistic situation to find out acknowledgement and making confidence.

5) Confirmation step, is seeking for information and data to support his decision. If the new innovation support to old, he will not change his behavior. But if the new information contrasts to the old, he will change his behavior.

According to his study, the student selects Roger's adoption to innovation in 1983 as a instrument to studying adoption through the Narcotic Addicts Rehabilitation Actwhich is an innovation by study through 5 steps above.

2.4.1 Adoption factor

1) There are five important characteristics to adoption.

- Relative advantage means the innovation receiver thinks that it is better than the old one this include concept and practicability.

- Compatibility means the innovation receiver think or feel that the innovation is compatibility through the value judgment and experience.

- Complexity means the innovation receiver feel that it is difficult to understand and using it.

- Trainability means the innovation receive able to quantity experiment.

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- Operability means the obviously result of innovation able notice through the member. Increasingly notice and increasingly get adoption.

2) Social structure

Social structure will happen when the different social situation able to support or obstruct by influence system.

3) Criteria of social systems

Criteria of social system are the model behavior, which are adopted through social member. These, criteria of social system, effect to adoption or adoption innovation, have two types, traditional criteria and modernized criteria. Modernized criteria member have good attitude and tend to adopt the innovation faster than traditional criteria member.

4) Communication channel

Communication channel is the instrument or method of innovation that sends to receiver and could be divided into two types, mass channel and person channel. Mass channel is effect to promote the innovation knowledge while person channel effect to attitude or changing attitude about innovation adoption.

2.5 Concept in Treatments and Rehabilitation of Drug Addict

2.5.1Treatment concepts

Drug addict treatment means the operation to restore drug addict‘s body and mind to quit drug and able to live their life happily in their social.

The two important concepts which were took to solved drug addict, in the course of justice, are (7)

1) The principle of criminology is the international concepts accepted that drug addicts are not criminal but are mind and body patient who damage behaved themselves and deserve for quickly rescue. For the reason, that they are not criminal due to this penalty is Mala Prohibita that a type of criminology but not a crime.

2) The principle of diversion is a diversion of crimination before court by deviation through avoids traditional or typical justice system, but uses another way to judge them by law or outlaw. Thus, this concepts is lead the drug addict for

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treatment but nit punishment due to they are patient and this concepts can be divided into two cases.

First Case: These drug addict-treatment patients are not convicted prisoners but just the internee in the investigation.

Second Case: These drug addict-treatment patients are not convicted prisoners or that situation was over but they need to heal and recover.

This replace Crimination Concepts is very important and a principle to solve drug addict problem. These are advantage as below:

a. To give a chance to a wrong doer to right way.

b. Advantages to the wrong doer such as not a prisoner not lose their future or offence, and no inferiority.

c. The wrong doer will not loose their time for education or work and will not family problem.

d. The wrong doer will not merge to the innate character prisoner.

e. Reduce criminal problem indirectly by because when they become a good person the criminal will reduce and that save to social.

f. Reduce overflow prisoner in the jail which full of short-term prison.

g. Reduce government budget and miscellaneous expenses such like alimony and living expenses that large amount to pay for the prisoner .It is good for society and government.

2.5.2 Rehabilitation concepts

Suchada Nilmak (16) said that rehabilitation has two meaning: first, directly medical treatment, to make an illness or medical condition go away after taking medicine such as physical therapy, exercise, artificial organ practicing, for disable person and include drug addict.

Wilbert Fordlyce (21) had given meaning that it is about disable or ill person that could be stable or increase situation. The important things for rehabilitation is recognize that illness or disable but also effect to mind and live.

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Waraporn Sayanont (22) had mean the rehabilitation that rehabilitation is illness situation adjustment to advantage to themselves and social as far as they can through develop physical, mind, career, social and economics status to the appropriate situation as possible in order to live happily.

Mind rehabilitation means a necessary and important treatment, include every method that adjustable to the mind of drug addict to be normal after lose.

Narcotic Addicts Rehabilitation Act, B.E. 2545 that identify “any activities as therapeutics for drug addict and rehabilitation their mind and body to be normal with will not a chance to repeat abuse again”

Saowaluk Plungkiettiyos (23) rehabilitation means an adjustment of drug addict‘s body and mind to be normal situation after treatment for happily lives afterwards.

Summarize rehabilitation means the body and mind treatment for drug addicts to live there happily by them.

There are similar concepts of rehabilitation of drug addict by continuing satisfied treatment both therapist and patient these patients are psycho social illness by their characteristics and behavior before and after addict foe example, before addict he or she has dependence, passive, narcissistic, and inadequate personality. After addict has change to un-trustable, aggressive, violence, irresponsible, obsession to drug group of friend and finally will find the way to get drugs and drugs loose their mind and body.

Thus, rehabilitation of drug addict will included 4 treatments, physical, mind, career and social (24).

1) Physical rehabilitation by drug illness condition treatment and adjust patient physical from long term using drug back to be normal life without drug again.

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2) Mental rehabilitation is an important and necessary process included every treatment that can adjust the mind characteristics, behavior, emotion and changed habit of drug addict.

3) Occupation rehabilitation is object to develop occupation capability of drug addict to live by them.

4) Social rehabilitation is preparation for normal life with knowledge, career and appropriate income and have a good relationship to society starts by therapist admit patient first, then bring their family in order to accept the patient. Patient must have group adjustment experiment, tradition and social value through responsible, respective behavior.

2.6 Concept in Knowledge

The Lexicon Webster Dictionary (25) gives meaning of “knowledge is means fact, information and understanding that you have gained through learning or understanding and knowing about situation or event or the information you have about it.

Chum pumipak (26) said that “knowledge is structure process re-cognition” knowledge purpose is emphasizing in memorization recognize psychology, which concern to disciplinary process.

Nipa Manunpiju (27) had given meaning that “knowledge is basis behavior by recognized through seeing or hearing. This refers to meaning, facts, theory, structure rule, dissolvable problem methods and standard.

To summarize, knowledge means learning memorization about information, method, structure process or things from a few complicated to many complicated. Due to this research, knowledge means human rights and description of the Narcotic Addicts Rehabilitation Act, B.E. 2545.

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Knowledge measurement has various different method and instruments. The most favorite method is 3 types:

1) Interview or oral test.

2) Essay examination

3) Practicable examination by real practice measurement

In the examination about the Narcotic Addicts Rehabilitation Act, B.E. 2545 for the rehabilitate person using the second type, which is the essay examination.

2.7 Concept in Mind Characteristics Factor

2.7.1 Motivation concepts

Maslow (28) the famous psychologist, proposed the theory about human needs call “Maslow‘s General Theory of Human Motivation” by basically presume from human behavior (29)

1) Everybody has desires. These needs are always and never end.

2) Responded needs will not motivated to another and un-respond need is behavior motivation.

3) Human needs is starts from low to high level, when the primary needs was responded, human will need much higher responded needs.

Hierarchy of needs by Maslow:

1) Physiological needs are a primary needs about four elements of life. There are responded indirectly by salary and income through organization.

2) Security of safety needs is about preventing for any dangers that would harm to life, economics crisis, career security and social situation.

3) Social or belongingness needs is a social life, social acceptance as a part of society.

4) Esteem or Status needs is the self-confidence about knowledge, ability, importance and including the acceptation in the organization.

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5) Self-actualization or self-realization is the highest needs. It is want to successful on the expectation, dreamful with ambition, and it is an individual needs that differing for respective person.

Anderson (30) refer to Saroj Pangyang (31) had given meaning of motivation that the behavior was stimulated and advised with meaning of incentive both extrinsic and intrinsic.

Yothin Sansangyut (32) had said, “Motivation is means tendency to operate to success an aim”

Surang Koatrakul (33) had given meaning that “Motivation is elements that motivated behavior with aim”

Wuttichai Chamnong (34) “When someone has motivation it is means that one is prompt with satisfaction to work for social system”

In this research needs study motivation as motivation process as Roger’s decision process theory the second step is the person will develop his attitude and motivation to innovation. Thus, the research is finding out the theory and documents about motivation.

Social psychologist divided motivation into two types, as which it start by, extrinsic motive and intrinsic motive. Moreover, motivation is has 2 characteristics types as primary motive and secondary motive. Extrinsic or primary motive is concrete characteristics and learning ability while intrinsic motive or secondary motive is abstract (31).

McClelland (35) had studied about motivation that concerned to intrinsic motive human and had divided into three kinds:

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1) Achievement motivation is desire to operate to success through the aim by competitive operation with fine standard and will satisfy when success, on the contrary, worry when fail.

2) Affiliation motivation is means desire to be accepted as a favor to the social by behavior.

3) Power motivation is means desire to get more power than another that make human aspire the power because he will proud when he can do like another. One who has high power motivation is try to control everything to success with power beyond someone.

According to the study about relationship of acceptance in the Narcotic Addicts Rehabilitation Act, B.E. 2545 that not concerns with power or acceptance from patient. Thus, this research will measure the intrinsic motive, only achievement motivation with concerned to the Narcotic Addicts Rehabilitation Act, B.E. 2545 only.

2.7.2 Achievement motivation

Murray, 1938 refer to Sumalee Rattanalerd (36) is the first person who said “Everyone has Achievement Needs inside”. It is a mind need that wants to pass through the obstacles with attempt on to success.

He also gave a meaning of achievement motivation that is a successfully needs to control the matter, person or false. This will operate with quick and freedom as much as possible to pass the obstacles and reach the fine standard.

McClelland (37) had given the meaning that it is a desire to do something successfully and completive operation with fine standard or better than someone who concerned and try to pass the obstacles. Satisfy when succeed and worry when fail.

Achievement motivation and adoption innovation means desire to operate with successful and worry when fail but not give up (35). Who says that one who has achievement motivation will have this appearance. 1) Must reach to do activities to be

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success more than fail. 2) Always do the possible and appropriate to his capability. 3) Think that everything wills success with attempt while his operation is not aim to any reward or fame. Achievement motivation in human happen by acknowledgement social when human success he will repeat, on the contrast, if it is not success, he will not repeat it. Achievement motivation happens from human acknowledge in social since born and that important to achievement motivation development. To be feed to stand on owns leg fast make the person get high achievement motivation (38).

The research is adjusting the achievement motivation from Mccleland, Lindgen, Heman Weiner (35) and Saroj Concepts (31). which explained that achievement motivation person should have ambition, stimulation, self-responsibly, planned and ability for stand on owns leg.

2.7.3 Locus of control and health locus of control concept

Janya Suwannatud (39) stated that belief is the component in person, which is deep-seated in thought and understanding. It can be reasonable or unreasonable. Having belief, it will control behavior. They will behave as they're though and understanding which it is not based on the fact such as Rotter's theory. Rotter (40) explained that those people who believe in external locus of control couldn't control themselves. Success depends on the destiny, fate, supernatural or others' power. These people tend to be inactive, unsuccessful in their lives, lack of endeavor and have low achievement motivation. Their healths are different from people who are internal locus of control. It is believed that the event occurs because of their action. Therefore, people who believe in internal locus of control are active. They have high achievement motivation. They also can adjust themselves because they can control accidents well such as health problem or whatever.

2.7.3.1 Revolution of concept. American psychologist develops the locus of control concept from social learning theory; named Rotter (40) assumed that human behavior arises from their learning and experience. One of the important theory components is social learning that is locus of control. To summarize, Rotter divided locus of control into two groups as follows;

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- External locus of control. They believe or perceive the events or anything that happen with them, depended on external locus of control. It can be controlled such as destiny, fate, accident or others' power.

- Internal locus of control. They believe or perceive the events or anything that happen with them, depended on the consequence of their action.

Rotter also explained the general characteristics of locus of control. The returned outcome, getting from their behavior, built the return outcome as well. To repeated new behavior in the same condition, they will gain expectation. On the contrary, they will lose their expectation if they are disappointed. To reduce or gain expectation begins with former behavior and then it spreads out over behavior or other accidents, relating the former condition. It becomes personality, which is very important in person. If the previous experience is reinforced, they believe that the outcome comes from their skills or their abilities, named internal locus of control. On the other hand, they believe that the outcome does not come from the consequences of their action if they do not get any reinforcement. They believe that the outcome is from fortune, accidents or environment, called external locus of control. The outcome of this belief or perception will return expectation to new behavior as shown in chart 2.

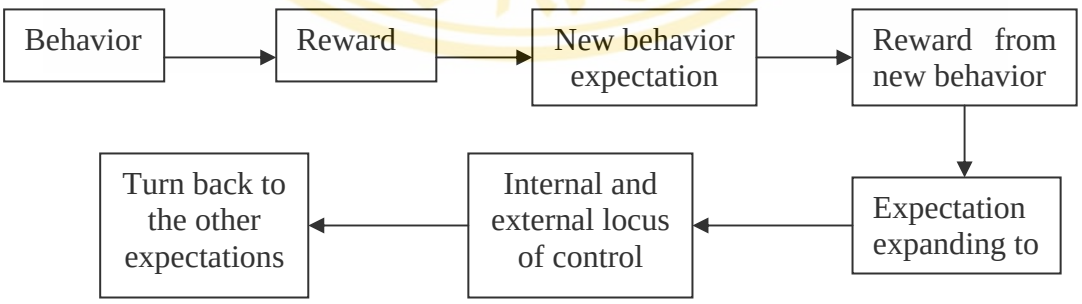

Figure 2 Pattern of the internal-external locus of control development

Rotter concluded the characteristics of internal locus of control person as follows:

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1) Enthusiasm to the environments in order to future behavior profitably.

2) Attempting to develop the environments step by step.

3) Foresee the skills or achievements from the attempt including always realize in his abilities particularly when failed.

4) Hardly incline unreasonable.

2.7.3.2 Development of the internal-external locus of control.

Robinson and Shaver (41) stated that the development is come from many factors particularly environments, economical status of family, and experienced since a child. That the experiences influence the internal-external locus of control is divided into two types as:

1) Episodic antecedents, it is a limited experienced in a time such as the lover's death, accident, or natural disaster. It cans effective the development in case of old experienced promoted.

2) Accumulative antecedents, it is the experience that child established from his parents that effect to the development. Thus, the parents are influencing the development among child.

There is the firstly step of evaluation instrumental development since Then Roister had constructed the instrument (Internal-External Locus of Control Scale: I-E Scale) that divided the believing into two sides i.e. internal and external, and then subsequently used in several samples types. Levenson had been developed a new one based on I-E scale that consist of three sides of believing i.e. internal, others, and chance health locus of control. Then Walton and group had further modified for health evaluation.

2.7.3.3 Internal-external locus of control in health and nursing.

It is an imagination that can explain the personal associate behavior in the knowledge seeking and disease protection. The internal locus of control person always believes that healthy is come form his behavior: therefore, he always has a positive health behavior. Namely as he always realizing in his health, seeking for

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healthy knowledge, know the healthy services and reasonable perform by the suggestion, on the other hand, the external one always think that healthy is base on the luck and fortune. Thus came to a sluggard and no seeking for any information or not performing in the disease protection at all (42).

Internal-external health locus of control is a nursing guidance, by take its imagination to the problems and patients needs assessment and then give a suitable nursing.

In addition, wallston had altered the instrument based on Rotter's (internal-external scale). He remark upon the internal locus of control is valuable but the difficult measurement. Since the first measurement is 0.72 and next decreased 0.40-0.54, according to this problems found that the personal healthy control related to the individual believing in regarding respective health including the others control effect personal health as well. Hence, wallston and Devellis (43) had developed a new instrument consist of three dimensional ways as follows:

1) Internal health locus of control. That personal can controlling his health by himself such as "I fully responsibility to my healthy".

2) Powerful others locus of control. The person believes that healthy come from health officer, including the better way is going to see the officer frequently.

3) Chance health locus of control is healthy or illness caused chance or fate and uncontrollable.

The above called multi dimensional health locus of control that the confidence rather high at 0.6-0.8 among the tests. However, wallston recommended that the use of instruments have to suit in each answerer and finally suitable for the literate adult not for kids.

He also said that the internal health locus of control person should changed behavior by the participation. Powerful others locus of control (medicinal and public health officers) person is should controlled by the public health officer,

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while the chance health locus of control person are not available. This scale can predict and explain the health behavior in general state and ill. Those are the healthy knowledge seeking, drug usage, treatment act, dietary and weight control, quit smoking, and security, which by the positive internal locus of control person to above matters (43). Besides, they always behaving for healthy both mind and body (42) including healthy association.

According to the theory review mentioned above, the researcher used the concept and instruments of Wallston to develop the measuring instrument. Translate and edit by Kannikar Kanjaraksa (44), constructed as a three dimensional instrument. There is the text modified by the custom and criterion of Thai people and consistency to target group such the drugs addict that likes a chronic patient as well.

2.7.4 Social support

This concept is based on the sociopsychology theory stated that “the most decision of people is always depending on the influence of important and powerful persons”.

The social support is very importance to the personal healthy behavior both mind and body. The several researchers had the definitions of social support as follows:

Kaplan (45) social support means person gets a thing directly by the individual or group such as information, money, labor, or emotional. It maybe a personal motivation to approaching the destination.

Pilisuk, 1982 refer to Chonlachai Tassakulnee (46) social support means man’s relation that not only the materials support and emotional stability, but also the person feels is as a part of other peoples too.

1) Component of social support as followings:

a. Communication between givers and receiver.

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b. Communication consists of:

- Information make the receiver believe that the others interest, please, love, and well intentioned to him.

- Information makes the receiver feels valuable and accepted.

- Information make the receiver believe that he is a part of social and usefully.

c. Input factors of social support maybe such information, materials, or mind.

d. Make the receiver reached the destination that is successful in rehabilitation.

2) Type of social support.

House, 1981 had divided into 4 types as follows:

a. Emotional support, such as satisfaction, acceptance, concern, and advice.

b. Appraisal support, such as Feedback, affirmation, including direct or indirect helps.

c. Information supports, such as suggestion, advice, and informs.

d. Instrumental support, such as labor, money, time, etc.

3) Social support level.

Gottlieb (47) had divided into three levels as follows:

a. Macro level is considering the social participation such as relation with social institute, voluntary participation, or informal life within community.

b. Mezzo level is specified relation such as closer' friend group.

c. Micro level is the closest relation due to the emotional support only gets by such as husband, wife, or lover, etc.

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Perception in social support and the innovation acceptance mean the ability to rely on someone or can loving to him (10). The perception of others support occurred since young and can stand on his feet subsequently. Social support is consists of perception in enough help and satisfying level, which changeable by the characteristics. Moreover, Schaefer, et al. (48) had divided the definition into three-dimensional i.e. emotional support, is the intimately acquainted or confident confirmation. Tangible support is direct service or help by needs. And information support is information and feedback release about the behavior.

That concluded the perception in social support is the rehabilitated person feels helped whenever he needs such as the willpower, create the valuable feeling, or received the information and feedback from family and friends. Which this study the researcher use the measurement modified from Streeter and Franklin concept (49), which present the several ways in measuring, and contents are perception of information user, social support particularly family and friends.

2.8 Concept in Attitude

2.8.1 Meaning of attitude

Carter v. Good refer to Thippawan Kwhansrisuk (50) attitude means comment and trending to a thing with feeling and emotion. It unobservable but emotional expectable as the behavior so.

Sa-nguan Sutthilert-arun, et al. (51) attitude is comment and thinking of person to a thing that concluded all apparent behaviors since the attitude.

Suchart Prasitratthasin (52) attitude means person thinking in a thing that seeable by word or behavior.

Summarily, attitude means comment or felling of person about a situation or thing. It may release as behavior and by experienced or personal learnt.

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2.8.2 Description of attitude

There is four important features of attitude as follows:

1) Predisposition to respond, to the specific situation or thing, or ready to performs.

2) Persistent over time is hardly change, but not unchangeable.

3) Attitude is a variable to the correlation between behavior and feeling, and including facing or avoiding to a thing too.

4) Attitudes as the motivation that make person select or evaluate a thing and subsequently behaving control.

2.8.3 Factors create attitude

1) Learning that since the brought up and then experienced.

2) Direct experience such as person has a negative attitude to seafood since his allergy seafood in past.

3) Evens mentioned above will generate the experience collection lead to the attitude. Attitude may occur if only once experience with impression that maybe positive or negative possibly.

4) Attitude imitation such as the child gets some attitudes from his parents.

5) Characteristics such as pessimist always have negative attitude to everything.

6) Occurred by the mass media influence that motivated to perform.

2.8.4Attitude measurement

Uthai Hiranto (53) had divided the attitude into three kinds as follows:

1) Direction means agree or disagree, like or dislike, to the environment or destination.

2) Degree means high or low performs satisfaction or not, which are changeable.

3) Intercity is like or dislike that unchangeable immediately, but change by value.

The solution of attitude measurement is:

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- Behavior observation that difficult and can not conclude as an attitude.

- Verbal presentation such interview or select questionnaire.

- Interpretation that is a long-term measurement. Samples will perform thinking freely both timing and contents, and it is suitable for a large number of samples.

Attitude measurement frequently used is following:

Likert (54) he had constructed the attitude measurement that in one hand the answerer have a chance to select the attitude supporting choice, on the other hand a few chance to agree with the attitude against answer. The solution is data collecting firstly then to try out with the samples. The answerer can select only one answer i.e. absolutely agree, agree, not sure, sure, absolutely disagree, and disagree. The points for absolutely agree is 5 and decrease to 1 point for absolutely disagree, respectively.

Therstone, his instrument is used for this study; remarked upon the text within measurement should not be the truth or information because the true answer is not reflecting the attitude.

2.9 Behavior Evaluation among Rehabilitation

The association of Department of Probation and Department of Medical Service, Department of Mental Health, Department of University affairs, Office of the permanent secretary of Ministry of Public Health, Office of the permanent secretary Ministry of Labour, Foundation for children, Bangkok metropolitan administration, the National Council on Social Welfare of Thailand, and Armed Forces Research Institute of Medical Sciences, had made the project in regarding the prove and rehabilitation by the Narcotic Addicts Rehabilitation Act, B.E. 2545, by followings (6):

1) Review the documents that related to the behavior evaluation among rehabilitation of drug addict such as factors effect to drugs re-taking, evaluations that the organization use for the drugs addict assessment.

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2) Conference to standard draft use for the rehabilitation evaluation in order to considered by the subcommittee that the behavior changed satisfaction. Including how many risk to re-taking and also reduce or expand the rehabilitation period. The researcher had constructed this standard by the study of factors effect to drugs re-taking, and the good behavior believed as a drugs protection and together with the evaluation used by rehabilitation institute both inpatient and outpatient. The below lists is the five components of evaluation of confined and inpatient.

a. Behavior among Rehabilitation period

- Responsibility
- Discipline
- Self care
- Enthusiasm

b. Attitude

- Drugs problem acceptance
- Understanding and accept the family status

c. Family

- Family understand in drug habit of rehabilitated person
- Family ready to support and help whenever the rehabilitated person home

d. Life planning

- Suitable life

e. Skill

- Suitable problem management
- Suitable emotional management

3) Comment in evaluation standard survey

3.1) Population in survey is the drugs officers such government and private section amount to 9, 370 persons (March, 2002)

3.2) Samples is the drugs officers such government and private section particularly the treatment and rehabilitation. And including the officers that

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will proceed by the Narcotic Addicts Rehabilitation Act as the subcommittee, total is 2, 895 persons.

3.2.1) Samples selection by the drugs officers such government and private section particularly the treatment and rehabilitation. And including the officers that will proceed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 as the subcommittee.

3.3.2) Sampling use the Purposive Sample type especially the drugs officers such government and private section particularly the treatment and rehabilitation that considered as the subcommittee.

3.3) Instrument

There is four parts of instrument that the fourth part is the evaluation standard.

3.4) Data collection

Take the document from the Director General of Department of Probation to the samples organizations in order to data collecting permit and also notify the Provincial Probation Bureau. The list of sample's organization is releasing to questionnaire distribution and finally all documents back to the Department of Probation as well.

3.5) Analysis

This study is proceed by the computer by SPSS constant program, the process as follows:

3.5.1) Determine the reliability by Cronbach way

3.5.2) Descriptive statistic, percentage, average, and S.D.

3.5.3) Chi-Square Test.

3.5.4) Take the analyzed data and comments to construct the behavior evaluation drafting with explanation.

3.5.5) Determine the evaluation quality

- Validity, determine the construct and content validity value by five of experts under five auditors and select for the Index of Item objective conqrunce (IOC) one that more over 0.5.

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- Reliability by the test of sample-like at Thanyalak Institute amount to 30 persons. Determine the alpha coefficient of Cronbach way; the reliability of confined patient (strict and not strict) is 0.7124.

3.5.6) Take all data to providing the First Draft

The experts and researchers conference is for discussing the comments and to modify (Second Draft) and the explanation provided. It is called behavior evaluation after the rehabilitation of drug addicts, inpatient, and strict and not strict confined. The question is consists of four points as follows:

- Behavior among Rehabilitation period consists of 11 sub-points.
- Skill is consists of 9 sub-points.
- Attitude to himself, and family and drugs, are consists of 4 sub-points.
- Life planning is consists of 4 sub-points.

Each sub-point is divided into 3 levels of evaluation as follows:

- One point level means must adjust behavior in that point.
- Two point level means fair behavior in that point.
- Three point level means enough behavior in that point.

The old evaluation is consists of 5 points of question, the researcher had quitted the family subject since it will disturb the process and unfair to the rehabilitated person. Because of limited institute and not all provinces so the transport is a long term particularly the female institute is only 4 places nationwide, it inconvenience to participation frequently of family.

The three levels of evaluation is for conveniently due to the assessors are come from severally, such the soldiers and experts, hence, it must not too complicatedly and ease to understand. The assessors must in the subcommittee form at least three signs and also releasing the comments. The respective point is by the committee unanimously.

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2.10 Related Research

1) Adoption research

Thongchai Munkhong (55) had researched about adoption process and adoption influence process which concern to industry laborers ‘s sterilization in Samutprakarn province by using questionnaires to interviewed 407 industry laborers. This research wad summarized that most of male laborer and female laborer were adopted in knowledge step and decision about sterilization. The factors, which could be explained about changing sterilization adoption in male is married years amount, service, acknowledge, reference influence and family income are 66.49 %. For female these factor are 57.90 % include service acknowledge, income, media communication, reference influence and age.

Wera Kesaraks (56) had about car safety belt adoption of 500 Bangkok driver by using questionnaires and interview and could be summarized that most Bangkok driver had adopted to fastened safety belt while driving in medium tend to high level. People in this group were modern and had comment to car safety belt while driving in medium level. Age, income and experiences were related to safety belt adoption positively. For higher educated sampling and media receiver group were adopted to safety belt than another sampling group.

Warakorn Sukthamraksa (57) had studied about social economics factors which affected to adoption for using extract of Mari goisa tree genu melia of Ratchaburi province farmer by 191 sampling persons. It could be summarizes that adoption factors are age, knowledge and persuasion about Mari goisa tree genu melia.

Umawadee Thanapholphadungkul (58) had studied about adoption factors of rubbish analyzing of flat community in Bangkok. It could be summarize that people in flat community have had good level to rubbish analyzing. There were different adoption for sex, age, career, education and family income. For female, higher educated; higher income and long stay adopted rubbish analyzing than lower group.

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Tabtip Titiphongpanish (9) had studied about adoption factors of hospital officer quality management, in office of the permanent secretary to the Ministry of the Public Health, by using questionnaires .It found that bureaucracy-working years were related positively to adoption. Education and attitude were related to adoption. Government officer who joined activities and communication would more adopted than who are never.

Thippawan Khwunsrisuk (50) studied the Bangkokians' acceptance of using electric saving equipment in their houses. She investigated the case of "people joining the electric saving" campaign, distributing the questionnaires to four hundred sampling representatives of each house who are more than eighteen years old. It is found that the information perception, electric saving attitude and the perception of electric saving equipment quality influence the electric saving. Moreover, sex, age and the electric equipment knowledge affect the acceptance.

Savitree Kongyun (59) investigated the factors of acceptant to use chlorine, eliminating diseases in village water system. The case study is three hundred and eighty seven samplers from Nakhonrachasrima province, using the questionnaires. The result revealed that for the water consumers' views, the factors which influence the acceptance of using chlorine for eliminating diseases in village water system are water consuming behavior, the information of chlorine and the information perception of chlorine. On the caretakers' views, the factor is the education level.

Prapanpong Cherherm (60) studied the agriculturists' acceptance the water pipe irrigation system for agriculture in the area of agricultural land reform in Sakonnakon province. He employs the questionnaires to one hundred and twenty samplers. It shows that the factors, influencing the agriculturists' acceptance are age, education level, family income, capital, labor amount, attitude and the knowledge of the water pipe irrigation system.

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Arthaya Sang-ngam (61) examined the factors which influence the acceptance of being applied the pure technology in industrial factories. He employs the questionnaires to fifty-two plants in Bangkok and suburbs as well as the testing of knowledge, attitude, high and chief executives' acceptance. It is found that the factors, influencing the acceptance are knowledge, high and chief executives' attitudes.

2) Related literature on the variable of perception.

Age

Age is one of the variables, influencing the acceptance. Umawadee Thanaponpadungkun studied (58) the factors, which affect the peoples' acceptance of separating garbage in Bangkok flat buildings. It shows that people who are older are more acceptable than the younger. Besides, Thabthip Thitipongpanich (9) investigated the factors which influence the acceptance and the quality management overall of staffs in the hospital, under the Ministry of Public Health. The result is that the difference of age does not affect the acceptance.

Educational level

Education makes the difference of acceptance. Umawadee thanaponpadungkun (58) finds the factors, which affect the peoples' acceptance of separating garbage in Bangkok flat buildings. It shows that people who have higher education are more acceptable of separating garbage than those who have lower education.

Income

Weera Katerak investigated the acceptance of using car safety belt in Bangkok. It reveals that the variable of income is related with the acceptance of using car safety belt. On the other hand, Thabthip Thitipongpanich (9) examined the factors which influence the acceptance and the quality management overall of staffs in the hospital, under the Ministry of Public Health. The result is that the income does not affect the acceptance.

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Knowledge

Knowledge is the factor, which made the different perception. Thabthip Thitipongpanich (9) studied the factors which influence the acceptance and the quality management overall of staff in the hospital, under the Ministry of Public Health. It shows that the staff who have more knowledge are acceptable of the quality management overall than those who have less knowledge.

Attitude

Attitude is the variable, related to the acceptance directly. Most researches show that attitude is associated with the acceptance such as Thabthip Thitipongpanich's studied (9). It shows the factors which influence the acceptance and the quality management overall of staff in the hospital, under the Ministry of Public Health. The result is that the staff who have high impression are more acceptable than those who have low impression which it has the same opinion with the others' studies.

Achievement Motivation

The studied of Panalai Yoosamran (10) the psychosocial variable that involve the teaching innovative acceptance of the social teachers in high school under the Region 1, found that the achievement motivation is the importance variable resulting to the teaching innovative acceptance.

Internal Locus of Control

Wichai Eardbua (62) studied the psychosocial characteristics that involve the academic matter innovative acceptance behaviors of the teachers in primary schools under the jurisdiction of Bangkok Metropolis, found that the internal locus of control has the most influential prediction in the academic matter innovative acceptance behavior.

Perception of the Social Support

The studied of Panalai Yoosamran (10) the psychosocial variable that involve with the teaching innovative acceptance of the social science teachers in high

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school under the region 1, found that the social supporting perception is the important variable resulting to the teaching innovative acceptance.

Studying the researches and the acceptance theories found that a number of variables influence personal acceptance. The researcher is interested in studying the variables that are connected with narcotic addict rehabilitation therapy acceptance of the patients, being in line with the Narcotic Addicts Rehabilitation Act, B.E. 2545, and resulting of the assessment after the therapy. This is adapted from the researches and the acceptances theories that have been studied before.

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CHAPTER III
METHODOLOGY

3.1 Population and Samples

The targeted population is persons who attended the rehabilitation process according to Narcotic Addicts Rehabilitation Act, B.E. 2545 in Thanyarak Institute as patients who cannot strictly control themselves and have received rehabilitation for 90 days.

3.2 Sample Size

This research sample group is purposive sampling who attended the rehabilitation process according to Narcotic Addicts Rehabilitation Act, B.E. 2545 in Thanyarak Institute. The sample group qualifications are

3.2.1 Patience who attended the rehabilitation process according to Narcotic Addicts Rehabilitation Act, B.E. 2545 is not strictly control patience at Opor building, Thanyarak Institution

3.2.2 Using drug according to Narcotics Act, B.E. 2522

3.2.3 Taking rehabilitation process during 15 March 2007 and 30 November 2007

3.2.4 Taking rehabilitation process at least 90 days

3.2.5 Patience who cooperate with research

In this whole treatment there were 240 patients and 112 patients passed the qualification.

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3.3 Instrument of the Study

The research includes the following details:

3.3.1 Formation of questionnaire from perspectives and relevant theories especially the theories of acceptance from the textbook.

3.3.2 Details of the questionnaire including the 7 important categories:

1) Details about population factor 9 questions including age, occupation, religion, education, income, violated base, time of treatment, location, and court of residence. Eight of these questions will be close-ended questions while one will be open-ended questions.

2) Questions about knowledge on the rights under the Narcotic Addicts Rehabilitation Act, B.E. 2545 about 9 questions will be close-ended questions. There are true or false questions which true answer get 1 score and false answer get 0 score.

3) Questions about achievement motivation in the rehabilitation process 20 close-ended questions all of which require positive rating scales (5 choices).

4) Questions about internal and external locus of control about health 15 questions divided into:

- Internal locus of control 7 questions (question 4, 7, 10, 11, 13, 14, 15)
- Coincidental beliefs 4 questions (question 1, 2, 5, 8)
- External locus of control 4 questions (question 3, 6, 9, 12)

The questions are close-ended questions which rating scales type (5 choices).

5) Questions about the perception of social support 18 questions divided as:

- Perception of family support 6 questions (question 1-6)
- Perception of friend support 6 questions (question 7-12)
- Perception of therapists support 6 questions (question 13-18)

The questions are close-ended questions all of which require positive rating scales (5 choices).

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6) Questions about the attitude toward the rehabilitation process regarding the treatment pattern, therapists team, and the environment 24 question divided into.

- Attitude on therapist 8 questions (questions 1-8)
- Attitude on treatment pattern
  - Family related activities 3 questions (questions 9-11)
  - Free-selective activities 3 questions (questions 12-14)
  - Self-help activities 3 questions (questions 15-17)
  - Rehabilitation society activities 3 questions (questions 18-20)
- Attitude on environment 4 questions (questions 21-24)

The questions are close-ended in the form of positive rating scales 21 questions and 3 negative ratings scales, which are question 6, 7, and 8.

7) Questions about the acceptance in the rehabilitation process of Narcotic Addicts Rehabilitation Act, B.E. 2545, 22 questions divided into:

- Knowledge 4 questions (questions 1-4)
- Persuasion 4 questions (questions 5-8)
- Decision 4 questions (questions 9-12)
- Implementation 5 questions (questions 13-17)
- Confirmation 5 questions (questions 18-22)

The questions are close-ended questions all of which require positive rating scales (5 choices).

8) Questions about the behavior evaluation among rehabilitation. This evaluation created by department of Probation, department of Medical Service, department of Mental Health, Ministry of University Affairs, under-secretary Ministry of Public Health, under-secretary Ministry of Labor and Social Welfare, Bangkok, Children Foundation, Social Work Council, and Military Medical Research Institution. The process use was demography research to discover facts which are 9,370 workers from both private and government sector to operate drug involved. The sample group use was workers from private and public sector in drug rehabilitation field and workers who cooperate with Narcotic Addicts rehabilitation Act for 2,895 persons. The process to choose sample group was collecting by workers from private

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and public sector in drug rehabilitation field and workers who cooperate with Narcotic Addicts rehabilitation Act, B.E. 2545.

The purposive sample was used to clarify drug rehabilitation operator both in private and government sector who passed qualification from drug rehabilitation act committee. The evaluation quality depended on validity which mostly based on construct and content validity by 5 specialists. The selecting one containing more than 0.5 of Index of Item Objective congruence (IOC), bring reliability to test with 30 persons from Thanyarak Institution by computing < œ – Coefficient> of Cronbach. The result of patience's behavior in control (strict/not strict) was 0.7124

The criteria of behavior evaluation of drug rehabilitation patience in control and inpatient consist of 5 factors which are

1) Behavior among rehabilitation period
2) Attitude
3) Family
4) Life planning
5) Skill

The device edition by ignoring family factor is a good matter but it will be a conflict for evaluation and unfair for patience. It is because there is a limited rehabilitation place and not contributes in every province. Thus, there will be transfer across province and region, especially for women rehabilitation which available for just 4 places over country. It is inconvenient for family to visit and participate with activities provided. It is called in control behavior during rehabilitation (strict and not strict). It has 4 elements to evaluate.

- Behavior among rehabilitation period consists of 11 sub-points.
- Skill is consists of 9 sub-points.
- Attitude to himself, and family and drugs, are consists of 4 sub-points.
- Life planning is consists of 4 sub-points.

Each sub-point is divided into 3 levels of evaluation as follows:

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- One point level means must adjust behavior in that point.
- Two point level means fair behavior in that point.
- Three point level means enough behavior in that point.

Whenever Opor Committee evaluates behavior among rehabilitation, the researcher will conduct aggregate score as 1 form for each patience which get along with first document.

3.3.3 Inspection of equipment

3.3.3.1 Assessing the content validity of the questionnaire

The questionnaire is sent to be validated by 5 qualified individuals for any correction or improvement in order to produce the most informative questionnaire.

3.3.3.2 Assessing the reliability of the questionnaire

After the inspection and improvement, the questionnaire is for a pilot test or a try out by a sample group of population that has similar characteristics to the real group to be tested, which are 30 involuntary male cases that cannot strictly control themselves in the O-port building, Thanyarak Institute. This purpose to search for any flaws of the questionnaire regarding knowledge about the Narcotic Addicts Rehabilitation Act B.E. 2545 by using the reliability test by the Kuder-Richardson (KR 20) as followed:

$$r = \frac{k}{k - 1}\left(1 - \frac{\Sigma piqi}{s^2}\right)$$

Where r = Reliability of Kuder Richardson

K = Number of questions

pi = Proportion of people that receive 1 from question i

Question, i = 1, 2 …k

qi = Proportion of people that receive 0 from question i

s^2 = Population standard deviation

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The questionnaire regarding knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545 has the reliability equal to 0.8034.

The achievement motivation for rehabilitation, internal and external locus of control on health, perception of social support, attitude in the treatment process and acceptance in the rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545 is interpreted by Cronbach's Coefficient of Alpha:

$$r_n(\alpha) = \frac{k}{k - 1}\left(1 - \frac{\Sigma s_i^2}{s_x^2}\right)$$

Where $r_n(\alpha)$ = Reliability

k = Number of question

s_i^2 = Sum of population variance

s_x^2 = Variance of score in the questionnaire

From the reliability coefficient test of the questionnaire, the group that is not actual sample group but look familiar to sample group is 30 male patience taking drug rehabilitation in control (not strict), Opor Building, Thanyarak Institution. It was found that achievement motivation for rehabilitation was 0.7321, internal and external locus of control on health was 0.7271, perception of social support was 0.8793, attitude in the treatment process was 0.8499, and acceptance in the rehabilitation processed of the Narcotic Addicts Rehabilitation Act, B.E. 2545 is 0.9011. Afterward, the questionnaire scored by the reliability test was submitted to the qualified individuals to check for accuracy and content validity again before the actual usage.

3.4 Data Collection

This research was conducted by the researchers themselves by distributing the questionnaire to the person attending the rehabilitation process under the Rehabilitation of the Competence of Narcotic Addicts Act, B.E. 2545 that were not strictly controlled in O-por building, Thanyarak Institute that taking rehabilitation process at least 90 days. The researchers also explained the methodology of

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completing the questionnaire and supervised the process in case if any question arises. As for those who cannot read, the researcher read out the questionnaire without any biases and waited to collect the questionnaire. To summarize evaluation after Opor's committee discuss, researcher will take the initial report to make another copy and collect as 1 report with questionnaire. (Outside of the working hours)

The sample group will be explained each step by researcher, also define objective, collecting data process, step of research, period of research, benefits from participating in research, and coercive to accept or reject this research without effect of rehabilitation services. The researcher let patience to make his own decision and define data as classified, name will not be described in presentation, research result will be used just in overall term, data will be demolished after thesis process, and during questionnaire if sample group not feel free to answer, they can quit anytime.

3.5 Analysis of Data

3.5.1 Scoring rubric

3.5.1.1 Knowledge about the Rehabilitation of the Competence of Narcotic Addicts Act, B.E. 2545 about 9 questions in the form of true or false. 1 point is awarded for the right answer and no point awarded to the wrong answer. The answers are then accumulated to indicate the total of rights and wrongs.

3.5.1.2 Achievement motivation for rehabilitation, internal and external locus of control about health, perception of social support, attitude toward the rehabilitation process and acceptance in the rehabilitation process of Narcotic Addicts Rehabilitation Act, B.E. 2545 questionnaire in the form of rating scales 20 questions has 5 scales to choose from according to Likert perspective (63) The scoring depends on the content. For the positive questions and negative questions, the scoring is as followed:

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Level	positive questions	negative questions
Highest	5	1
High	4	2
Moderate	3	3
Low	2	4
Lowest	1	5

And the score can be classified are 3 levels as followed:

$$\text{Interval} = \frac{\text{Highest score} - \text{Lowest score}}{\text{Class interval}}$$

$$= \frac{5 - 1}{3} = 1.33$$

Interpreting

From the following guideline, the score can be interpreted as followed:

1.00-2.33	meaning the opinion score are	high
2.34-3.66	meaning the opinion score are	medium
3.67-5.00	meaning the opinion score are	low

3.5.1.3 The behavior evaluation among rehabilitation

The criteria in each topic has 3 levels which are

Level score 1 means needy to improve in that topic

Level score 2 means moderate behavior

Level score 3 means good behavior

Then researcher will take each score in each topic to summarize results. The evaluation criteria are

Score from 28-44 points mean patience in rehabilitation need to improve behavior

Score from 45-62 points mean patience in rehabilitation has fair behavior

Score from 63-84 points mean patience in rehabilitation has good behavior

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3.6 Statistics Used

The researchers analyzed all the questionnaires and used computer program to conduct statistical analysis of the collected data.

3.6.1 Descriptive statistics describe the data from the sample and determine the frequencies, percentage, and mean of knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545, achievement motivation for rehabilitation, internal and external locus of control on health, perception of social support, attitude in the treatment process, acceptance in the rehabilitation processed of the Narcotic Addicts Rehabilitation Act, B.E. 2545.

3.6.2. Analytical statistics uses ANOVA test to find the correlation between the demographics in the categories of age, occupation, religion, education, income, violated Base, time of treatment, location, and court of order and psychological aspect including achievement motivation, internal and external locus of control, perception of social support, attitude in the treatment process of treatment pattern, therapists, environment, and acceptance in the rehabilitation processed of the Narcotic Addicts Rehabilitation Act, B.E. 2545 and evaluated results after the processed by the the Narcotic Addicts Rehabilitation Act, B.E. 2545 using the level of significance of less than or equal to 0.05.

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CHAPTER IV
RESULTS

The operation research for the relationship between acceptance in the rehabilitation processed of and evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 found the relation and related factors which accumulate research data from person attended the rehabilitation processed from the court judgments for all guilty in Narcotic Addicts Rehabilitation Act, B.E. 2545 Especially at Thanyarak Institute which the place to attend rehabilitation process only for the unconstraint controllable addicts by use questionnaire to accumulate data. The data from cross section was analyzed by use the instant program SPSS. Result of each analysis data variable and relation between factor can categorized in 6 parts.

4.1 Population Factor

4.2 Psycho-social Factor

4.3 Attitude in the Treatment Process

4.4 Acceptance in the Rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545

4.5 Evaluated Results after the Processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

4.6 Result of Analyzed Relation between Factors

4.1 Population Factor

From the survey cross section in person attended the rehabilitation processed, it cause to know the general data of the cross section such as age, occupation, religion, income, educational level, location, violated base, time of treatment, court, knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545 describe data by use percentage statistic which be introduced as follows:

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Table 1 Number and percentage of cross section group classified by age and occupation

Factor	Number (%)
Age	
< 19 years	7 (6.3)
19 – 30 years	71 (63.4)
31 – 40 years	24 (21.4)
41 – 50 years	9 (8.0)
> 50 years	1 (0.9)
Total	112 (100)
Occupation	
Business	8 (7.1)
Officer, State enterprise	1 (0.9)
Private employee	8 (7.1)
Student	5 (4.5)
General employee	72 (64.3)
Agricultures	4 (3.6)
Housewife	-
Unemployed	14 (12.5)
Total	112 (100)

From table 1 age and occupation data that adopt from analysis show that almost sample group has majority age between 19 – 30 years (63.4%), 31 – 40 years (21.40%) and 41 – 50 years (8.0%) respectively. For the majority occupation of the cross section group is general employee (64.3%), unemployed and trader (12.5%) and private employee (7.1%) respectively.

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Table 2 Number and percentage of sample group classify by religion and education level

Factor	Number (%)
Religion	
Buddhism	106 (94.6)
Christ	-
Islam	6 (5.4)
Total	112 (100)
Education level	
Not study	2 (1.8)
Primary school	47 (42.0)
Lower secondary school	43 (38.4)
Upper secondary school	15 (13.3)
Vocational education	4 (3.6)
Higher education (University)	1 (0.9)
Total	112 (100)

From table 2 show religion and education level. For the sample religion, almost respect to Buddhism (94.6%) and Islam (5.4%) and for the education level, almost the sample is in primary school level (42.0%), lower secondary school (38.4%) and upper secondary school (13.3%) respectively.

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Table 3 Number and percentage of sample classified by income and location

Factor	Number (%)
Income (per month)	
< 3,001 baht	22 (19.6)
3,001 – 5,000 baht	25 (22.3)
5,001 – 10,000 baht	48 (42.9)
10,001 – 15,000 baht	10 (8.9)
15,001 – 20,000 baht	2 (1.8)
20,001 - 25,000 baht	1 (0.9)
25,001 – 30,000 baht	2 (1.8)
> 30,000 baht	2 (1.8)
Total	112 (100)
Location	
Bangkok	56 (50.0)
Perimeter area	6 (5.4)
Central part	36 (32.1)
Northern part	2 (1.8)
Eastern part	-
North Eastern part	11 (9.8)
Southern part	1 (0.9)
Total	112 (100)

From table 3 show income and location. For income per month of sample show that almost people have income between 5, 001 – 10,000 Baht (42.9%), income between 3,001 – 5,000 Baht (22.3%) and income less than 3,001 Baht (19.6%) respectively and for the location, almost in Bangkok (50.0%), central part (32.1%) and in North Eastern part (9.8%) respectively.

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Table 4 Number and percentage of violated base, Time of treatment and court sent person to attended rehabilitation

Factor	Number (%)
Violated bases	
Drug addict base	107 (95.5)
Drug addict base and possess drugs	4 (3.6)
Drug addict base and possess drugs to distribute	1 (0.9)
Drug addict base and distribute	-
Total	112 (100)
Time of treatment	
1 st	93 (83.0)
2 nd	14 (12.5)
3 rd	2 (1.8)
4 th	1 (0.9)
5 th	1 (0.9)
> 5 th	1 (0.9)
Total	112 (100)
Court sent person to attended rehabilitation	
Bangkok	67 (59.8)
Perimeter area	7 (6.3)
Central part	35 (31.2)
Northern part	-
Eastern part	-
North Eastern part	3 (2.7)
Southern part	-
Total	112 (100)

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From table 4 show violated bases, time of treatment and court sent person to attended rehabilitation, the data about attended the rehabilitation processed of sample show that almost violated base which attended the rehabilitation processed is drug addict base (95.5%), drug addict base and possess drugs (3.6%) and drug addict base and possess drugs to distribute (0.9%) respectively. For the amount that attended to rehabilitation processed of sample almost about first time to attend the rehabilitation processed (83.0%), second time (12.5%) and third time (1.8%) respectively. The sample that was investigated almost comes from Bangkok (59.8%), for central part (31.2%) and for perimeter area (6.3%) respectively.

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Table 5 Number and percentage of sample that classified by Knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545

Item	Message	True	False
1	Rehabilitation of the Competence of Narcotic Addicts Act, B.E. 2545 is the rehabilitation of the competence in the treatment control system	108 (96.4)	4 (3.6)
2	The Narcotic Addicts Rehabilitation Act, B.E. 2545 that pass the process of testing and local subcommittee of rehabilitation initiate to about attended the rehabilitation processed that was the kind of patient	111 (99.1)	1 (0.9)
3	When the patients in the rehabilitation processed until the time of Rehabilitation processed and the analysis of the committee, it will be considered according to the law that they have already been acquitted from their accusation	106 (94.6)	6 (5.4)
4	If they make mistakes with the regulations or don't pass the evaluation criteria and also the rehabilitation processed is still not be satisfied, the committee can consider to extend the time of your rehabilitation	103 (92.0)	9 (8.0)
5	If you have the important errands while you are being adopted the rehabilitation processed, you can file a petition in order to perform your mission	82 (73.2)	30 (26.8)
6	When the subcommittee make decision that you have to attended the rehabilitation processed, you cannot appeal for that decision	37 (33.0)	75 (67.0)
7	The amount of time for acceptance in your rehabilitation processed can be extended into any times but not more than 3 years	71 (63.3)	41 (36.7)
8	Rehabilitation of the Competence of Narcotic Addicts Act, B.E. 2545 becomes effective only the amphetamine addicts	73 (65.2)	39 (34.8)
9	You can ask for transferring the rehabilitation center if it is appeared to be benefited for the rehabilitation	92 (82.1)	20 (17.9)

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From table 5 show knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545, from sample show that the topic of Knowledge about the Narcotic Addicts Rehabilitation Act, B.E. 2545 that sample correctly answer almost is the Narcotic Addicts Rehabilitation Act, B.E. 2545 that pass the process of testing and local subcommittee of rehabilitation initiate to about attended the rehabilitation processed that was the kind of patient (99.1%) and for the rights that sample almost incorrectly answer is when the subcommittee make decision that you have to attended the rehabilitation processed, you cannot appeal for that decision (67.0%).

4.2 Psycho-social Factor

From research with the sample which attended the rehabilitation processed in psycho-social factor cause to know the data of sample that is achievement motivation in rehabilitation processed, internal-external locus of control in health field for rehabilitation processed, perception of the social support in rehabilitation processed. Describe the data by use frequency, percentage, mean, and standard deviation statistic which introduce as follows.

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Table 6 Analysis results by items of achievement motivation in rehabilitation process

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
1. I make the highest effort to do better than I decided to	34 (30.4)	63 (56.3)	14 (12.4)	1 (0.9)	0 (0.0)	4.16	0.66
2. I do not feel comfortable when my friends in the treatment group are able to do things better than me	4 (3.5)	11 (9.8)	47 (42.0)	30 (26.8)	20 (17.9)	2.54	1.01
3. When I fail at any project, I will try to keep doing it until I succeed	38 (33.9)	64 (57.2)	10 (8.9)	0 (0.0)	0 (0.0)	4.25	0.60
4. I am motivated to learn many things while in the treatment	46 (41.1)	52 (46.4)	14 (12.5)	0 (0.0)	0 (0.0)	4.29	0.67
5. I pay attention to my assignment until it is completed even if it were boring	20 (17.9)	57 (50.9)	32 (28.6)	3 (2.7)	0 (0.0)	3.84	0.74
6. The person I hate the most is the one who does not like solving problem by himself/herself	26 (23.2)	35 (31.3)	37 (33.0)	10 (8.9)	4 (3.6)	3.62	1.05
7. When I meet a person that has been praised by the committee for excellent job or behavior, I would like to be that person	19 (17.0)	49 (43.7)	35 (31.3)	5 (4.4)	4 (3.6)	3.66	0.93
8. I have always thought that my future depends on this treatment	34 (30.4)	41 (36.6)	32 (28.6)	4 (3.6)	1 (0.9)	3.92	0.90
9. Every time I am given an assignment, I would rather receive a harder than easier assignment	9 (8.0)	35 (31.3)	60 (53.6)	7 (6.3)	1 (0.9)	3.39	0.76
10. No matter what I am assigned, I will always do the best I can	41 (36.6)	57 (50.9)	11 (9.8)	2 (1.8)	1 (0.9)	4.21	0.76

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Table 6 Analysis results by items of achievement motivation in rehabilitation process (Cont.)

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
11. I like to do work according to my own thoughts rather than follow my friends	16 (14.3)	30 (26.8)	56 (50.0)	8 (7.1)	2 (1.8)	3.45	0.88
12. I always feel that participating in treatment group or activity is boring	5 (4.5)	17 (15.2)	53 (47.3)	23 (20.5)	14 (12.5)	2.79	0.99
13. I like to willingly volunteer to do work that I am skillful	32 (28.6)	51 (45.5)	26 (23.2)	3 (2.7)	0 (0.0)	4.00	0.79
14. When I am doing any work, I will finish it before taking a break	16 (14.3)	56 (50.0)	39 (34.8)	1 (0.9)	0 (0.0)	3.78	0.69
15. In participating in treatment activity, I like the assignment that requires high ability and responsibility	14 (12.5)	48 (42.9)	43 (38.3)	6 (5.4)	1 (0.9)	3.61	0.80
16. There are numerous times that I feel proud because I finish an assignment or I win in competition	36 (32.1)	41 (36.6)	28 (25.0)	5 (4.5)	2 (1.8)	3.93	0.95
17. I feel bored with participating in treatment group continuously for a long time	8 (7.1)	20 (17.9)	55 (49.1)	22 (19.6)	7 (6.3)	3.00	0.95
18. I want to pass the evaluation easily without doing any treatment activity	10 (8.9)	18 (16.1)	32 (28.5)	33 (29.5)	19 (17.0)	2.71	1.19
19. The friends that I like are the ones with high hope	8 (7.1)	26 (23.2)	62 (55.4)	12 (10.7)	4 (3.6)	3.20	0.85
20. When there is an activity with group competition, I would choose the persons with high ability to be in my group	11 (9.8)	19 (17.0)	55 (49.1)	16 (14.3)	11 (9.8)	3.03	1.05
Total Mean = 3.56 S.D.= 0.33							

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From table 6 show the analysis results by items of achievement motivation in rehabilitation process. The analysis can be found that,

Achievement motivation in rehabilitation process has the average to be equal to 3.56 and the standard deviation is to be equal to 0.33. Most of them have the opinions about the achievement motivation in rehabilitation process the most which are I am motivated to learn many things while in the treatment (average = 4.29), the second is when I fail at any project, I will try to keep doing it until I succeed (average = 4.25) and No matter what I am assigned, I will always do the best I can (average = 4.21) respectively.

Table 7 Number and percentage of sample classified by the level of achievement motivation in rehabilitation process

Achievement motivation level	**Number (%)**
Low (1 – 2.33)	0 (0.0)
Medium (2.34 – 3.67)	67 (59.8)
High (3.68 – 5)	45 (40.2)
Total	112 (100.0)

From the table 7 shows level of achievement motivation in rehabilitation processed. From research sample found that majority achievement motivation in rehabilitation processed is at the medium level (59.8%), high level (40.2%) and at the low level (0%) respectively.

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Table 8 Analysis results by items of internal-external locus of control in rehabilitation process

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
Believe in fortune							
1. The thing that makes you improve yourself is coincident	5 (4.5)	12 (10.7)	45 (40.2)	29 (25.8)	21 (18.8)	2.56	1.05
2. You feel that the thing that makes you feel better or not is just coincident	3 (2.7)	18 (16.1)	40 (35.6)	32 (28.6)	19 (17.0)	2.59	1.03
3. Luck is the designator whether you would be successful with the treatment or not	8 (7.2)	15 (13.4)	22 (19.6)	28 (25.0)	39 (34.8)	2.33	1.27
4. The reason for you to complete the treatment course is because you are lucky **Total Mean = 2.57 S.D.= 0.92**	15 (13.4)	26 (23.3)	22 (19.6)	22 (19.6)	27 (24.1)	2.82	1.38
Believe in themselves							
5. You are directly responsible for your treatment	40 (35.7)	50 (44.6)	19 (17.0)	3 (2.7)	0 (0.0)	4.13	0.78
6. You think that you solely are the cause for you being in the treatment	71 (63.4)	36 (32.1)	4 (3.6)	1 (0.9)	0 (0.0)	4.57	0.65
7. Your health while in the treatment depends on your taking care of yourself	62 (55.4)	32 (28.6)	15 (13.3)	2 (1.8)	1 (0.9)	4.36	0.84
8. If you behaved correctly in the treatment, you would be successful in the treatment	61 (54.4)	43 (38.4)	6 (5.4)	2 (1.8)	0 (0.0)	4.46	0.68
9. Correct behavior during treatment will help avoid narcotics	49 (43.8)	47 (42.0)	15 (13.3)	1 (0.9)	0 (0.0)	4.29	0.72

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Table 8 Analysis results by items of internal-external locus of control in rehabilitation process (Cont.)

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
10. You can live with friend without depending on treatment specialists	16 (14.3)	31 (27.7)	50 (44.6)	11 (9.8)	4 (3.6)	3.39	0.97
11. You are certain that you can take care of yourself without being involved with narcotics after the treatment **Total Mean = 4.21 S.D.= 0.40**	55 (49.1)	40 (35.7)	15 (13.4)	2 (1.8)	0 (0.0)	4.32	0.77
Believe in other power 12. Only asking advice concerning different problems with the treatment team would make your treatment improve	16 (14.3)	41 (36.6)	41 (36.6)	11 (9.8)	3 (2.7)	3.50	0.94
13. Your family highly influences your success with the treatment	41 (36.6)	27 (24.1)	23 (20.6)	8 (7.1)	13 (11.6)	3.67	1.34
14. The treatment will be successful because of the treatment team only	8 (7.1)	31 (27.7)	35 (31.3)	23 (20.5)	15 (13.4)	2.95	1.14
15. Care that you receive from others (treatment team, relatives and friends) helps you able to quit narcotics **Total Mean = 3.54 S.D.= 0.62**	45 (40.2)	37 (33.0)	25 (22.3)	3 (2.7)	2 (1.8)	4.07	0.94

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From table 8 show the analysis results by items of internal-external locus of control in rehabilitation process which can be divided into 3 aspects including believe in fortune, believe in themselves and believe in other power. The analysis can be found that,

Internal-external locus of control with believe in fortune have the average to be equal to 2.57 and the standard deviation is to be equal to 0.92. Most of them have the opinions about believe in fortune the most which are the reason for you to complete the treatment course is because you are lucky (average = 2.82), the second is you feel that the thing that makes you feel better or not is just coincident (average = 2.59) and the thing that makes you improve yourself is coincident (average = 2.56) respectively.

Internal-external locus of control with believe in themselves have the average to be equal to 3.54 and the standard deviation is to be equal to 0.62. Most of them have the opinions about believe in other power the most which are you think that you solely are the cause for you being in the treatment (average = 4.57), the second is if you behaved correctly in the treatment, you would be successful in the treatment (average = 4.46) and your health while in the treatment depends on your taking care of yourself (average = 4.36) respectively.

Internal-external locus of control with believe in other power has the average to be equal to 4.21 and the standard deviation is to be equal to 0.40. Most of them have the opinions about believe in themselves the most which are care that you receive from others (treatment team, relatives and friends) helps you able to quit narcotics (average = 4.07), the second is your family highly influences your success with the treatment (average = 3.67) and only asking advice concerning different problems with the treatment team would make your treatment improve (average = 3.50) respectively.

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Table 9 Number and percentage of sample classified by level of internal-external locus of control in health field for rehabilitation process

Internal-External Locus of Control Level	Number (%)
Low (1 – 2.33)	1 (0.9)
Medium (2.34 – 3.67)	76 (67.9)
High (3.68 – 5)	35 (31.2)
Total	112 (100.0)
Mean	3.44
S.D.	0.46

From table 9 show by level of internal-external locus of control in health field for rehabilitation processed. From research sample found that the majority of people in internal-external locus of control in health field for rehabilitation processed are at the medium level (67.9%), high level (31.2%) and low level (0.9%) respectively.

Table 10 Number and percentage of sample classified by the level internal-external locus of control and sub classified by believe in fortune, believe in themselves and believe in other power

Internal-External Locus of Control Level	Number (%)		
	fortune	themselves	other power
Low (1 – 2.33)	45 (40.2)	0 (0.0)	5 (4.5)
Medium (2.34 – 3.67)	53 (47.3)	12 (10.7)	56 (50.0)
High (3.68 – 5)	14 (12.5)	100 (89.3)	51 (45.5)
Total	112 (100.0)	112 (100.0)	112 (100.0)

From table 10 shows level of internal-external locus of control in health field for rehabilitation processed sub classified by believe in fortune, believe in them and believe in other power. From researched sample found that the majority of people who has internal-external locus of control in sub field of believing fortune at the

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medium level (47.3%), sub field of believing themselves at high level (89.3%) and believing in other power at the medium level (50.0%).

Table 11 Analysis results by items of perception of social support in rehabilitation process

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
Support from family							
1. Your family members help sooth you when you feel depress for having to participate in the treatment	46 (41.1)	51 (45.5)	10 (8.9)	3 (2.7)	2 (1.8)	4.21	0.85
2. Your family members express their concern during the treatment course	56 (50.0)	35 (31.2)	13 (11.6)	6 (5.4)	2 (1.8)	4.22	0.97
3. Your family members express pleasure when you successfully complete the treatment course	66 (58.9)	35 (31.3)	10 (8.9)	0 (0.0)	1 (0.9)	4.47	0.73
4. When you need immediate help during the treatment, your family members are the ones who help you to the fullest capability	45 (40.2)	44 (39.2)	19 (17.0)	2 (1.8)	2 (1.8)	4.14	0.88
5. If you want something during the treatment, your family member would try their fullest to procure such items for you correctly and appropriately	38 (33.9)	43 (38.4)	22 (19.6)	5 (4.5)	4 (3.6)	3.95	1.02
6. Your family members always forgive you when you make a mistake during the treatment	48 (42.8)	41 (36.6)	19 (17.0)	2 (1.8)	2 (1.8)	4.17	0.89
Total Mean = 4.19 S.D.= 0.68							

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Table 11 Analysis results by items of perception of social support in rehabilitation process (Cont.)

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
Support from friends 7. You have a friend that you can trust and able to talk to when you have problem during the treatment	36 (32.1)	49 (43.8)	26 (23.2)	1 (0.9)	0 (0.0)	4.07	0.76
8. Your friends help you with different necessities such as cloth and consumer items according to the appropriateness when you need help during treatment	24 (21.4)	42 (37.5)	38 (33.9)	6 (5.4)	2 (1.8)	3.71	0.92
9. Your friends always exchange thoughts with you concerning behavior adjustment	26 (23.2)	57 (50.9)	26 (23.2)	1 (0.9)	2 (1.8)	3.93	0.81
10. Your friends help sooth you when you are depress during the treatment	34 (30.4)	52 (46.4)	25 (22.3)	0 (0.0)	1 (0.9)	4.05	0.78
11. Your friends are good listeners when you want to release your inner thoughts concerning treatment regulations	21 (18.8)	55 (49.1)	33 (29.4)	1 (0.9)	2 (1.8)	3.82	0.80
12. When you have anxiety during the treatment, your friends will help you with their fullest ability **Total Mean = 3.85 S.D.= 0.55**	13 (11.6)	45 (40.2)	45 (40.2)	7 (6.2)	2 (1.8)	3.54	0.84
Support from therapist 13. The treatment team always exchanges their thoughts on treatment with you	32 (28.6)	53 (47.3)	24 (21.4)	3 (2.7)	0 (0.0)	4.02	0.78
14. The treatment team is a good listener when you want to release inner thoughts	50 (44.6)	48 (42.9)	13 (11.6)	0 (0.0)	1 (0.9)	4.30	0.74

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Table 11 Analysis results by items of perception of social support in rehabilitation process (Cont.)

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
15. The treatment team is always able to give you advice and suggestion that is beneficial when you have bothering issues	61 (54.5)	38 (33.9)	11 (9.8)	1 (0.9)	1 (0.9)	4.40	0.77
16. When you need immediate help, the treatment team will help you to their fullest ability	35 (31.3)	58 (51.8)	15 (13.4)	3 (2.7)	1 (0.9)	4.10	0.79
17. The treatment team would give you help when you need in something	24 (21.4)	51 (45.5)	29 (25.9)	7 (6.3)	1 (0.9)	3.80	0.87
18. The treatment team helps you with different necessities such as cloth and consumer items according to the appropriateness when you need help during treatment	58 (51.8)	40 (35.7)	13 (11.6)	1 (0.9)	0 (0.0)	4.38	0.72
Total Mean = 4.16 S.D.= 0.51							

From table 11, to express the analysis results by items of the perception of social support which can be divided into 3 aspects including family, friends and therapists team. The analysis can be found that,

Perception of social support from the family have the average to be equal to 4.19 and the standard deviation is to be equal to 0.68. Most of them have the opinions about the perception of social support from the family the most which are your family members express pleasure when you successfully complete the treatment course (average = 4.47), the second is your family members express their concern during the treatment course (average = 4.22) and your family members help sooth you when you feel depress for having to participate in the treatment (average = 4.21) respectively.

Perception of social support from friends has the average to be equal to 3.85 and the standard deviation is to be equal to 0.55. Most of them have the opinions

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about the perception of social support from friends the most which are you have a friend that you can trust and able to talk to when you have problem during the treatment (average = 4.07), the second is your friends help sooth you when you are depress during the treatment (average = 4.05) and your friends always exchange thoughts with you concerning behavior adjustment (average = 3.93) respectively.

Perception of social support from therapists team has the average to be equal to 4.16 and the standard deviation is to be equal to 0.51. Most of them have the opinions about the perception of social support from therapists the most which are the treatment team is always able to give you advice and suggestion that is beneficial when you have bothering issues (average = 4.40), the second is the treatment team helps you with different necessities such as cloth and consumer items according to the appropriateness when you (average = 4.38) and the treatment team is a good listener when you want to release inner thoughts (average = 4.30) respectively.

Table 12 Number and percentage of sample classified by level perception of the social support in rehabilitation process

Perception of the Social Support Level	**Number (%)**
Low (1 – 2.33)	0 (0.0)
Medium (2.34 – 3.67)	20 (17.9)
High (3.68 – 5)	92 (82.1)
Total	112 (100.0)
Mean	4.07
S.D.	0.42

From table 12 show perception of the social support in rehabilitation processed. From researched sample found that the majority of people have perception of the social support in rehabilitation processed at high level (82.1%), medium level (17.9%) and no one in the low level (0.0%) respectively.

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Table 13 Number and percentage of sample classified by level perception of the social support in rehabilitation processed and sub classified in support from family, therapist and friends

Perception of the Social Support Level	Number (%)		
	family	therapist	friends
Low (1 – 2.33)	1 (0.9)	0 (0.0)	1 (0.9)
Medium (2.34 – 3.67)	28 (25.0)	25 (22.3)	47 (42.0)
High (3.68 – 5)	83 (74.1)	87 (77.7)	64 (57.1)
Total	112 (100.0)	112 (100.0)	112 (100.0)

From table 13 show perception of the social support in rehabilitation processed and sub classified in support from family, therapist and friends. From researched sample found that the majority of people in perception of the family support at high level (74.1%), perception of the therapist team support at high level (77.7%) and perception of the friends support at high level (57.1%).

4.3 Attitude in the Treatment Process

From research with the sample in person who attended the rehabilitation processed about the attitude cause to know the sample attitude about the processes, the format of the treatment pattern, the therapist team and environment. Described details in frequency, percentage, mean, and standard deviation statistical as follows.

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Table 14 Analysis results by items of attitude towards rehabilitation process

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
Attitude towards therapist team							
1. The treatment team is mostly determine in treatment activity arrangement for you	46 (41.1)	58 (51.8)	8 (7.1)	0 (0.0)	0 (0.0)	4.34	0.60
2. The treatment team is mostly a part that helps you complete the treatment course	41 (36.6)	54 (48.2)	16 (14.3)	1 (0.9)	0 (0.0)	4.21	0.71
3. The treatment team is friendly and understanding of your action and readily forgive you	48 (42.9)	46 (41.1)	18 (16.1)	0 (0.0)	0 (0.0)	4.27	0.72
4. The treatment team offers advice, suggestion and chance for you to express your thoughts	56 (50.0)	44 (39.3)	10 (8.9)	2 (1.8)	0 (0.0)	4.38	0.72
5. The treatment team pays attention to you the whole time while you are in the treatment and motivate your creativity	48 (42.9)	54 (48.2)	10 (8.9)	0 (0.0)	0 (0.0)	4.34	0.63
6. The treatment team shows condescendence, power, threaten and sometimes punish you without any reason	8 (7.1)	6 (5.4)	8 (7.1)	20 (17.9)	70 (62.5)	4.36	1.11
7. The treatment team does not pay attention to you as it should and leaving you to continue with the treatment by yourself	8 (7.1)	12 (10.7)	13 (11.6)	18 (16.1)	61 (54.5)	3.96	1.34
8. The treatment team is too strict during treatment	7 (6.3)	14 (12.5)	24 (21.4)	30 (26.8)	37 (33.0)	3.68	1.23
Total Mean = 3.45 S.D.= 0.45							

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Table 14 Analysis results by items of attitude towards rehabilitation process (Cont.)

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
Attitude towards treatment pattern							
9. Activity with family participation is a part that benefits your treatment	44 (39.2)	45 (40.2)	18 (16.1)	4 (3.6)	1 (0.9)	4.13	0.87
10. Activity with family participation partly helps you accept and stay for the whole treatment course	48 (42.8)	45 (40.2)	15 (13.4)	3 (2.7)	1 (0.9)	4.21	0.84
11. Activity with family participation helps your relationship with your family better	53 (47.3)	48 (42.9)	9 (8.0)	0 (0.0)	2 (1.8)	4.34	0.77
12. Having alternate activity in treatment result in you gaining new knowledge during treatment	44 (39.3)	54 (48.2)	13 (11.6)	0 (0.0)	1 (1.9)	4.25	0.72
13. Having alternate activity in treatment help you better realize your skill	27 (24.1)	62 (55.4)	22 (19.6)	0 (0.0)	1 (1.9)	4.02	0.72
14. Alternate activity in treatment can be used in your daily life	42 (37.5)	53 (47.3)	13 (11.6)	3 (2.7)	1 (1.9)	4.18	0.80
15. Educational activity for self-help promotes your ability in problem solving	57 (50.8)	47 (42.0)	5 (4.5)	2 (1.8)	1 (1.9)	4.40	0.74
16. Educational activity for self-help promotes your ability to take care of yourself	54 (48.2)	51 (45.5)	4 (3.6)	2 (1.8)	1 (1.9)	4.38	0.72
17. When you need to live your life in the society in the future, you are able to use the educational activity	39 (34.8)	61 (54.5)	12 (10.7)	0 (0.0)	0 (0.0)	4.24	0.63

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Table 14 Analysis results by items of attitude towards rehabilitation process (Cont.)

Message	Highest	High	Moderate	Low	Lowest	$\overline{X}$	S.D.
18. Community treatment form helps you change your behavior	38 (33.9)	63 (56.3)	8 (7.1)	2 (1.8)	1 (1.9)	4.21	0.72
19. Community treatment form helps you dare to express yourself appropriately	60 (53.6)	42 (37.5)	8 (7.1)	2 (1.8)	0 (0.0)	4.43	0.70
20. Community treatment form helps you be more responsible **Total Mean = 4.27 S.D.= 0.45**	58 (51.8)	47 (42.0)	6 (5.3)	1 (1.9)	0 (0.0)	4.45	0.64
Attitude towards environment 21. Rehabilitation center offers environment that facilitates your rehabilitation	57 (50.9)	46 (41.1)	8 (7.1)	1 (1.9)	0 (0.0)	4.42	0.66
22. There are sufficient numbers of members in rehabilitation center as to not be too congested	55 (49.1)	41 (36.6)	12 (10.7)	1 (1.9)	3 (2.7)	4.29	0.89
23. Rehabilitation center environment is a part that makes you feel wanting to stay and complete your rehabilitation course	49 (43.8)	45 (40.2)	17 (15.1)	1 (1.9)	0 (0.0)	4.27	0.74
24. Your dormitory is clean with good airflow **Total Mean = 4.31 S.D.= 0.57**	52 (46.3)	38 (33.9)	20 (17.9)	0 (0.0)	1 (1.9)	4.26	0.81

From table 14, to express the analysis results by items of attitude towards rehabilitation process which can be divided into 3 aspects including attitude towards therapist team, treatment pattern and environment. The analysis can be found that,

Attitude towards therapist team have the average to be equal to 3.45 and the standard deviation is to be equal to 0.45. Most of them have the opinions about attitude towards therapist team the most which are the treatment team offers advice, suggestion and chance for you to express your thoughts (average = 4.38), the second

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is the treatment team shows condescendence, power, threaten and sometimes punish you without any reason (average = 4.36) and the treatment team is mostly determine in treatment activity arrangement for you and pays attention to you the whole time while you are in the treatment and motivate your creativity (average = 4.34) respectively.

Attitude towards treatment pattern have the average to be equal to 4.27 and the standard deviation is to be equal to 0.45. Most of them have the opinions about attitude towards treatment pattern the most which are community treatment form helps you be more responsible (average = 4.45), the second is community treatment form helps you dare to express yourself appropriately (average = 4.43) and educational activity for self-help promotes your ability in problem solving (average = 4.40) respectively.

Attitude towards environment have the average to be equal to 4.31 and the standard deviation is to be equal to 0.57. Most of them have the opinions about attitude towards environment the most which are rehabilitation center offers environment that facilitates your rehabilitation (average = 4.42), the second is there are sufficient numbers of members in rehabilitation center as to not be too congested (average = 4.29) and rehabilitation center environment is a part that makes you feel wanting to stay and complete your rehabilitation course (average = 4.27) respectively.

Table 15 Number and percentage of sample classified by level of attitude towards the treatment process

Attitude towards the Treatment Process Level	**Number (%)**
Low (1 – 2.33)	0 (0.0)
Medium (2.34 – 3.67)	15 (13.4)
High (3.68 – 5)	97 (86.6)
Total	112 (100.0)
Mean	4.01
S.D.	0.348

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From table 15 show the attitude towards rehabilitation processed. The research with the sample found that almost have the attitude in rehabilitation processed at high level (86.6%), at medium level (13.4%) and at the low level (0%) respectively.

Table 16 Number and percentage of sample classified by level of attitude towards the treatment process categorized into the treatment pattern, the therapist team and environment

Attitude towards the Treatment Process Level	**Number (%)**		
	treatment pattern	therapist team	environment
Low (1 – 2.33)	0 (0.0)	0 (0.0)	0 (0.0)
Medium (2.34 – 3.67)	24 (21.4)	85 (75.9)	14 (12.5)
High (3.68 – 5)	88 (78.6)	27 (24.1)	98 (87.5)
Total	112 (100.0)	112 (100.0)	112 (100.0)

From table 16 shows the attitude towards the treatment process which categorized into the treatment pattern, the therapist team and environment. The research with the sample found that almost have attitude in the treatment processed at high level (78.6%), attitude in therapist team at medium level (75.9%) and attitude in environment at high level (87.5%).

4.4 Acceptance in the Rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545

According to the research of the sample group who attend the rehabilitation processed in the aspect of acceptance, to be informed acceptance in the Rehabilitation processed of the sample group which divided according to knowledge process, persuasion process, decision process, implementation process and confirmation

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process that narrated the data by statistical frequency, percentage, mean, and standard deviation as below.

Table 17 Analysis results by items of acceptance in the rehabilitation process

Message	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\overline{X}$	S.D.
Knowledge							
1. You have been informed or heard of Narcotic Addicts Rehabilitation Act, B.E. 2545	15 (13.4)	29 (25.9)	47 (42.0)	11 (9.8)	10 (8.9)	3.25	1.09
2. You believe that the Narcotic Addicts Rehabilitation Act, B.E. 2545 gives a chance for narcotic addicts to rehabilitate	33 (29.4)	57 (50.9)	18 (16.1)	2 (1.8)	2 (1.8)	4.04	0.83
3. You believe that rehabilitation according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 even if it were forced, will be as successful as volunteered rehabilitation	27 (24.1)	48 (42.9)	31 (27.7)	5 (4.5)	1 (0.9)	3.85	0.87
4. The announcement for addicts to be as patient according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 result in you being more accepted by the society **Total Mean =3.80 S.D.=0.63**	36 (32.2)	50 (44.6)	24 (21.4)	2 (1.8)	0 (0.0)	4.07	0.77
Persuasion							
5. You will heed the advice of those who have completed the treatment according to the Narcotic Addicts Rehabilitation Act, B.E. 2545	31 (27.7)	56 (50.0)	24 (21.4)	1 (0.9)	0 (0.0)	4.04	0.72

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Table 17 Analysis results by items of acceptance in the rehabilitation process (Cont.)

Message	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\overline{X}$	S.D.
6. You will power to complete all steps of the rehabilitation program is from you speaking to the other participants	39 (34.8)	51 (45.5)	19 (17.0)	2 (1.8)	1 (0.9)	4.12	0.81
7. You would like the officers to provide you with additional information or detail concerning benefits from the Narcotic Addicts Rehabilitation Act, B.E. 2545	34 (30.4)	52 (46.4)	24 (21.4)	1 (0.9)	1 (0.9)	4.04	0.79
8. The rehabilitation according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 is not a bad thing at all **Total Mean = 4.04 S.D.= 0.57**	31 (27.7)	51 (45.5)	24 (21.4)	6 (5.4)	0 (0.0)	3.96	0.84
Decision 9. You are determined to improve your behavior in order to pass the evaluation by the committee	60 (53.6)	41 (36.6)	9 (8.0)	0 (0.0)	2 (1.8)	4.40	0.78
10. You accept the decision by the committee when you entered the rehabilitation program	41 (36.6)	50 (44.6)	19 (17.0)	1 (0.9)	1 (0.9)	4.15	0.79
11. You are determined that you must complete the whole rehabilitation program in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545	58 (51.8)	34 (30.4)	19 (17.0)	1 (0.9)	0 (0.0)	4.33	0.78

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Table 17 Analysis results by items of acceptance in the rehabilitation process (Cont.)

Message	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\overline{X}$	S.D.
12. Completing the rehabilitation program in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545 yields more good than bad **Total Mean =4.30 S.D.=0.59**	56 (50.0)	42 (37.5)	11 (9.8)	3 (2.7)	0 (0.0)	4.35	0.76
Implementation 13. Completing the rehabilitation program in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545 helps you change your behavior in facing other problems	47 (42.0)	53 (47.3)	7 (6.3)	5 (4.5)	0 (0.0)	4.27	0.77
14. You think that you are able to persuade your friends that are not willing to enter into the rehabilitation program	20 (17.9)	51 (45.5)	38 (33.9)	2 (1.8)	1 (0.9)	3.78	0.79
15. You can better control your mood when participating in mood development group activities	34 (30.4)	60 (53.6)	17 (15.1)	1 (0.9)	0 (0.0)	4.13	0.69
16. You need more information concerning behavior evaluation measures and process by the committee	41 (36.6)	47 (42.0)	23 (20.5)	1 (0.9)	0 (0.0)	4.14	0.76

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Table 17 Analysis results by items of acceptance in the rehabilitation process (Cont.)

Message	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\overline{X}$	S.D.
17. Rehabilitation activity in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545, such as family involvement, results in better relationship within the family **Total Mean =4.13 S.D.= 0.53**	49 (43.8)	51 (45.5)	12 (10.7)	0 (0.0)	0 (0.0)	4.33	0.66
Confirmation 18. You deem that the Narcotic Addicts Rehabilitation Act, B.E. 2545 is beneficial for drug addicts to rehabilitate forcibly of voluntarily	34 (30.4)	50 (44.6)	27 (24.1)	1 (0.9)	0 (0.0)	4.04	0.76
19. Even if you the overall picture of the rehabilitation process may not be beneficial to you but you are able to accept and stay with the rehabilitation program for the whole time	44 (39.3)	50 (44.6)	15 (13.4)	3 (2.7)	0 (0.0)	4.21	0.77
20. The Narcotic Addicts Rehabilitation Act, B.E. 2545 yields more good than bad	47 (42.0)	45 (40.2)	16 (14.3)	3 (2.7)	1 (0.9)	4.23	0.79
21. You are ready to provide advice to drug addicts as to the good result or benefit of the Narcotic Addicts Rehabilitation Act, B.E. 2545	30 (26.8)	59 (52.7)	22 (19.6)	1 (0.9)	0 (0.0)	4.05	0.70

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Table 17 Analysis results by items of acceptance in the rehabilitation process (Cont.)

Message	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	$\overline{X}$	S.D.
22. You have guidelines for living that do not involve narcotics because you have passed the rehabilitation program according to the Narcotic Addicts Rehabilitation Act, B.E. 2545	52 (46.4)	43 (38.4)	13 (11.6)	4 (3.6)	0 (0.0)	4.28	0.80
Total Mean =4.25 S.D.= 1.14							

From table 17, to express the analysis results by items of acceptance in the rehabilitation process which can be divided into 5 aspects including knowledge, persuasion, decision, implementation and confirmation. The analysis can be found that,

Acceptance in the knowledge process has the average to be equal to 3.80 and the standard deviation is to be equal to 0.63. Most of them have the opinions about acceptance in the knowledge process the most which are the announcement for addicts to be as patient according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 result in you being more accepted by the society (average = 4.07), the second is you believe that the Narcotic Addicts Rehabilitation Act, B.E. 2545 gives a chance for narcotic addicts to rehabilitate (average = 4.04) and you believe that rehabilitation according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 even if it were forced, will be as successful as volunteered rehabilitation (average = 3.85) respectively.

Acceptance in the persuasion process has the average to be equal to 4.04 and the standard deviation is to be equal to 0.57. Most of them have the opinions about acceptance in the persuasion process the most which are you will power to complete all steps of the rehabilitation program is from you speaking to the other participants (average = 4.12), the second are you will heed the advice of those who have completed the treatment according to the Narcotic Addicts Rehabilitation Act, B.E.

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2545 and you would like the officers to provide you with additional information or detail concerning benefits from the Narcotic Addicts Rehabilitation Act, B.E. 2545 (average = 4.04) and the rehabilitation according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 is not a bad thing at all (average = 3.96) respectively.

Acceptance in the decision process has the average to be equal to 4.30 and the standard deviation is to be equal to 0.59. Most of them have the opinions about acceptance in the decision process the most which are you are determined to improve your behavior in order to pass the evaluation by the committee (average = 4.40), the second is completing the rehabilitation program in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545 yields more good than bad (average = 4.35) and you are determined that you must complete the whole rehabilitation program in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545 (average = 4.33) respectively.

Acceptance in the implementation process has the average to be equal to 4.13 and the standard deviation is to be equal to 0.53. Most of them have the opinions about acceptance in the implementation process the most which are rehabilitation activity in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545, such as family involvement, results in better relationship within the family (average = 4.33), the second is completing the rehabilitation program in accordance with the Narcotic Addicts Rehabilitation Act, B.E. 2545 helps you change your behavior in facing other problems (average = 4.27) and you need more information concerning behavior evaluation measures and process by the committee (average = 4.14) respectively.

Acceptance in the confirmation process has the average to be equal to 4.25 and the standard deviation is to be equal to 1.14. Most of them have the opinions about acceptance in the confirmation process the most which are you have guidelines for living that do not involve narcotics because you have passed the rehabilitation program according to the Narcotic Addicts Rehabilitation Act, B.E. 2545 (average = 4.28), the second is the Narcotic Addicts Rehabilitation Act, B.E. 2545 yields more good than bad (average = 4.23) and even if you the overall picture of the rehabilitation process may not be beneficial to you but you are able to accept and stay with the rehabilitation program for the whole time (average = 4.21) respectively.

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Table 18 Number and percentage of the sample group divided according to the level of acceptance in the rehabilitation process

Acceptance Level	Number (%)
Low (1 – 2.33)	0 (0.0)
Medium (2.34 – 3.67)	17 (15.2)
High (3.68 – 5)	95 (84.8)
Total	112 (100.0)
Mean	4.10
S.D.	0.518

Table 18 shows the acceptance in the rehabilitation processed from the research of the sample group. It is found that most people highly adopted in the rehabilitation processed (84.8%). Next moderately in 15.2 % and none of the sample has low level of acceptance in the Rehabilitation respectively.

Table 19 Number and percentage of the sample group divided according to the level of acceptance in the Rehabilitation processed which divided according to knowledge process, persuasion process, decision, implementation process and confirmation process

Acceptance Level	Number (%)				
	knowledge	persuasion	decision	implementation	confirmation
Low (1 – 2.33)	3 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Medium (2.34 – 3.67)	37 (33.0)	23 (20.5)	14 (12.5)	22 (19.6)	19 (17.0)
High (3.68 – 5)	72 (64.3)	89 (79.5)	98 (87.5)	90 (80.4)	93 (83.0)
Total	112 (100.0)	112 (100.0)	112 (100.0)	112 (100.0)	112 (100.0)

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Table 19 shows the acceptance in the Rehabilitation processed which divided according to knowledge process, persuasion process, decision making, implementation process and confirmation process. From the research of the sample group found that most people highly adopted in knowledge process (64.3%), persuasion process (79.5%), decision making (87.5%), implementation process (80.4%) and confirmation process (83.0%).

4.5 Evaluated Results after the Processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

According to the research of the sample group who attend the rehabilitation processed in the aspect of evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545. To be informed the data about behavior, skill, attitude and life's plan after acceptance in the rehabilitation processed. It is narrated the data by statistical frequency, percentage, mean, and standard deviation as below.

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Table 20 Analysis results by items of evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

Message	Score Level			$\overline{X}$	S.D.
	1	2	3		
The Behaviors During the Drug Addicts' Rehabilitation 1.1 Maintaining the cleanliness of themselves by both physical and environmental aspects	1 (0.9)	54 (48.2)	57 (50.9)	2.50	0.52
1.2 Acceptance and compliance according to the regulations of the organization	10 (8.9)	89 (79.5)	13 (11.6)	2.03	0.45
1.3 Performing the assignments correctly and absolutely according to the schedule	5 (4.5)	103 (92.0)	4 (3.6)	1.99	0.28
1.4 Feeling enthusiastic for activities participation	6 (5.4)	83 (74.1)	23 (20.5)	2.15	0.48
1.5 Being punctual in activities participation	4 (3.6)	75 (67.0)	33 (29.5)	2.26	0.51
1.6 Responsibility to their own performance	6 (5.4)	99 (88.4)	7 (6.3)	2.01	0.34
1.7 Intelligence in working	6 (5.4)	86 (76.8)	20 (17.9)	2.13	0.46
1.8 Effort to adjust their own mistakes	4 (3.6)	99 (88.4)	9 (8.0)	2.04	0.33
1.9 Leadership condition	15 (13.4)	97 (86.6)	0 (0.0)	1.87	0.34
1.10 Help among members or authorities	15 (13.4)	80 (71.4)	17 (15.2)	2.02	0.53
1.11 Honesty **Total Mean = 2.24 S.D.= 0.29**	21 (18.8)	89 (79.5)	2 (1.8)	1.83	0.42

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Table 20 Analysis results by items of evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 (Cont.)

Message	Score Level			$\overline{X}$	S.D.
	1	2	3		
Skills 2.1 Realizing the problems and listening to the suggestions in order to improve	2 (1.8)	76 (67.9)	34 (30.4)	2.29	0.49
2.2 To be able to tell things that they don't like/ unsatisfied with without aggressive behavior	4 (3.6)	79 (70.5)	29 (25.9)	2.22	0.49
2.3 To be able to express their feeing appropriately according to the events and places	8 (7.1)	102 (91.1)	2 (1.8)	1.95	0.29
2.4 To dare to express their opinions in front of the conference	3 (2.7)	77 (68.8)	32 (28.6)	2.26	0.49
2.5 Making the relationship with others	4 (3.6)	99 (88.4)	9 (8.0)	2.04	0.33
2.6 Endurance / Patience to the bad behaviors of others	10 (8.9)	91 (81.3)	11 (9.8)	2.01	0.43
2.7 Capability in selecting the ways to solve the problems correctly and appropriately	16 (14.3)	96 (85.7)	0 (0.0)	1.86	0.35
2.8 Capability to bring the existed materials and equipment to apply for usage	14 (12.5)	98 (87.5)	0 (0.0)	1.88	0.33
2.9 Capability in bringing new techniques and methods to the performance **Total Mean = 2.05 S.D.= 0.30**	18 (16.1)	94 (83.9)	0 (0.0)	1.84	0.36

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Table 20 Analysis results by items of evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 (Cont.)

Message	Score Level			$\overline{X}$	S.D.
	1	2	3		
Attitudes to themselves, family and drugs 3.1 Understanding and accepting in their own performance	1 (0.9)	111 (99.1)	0 (0.0)	1.99	0.09
3.2 Understanding and accepting in others' performance	1 (0.9)	111 (99.1)	0 (0.0)	1.99	0.09
3.3 Listening and accepting others' ideas and capabilities	5 (4.5)	104 (92.9)	3 (2.7)	1.98	0.26
3.4 Understanding and accepting the real situations about their own family **Total Mean = 2.00 S.D.= 0.08**	0 (0.0)	108 (96.4)	4 (3.6)	2.04	0.18
Life Plan 4.1 Work plan	8 (7.1)	99 (88.4)	5 (4.5)	1.97	0.34
4.2 Knowing how to manage their free time to be useful	5 (4.5)	103 (92.0)	4 (3.6)	1.99	0.28
4.3 Organizing time in their daily life	3 (2.7)	107 (95.5)	2 (1.8)	1.99	0.21
4.4 Knowing how to organize the importance of assignments **Total Mean = 1.97 S.D.= 0.21**	6 (5.4)	106 (94.6)	0 (0.0)	1.95	0.22

From table 20, to express the analysis results by items of evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 which can be divided into 4 aspects including behavior, skill, attitude and life's plan. The analysis can be found that,

Evaluated results in behavior have the average to be equal to 2.24 and the standard deviation is to be equal to 0.29. Most of them have the opinions about the

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behaviors during the drug addicts' rehabilitation the most which are maintaining the cleanliness of themselves by both physical and environmental aspects (average = 2.50), the second is being punctual in activities participation (average = 2.26) and feeling enthusiastic for activities participation (average = 2.15) respectively.

Evaluated results in skill have the average to be equal to 2.05 and the standard deviation is to be equal to 0.30. Most of them have the opinions about skill the most which are realizing the problems and listening to the suggestions in order to improve (average = 2.29), the second is to dare to express their opinions in front of the conference (average = 2.26) and to be able to tell things that they don't like/ unsatisfied with without aggressive behavior (average = 2.22) respectively.

Evaluated results in attitude have the average to be equal to 2.00 and the standard deviation is to be equal to 0.08. Most of them have the opinions about attitudes to themselves, family and drugs the most which are understanding and accepting the real situations about their own family (average = 2.04), the second are understanding and accepting in their own performance and others' performance (average = 1.99) and listening and accepting others' ideas and capabilities (average = 1.98) respectively.

Evaluated results in life's plan have the average to be equal to 2.00 and the standard deviation is to be equal to 0.08. Most of them have the opinions about life's plan the most which are knowing how to manage their free time to be useful and organizing time in their daily life (average = 1.99), the second is work plan (average = 1.97) and knowing how to organize the importance of assignments (average = 1.95) respectively.

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Table 21 Number and percentage of the sample group divided according to evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

Evaluated Results Level	Number (%)
Low (36 – 47)	5 (4.5)
Medium (48 – 62)	92 (82.1)
High (63 – 73)	15 (13.4)
Total	112 (100.0)
Mean	2.03
S.D.	0.203

Table 21 shows evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545. According to the research of the sample group, it is found that most people moderately evaluated results after the processed by the rehabilitation (82.1%) secondly in the high level (13.4%) then in the low level (4.5%) respectively.

Table 22 Number and percentage of the sample group divided according to evaluated results after the processed by the rehabilitation in the aspect of behavior, skill, attitude and life's plan

Evaluated Results Level	Number (%)			
	behavior	skill	attitude	life's plan
Low (1 – 1.66)	6 (5.4)	12 (10.7)	0 (0.0)	6 (5.4)
Medium (1.67 – 2.33)	62 (55.4)	94 (83.9)	112 (100.0)	103 (92.0)
High (2.34 – 3)	44 (39.3)	6 (5.4)	0 (0.0)	3 (2.7)
Total	112 (100.0)	112 (100.0)	112 (100.0)	112 (100.0)

Table 22 shows evaluated results after the processed by the Rehabilitation in the aspect of behavior, skill, attitude and life's plan. According to the research of the sample group, it is found that most people moderately evaluated results after the

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processed by the Rehabilitation in the aspect of behavior (55.4%), in the aspect of skill (83.9%), in the aspect of attitude (100.0%) and in the aspect of life's plan (92.0%) too.

4.6 Result of Analyzed Relation between Factors

4.6.1 Relationship between acceptance of rehabilitation process and population factor

In the analysis of relationship between acceptance of rehabilitation process and population factor to determine which factors are related to the acceptance. The acceptance of rehabilitation processes are knowledge process, persuasion process, decision making process, implementation process and confirmation process. And aspects of population factor are age, occupation, religion, education level, income, location, violated data, times of treatment, court that sent for rehabilitation and knowledge about Narcotic Addicts Rehabilitation Act, B.E. 2545. Statistics used in the analysis is analysis of variance (ANOVA) by presenting analysis result as following:

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Table 23 Analysis of Variance of acceptance of rehabilitation process at the level of knowledge and population factor of the sample group

Factor		df	SS	MS	F	p-value
Knowledge	Age	1	0.228	0.228	0.535	0.466
	Occupation	1	0.731	0.731	1.719	0.193
	Education level	2	0.265	0.133	0.312	0.733
	Income	3	0.101	0.034	0.079	0.971
	Location	2	0.292	0.146	0.344	0.710
	Violated base	1	0.156	0.156	0.367	0.546
	Time of treatment	1	0.913	0.913	2.147	0.146
	Court	1	0.407	0.407	0.958	0.330
	Model	12	3.093	0.258	0.606	0.832
	Residual	99	42.086	0.425	-	-
	Total	111	45.179	0.407	-	-

From the analysis result in table 23, it is found that population factors such as age, occupation, religion, education level, income, location, violated data, time of treatment and court that sent for rehabilitation have adopted the rehabilitation at the level of knowledge with statistically insignificant difference at 0.05.

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Table 24 Analysis of Variance of acceptance of rehabilitation process at persuasion level and population factor of the sample group

Factor		df	SS	MS	F	p-value
Persuasion	Age	1	0.631	0.631	2.019	0.158
	Occupation	1	0.521	0.521	1.666	0.200
	Education level	2	0.472	0.236	0.756	0.472
	Income	3	0.964	0.321	1.028	0.384
	Location	2	0.310	0.155	0.495	0.611
	Violated base	1	1.114	1.114	3.565	0.062
	Time of treatment	1	0.692	0.692	2.212	0.140
	Court	1	0.540	0.540	1.729	0.192
	Model	12	5.245	0.437	1.398	0.180
	Residual	99	30.950	0.313	-	-
	Total	111	36.194	0.326	-	-

According to the analysis result in Table 24, it is found that population factors such as age, occupation, religion, education level, income, location, violated base, times of treatment and court that sent for rehabilitation have adopted the rehabilitation at the level of persuasion with statistically insignificant difference at 0.05.

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Table 25 Analysis of Variance of acceptance of rehabilitation process at decision level and population factor of the sample group

Factor		df	SS	MS	F	p-value
Decision	Age	1	0.667	0.667	2.161	0.145
	Occupation	1	1.049	1.049	3.401	0.068
	Education level	2	1.349	0.675	2.187	0.118
	Income	3	1.498	0.499	1.619	0.190
	Location	2	1.136	0.568	1.841	0.164
	Violated base	1	0.147	0.147	0.478	0.491
	Time of treatment	1	1.744	1.744	5.653	0.019*
	Court	1	1.621	1.621	5.254	0.024*
	Model	12	9.210	0.767	2.488	0.007
	Residual	99	30.538	0.308	-	-
	Total	111	39.748	0.358	-	-

*P < 0.05

Table 26 Multiple Classification Analysis of acceptance of rehabilitation process at decision level and the times of treatment and the court that sent for rehabilitation of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Decision	times of treatment	First time	93	4.2581	4.2544
		Second time	19	4.5526	4.5704
	court	Bangkok	67	4.4440	4.5100
		Other	45	4.1056	4.0073

a Decision process by times of treatment, court

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From the analysis in Table 25, it is found that population such as age, occupation, religion, education level, income, location, and violated base have adopted the rehabilitation at the level of decision with statistically insignificant difference at 0.05. From the variance analysis of the time of treatment, F = 5.653, p = 0.019 < α = 0.05. From the variance analysis of the court that sent for rehabilitation, F = 5.254, p = 0.024 < α = 0.05. This means that the time of treatment and the court that sent for rehabilitation of the sample group have adopted rehabilitation at decision level with statistically insignificant difference at 0.05. In analyses of multiple classifications, it is found that those who have been in rehabilitation for the first time has an average score in aspect of acceptance of rehabilitation process at decision making level lower than those who have been in rehabilitation twice or more with an average score of 4.2544 and 4.5704 respectively. For those who have been sent by the court in Bangkok have an average score in the aspect of acceptance of rehabilitation process at decision level higher than those who have been sent from other places with an average score of 4.5100 and 4.0073 respectively, more details in Table 26.

Table 27 Analysis of Variance of acceptance of rehabilitation process at implementation level and population factor of the sample group

Factor		df	SS	MS	F	p-value
Implementation	Age	1	0.132	0.132	0.504	0.480
	Occupation	1	0.080	0.080	0.304	0.582
	Education level	2	0.608	0.304	1.160	0.318
	Income	3	3.564	1.188	4.534	0.005*
	Location	2	0.463	0.231	0.883	0.417
	Violated base	1	0.317	0.317	1.209	0.274
	Time of treatment	1	0.322	0.322	1.227	0.271
	Court	1	0.070	0.070	0.265	0.608
Model		12	5.555	0.463	1.767	0.064
Residual		99	25.942	0.262	-	-
Total		111	31.497	0.284	-	-

*P < 0.05

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Table 28 Multiple Classification Analysis of acceptance of acceptance of rehabilitation process at implementation level and income of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Implementation	Income	< 5,000 baht	22	3.9182	3.9459
		5,001 – 15,000 baht	25	3.9120	3.9134
		15,001 – 25,000 baht	48	4.2625	4.2582
		> 25,001 baht	17	4.3529	4.3271

a Implementation by income

From the analysis in Table 27, it is found that population such as age, occupation, religion, education level; income, location, violated base, time of treatment and the court that sent for rehabilitation have adopted the rehabilitation at the implementation level with statistically insignificant difference at 0.05. From the variance analysis of income, $F = 4.534$, $p = 0.005 < \alpha = 0.05$. This means that the income of the sample group has adopted the rehabilitation at implementation level with statistically significant difference at 0.05. In analyses of multiple classifications, it is found that those with income more than 25,001 Baht have an average score in the aspect of acceptance of rehabilitation at implementation level higher than those with lower income. Those with income higher than 25,001 Baht have an average score of 4.3271 and those with income 15,001-25,000 Baht has an average score of 4.2582. Those with income lower than 5,000 Baht have an average score of 3.9459 and those with income 5,001-15,000 Baht have an average score of 3.9134, more details in table 28.

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Table 29 Analysis of Variance of acceptance of rehabilitation process at confirmation level and population factor of the sample group

Factor		df	SS	MS	F	p-value
Confirmation	Age	1	0.731	0.731	0.622	0.432
	Occupation	1	0.001	0.001	0.001	0.974
	Education level	2	10.979	5.489	4.667	0.012*
	Income	3	3.622	1.207	1.026	0.384
	Location	2	10.834	5.417	4.605	0.012*
	Violated base	1	0.037	0.037	0.031	0.860
	Time of treatment	1	0.017	0.017	0.014	0.905
	Court	1	2.274	2.274	1.934	0.167
	Model	12	28.494	2.375	2.019	0.030
	Residual	99	116.445	1.176	-	-
	Total	111	144.940	1.306	-	-

*P < 0.05

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Table 30 Multiple Classification Analysis of acceptance of acceptance of rehabilitation process at confirmation level and education level and location of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Confirmation	Education level	Not study – primary school	49	3.9878	4.0234
		Lower secondary school	43	4.2651	4.2296
		Upper secondary school- Higher education	20	4.8700	4.8590
	Location	Bangkok	56	4.1714	3.9307
		Perimeter area	42	4.0857	4.4119
		Other	14	5.0714	5.0557

a Confirmation by education level, location

From table 29 analysis found out that population data; sex, occupation, income, guilty, number of times rehabilitation, and court sending had the acceptance of with indifference significant level of 0.05. For the standard deviation analysis, the result for educational level is F= 4.667, $p = 0.012 < \alpha = 0.05$, and for location F= 4.605, $p = 0.012 < \alpha = 0.05$. It shown that difference in educational level and location has acceptance in difference in level of significance equals to 0.05. After exhibit analyses of multiple classifications, upper secondary school up to higher education would have higher acceptance than the lower group. For upper secondary school up to higher education would have mean = 4.8590, lower secondary school had mean = 4.2296, and non-studying person = 4.0234 respectively. For location, Bangkok people had lower acceptance than rural persons. Bangkok people had mean = 3.9307, around Bangkok are = 4.4119, and others =5.0557 respectively according to table 30.

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4.6.2 Relationship between acceptance of rehabilitation process and psycho-social factor

Researcher aimed to analyze relationship between acceptance of rehabilitation process and psycho-social factor in order to understand factor relating to rehabilitation of drug addict; knowledge, persuasion, decision making process, implementation, and confirmation. For mentality side is achievement motivation, internal-external locus of control, and perception of social support. The statistical tool used was ANOVA which described as follow.

Table 31 Analysis of Variance of acceptance of rehabilitation process at knowledge level and psycho-social factor of the sample group

	Factor	df	SS	MS	F	p-value
Knowledge	Achievement motivation	1	1.738	1.738	4.566	0.035*
	Internal-external locus of control	1	0.001	0.001	0.002	0.968
	Perception of social support	1	2.340	2.340	6.150	0.015*
	Model	3	4.079	0.381	3.573	0.016
	Residual	108	41.100	0.407	-	-
	Total	111	45.179	0.407	-	-

*P < 0.05

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Table 32 Multiple Classification Analysis of acceptance of acceptance of rehabilitation process at knowledge level and psycho-social factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Knowledge	Achievement motivation	Medium level	67	3.7015	3.7221
		High level	45	3.9556	3.9248
	Perception of social support	Medium level	20	3.4500	3.4849
		High level	92	3.8804	3.8728

a Knowledge by Achievement motivation, Perception of social support

From the results in table 31 found out that psycho-social factor which is internal-external locus of control had indifference in acceptance in knowledge of rehabilitation with the significant level of 0.05. For the standard deviation of achievement motivation $F = 4.566$, $p = 0.035 < \alpha = 0.05$, and perception of social support $F= 6.150$, $p = 0.015 < \alpha = 0.05$. It shown that achievement motivation and perception of social support of sample group mostly accepted rehabilitation with the difference in level of significance equals to 0.05, and after considering plural composition; moderate achievement motivation had acceptance in knowledge mean lower than high achievement motivation person with the mean of 3.7221 and 3.9248 respectively. Also, moderate perception of social support person had acceptance in knowledge mean lower than high perception of social support one with mean of 3.4849 and 3.8728 respectively, more details in table 32.

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Table 33 Analysis of Variance of acceptance of rehabilitation process at persuasion level and psycho-social factor of the sample group

Factor		df	SS	MS	F	p-value
Persuasion	Achievement motivation	1	1.100	1.100	3.865	0.052
	Internal-external locus of control	1	0.000	0.000	0.001	0.970
	Perception of social support	1	4.353	4.353	15.292	0.000*
	Model	3	5.453	1.818	6.386	0.001
	Residual	108	30.741	0.285	-	-
	Total	111	36.194	0.326	-	-

*P < 0.05

Table 34 Multiple Classification Analysis of acceptance of acceptance of rehabilitation process at persuasion level and psycho-social factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Persuasion	Perception of social support	Medium level	20	3.5875	3.6056
		High level	92	4.1386	4.1346

a Persuasion by Perception of social support

From table 33 results, psycho-social factor is achievement motivation and internal-external locus of control had indifference acceptance in persuasion among them with the level of significance equals to 0.05, and for standard deviation F= 15.292, $p = 0.000 < \alpha = 0.05$ indicating that the perception of social support had acceptance in persuasion with the significant level of 0.05. For plural composition, the

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moderate perception of social support person would have lower mean acceptance in persuasion than high group with the mean of 3.6056, and 4.1346 respectively. The detail shown in table 34.

Table 35 Analysis of Variance of acceptance of rehabilitation process at decision level and psycho-social factor of the sample group

	Factor	df	SS	MS	F	p-value
Decision	Achievement motivation	1	1.400	1.400	4.595	0.034*
	Internal-external locus of control	1	0.430	0.430	1.413	0.237
	Perception of social support	1	5.017	5.017	16.467	0.000*
	Model	3	6.847	2.282	7.492	0.000
	Residual	108	32.901	0.305	-	-
	Total	111	39.748	0.358	-	-

*P < 0.05

Table 36 Multiple Classification Analysis of acceptance of acceptance of rehabilitation process at decision level and psycho-social factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Decision	Achievement motivation	Medium level	67	4.2164	4.2360
		High level	45	4.4444	4.4152
	Perception of social support	Medium level	20	3.8375	3.8415
		High level	92	4.4103	4.4095

a Decision by Achievement motivation, Perception of social support

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From table 35 shown that psycho-social factor is achievement motivation and internal-external locus of control had indifference acceptance in decision among them with the level of significance equals to 0.05, for standard deviation of achievement motivation, $F = 4.595$, $p = 0.034 < \alpha = 0.05$, and for perception of social support $F = 16.467$, $p = 0.000 < \alpha = 0.05$. It means that there had a difference in acceptance of decision among achievement motivation and perception of social support at level of significance of 0.05. After considering plural composition, moderate achievement motivation had lower acceptance in decision than high group with the mean of 4.2360 and 4.4152 respectively. And for moderate perception of social support would have lower mean in acceptance in decision than high group as well with the mean of 3.8415 and 4.4095 respectively. It shown in table 36.

Table 37 Analysis of Variance of acceptance of rehabilitation process at implementation level and psycho-social factor of the sample group

Factor		df	SS	MS	F	p-value
Implementation	Achievement motivation	1	0.904	0.904	3.866	0.052
	Internal-external locus of control	1	0.093	0.093	0.398	0.530
	Perception of social support	1	5.239	5.239	22.400	0.000*
Model		3	6.237	2.079	8.888	0.000
Residual		108	25.260	0.234	-	-
Total		111	31.497	0.284	-	-

*P < 0.05

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Table 38 Multiple Classification Analysis of acceptance of rehabilitation process at implementation level and psycho-social factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Implementation	Perception of social support	Medium level	20	3.6500	3.6536
		High level	92	4.2348	4.2340

a Implementation by perception of social support

From table 37 results, found out that psycho-social factor is achievement motivation and internal-external locus of control had indifference acceptance in implementation among them with the level of significance equals to 0.05. For standard deviation of perception of social support $F = 22.400$, $p = 0.000 < \alpha = 0.05$. It means that there had a difference in acceptance of implementation among achievement motivation and perception of social support at level of significance of 0.05. After considering plural composition, moderate perception of social support would have lower mean in acceptance in implementation than high group as well with the mean of 3.6536 and 4.2340 respectively. It shown in table 38.

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Table 39 Analysis of Variance of acceptance of rehabilitation process at confirmation level and psycho-social factor of the sample group

Factor		df	SS	MS	F	p-value
Confirmation	Achievement motivation	1	5.234	5.234	4.239	0.042*
	Internal-external locus of control	1	2.634	2.634	2.134	0.147
	Perception of social support	1	3.724	3.724	3.016	0.085
	Model	3	11.592	3.864	3.129	0.029
	Residual	108	133.348	1.235	-	-
	Total	111	144.940	1.306	-	-

*P < 0.05

Table 40 Multiple Classification Analysis of acceptance of rehabilitation process at confirmation level and psycho-social factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Confirmation	Achievement motivation	Medium level	67	4.0746	4.1250
		High level	45	4.5156	4.4405

a Confirmation by achievement motivation

From table 39 results shown that found out that psycho-social factor is internal-external locus of control and perception of social support had indifference acceptance in confirmation among them with the level of significance equals to 0.05. For standard deviation of achievement motivation F = 4.239, p = 0.042 < α = 0.05. It

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means that there had a difference in acceptance of confirmation of achievement motivation at level of significance of 0.05. After considering plural composition, moderate achievement motivation would have lower mean in acceptance in confirmation than high group as well with the mean of 4.1250 and 4.4405 respectively. It shown in table 40.

4.6.3 Relationship between acceptance of rehabilitation process and attitude in treatment process

In this analysis of relationship between acceptance of rehabilitation process and attitude in treatment process which are knowledge, persuasion, decision, implementation, and confirmation. For attitude in treatment process which divided into attitude towards treatment pattern, attitude towards therapist, and attitude towards environment. The statistic tool used is ANOVA and results are shown as follow.

Table 41 Analysis of Variance of acceptance of rehabilitation process at knowledge level and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Knowledge	Treatment pattern	1	1.345	1.345	3.475	0.065
	Therapist team	1	1.067	1.067	2.756	0.100
	Environment	1	0.977	0.977	2.525	0.115
	Model	3	3.388	1.129	2.919	0.037
	Residual	108	41.790	0.387	-	-
	Total	111	45.179	0.407	-	-

From table 41 found out that person who got attitude towards treatment pattern, therapist, and environment has indifference acceptance of rehabilitation process with the level of significance of 0.05.

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Table 42 Analysis of Variance of acceptance of rehabilitation process at persuasion level and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Persuasion	Treatment pattern	1	2.955	2.955	11.568	0.001*
	Therapist team	1	0.690	0.690	2.702	0.103
	Environment	1	4.966	4.966	19.444	0.000*
	Model	3	8.611	2.870	11.238	0.000
	Residual	108	27.583	0.255	-	-
	Total	111	36.194	0.326	-	-

*P < 0.05

Table 43 Multiple Classification Analysis of acceptance of rehabilitation process at persuasion level and attitude in treatment process of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Persuasion	Treatment pattern	Medium level	24	3.7292	3.7942
		High level	88	4.1250	4.1073
	Environment	Medium level	14	3.3750	3.4515
		High level	98	4.1352	4.1243

a Persuasion by treatment pattern, environment

From table 42 analyses found out those persons who got attitude towards treatment pattern has indifference acceptance in persuasion at the significant level of 0.05. For standard deviation in treatment pattern, $F = 11.568$, $p = 0.001 < \alpha = 0.05$, and for environment attitude, $F=19.444$, $p = 0.000 < \alpha = 0.05$. It shown that there was a difference in acceptance persuasion between treatment pattern and environment factor at significant level of 0.05, also after considering plural composition, moderate

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attitude towards treatment pattern had lower acceptance in persuasion mean than high group with mean of 3.7942, and 4.1073 respectively. In addition, for moderate attitude towards environment person had lower acceptance in persuasion mean than high group with mean of 3.4515, and 4.1243 respectively shown in table 43.

Table 44 Analysis of Variance of acceptance of rehabilitation process at decision level and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Decision	Treatment pattern	1	3.516	3.516	11.148	0.001*
	Therapist team	1	0.294	0.294	0.932	0.336
	Environment	1	1.872	1.872	5.934	0.016*
	Model	3	5.682	1.894	6.005	0.001
	Residual	108	34.066	0.315	-	-
	Total	111	39.748	0.358	-	-

*P < 0.05

Table 45 Multiple Classification Analysis of acceptance of rehabilitation process at decision level and attitude in treatment process of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Decision	Treatment pattern	Medium level	24	3.9688	4.0060
		High level	88	4.4006	4.3904
	Environment	Medium level	14	3.8571	3.9466
		High level	98	4.3724	4.3597

a Decision by treatment pattern, environment

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From table 44 analyses found out those persons who got attitude towards treatment pattern has indifference acceptance in decision at the significant level of 0.05. For standard deviation in treatment pattern, $F = 11.148$, $p = 0.001 < \alpha = 0.05$, and for environment attitude, $F = 5.934$, $p = 0.016 < \alpha = 0.05$. It shown that there was a difference in acceptance decision between treatment pattern and environment factor at significant level of 0.05, also after considering plural composition, moderate attitude towards treatment pattern had lower acceptance in decision mean than high group with mean of 4.0060, and 4.3904 respectively. In addition, for moderate attitude towards environment person had lower acceptance in decision mean than high group with mean of 3.9466, and 4.3597 respectively shown in table 45.

Table 46 Analysis of Variance of acceptance of rehabilitation process at implementation level and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Implementation	Treatment pattern	1	2.848	2.848	11.864	0.001*
	Therapist team	1	0.207	0.207	0.864	0.355
	Environment	1	2.514	2.514	10.470	0.002*
Model		3	5.569	1.856	7.733	0.000
Residual		108	25.928	0.240	-	-
Total		111	31.497	0.284	-	-

*P < 0.05

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Table 47 Multiple Classification Analysis of acceptance of rehabilitation process at implementation level and attitude in treatment process of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Implementation	Treatment pattern	Medium level	24	3.8250	3.8826
		High level	88	4.2136	4.1979
	Environment	Medium level	14	3.6429	3.7115
		High level	98	4.2000	4.1902

a Implementation by treatment pattern, environment

From table 46 analyses found out those persons who got attitude towards treatment pattern has indifference acceptance in implementation at the significant level of 0.05. For standard deviation in treatment pattern, $F = 11.864$, $p = 0.001 < \alpha = 0.05$, and for environment attitude, $F = 10.470$, $p = 0.002 < \alpha = 0.05$. It shown that there was a difference in acceptance implementation between treatment pattern and environment factor at significant level of 0.05, also after considering plural composition, moderate attitude towards treatment pattern had lower acceptance in implementation mean than high group with mean of 3.8826, and 4.1979 respectively. In addition, for moderate attitude towards environment person had lower acceptance in implementation mean than high group with mean of 3.7115, and 4.1902 respectively shown in table 47.

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Table 48 Analysis of Variance of acceptance of rehabilitation process at confirmation level and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Confirmation	Treatment pattern	1	3.961	3.961	3.084	0.082
	Therapist team	1	0.185	0.185	0.144	0.705
	Environment	1	2.070	2.070	1.611	0.207
	Model	3	6.216	2.072	1.613	0.191
	Residual	108	138.724	1.284	-	-
	Total	111	144.940	1.306	-	-

From table 48 found out that there were indifference in acceptance in confirmation process among person who got attitude towards treatment pattern, therapist, and environment at the significant level of 0.05

4.6.4 Relationship between Acceptances in the Rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545 and Evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

To analyze relationship between acceptances in the rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545 and Evaluated results after the processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545, need to understand knowledge, persuasion, decision, implementation, and confirmation. And for evaluation results need to consider behavior, skill, attitude, and life planning. The statistic tool used is Pearson Product Moment Correlation which shown as follow.

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Table 49 Correlation between acceptances in the rehabilitation process and evaluated results after the process

Factor		Evaluated Results after the Rehabilitation			
		behavior	skill	attitude	life planning
Acceptances in the rehabilitation process					
Knowledge	r_{xy}	-0.027	0.056	0.089	0.062
	P-value	0.781	0.560	0.348	0.519
persuasion	r_{xy}	0.059	0.106	0.000	0.003
	P-value	0.538	0.266	1.000	0.971
Decision	r_{xy}	0.050	0.090	0.053	-0.040
	P-value	0.602	0.346	0.579	0.672
Implementation	r_{xy}	0.024	0.075	-0.038	0.012
	P-value	0.804	0.434	0.690	0.899
Confirmation	r_{xy}	-0.002	0.011	0.044	0.019
	P-value	0.980	0.912	0.642	0.839

From table 49 shown correlations between rehabilitation treatment pattern acceptance and evaluation after processing found out that rehabilitation process which is knowledge, persuasion, decision, implementation, and confirmation had not related to evaluation for behavior, skill, attitude, and life planning at the significant level of 0.01

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Table 50 Analysis of correlation between acceptances in the rehabilitation process and evaluated results after the process

FACTOR	R	P-VALUE
Acceptances in the rehabilitation process, Evaluated results after the process	0.045	0.640

From table 50, researcher did PPMR analysis between acceptances in the rehabilitation process and evaluated results after the process, the results found out that $p = 0.640 > \alpha = 0.05$ indicated that there is no relationship among them at the level of significant equals to 0.05.

4.6.5 Relationship between population factor, psycho-social factor, attitude of rehabilitation and evaluation after treatment processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545

To analyze Relationship between demographical, mentalities, attitude of rehabilitation and evaluation after treatment processed by the Narcotic Addicts Rehabilitation Act, B.E. 2545 which evaluation divided into behavior, skills, attitude, and life planning. The statistic tool used is ANOVA shown as follow.

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Table 51 Analysis of Variance of evaluated result of rehabilitation process at behavior and population factor of the sample group

Factor		df	SS	MS	F	p-value
Behavior	Age	1	0.121	0.121	1.397	0.240
	Occupation	1	0.188	0.188	2.166	0.144
	Education level	2	0.538	0.269	3.103	0.049*
	Income	3	0.136	0.045	0.521	0.669
	Location	2	0.007	0.003	0.040	0.961
	Violated base	1	0.007	0.007	0.085	0.771
	Time of treatment	1	0.123	0.123	1.417	0.237
	Court	1	0.050	0.050	0.582	0.447
	Model	12	1.170	0.098	1.125	0.349
	Residual	99	8.583	0.087	-	-
	Total	111	9.753	0.088	-	-

*P < 0.05

Table 52 Exhibit Multiple Classification Analysis of acceptance of evaluated result of rehabilitation process at behavior and population factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Behavior	Education level	Not student-primary school	49	2.3098	2.3160
		Lower secondary school	43	2.1586	2.1621
		Upper secondary school up to higher education	20	2.2682	2.2454

a Behavior by education level

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From table 51 found out that demographical data of sample group which are age, occupation, income, location, guilty, number of time of rehabilitation, and court that sending them to, had indifference evaluation process in behavioral term at the significant level of 0.05. For standard deviation of educational level, $F = 3.103$, $p = 0.049 < \alpha = 0.05$. It shown that there had difference in educational level after processing at the significant level of 0.05, also after considering plural composition, primary school level and non-student had higher treatment process in behavioral term than the upper educational level, the non-student and primary school level had mean equals to 2.3160, upper secondary school up to higher education with 2.2454, and lower secondary school with 2.1621, detail shown in table 52.

Table 53 Analysis of Variance of evaluated result of rehabilitation process at skill and population factor of the sample group

	Factor	df	SS	MS	F	p-value
Skill	Age	1	0.049	0.049	0.519	0.473
	Occupation	1	0.002	0.002	0.022	0.882
	Education level	2	0.065	0.033	0.345	0.709
	Income	3	0.107	0.036	0.377	0.770
	Location	2	0.035	0.018	0.187	0.829
	Violated base	1	0.023	0.023	0.248	0.619
	Time of treatment	1	0.443	0.443	4.694	0.033*
	Court	1	0.001	0.001	0.008	0.930
	Model	12	0.726	0.060	0.641	0.803
	Residual	99	9.348	0.094	-	-
	Total	111	10.074	0.091	-	-

*P < 0.05

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Table 54 Multiple Classification Analysis of acceptance of evaluated result of rehabilitation process at skill and population factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Skill	Time of treatment	1 time	93	2.0311	2.0260
		> 2 times	19	2.1813	2.2063

a Skill by time of treatment

From table 53 found out that demographical data of sample group which are age, occupation, income, location, violated base, time of treatment, and court that sending them to, had indifference evaluation process in skills term at the significant level of 0.05. For standard deviation of number of time of rehabilitation, $F = 4.694$, $p = 0.033 < \alpha = 0.05$. It shown that there had difference in number of time of rehabilitation after processing at the significant level of 0.05, also after considering plural composition; the one who took over 2 times of rehabilitation had the higher treatment process mean than the rookie with the mean of 2.2063 and 2.0260 respectively shown in table 54.

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Table 55 Analysis of Variance of evaluated result of rehabilitation process at attitude and population factor of the sample group

Factor		df	SS	MS	F	p-value
Attitude	Age	1	0.003	0.003	0.315	0.576
	Occupation	1	0.003	0.003	0.378	0.540
	Education level	2	0.005	0.003	0.325	0.724
	Income	3	0.013	0.004	0.511	0.675
	Location	2	0.013	0.006	0.766	0.468
	Violated base	1	0.000	0.000	0.008	0.928
	Time of treatment	1	0.005	0.005	0.595	0.442
	Court	1	0.003	0.003	0.368	0.546
	Model	12	0.045	0.004	0.448	0.939
	Residual	99	0.830	0.008	-	-
	Total	111	0.875	0.008	-	-

From table 55 found out that population data of sample group which are age, occupation, income, location, violated base, time of treatment, and court that sending them to, had indifference evaluation process in attitude term at the significant level of 0.05.

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Table 56 Analysis of Variance of evaluated result of rehabilitation process at life planning and population factor of the sample group

Factor		df	SS	MS	F	p-value
Life planning	Age	1	0.029	0.029	0.601	0.440
	Occupation	1	0.000	0.000	0.007	0.934
	Education level	2	0.315	0.158	3.222	0.044*
	Income	3	0.074	0.025	0.501	0.682
	Location	2	0.068	0.034	0.698	0.500
	Violated base	1	0.013	0.013	0.256	0.614
	Time of treatment	1	0.000	0.000	0.002	0.964
	Court	1	0.023	0.023	0.475	0.492
	Model	12	0.523	0.044	0.890	0.559
	Residual	99	4.847	0.049	-	-
	Total	111	5.370	0.048	-	-

*P < 0.05

Table 57 Multiple Classification Analysis of acceptance of evaluated result of rehabilitation process at life planning and population factor of the sample group

MCA(a)

Factor			N	Predicted Mean	
				Unadjusted	Adjusted for Factors
Life planning	Education level	Not study – primary school	49	2.0357	2.0425
		Lower secondary school	43	1.9186	1.9171
		Upper secondary school- Higher education	20	1.9500	1.9365

a Life planning by education level

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From table 56 found out that population data of sample group which are age, occupation, income, location, violated base, time of treatment, and court that sending them to, had indifference evaluation process in life planning term at the significant level of 0.05. For standard deviation of number of time of rehabilitation, F = 3.222, p = 0.044 < α = 0.05. It shown that educational level and life planning had difference after treatment process at the significant level of 0.05, and also after considering plural composition, primary school level and non-student had higher treatment process in life planning term than the upper educational level, the non-student and primary school level had mean equals to 2.0425, upper secondary school up to higher education with 1.9365, and lower secondary school with 1.9171, detail shown in table 57.

Table 58 Analysis of Variance of evaluated result of rehabilitation process at behavior and psycho-social factor of the sample group

Factor		df	SS	MS	F	p-value
Behavior	Achievement motivation	1	0.000	0.000	0.001	0.976
	Internal-external locus of control	1	0.003	0.003	0.033	0.856
	Perception of social support	1	0.045	0.045	0.503	0.480
Model		3	0.048	0.016	0.179	0.910
Residual		108	9.704	0.090	-	-
Total		111	9.753	0.088	-	-

From table 58 found out that psycho-social factor of sample group which are achievement motivation, internal-external locus of control, and perception of social support; they altogether had indifference evaluation after treatment in behavioral term at the significant level of 0.05.

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Table 59 Analysis of Variance of evaluated result of rehabilitation process at skill and psycho-social factor of the sample group

Factor		df	SS	MS	F	p-value
Skill	Achievement motivation	1	0.001	0.001	0.007	0.935
	Internal-external locus of control	1	0.004	0.004	0.044	0.835
	Perception of social support	1	0.057	0.057	0.610	0.436
	Model	3	0.061	0.020	0.220	0.882
	Residual	108	10.013	0.093	-	-
	Total	111	10.074	0.091	-	-

From table 59 found out that psycho-social factor of sample group which are achievement motivation, internal-external locus of control, and perception of social support; they altogether had indifference evaluation after treatment in skills term at the significant level of 0.05.

Table 60 Analysis of Variance of evaluated result of rehabilitation process at attitude and psycho-social factor of the sample group

Factor		df	SS	MS	F	p-value
Attitude	Achievement motivation	1	0.001	0.001	0.104	0.747
	Internal-external locus of control	1	0.000	0.000	0.000	1.000
	Perception of social support	1	0.016	0.016	1.967	0.164
	Model	3	0.016	0.005	0.690	0.560
	Residual	108	0.859	0.008	-	-
	Total	111	0.875	0.008	-	-

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From table 60 found out that psycho-social factor of sample group which are achievement motivation, internal-external locus of control, and perception of social support; they altogether had indifference evaluation after treatment in attitude term at the significant level of 0.05.

Table 61 Analysis of Variance of evaluated result of rehabilitation process at life planning and psycho-social factor of the sample group

	Factor	df	SS	MS	F	p-value
Life planning	Achievement motivation	1	0.057	0.057	1.161	0.284
	Internal-external locus of control	1	0.031	0.031	0.630	0.429
	Perception of social support	1	0.023	0.023	0.473	0.493
	Model	3	0.110	0.037	0.755	0.522
	Residual	108	5.260	0.049	-	-
	Total	111	5.370	0.048	-	-

From table 61 found out that psycho-social factor of sample group which are achievement motivation, internal-external locus of control, and perception of social support; they altogether had indifference evaluation after treatment in life planning term at the significant level of 0.05.

Table 62 Analysis of Variance of evaluated result of rehabilitation process at behavior and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Behavior	Treatment pattern	1	0.263	0.263	3.014	0.085
	Therapist team	1	0.058	0.058	0.664	0.417
	Environment	1	0.006	0.006	0.073	0.788
	Model	3	0.327	0.109	1.250	0.295
	Residual	108	9.425	0.087	-	-
	Total	111	9.753	0.088	-	-

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From table 62 found out that in attitude term is divided into attitude towards treatment pattern, therapist, and environmental which had indifference in evaluation after treatment in behavioral term at the significant level of 0.05.

Table 63 Analysis of Variance of evaluated result of rehabilitation process at skill and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Skill	Treatment pattern	1	0.132	0.132	1.473	0.227
	Therapist team	1	0.155	0.155	1.721	0.192
	Environment	1	0.092	0.092	1.022	0.314
	Model	3	0.379	0.126	1.406	0.245
	Residual	108	9.695	0.090	-	-
	Total	111	10.074	0.091	-	-

From table 63 found out that in attitude term is divided into attitude towards treatment pattern, therapist, and environmental which had indifference in evaluation after treatment in skills term at the significant level of 0.05.

Table 64 Analysis of Variance of evaluated result of rehabilitation process at attitude and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Attitude	Treatment pattern	1	0.013	0.013	1.663	0.200
	Therapist team	1	0.000	0.000	0.008	0.930
	Environment	1	0.000	0.000	0.060	0.807
	Model	3	0.014	0.001	0.577	0.631
	Residual	108	0.862	0.008	-	-
	Total	111	0.875	0.008	-	-

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From table 64 found out that in attitude term is divided into attitude towards treatment pattern, therapist, and environmental which had indifference in evaluation after treatment in attitude term at the significant level of 0.05.

Table 65 Analysis of Variance of evaluated result of rehabilitation process at life planning and attitude in treatment process of the sample group

Factor		df	SS	MS	F	p-value
Life planning	Treatment pattern	1	0.146	0.146	3.025	0.085
	Therapist team	1	0.001	0.001	0.023	0.880
	Environment	1	0.002	0.002	0.036	0.850
	Model	3	0.149	0.050	1.028	0.383
	Residual	108	5.221	0.048	-	-
	Total	111	5.370	0.048	-	-

From table 65 found out that in attitude term is divided into attitude towards treatment pattern, therapist, and environmental which had indifference in evaluation after treatment in life planning term at the significant level of 0.05

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CHAPTER V
DISCUSSION

This chapter discusses the research finding, including the results of the relationship between rehabilitation acceptance and evaluation results after rehabilitation according to the Narcotic Addicts Rehabilitation Act, B.E. 2545. The discussion of finding is divided into two parts: discussion of acceptance in the rehabilitation processed, and part 2: the discussion of finding is divided into three parts: discussion of acceptance in the rehabilitation processed of the Narcotic Addicts Rehabilitation Act, B.E. 2545, including relationship between several aspects of factors, part 2: evaluated results after the processed by the rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545, including relationship between the evaluated results after the processed by the another factors, and part 3: the relationship between the acceptance in the rehabilitation processed and the evaluated results after the processed. Apart from this, it is also to find which factors have effects on the rehabilitation acceptance as well as the evaluation results after rehabilitation. And those factors are population factor, psycho-social factor and concerned attitude about the rehabilitation process. According to data analysis, the research results can be discussed as following:

5.1 Acceptance in the Rehabilitation Processed of the Narcotic Addicts Rehabilitation Act, B.E. 2545

5.1.1 Relationship between acceptance in the rehabilitation process and several aspects of factors

From the research results, it is found that those who adopted the rehabilitation process mostly accepted the rehabilitation at a high level (84.8%). When analyzed data by categorizing rehabilitation acceptance into knowledge, persuasion, decision, implementation and confirmation level, it is found that those

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who adopted the rehabilitation mostly have acceptance in the rehabilitation process in the knowledge, persuasion, decision, implementation and confirmation processes at a high level as well. The sample data group are those who adopted the rehabilitation process in the form of FAST Model for 90 days, when in reality they will have to stay for 120 day before a release. This means that they have been in the process for 75%, therefore they have been through most of the processes and motivated to continue staying until the whole process ends especially when the system is compulsory treatment with relaxed control. Hence, the chances that they will reject the rehabilitation process are pretty slim and these result in a high rehabilitation acceptance which is consistent with the Adoption Theory that George M. Foster (17) has given a meaning to the word “acceptance” as a person who has learned through education. Acknowledgement and acceptance occur if there is self-learning and that knowledge obtained will be effective when that person tries implementation it in reality. When he/she is confident that the knowledge is beneficial, he/she will then be motivated to make investment in learning.

5.1.1.1 Population factor

Aspects of population factor that are used to analyze the relationship are age, occupation, religion, education level, income, location, violated base, time of treatment, court that sent for rehabilitation.

From relationship analysis, it is found that aspects of population factor such as age, occupation, education level, income, location, violated base, time of treatment and the court that sent for rehabilitation are unrelated to the acceptance in the rehabilitation processed in the knowledge and persuasion processes with statistically significance of 0.05. This is because acceptance in the rehabilitation processed in the knowledge and persuasion processes are the processes at the beginning of the acceptance, therefore fundamental factors of those who undergo rehabilitation have no effect on the acceptance at the knowledge and persuasion level.

And factors such as time of treatment and the court that sent for rehabilitation are related to the acceptance in the rehabilitation processed with

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statistically significance of 0.05. This means that those who adopted rehabilitation process for the first time have the acceptance level of rehabilitation lower than those who adopted rehabilitation process for the second time and above. This is because those who have undergone rehabilitation process for once or more than once would know the processes for rehabilitation, its activities and the skills involved which help them to adapt for better behavior. This is different for those who undertake the rehabilitation process for the first time. The beginners have fear and stress because they do not know the whole rehabilitation process and are away from home to be in the rehabilitation institute. They are also not aware of how beneficial the process is for them so they are worried and anxious. This has an effect on decision-making process in adopting rehabilitation so those who undergo rehabilitation process for the first time have the acceptance of rehabilitation process lower than those who has undergone the rehabilitation process 2 times and above. This is consistent to the adoption theory by Everrette M. Rogers (20) which mentions that decision-making level is the level that a person decides whether to adopt the alteration or not. If that person has knowledge, fondness and sees benefits in the rehabilitation processes, he/she will decide to adopt it.

Those who have been sent from the court of Bangkok are found to have the acceptance in the rehabilitation processed process at the decision-making level higher than those who have been sent by other courts. This is because those who stay in Bangkok have access to news and information. Their family can also visit them easily. Apart from these, those who come from other provinces have worries about their visitors' traveling, costs that are incurred from traveling as well as communication. Hence, they lack of motivation and support from family. This directly affects the acceptance in the rehabilitation processed at decision-making level which determines the intention in altering their behavior and acceptance of rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545. This is consistent with the analysis of Tapthip Thitipongpanich (9) which found that people who join in activities and have access to news have higher acceptance level than those who never participate in activities or have access to news.

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Income aspect of population factor is the only factor that is related to the acceptance in the rehabilitation processed in the implementation process with statistically significance of 0.05. This means that those who have income more than 25,001 baht have the acceptance in the rehabilitation processed in the implementation process higher than those with lower income. This may be because income is an essential factor for living. If a person who undergoes the rehabilitation process comes from a well-to-do family, he/she would enter the rehabilitation process easily and does not cause trouble for family. Those who come from family with little income would be worried and stressed because they are the backbones of family. When they undergo the rehabilitation process, their family will have no income and be in trouble. Hence, those from rich families are more ready to learn, have interest and are motivated to adopt rehabilitation process. These cause them to make right decisions and perform accordingly such as they can persuade friends who are not willing to finish the whole rehabilitation process change their psycho-social, have development in aspect of their mood and can change their behavior. These are according to the processes of rehabilitation consistent to the analysis of Umawadee Thanaphadungkul (58) which found that those with high income have more acceptance than those with low income.

Education and location aspects of population factor of those who undergo the rehabilitation process are related to the acceptance in the rehabilitation processed in the confirmation process with statistically significance of 0.05. This means those with upper secondary and bachelor educations have the acceptance in confirmation higher than those with lower education level. This shows that people with high education who undergo rehabilitation process have reasonable thinking which causes them to be more efficient in learning the rights and wrongs and choose the right path. Due to this, they have high level of acceptance in the rehabilitation processed in confirmation process as they know there exists a way of life that will not be related to drugs again after rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545. This is consistent with an adoption theory by Everrette M. Rogers (20) which mentions that the process of confirmation is the process in which a person seeks for information and supporting strength to support their decision. If the new

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information supports the old one, they will not change behavior. If they contradict with each other, there may be some changes in their behavior.

Those with location in Bangkok have the acceptance in the rehabilitation process in confirmation process lower than those from other locations. Those with location in Bangkok have more chances for news through communication channels such as mass communication channel and interpersonal communication channel. Interpersonal communication channels are especially effective in creating or changing perspectives about acceptance of alteration. These things have effects on decision-making process of individuals. Those in Bangkok may receive more negative information than positive information so they have bad perspectives which affect the acceptance in the rehabilitation processed in confirmation process lower than those in other provinces. Even though the overall perspective of the rehabilitation process may not be beneficial to all patients, but they still agree to undergo and finish the rehabilitation processes.

5.1.1.2 Psycho-social factor

From relationship analysis, it is found that factor of achievement motivation and perception of the social support is related to the acceptance in the rehabilitation processed in knowledge process with statistically significance of 0.05. This is that those with moderate level of achievement motivation and perception of the social support will have the acceptance in the rehabilitation processed in knowledge process lower than those with high level of achievement motivation and perception of the social support. People with high level of achievement motivation are those who seek for knowledge, do things above expectation and study how the rehabilitation is beneficial for them. This causes them to have higher acceptance in the rehabilitation process in knowledge process than those with low motivation. This is consistent with the results of analysis by Tapthip Thitipongpanich (9) which study factors that have effect on the acceptance of overall quality management of officers in the hospital under the Office of the Pernament Secretary, Ministry of Public Health. It is found that officers with high level of knowledge have the acceptance of overall quality management higher than those with low level of knowledge.

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To talk about the perception of the social support, be it from treating teams, friends or family. These 3 groups of people play a role in taking care and encouraging the patients in rehabilitation process. Anyhow, the factors of achievement motivation and perception of the social support are factors that support each other. Anderson (30) has given a definition to the word motivation as a process in which behavior is stimulated and guided by meaningful incentives externally as well as internally.

The aspect of perception of the social support by those who undergo the rehabilitation process is related to the acceptance in the rehabilitation processed in persuasion process with statistically significance of 0.05. This is that those with moderate level of perception of the social support have the acceptance in the Rehabilitation processed in persuasion process lower than those with high level of perception of the social support. This means that if the patients receive high support from society, be it from family, friends, treating teams or even those who undergo the rehabilitation process together, will have the morale to finish the whole rehabilitation process. This is because they receive high motivation and this is consistent to a theory about social support by Kaplan (45) who has given a definition to the word social support as something people receive from an individual or a group of people. It may be information, money, power to work or in aspects of mood which act as an urge for receiver to strive for his/her goal.

The factors of achievement motivation and perception of the social support are related to the acceptance in the rehabilitation processed in decision-making process with statistically significance of 0.05. This is that people with moderate achievement motivation and perception of the social support will have acceptance in decision-making process lower that those with high achievement motivation and perception of the social support. Therefore, those with high achievement motivation and perception of the social support will be more determined in altering their behavior to pass the evaluation of rehabilitation. They have determination to finish the whole rehabilitation process and hope that after finishing the rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545 they will

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receive more advantages than disadvantages. These cause them to have high acceptance in the rehabilitation processed in decision-making process in order to achieve their goal to the maximum degree.

The aspect of perception of the social support of people who attended the rehabilitation processed has the relationship with the implementation process of acceptance in the rehabilitation processed significantly in statistical data at the level of 0.05 that means these groups are in moderate level at the lower average score than the people in higher level. Therefore, people who acquire more perception of the social support, they can better access to rehabilitation processed because they are given supports by many aspects and then they can adopt the knowledge process, persuasion process and decision at the beginning stage until they are able to bring what they have got from attending in rehabilitation processed of Narcotic Addicts Rehabilitation Act, B.E. 2545, to use. For example if you find your friend who is also in rehabilitation process, but he wants to escape, you can convince him to change his mind to be remaining in this process that is the implementation process of acceptance in the rehabilitation processed which is the usage of innovation in the reality to find out the uncertain answer and build the confidence in the long term and so on. (20)

The aspect of persuasion of attendants has the relationship with confirmation of acceptance in the rehabilitation processed significantly in statistical data at the level of 0.05 that means these groups are in moderate level at the lower average score than the people in higher level. Therefore, the higher level of attendant who participates in activities will do for success rather than avoid the failure (35). For example some people attend the process because they can acquire the benefit even though this is the system of compulsory treatment, etc. So some people have high level of acceptance in rehabilitation processed.

5.1.1.3 Attitude in the treatment process

The aspect of attitude in the treatment process, treating teams and environment of location have no relationship between the aspects of knowledge process of acceptance in rehabilitation process significantly in statistical data at the

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level of 0.05 that means rehabilitation pattern, treating teams and environment of location have no effect on additional knowledge of patients.

The aspects of attitude in the treatment process, therapist teams and environment of location have the relationship with the aspect of persuasion process of acceptance in rehabilitation processed significantly in statistical data at the level of 0.05 that means people who are in the moderate level of rehabilitation pattern, therapist teams and environment of location will have lower level in persuasion process of acceptance in rehabilitation than people who are in the higher level. This shows that rehabilitation pattern, therapist teams and environment of location take part in helping patients to reduce pressure in other aspects to attend the next rehabilitation processed. This perspective has the performance of persuasion people to evaluate or decision which means the appointing the direction of real behavior too.

Moreover, the attitude factor of treatment pattern and environmental is correlated to the acceptance in the rehabilitation processed at a decision and an implementation of 0.05 level of significant. A patient, who has a medium level of treatment pattern and environmental, wills has a lower acceptance in the rehabilitation processed at a decision and an implementation level than the one, who has a high level of treatment pattern and environmental. The patient adopts the rehabilitation at a decision and an implementation level because he passes the persuasion step. This makes him to have a good attitude toward the treatment pattern and environmental. If he has a good attitude, he will easily accept.

A research has found that the attitude in the treatment pattern, therapist team, and environment has no correlation to the acceptance in the rehabilitation processed at a confirmation of 0.05 level of significant. This might be because there is an acceptance in the previous step as mentions in the above. The patient only thinks that it is almost a deadline of rehabilitation so that he does not care about treatment pattern, therapist team, and environment. This is because he already decides to receive a full treatment and confirms to stay there until the deadline. Hence, no matter level of attitude he has toward treatment pattern, therapist team, and environment; there is no

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affect on the acceptance in a confirmation, which is the last step of the acceptance in the rehabilitation processed.

5.2 Evaluated Results after the Processed by the Rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545

5.2.1 The relationship between the evaluated results after the processed by the rehabilitation and other factors

A research has found that most of the evaluators have medium level (82.1%) of evaluated results after the processed by the Rehabilitation. If classified the evaluated results by behavior, skills, attitude, and life planning, the analysis has found that most of the evaluators have medium level of evaluated results in behavior, skills, attitude, and life planning. This is because there are 2 times in evaluated behavior of rehabilitation of drug addict. This evaluation will be held by the building committee including building doctors, specialist nurses, the head of building nurses, building psychologists, stationed nurses, and patient assistances (e.g. staff). These people will evaluate the behavior of the person attended the rehabilitation processed by using the evaluation form (BorPhor.8-5) of the department of probation. This evaluation form is classified into 4 sectors: behavior, skills, attitude, and life planning. This the first evaluation as the patient attended the rehabilitation processed 90 days; hence, the score is at the medium level.

The causes that make the patients to have a score at the medium level may be come from limitations in many aspects as follows:

1) The score level that is used to evaluate after the processed by the Rehabilitation may be too narrow. There are only 3 levels: the score level 1 means need improvement, the score level 2 means fair, the score level 3 means good. This causes the committee to have a few choices to choose. The result is that most of the evaluations are at the medium level or the patients are only evaluated to be passed but not at the good level. If the patients were evaluated to be good, there would be a

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question that why the committee do not reduce the rehabilitated days for them. In practical, the patients do not have any behavior to signal them to reduce the days.

2) The limitation of budget constraint in rehabilitated process: if the patients got low scores or they needed improvements, they had to adjust the plan for the patients. However, the budget does not increase, still the same. Hence, if the patients do not have any behavior that negatively impact on themselves, families, or society, it is fine to evaluate them to be at the medium or fair level.

3) There are 2 times of evaluation, so, if the patients do not have any obvious behavior like very negative behavior or very positive behavior at the first evaluation when the patients stay until 90 days, the committee will agree to evaluate them to be improved or good. Finally, when they evaluate the overall score, the score will be mostly at the medium or fair level.

4) The committees who are the evaluators always alter. Every time there will be 3 evaluators. Each of them has their own works and they sometimes have to work outside. Therefore, they do not have a chance to be close with the patients and see their behaviors whether it is good or not. This makes them to evaluate the patient to be passed but not good since it will not have negative impacts on the patients.

5.2.1.1 Population factors

The research has found that the educational factor is correlated to the evaluated results in behavior after the processed by the rehabilitation at a 0.05 level of significant. This implies that the patients, who are graduated from primary schools (Prathomsuksa) or have no education, have higher evaluated results in behavior after the processed by the rehabilitation than the ones, who have higher educations. This may be because the lower educated patients adopt and follow the rules. These patients are more diligent, responsible, and enthusiastic in participation than higher educated ones.

The time of treatment factor is correlated to the evaluated results in skills after the processed by the rehabilitation at a 0.05 level of significant. The patients who get rehabilitation more than one time have higher evaluated scores in skills than the ones who get only the first rehabilitation. Skills mean distinction and

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specialization at least in one thing. A person can create his skill by learning, so, the ones with more than one time rehabilitation will have more experience and skill in rehabilitation than the ones only with the first time.

The population factors including age, occupation, education level, income, location, violated base, time of treatment, and the court that send the patients to rehabilitate are not correlated to the evaluated results in attitude after the processed by the rehabilitation at a 0.05 level of significant. This implies that the persons attended the rehabilitation processed have the same attitude toward themselves, families, and drugs.

The educational factor is correlated to the evaluated results in life planning after the processed by the rehabilitation at a 0.05 level of significant. This shows that the patients, who are graduated from primary schools (Prathomsuksa) or have no education, have higher evaluated results in life planning after the processed by the rehabilitation than the ones, who have higher educations. Hence, the low educated people will see the importance of things more than the high educated ones, such as, work planning, time utilization, time spending, work prioritization, etc.

5.2.1.2 Psycho-social factor

The research of the relationship between psycho-social factors and the evaluated results after the processed by the rehabilitation has found that the achievement motivation, the believe in internal – external locus of control, and the perception of the social support have no correlation to the evaluated results in behavior, skills, attitude, and life planning after the processed by the rehabilitation at a 0.05 level of significant. This implies that any level of achievement motivation, the believe in internal – external locus of control, and the perception of the social support has the same impact on the evaluated results in behavior, skills, attitude, and life planning after the processed by the rehabilitation. This is due to the limitations of evaluation form as mentions in 5.2.1 topic.

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5.2.1.3 Attitude in the treatment process

The research of the relationship between attitude in the treatment process and the evaluated results after the processed by the rehabilitation has found that attitude in the treatment process toward rehabilitated form, psychologist team, and environment are not correlated to the evaluated results in behavior, skills, attitude, and life planning after the processed by the rehabilitation at a 0.05 level of significant. Hence, people with different attitude in the treatment process will be indifferent in the evaluated results after the processed by the rehabilitation. This may be due to the limitations of evaluation form as mentions in 5.2.1 topic.

5.3 The Relationship between the Acceptance in the Rehabilitation Processed and the Evaluated Results after the Processed by the Rehabilitation

The research of the Pearson Product Moment Correlation between the acceptance in the rehabilitation processed and the evaluated results after the processed by the rehabilitation has found that the factors of the acceptance in the rehabilitation processed including knowledge, persuasion, decision, implementation, and confirmation have no correlation to the evaluated results in behavior, skills, attitude, and life planning after the processed by the rehabilitation at 0.05 level of significant. This may be a result of many factors. Also, the questionnaires of the acceptance in the rehabilitation processed are evaluated by the patients, while the questionnaires of the evaluated results after the processed by the rehabilitation are evaluated by the committee. Hence, this may have errors that are different from the actual ones and there are limitations of the evaluation form in evaluated results after the processed by the rehabilitation.

Furthermore, the rehabilitation process is a compulsory system, no matter what addicted person really wants to rehab or not, he has to follow the process. The acceptance symptom of patient is ready to be cured, adapted, and has what it takes with pleasure, and able to clarify other to notice (19). Thus, unwilling patient would

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not accept or continue in rehabilitation process. The results from evaluation would be indifferent.

Another factor is acceptance in the rehabilitation process consists of 5 stages which are knowledge, persuasion, decision, implementation, and confirmation. Whenever patients are rehabbed, they must accept and follow these 5 stages. In case they are not accept at least one stage, the acceptance in rehabilitation process would not be completed which is related to Roger (20) that the acceptance in rehabilitation process must consist of 5 stages which are knowledge, persuasion, decision, implementation, and confirmation. When at least one step is missing, evaluation result would not be completed.

It can be summarized as the acceptance in the rehabilitation process of addicted person has nothing to do with evaluation results after rehabilitation process. It is because limitation happens from rejection in one or more stage of rehabilitation.

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CHAPTER VI
CONCLUSION AND RECOMMENDATION

This chapter is organized into two sections. The first section is a research conclusion, while the second section focuses on the recommendations from the research findings.

6.1 Research Conclusion

6.1.1 Population factor

Most of the persons attended the rehabilitation processed are between 19 – 30 years old (63.4%). Most of their occupations are general employees (64.3%). Most of their religions are Buddhism (94.6%). Most of their educations are primary school or Prathomsuksa (42.0%). Most of their incomes are between 5,001 – 10,000 baht (42.9%). Most of their domiciles are in Bangkok (50.0%).

Most of the violated base attended the rehabilitation processed is taking drugs (95.5%). About the number of attending the rehabilitation processed, most of them have the first time (83.0%), have the second time (12.5%), and have the third time (1.8%). Most of them are sent from the courts in Bangkok (59.8%).

The research has found that the most correct answer of the knowledge about the benefits of Rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545 is when passing the inspection process and the local rehabilitated committees decide that a person becomes a patient (99.1%). For the most incorrect answer is when the committees decide that a person can not appeal (67.0%).

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6.1.2 Psycho-social factor

According to a survey conducted on persons attending the rehabilitation process, majority holds an intermediate level of achievement motivation (59.8%). This achievement motivation is best expressed by – I am enthusiasm to learn things during a treatment process. While achievement motivation is poorly expressed by- I feel upset when other people who attend the rehabilitation process can do better.

According to the survey, majority holds an intermediate level of internal-external locus of control towards health (67.9%). This is divided into belief in faith, belief in self and belief in others. Majority holds an intermediate level (67.9%) of belief in faith, high level in self-belief (89.3%) and intermediate level in belief in others (50.0%).

In perception of the social support in rehabilitation treatment, the survey suggested that majority holds a high level of perception of social support (82.1%). Social support can be categorized to the support from family, therapist and friends. Majority holds a high level of family support (74.1%), high level of therapist support (77.7%) and high level of friend support (57.1%).

6.1.3 Attitude in the treatment process

According to the survey conducted on persons attending the rehabilitation process, majority holds a high level of attitude in the treatment pattern (86.6%) when separating into attitude towards treatment pattern, therapist and environment, it is found that majority holds a high level of attitudes towards treatment pattern (78.6%), an intermediate level of attitudes towards therapist (75.9%) and a high level of attitudes towards environment (87.5%).

6.1.4 Acceptance in the rehabilitation process of Narcotic Addicts Rehabilitation Act, B.E. 2545

According to the survey conducted on persons attending the rehabilitation process, majority holds a high level of acceptance in the rehabilitation process (48.8%). When separating the acceptance in the rehabilitation into knowledge, persuasion, decision, implementation and confirmation. The survey outcome suggests that majority

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holds a high level of knowledge (64.3%), high level of persuasion (79.5%), high level of decision (87.5), high level of implementation (80.4%) and high level of confirmation (83.0%).

6.1.5 Evaluated results after the process by the rehabilitation of the Narcotic Addicts Rehabilitation Act, B.E. 2545

According to the survey conducted on persons attending the rehabilitation process, majority holds an intermediate level in evaluated result after the process by rehabilitation (82.1%). When separating into behavior, skills, attitude, and life planning, survey outcomes suggest that majority holds an intermediate level in behavioral evaluated results (55.4%), an intermediate level in skills evaluated result (83.9%) an intermediate level in attitude evaluated result (100.0%) and an intermediate level in life planning evaluated result (92.0%).

6.1.6 Result of analyzed relation between factors

6.1.6.1 Relationship between acceptance in the rehabilitation process and other factors

1) Population factor

- Factors related to age, occupation, education, income, location, violated base, time of treatment and the court that send the patients to rehabilitate has no significant relation to acceptance in the rehabilitation process on knowledge and persuasion at statistically 0.05.

- Time of treatment has significant relation to acceptance in the rehabilitation process on decision at statistically 0.05.

- Income level has significant relation to acceptance in the rehabilitation process on implementation at statistically 0.05.

- Education level and location has significant relation to acceptance in the rehabilitation process on confirmation at statistically 0.05.

2) Psycho-social factor

- Achievement motivation and perception of social support has significant relation to acceptance in the rehabilitation process on knowledge at statistically 0.05.

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- Perception of social support has significant relation to acceptance in the rehabilitation process on persuasion at statistically 0.05.

- Achievement motivation and perception of social support has significant relation to acceptance in the rehabilitation process on decision at statistically 0.05.

- Perception of social support has significant relation to acceptance in the rehabilitation process on implementation at statistically 0.05.

- Achievement motivation has significant relation to acceptance in the rehabilitation process on confirmation statistical at statistically 0.05.

3) Attitude in the treatment process

- Attitude in the treatment process towards treatment pattern, therapist team and environment has no significant relation to acceptance in the rehabilitation process on knowledge statistically at 0.05.

- Attitude in the treatment process towards treatment pattern and environment has significant relation to acceptance in the rehabilitation process on persuasion statistically at 0.05.

- Attitude in the treatment process towards treatment pattern and environment has significant relation to acceptance in the rehabilitation process on decision and implementation statistically at 0.05.

- Attitude in the treatment process towards treatment pattern, therapist team and environment has no significant relation to acceptance in the rehabilitation process on confirmation statistically at 0.05.

6.1.6.2 Relationship between evaluated results after rehabilitation process and other factors

1) Population factor

- Education level has significant relation to evaluated results after rehabilitation process on behaviors statistically at 0.05.

- Time of treatment has significant relation to evaluated results after rehabilitation process on skills statistically at 0.05.

- Population factor relating to factors of age, occupation, education level, income, location, violated base, time of treatment and court that send the

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patients to rehabilitate have no significant relation to evaluated results after rehabilitation process on attitude statistically at 0.05.

- Education level has significant relation to evaluated results after rehabilitation process on life planning statistically at 0.05.

2) Psycho-social factor

- Achievement motivation, internal-external locus of control towards health and perception of the social support have no significant relation to evaluated results after rehabilitation process on behavior, skills, attitude, and life planning statistically at 0.05.

3) Attitude in the treatment process

- Attitude in treatment process towards treatment pattern, therapist team and environment has no significant relation to evaluated results after rehabilitation process on behavior, skills, attitude, and life planning statistically at 0.05.

6.1.6.3. Relationship between acceptance in the rehabilitation process and evaluated results after rehabilitation process

Factors related to acceptance in the rehabilitation process; knowledge, persuasion, decision, implementation and confirmation, has no significant relation to evaluated results after rehabilitation process on behavior, skills, attitude and life planning statistically at 0.05.

6.2 Recommendations from Survey Research

6.2.1 Policy recommendations

6.2.1.1 Evaluation form on person attending the rehabilitation process should be adjusted in terms of a broaden range of scoring in order to give more alternatives to evaluator and hence more obvious identified outcome.

6.2.1.2 Necessity in making an evaluation when 120-day rehabilitation duration is completed. This is due to deviation between the 90-day evaluated results and 120-day evaluated results. Expect for those attendants whose behaviors incur negative causes to themselves, family and social, the 30-day evaluated result tends to be less than the previous time which means a possibility to extend the duration of habilitation process.

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6.2.2 Operational suggestion

6.2.2.1 Evaluator who takes rehabilitation course should realize in the fact data for actual behavioral analysis.

6.2.2.2 Invisible evaluation detail should continue further edition.

6.2.2.3 Should provide each individual's who takes rehabilitation detail by attaching it with evaluation progress.

6.2.3 Further research suggestion

6.2.3.1 The finding of this study indicated that the day of rehabilitation influenced evaluation. Further studies should focus on different evaluation date ends at 90 and 120 days.

6.2.3.2 Although a survey research was used in this study to explore variations in adoption. Further research should be conducted actual and reliable fact before and after compare rehabilitation in drug addiction.

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APPENDIX

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Appendix A

แบบสอบถาม

เรื่องการยอมรับการฟื้นฟูสมรรถภาพ

ตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545

แบบสอบถามแบ่งเป็น 7 ส่วนดังนี้

ชุดที่ 1 ข้อมูลทั่วไป จำนวน 10 ข้อ

ชุดที่ 2 แบบทดสอบความรู้ด้านสิทธิประโยชน์ของพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545 จำนวน 9 ข้อ

ชุดที่ 3 แบบสอบถามแรงจูงใจใฝ่สัมฤทธิ์ จำนวน 20 ข้อ

ชุดที่ 4 แบบสอบถามความเชื่ออำนาจภายใน – ภายนอกตนด้านสุขภาพ จำนวน 15 ข้อ

ชุดที่ 5 แบบสอบถามการรับรู้การสนับสนุนจากสังคม จำนวน 18 ข้อ

ชุดที่6 แบบสอบถามทัศนคติต่อการเข้ารับการฟื้นฟูสมรรถภาพ จำนวน 24 ข้อ

ชุดที่ 7 แบบสอบถามเกี่ยวกับกระบวนการยอมรับ จำนวน 22 ข้อ

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ชุดที่ 1 ข้อมูลทั่วไป

คำชี้แจง : โปรดเขียนเครื่องหมาย √ ลงในช่อง □ และหรือ เติมข้อความลงในช่องว่างตามความคิดเห็นที่ตรงกับตัวท่านมากที่สุด

1. อายุ □ ไม่เกิน 18 ปี
   □ 18 – 30 ปี
   □ 31-40 ปี
   □ 41-50 ปี
   □ 50 ปีขึ้นไป

2. อาชีพ
   □ ค้าขาย □ รับราชการ, พนักงานรัฐวิสาหกิจ
   □ ลูกจ้างเอกชน □ นักเรียน นักศึกษา
   □ รับจ้างทั่วไป □ เกษตรกร
   □ แม่บ้าน □ ว่างงาน
   □ อื่น ๆ (ระบุ).....

3. ศาสนา
   □ พุทธ □ คริสต์
   □ อิสลาม □ อื่น ๆ (ระบุ).....

4. จบการศึกษาชั้นสูงสุด
   □ ไม่ได้ศึกษา □ ประถมศึกษา
   □ มัธยมศึกษาตอนต้น □ มัธยมศึกษาตอนปลาย
   □ อาชีวศึกษา □ อุดมศึกษา
   □ อื่น ๆ (ระบุ).....

5. รายได้โดยรวมต่อเดือน (ประมาณ)
   □ น้อยกว่า 3000 บาท □ 3001-5000 บาท
   □ 5001- 10000 บาท □ 10001-15000 บาท
   □ 15001- 20000 บาท □ 20001-25000 บาท
   □ 25000- 30000 บาท □ มากกว่า 30000 บาท

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6. ฐานความผิดที่เข้าบำบัดฟื้นฟูสมรรถภาพ

☐ ฐานเสพยาเสพติด ☐ ฐานเสพและมีไว้ในครอบครอง

☐ ฐานเสพยาเสพติดและมีไว้ในครอบครองเพื่อจำหน่าย ☐ ฐานเสพยาเสพติดและจำหน่าย

7. จำนวนครั้งที่เข้ารับการบำบัดฟื้นฟูสมรรถภาพ

☐ ครั้งที่1 ☐ ครั้งที่2

☐ ครั้งที่3 ☐ ครั้งที่4

☐ ครั้งที่5 ☐ มากกว่า5ครั้ง (โปรดระบุ)……..

8. ภูมิลำเนาเดิม (6 เดือนก่อนเข้ารับการฟื้นฟู)

☐ กรุงเทพ ☐ ต่างจังหวัด ระบุ.....

9. ศาลจังหวัด/ศาลที่ส่งมาที่ส่งมา (ระบุ).....

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ชุดที่ 2 แบบทดสอบความรู้ ด้านสิทธิประโยชน์

คำชี้แจง จงขีดเครื่องหมาย √ลงในช่อง □ ที่ท่านคิดว่าถูกหรือผิด

ข้อ	รายการ	ถูก	ผิด
1	พระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 เป็นการฟื้นฟูสมรรถภาพผู้ติดยาเสพติดในระบบบังคับบำบัด		
2	ตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545 เมื่อผ่านกระบวนการตรวจพิสูจน์ และคณะอนุกรรมการฯฟื้นฟูประจำพื้นที่วินิจฉัยให้เข้ารับการฟื้นฟูสมรรถภาพแล้ว ท่านมีสภาพเป็นผู้ป่วยอย่างหนึ่ง		
3	เมื่อเข้ารับการฟื้นฟูสมรรถภาพจนครบระยะเวลาการฟื้นฟูสมรรถภาพและการวินิจฉัยของคณะอนุกรรมการ ฯ แล้ว กฎหมายให้ถือว่าท่านพ้นจากความผิดที่ถูกกล่าวหา		
4	ถ้าทำผิดกฎระเบียบหรือไม่ผ่านเกณฑ์การประเมิน และผลการฟื้นฟูสมรรถภาพยังไม่เป็นที่พอใจ คณะอนุกรรมการฯฟื้นฟูสามารถพิจารณาให้ขยายระยะเวลาการฟื้นฟูสมรรถภาพของท่านออกไปได้อีก		
5	ขณะเข้ารับการฟื้นฟูสมรรถภาพ ถ้ามีภารกิจสำคัญที่จำเป็น ท่านสามารถยื่นคำร้องเพื่อออกไปปฏิบัติภารกิจนั้นได้		
6	เมื่อคณะอนุกรรมการ ฯ มีคำวินิจฉัยให้ท่านเข้ารับการฟื้นฟูสมรรถภาพ ท่านไม่สามารถอุทธรณ์คำวินิจฉัยดังกล่าวได้เลย		
7	ระยะเวลาในการฟื้นฟูสมรรถภาพของท่านสามารถขยายเวลากี่ครั้งก็ได้แต่รวมแล้วต้องไม่เกิน 3 ปี		
8	พระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 มีผลบังคับใช้เฉพาะผู้ที่เสพติดยาบ้า (เมทแอมแฟทตามีน)เท่านั้น		
9	ท่านสามารถขอย้ายศูนย์ฟื้นฟูสมรรถภาพได้ถ้าปรากฏว่าการย้ายนั้นเกิดผลประโยชน์ต่อการฟื้นฟู		

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ชุดที่ 3 แบบสอบถามเกี่ยวกับแรงจูงใจใฝ่สัมฤทธิ์ในการบำบัดฟื้นฟูสมรรถภาพ

<u>คำชี้แจง</u> แบบสอบถามนี้ต้องการทราบความคิดเห็น ลักษณะนิสัยที่ท่านมักจะปฏิบัติ ด้วยเหตุนี้จึงไม่มีคำตอบที่ถูกหรือผิด เพราะแต่ละคนย่อมมีความรู้สึกนึกคิด และนิสัยแตกต่างกัน โปรดทำทุกข้อและอ่านข้อความแต่ละข้ออย่างรอบคอบ และพิจารณาว่าข้อความใดตรงกับสภาพความเป็นจริงของท่านมากที่สุด แล้วทำเครื่องหมาย √ ในช่องที่ท่านต้องการเพียงคำตอบเดียว ตามเกณฑ์ต่อไปนี้

มากที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านมากที่สุด

มาก คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนมาก

ปานกลาง คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเพียงครึ่งเดียว

น้อย คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนน้อย

น้อยที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้น ไม่ตรงกับสภาพความเป็นจริงของท่านเลย

ตัวอย่างแบบสอบถาม

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1	ฉันมีความพยายามอย่างยิ่งที่จะทำอะไรให้ได้ดีกว่าที่ตั้งใจไว้					

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ชุดที่ 3 แบบสอบถามเกี่ยวกับแรงจูงใจใฝ่สัมฤทธิ์ในการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1	ฉันมีความพยายามอย่างยิ่งที่จะทำอะไรให้ได้ดีกว่าที่ตั้งใจไว้					
2	ฉันจะรู้สึกไม่สบายใจ เมื่อเพื่อนๆที่เข้ารับการฟื้นฟูฯ ด้วยกันสามารถทำสิ่งต่างๆได้ดีกว่าฉัน					
3	เมื่อฉันยังไม่ประสบความสำเร็จในการทำงานใดๆ ฉันก็จะพยายามทำงานนั้นอีกจนกว่าจะสำเร็จ					
4	ฉันมีความกระตือรือร้นที่จะเรียนรู้ในสิ่งต่างๆขณะอยู่ระหว่างการฟื้นฟูสมรรถภาพ					
5	ฉันจะมีใจจดจ่ออยู่กับงานที่ได้รับมอบหมายให้ทำจนกว่าจะสำเร็จแม้ว่างานนั้นจะน่าเบื่อที่สุด					
6	คนที่ฉันเกลียดที่สุด คือ คนที่ไม่ชอบแก้ปัญหาด้วยตนเอง					
7	เมื่อฉันพบเพื่อนที่คณะกรรมการยกย่องสรรเสริญว่าทำงานดีเด่น หรือมีความประพฤติดีเด่น ฉันอยากจะเป็นคนเช่นนั้นบ้าง					
8	ฉันคิดอยู่เสมอว่าอนาคตของฉันจะขึ้นอยู่กับผลการฟื้นฟูสมรรถภาพครั้งนี้					
9	ทุกครั้งที่ได้รับมอบหมายงานให้ทำงาน ฉันชอบทำงานที่ยาก มากกว่างานที่ง่าย					
10	ไม่ว่าฉันได้รับมอบหมายให้ทำงานอะไรก็ตาม ฉันจะพยายามทำจนสุดความสามารถเสมอ					

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ชุดที่ 3 แบบสอบถามเกี่ยวกับแรงจูงใจใฝ่สัมฤทธิ์ในการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
11	ฉันชอบทำงานตามความคิดของตนเองมากกว่าทำตามเพื่อนๆ					
12	ฉันมีความรู้สึกเสมอว่าการเข้ากลุ่มหรือกิจกรรมงานบำบัดนั้นเป็นเรื่องน่าเบื่อ					
13	ฉันชอบอาสาทำงานที่ถนัด ด้วยความเต็มใจ					
14	เมื่อฉันทำงานอะไร ฉันจะทำให้เสร็จเรียบร้อยก่อนแล้วจึงจะหยุดพัก					
15	ในการทำกลุ่มกิจกรรมฟื้นฟูฯฉันชอบทำงานที่ต้องใช้ความสามารถและความรับผิดชอบสูง					
16	มีอยู่บ่อยครั้งที่ฉันรู้สึกภูมิใจ เพราะได้ทำงานจนสำเร็จหรือแข่งขันจนได้ชัยชนะ					
17	ฉันรู้สึกเบื่อต่อการเข้ากลุ่มบำบัดที่ต้องใช้เวลาติดต่อกันยาวนาน					
18	ฉันอยากผ่านเกณฑ์การประเมินอย่างสบายๆ โดยไม่ต้องมีการทำกิจกรรมบำบัดฟื้นฟูสมรรถภาพอะไรเลย					
19	เพื่อนที่ฉันชอบมักเป็นคนที่ตั้งความหวังไว้สูง					
20	ถ้ามีกิจกรรมที่มีการแข่งขันเป็นกลุ่ม ฉันมักจะเลือกเพื่อนร่วมกลุ่มที่มีความสามารถสูงเป็นอันดับแรก					

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ชุดที่ 4 แบบสอบถามความเชื่ออำนาจภายใน- ภายนอกตนด้านสุขภาพในการบำบัดฟื้นฟูสมรรถภาพ

คำชี้แจง แบบสอบถามนี้ต้องการทราบความคิดเห็นและความเชื่อของท่านที่มีต่อข้อความต่างๆ คำตอบหรือความคิดเห็นของท่านไม่มีการตัดสินว่าถูกหรือผิด เพราะแต่ละคนย่อมมีความรู้สึกนึกคิด และความเห็นแตกต่างกัน โปรดตอบคำถามตามความคิดเห็นและความเชื่อของท่านที่ตรงกับความเป็นจริงมากที่สุด โปรดตอบทุกข้อ

มากที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านมากที่สุด

มาก คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนมาก

ปานกลาง คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเพียงครึ่งเดียว

น้อย คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนน้อย

น้อยที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้น ไม่ตรงกับสภาพความเป็นจริงของท่านเลย

ตัวอย่างแบบสอบถาม

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1.	การปฏิบัติตัวของท่านเท่านั้นจะทำให้การเข้ารับบำบัดฟื้นฟูฯมีประสิทธิภาพ					

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ชุดที่ 4 แบบสอบถามความเชื่ออำนาจภายใน- ภายนอกตนด้านสุขภาพในการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1	สิ่งที่ทำให้ตัวท่านมีการพัฒนาเป็นเรื่องของการบังเอิญ					
2	ท่านมีความรู้สึกว่าสิ่งที่ทำให้ท่านฟื้นฟูได้ดีหรือไม่ เป็นเรื่องของความบังเอิญเท่านั้น					
3	การปรึกษาปัญหาต่างๆกับทีมนักบำบัดเท่านั้นที่ทำให้การบำบัดฟื้นฟูฯของท่านมีการพัฒนาได้					
4	ท่านเป็นผู้รับผิดชอบโดยตรงต่อผลของการบำบัดฟื้นฟูฯของตัวเอง					
5	โชคชะตาจะเป็นตัวกำหนดว่าท่านสามารถบำบัดฟื้นฟูฯได้สำเร็จหรือไม่					
6	ครอบครัวของท่านมีส่วนอย่างมากที่จะทำให้ผลของการบำบัดฟื้นฟูฯของท่านล้มเหลวหรือประสบความสำเร็จ					
7	ท่านคิดว่าตัวเองเป็นต้นเหตุที่ทำให้ต้องเข้ารับการบำบัดฟื้นฟู					
8	การที่ท่านสามารถบำบัดฟื้นฟูฯจนครบตามระยะเวลาเป็นเพราะท่านโชคดี					
9	การบำบัดฟื้นฟูฯจะสำเร็จได้เพราะทีมนักบำบัดเท่านั้น					
10	สุขภาพของท่านขณะรับการบำบัดฟื้นฟูฯจะแข็งแรงหรือไม่ขึ้นอยู่กับดูแลตนเอง					

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ชุดที่ 4 แบบสอบถามความเชื่ออำนาจภายใน- ภายนอกตนด้านสุขภาพในการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
11	ถ้าท่านปฏิบัติตนในการบำบัดฟื้นฟูฯ ถูกต้องท่านก็จะประสบความสำเร็จในการบำบัดฟื้นฟูฯ					
12	การดูแลที่ท่านได้รับจากบุคคลอื่นๆ (ทีมนักบำบัด ญาติ หรือเพื่อนๆ) ทำให้ท่านสามารถเลิกเสพยาเสพติดได้					
13	การปฏิบัติตนในการบำบัดฟื้นฟูฯที่ถูกต้องจะทำให้หลีกเลี่ยงยาเสพติดได้					
14	ท่านสามารถใช้ชีวิตอยู่ร่วมกับเพื่อนได้โดยไม่ต้องพึ่งพานักบำบัด					
15	ท่านมั่นใจว่าจะสามารถดูแลตนเองไม่ให้เกี่ยวข้องกับยาเสพติดได้หลังการบำบัดฟื้นฟูฯ					

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ชุดที่ 5 แบบสอบถามถามการรับรู้การสนับสนุนจากสังคมในการบำบัดฟื้นฟูสมรรถภาพ

<u>คำชี้แจง</u> แบบสอบถามนี้มีจุดประสงค์ที่จะวัดการรับรู้เกี่ยวกับการสนับสนุน ช่วยเหลือในยามที่ท่านมีปัญหาต้องการความช่วยเหลือในด้านต่างๆ ท่านได้รับความช่วยเหลือหรือสนับสนุนมากน้อยเพียงใดจากบุคคลต่างๆที่เกี่ยวข้องกับท่าน คือ ครอบครัว เพื่อน นักบำบัด คำตอบหรือความคิดเห็นของท่านไม่มีการตัดสินว่าถูกหรือผิด เพราะแต่ละคนย่อมมีความรู้สึกนึกคิด และความเห็นแตกต่างกัน โปรดตอบคำถามตามความคิดเห็นที่ตรงกับความเป็นจริงมากที่สุด <u>โปรดตอบทุกข้อ</u>

มากที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านมากที่สุด

มาก คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนมาก

ปานกลาง คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเพียงครึ่งเดียว

น้อย คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนน้อย

น้อยที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้น ไม่ตรงกับสภาพความเป็นจริงของท่านเลย

ตัวอย่างแบบสอบถาม

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1.	สมาชิกในครอบครัวปลอบโยนท่านเมื่อท่านมีความกลัดกลุ้มใจในการต้องเข้ารับการบำบัดฟื้นฟู					

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ชุดที่ 5 แบบสอบถามถามการรับรู้การสนับสนุนจากสังคมในการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1	สมาชิกในครอบครัวให้การปลอบโยนเมื่อท่านเกิดความรู้สึกกลุ้มใจที่ต้องเข้ารับการบำบัดฟื้นฟู					
2	สมาชิกในครอบครัวแสดงความห่วงใยตลอดระยะเวลาที่ท่านบำบัดฟื้นฟูฯ					
3	สมาชิกในครอบครัวแสดงความยินดีเมื่อท่านประสบความสำเร็จในการทำกิจกรรมบำบัดฟื้นฟูฯ					
4	เมื่อท่านต้องการความช่วยเหลืออย่างฉุกเฉินขณะรับการบำบัดฟื้นฟูฯสมาชิกในครอบครัวจะเป็นผู้ที่ช่วยเหลือท่านอย่างเต็มกำลังความสามารถ					
5	หากท่านต้องการสิ่งใดขณะรับการบำบัดฟื้นฟูฯ สมาชิกในครอบครัวจะพยายามจัดหามาให้อย่างเต็มกำลังความสามารถอย่างถูกต้องและเหมาะสม					
6	สมาชิกในครอบครัวให้อภัยท่านเสมอเมื่อท่านทำสิ่งใดผิดพลาดไปขณะรับการบำบัดฟื้นฟูฯ					
7	ท่านมีเพื่อนที่ไว้วางใจและสามารถพูดคุยปัญหาได้เมื่อท่านไม่สบายใจขณะที่รับการบำบัดฟื้นฟูฯ					
8	เพื่อนๆให้ความช่วยเหลือแก่ท่านทางด้านปัจจัยต่างๆ เช่น เสื้อผ้า สิ่งของ ตามความเหมาะสมเมื่อท่านต้องการความช่วยเหลือขณะที่รับการบำบัดฟื้นฟูฯ					
9	เพื่อนๆมักพูดคุยแลกเปลี่ยนความคิดเห็นกับท่านในเรื่องการปรับเปลี่ยนพฤติกรรม					
10	เพื่อนๆปลอบโยนท่านเมื่อท่านรู้สึกกลุ้มใจเกี่ยวกับความเป็นอยู่ขณะรับการบำบัดฟื้นฟูฯ					

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ชุดที่ 5 แบบสอบถามถามการรับรู้การสนับสนุนจากสังคมในการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
11	เพื่อนๆเป็นผู้รับฟังที่ดีเมื่อท่านต้องการระบายความในใจเกี่ยวกับกฎระเบียบต่างๆของการบำบัดฟื้นฟู					
12	เมื่อท่านมีภาวะวิกฤติขณะรับการบำบัดฟื้นฟูฯ เพื่อนๆเป็นผู้ที่ช่วยท่านอย่างเต็มกำลังความสามารถของเขา					
13	ทีมนักบำบัดมักพูดคุยแลกเปลี่ยนความคิดเห็นเกี่ยวกับการบำบัดฟื้นฟูกับท่าน					
14	ทีมนักบำบัดเป็นผู้รับฟังที่ดีเมื่อท่านต้องการระบายความในใจ					
15	ทีมนักบำบัดสามารถให้คำปรึกษาแนะนำที่เป็นประโยชน์ต่อท่านได้เสมอเมื่อมีเรื่องกลัดกลุ้มใจ					
16	เมื่อท่านต้องการความช่วยเหลืออย่างฉุกเฉินทีมนักบำบัดจะเป็นผู้ที่ช่วยท่านอย่างเต็มกำลังความสามารถ					
17	ทีมนักบำบัดจะให้ความช่วยเหลือแก่ท่านเมื่อต้องการความช่วยเหลือในแง่วัตถุปัจจัยต่างๆ เช่น เสื้อผ้า สิ่งของ ตามความเหมาะสม					
18	ทีมนักบำบัดแสดงความยินดีกับท่านเสมอ เมื่อท่านประสบความสำเร็จในกิจกรรมบำบัดฟื้นฟูฯ					

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ชุดที่ 6 แบบสอบถามทัศนคติต่อการเข้ารับการบำบัดฟื้นฟู

<u>คำชี้แจง</u> แบบสอบถามนี้ต้องการทราบความคิดเห็นทัศนคติต่อการเข้ารับการบำบัดฟื้นฟู คำตอบหรือความคิดเห็นของท่านไม่มีการตัดสินว่าถูกหรือผิด เพราะแต่ละคนย่อมมีความรู้สึกนึกคิด และความเห็นแตกต่างกัน โปรดตอบคำถามตามความคิดเห็นที่ตรงกับความเป็นจริงมากที่สุด <u>โปรดตอบทุกข้อ</u>

มากที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านมากที่สุด

มาก คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนมาก

ปานกลาง คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเพียงครึ่งเดียว

น้อย คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้นตรงกับสภาพความเป็นจริงของท่านเป็นส่วนน้อย

น้อยที่สุด คือ เมื่อท่านเห็นว่าข้อความในประโยคนั้น ไม่ตรงกับสภาพความเป็นจริงของท่านเลย

ตัวอย่างแบบสอบถาม

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1.	ท่านคิดว่าทีมนักบำบัดส่วนใหญ่มีความตั้งใจในการปฏิบัติงาน					

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ชุดที่ 6 แบบสอบถามทัศนคติต่อการเข้ารับการบำบัดฟื้นฟู (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
1	ทีมนักบำบัดส่วนใหญ่มีความตั้งใจในการจัดกิจกรรมบำบัดฟื้นฟูฯให้ท่าน					
2	ทีมนักบำบัดส่วนใหญ่มีส่วนทำให้ท่านอยู่รับการบำบัดฟื้นฟูฯจนครบกำหนด					
3	ทีมนักบำบัด ให้ความเป็นกันเองยอมรับเข้าใจในการกระทำและพร้อมที่จะให้อภัยต่อท่าน					
4	ทีมนักบำบัดให้คำปรึกษา คำแนะนำที่ดีและเปิดโอกาสให้ท่านแสดงความคิดเห็น					
5	ทีมนักบำบัดให้ความสนใจท่านตลอดระยะเวลาที่เข้ารับการบำบัดฟื้นฟูฯ และกระตุ้นให้ท่านมีความคิดริเริ่มสร้างสรรค์					
6	ทีมนักบำบัด แสดงท่าทีดูถูก วางอำนาจ ข่มขู่บางครั้งลงโทษท่านอย่างไร้เหตุผล					
7	ทีมนักบำบัดไม่ค่อยเอาใจใส่ท่านเท่าที่ควรปล่อยให้ทำกิจกรรมบำบัดฟื้นฟูฯตามลำพัง					
8	ทีมนักบำบัด เข้มงวดมากเกินไปขณะทำกิจกรรมฟื้นฟูสมรรถภาพ					
9	กิจกรรมการมีส่วนร่วมของครอบครัว เป็นส่วนหนึ่งที่มีผลต่อการบำบัดฟื้นฟูสมรรถภาพของท่าน					
10	กิจกรรมการมีส่วนร่วมของครอบครัว มีส่วนทำให้ท่านยอมรับและอยู่เพื่อการฟื้นฟูสมรรถภาพจนครบระยะเวลา					

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ชุดที่ 6 แบบสอบถามทัศนคติต่อการเข้ารับการบำบัดฟื้นฟู (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
11	กิจกรรมการมีส่วนร่วมของครอบครัวทำให้สัมพันธภาพของท่านและครอบครัวดีขึ้น					
12	การมีกิจกรรมทางเลือก ในการบำบัดฟื้นฟูสมรรถภาพ ทำให้ท่านเกิดการเรียนรู้ใหม่ๆ ขณะรับการฟื้นฟูสมรรถภาพ					
13	การมีกิจกรรมทางเลือก ในการบำบัดฟื้นฟูสมรรถภาพ ทำให้ท่านทราบความสามารถที่ท่านถนัดมากขึ้น					
14	กิจกรรมทางเลือก ในการบำบัดฟื้นฟูสมรรถภาพฯสามารถนำไปใช้ประโยชน์ในชีวิตประจำวันของท่านได้					
15	กิจกรรมการเรียนรู้เพื่อการช่วยเหลือตนเองส่งเสริมให้ท่านรู้จักแก้ไขปัญหาด้วยตนเองมากขึ้น					
16	กิจกรรมการเรียนรู้เพื่อการช่วยเหลือตนเองส่งเสริมให้ท่านมีทักษะการดูแลตนเองได้ดีขึ้น					
17	ในอนาคตเมื่อต้องดำเนินชีวิตในสังคมภายนอกท่านสามารถนำกิจกรรมการเรียนรู้เพื่อการช่วยเหลือตนเองไปปรับใช้ได้					
18	รูปแบบของชุมชนบำบัดมีส่วนช่วยในการปรับเปลี่ยนพฤติกรรมของท่าน					
19	รูปแบบของชุมชนบำบัดส่งเสริมให้ท่านมีความกล้าแสดงออกได้อย่างเหมาะสม					
20	รูปแบบของชุมชนบำบัดส่งเสริมให้ท่านมีความรับผิดชอบมากขึ้น					

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ชุดที่ 6 แบบสอบถามทัศนคติต่อการเข้ารับการบำบัดฟื้นฟู (ต่อ)

ข้อ	ข้อความ	มากที่สุด	มาก	ปานกลาง	น้อย	น้อยที่สุด
21	ศูนย์ฟื้นฟูสมรรถภาพมีสภาพแวดล้อมที่เอื้ออำนวยต่อการฟื้นฟูสมรรถภาพของท่าน					
22	ศูนย์ฟื้นฟูสมรรถภาพมีจำนวนสมาชิกที่อยู่ร่วมกันพอเหมาะไม่แออัด					
23	สภาพแวมล้อมในศูนย์ฟื้นฟูสมรรถภาพมีส่วนทำให้ท่านรู้สึกอยากอยู่รับการฟื้นฟูสมรรถภาพจนครบกำหนดระยะเวลา					
24	เรือนนอนของท่านสะอาดและมีอากาศถ่ายเทดี					

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ส่วนที่ 7 แบบสอบถามเกี่ยวกับกระบวนการยอมรับการบำบัดฟื้นฟูสมรรถภาพ

คำชี้แจง จงทำเครื่องหมาย √ลงในช่อง □ ที่ตรงกับความคิดเห็นของท่านมากที่สุดเพียงข้อเดียว

คำชี้แจง แบบสอบถามนี้ต้องการทราบเกี่ยวกับกระบวนการยอมรับการบำบัดฟื้นฟูสมรรถภาพ คำตอบหรือความคิดเห็นของท่านไม่มีการตัดสินว่าถูกหรือผิด เพราะแต่ละคนย่อมมีความรู้สึกนึกคิด และความเห็นแตกต่างกัน โปรดตอบคำถามตามความคิดเห็นที่ตรงกับความเป็นจริงมากที่สุด

โปรดตอบทุกข้อ

มากที่สุด คือ เมื่อท่านเห็นด้วยกับข้อความในประโยคนั้นมากที่สุด

มาก คือ เมื่อท่านเห็นด้วยกับข้อความในประโยคนั้นมาก

ปานกลาง คือ เมื่อท่านเห็นด้วยกับข้อความในประโยคนั้นปานกลาง

น้อย คือ เมื่อท่านเห็นด้วยกับข้อความในประโยคนั้นน้อย

น้อยที่สุด คือ เมื่อท่านเห็นด้วยกับข้อความในประโยคนั้นน้อยที่สุด

ตัวอย่างแบบสอบถาม

ข้อ	ข้อความ	เห็นด้วยมากที่สุด	เห็นด้วยมาก	เห็นด้วยปานกลาง	เห็นด้วยน้อย	เห็นด้วยน้อยที่สุด
1	ท่านเคยทราบหรือเคยได้ยินเกี่ยวกับพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545 มาก่อน					

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ส่วนที่ 7 แบบสอบถามเกี่ยวกับกระบวนการยอมรับการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อสอบถาม	เห็นด้วยมากที่สุด	เห็นด้วยมาก	เห็นด้วยปานกลาง	เห็นด้วยน้อย	เห็นด้วยน้อยที่สุด
1	<u>ขั้นความรู้</u> ท่านเคยทราบหรือเคยได้ยินเกี่ยวกับพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545					
2	ท่านคิดว่าพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545 มีขึ้นเพื่อเปิดโอกาสให้ผู้เสพหรือผู้ติดยาเสพติดได้รับการบำบัดฟื้นฟูสมรรถภาพ					
3	ท่านเชื่อว่าการฟื้นฟูสมรรถภาพตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 แม้จะเป็นการบำบัดฟื้นฟูฯในระบบบังคับบำบัด แต่จะได้ผลสำเร็จเช่นเดียวกับระบบสมัครใจ					
4	การประกาศให้ผู้เสพหรือผู้ติดยาเสพติดมีสภาพเป็นผู้ป่วยตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ. 2545ทำให้ท่านได้รับการยอมรับจากสังคมมากขึ้น					
5	<u>ขั้นจูงใจ/ สนใจ</u> หากมีผู้ที่เคยผ่านการฟื้นฟูสมรรถภาพตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545ครบกำหนดแล้วมาให้คำแนะนำต่างๆท่านจะเข้าร่วมรับฟังคำแนะนำด้วย					
6	จากการพูดคุยกับเพื่อนที่เข้ารับการฟื้นฟูฯที่อยู่มานานกว่าทำให้ท่านมีกำลังใจที่จะอยู่ฟื้นฟู ฯ จนครบขั้นตอน					

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ส่วนที่ 7 แบบสอบถามเกี่ยวกับกระบวนการยอมรับการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อสอบถาม	เห็นด้วยมากที่สุด	เห็นด้วยมาก	เห็นด้วยปานกลาง	เห็นด้วยน้อย	เห็นด้วยน้อยที่สุด
7	ท่านอยากให้เจ้าหน้าที่ให้ข้อมูลหรือรายละเอียดเพิ่มเติมเกี่ยวกับประโยชน์ของพระราชบัญญัติ ฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545					
8	การบำบัดฟื้นฟูสมรรถภาพตามพระราชบัญญัติ ฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 ไม่ได้เป็นเรื่องเสียหายแต่อย่างใด					
9	<u>ขั้นตัดสินใจ</u> ท่านตั้งใจปรับปรุงพฤติกรรมของตนเองเพื่อให้การฟื้นฟูสมรรถภาพผ่านเกณฑ์การประเมินของคณะอนุกรรมการฯ					
10	ท่านยอมรับคำวินิจฉัยของอนุกรรมการฯเมื่อให้ท่านเข้ารับการบำบัดฟื้นฟูสมรรถภาพ					
11	ท่านตั้งใจว่าต้องอยู่รับการฟื้นฟูสมรรถภาพตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 จนครบตามระยะเวลาที่กำหนดให้ได้					
12	การฟื้นฟูสมรรถภาพจนครบขั้นตอนตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 เป็นผลดีกับตัวท่านมากกว่าผลเสีย					
13	<u>ขั้นการนำไปปฏิบัติ</u> การฟื้นฟูสมรรถภาพตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 ทำให้ท่านเปลี่ยนแปลงพฤติกรรมตนเองมีแนวทางในการแก้ปัญหาที่ดีขึ้น					

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ส่วนที่ 7 แบบสอบถามเกี่ยวกับกระบวนการยอมรับการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อสอบถาม	เห็นด้วยมากที่สุด	เห็นด้วยมาก	เห็นด้วยปานกลาง	เห็นด้วยน้อย	เห็นด้วยน้อยที่สุด
14	ท่านคิดว่าสามารถชักชวนเพื่อนที่ไม่เต็มใจอยู่รับการฟื้นฟูสมรรถภาพฯให้เปลี่ยนใจได้					
15	ท่านสามารถควบคุมอารมณ์ได้ดีขึ้นเมื่อเข้าร่วมกิจกรรมกลุ่มที่เกี่ยวกับการพัฒนาทักษะอารมณ์บ่อยๆ					
16	ท่านต้องการทราบรายละเอียดเพิ่มเติมเกี่ยวกับหลักเกณฑ์การประเมินพฤติกรรมในด้านต่างๆของท่านตามที่คณะกรรมการฯประเมิน					
17	กิจกรรมของการฟื้นฟูฯตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 เช่น การมีส่วนร่วมของครอบครัว ทำให้สัมพันธภาพภายในครอบครัวดีขึ้น					
18	<u>ขั้นยืนยัน</u> ท่านเห็นว่าพระราชบัญญัติฟื้นฟูสมรรถภาพ พ.ศ.2545 มีประโยชน์สำหรับผู้ที่ใช้ยาเสพติดที่จะบำบัดฟื้นฟูฯในระบบบังคับบำบัดหรือระบบสมัครใจก็ได้					
19	ในภาพรวมแม้กระบวนการการฟื้นฟูสมรรถภาพอาจไม่ใช่สิ่งที่เป็นประโยชน์ต่อตัวท่านทั้งหมด แต่ท่านสามารถยอมรับได้ที่จะบำบัดฟื้นฟูฯจนครบระยะเวลา					

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ส่วนที่ 7 แบบสอบถามเกี่ยวกับกระบวนการยอมรับการบำบัดฟื้นฟูสมรรถภาพ (ต่อ)

ข้อ	ข้อสอบถาม	เห็นด้วยมากที่สุด	เห็นด้วยมาก	เห็นด้วยปานกลาง	เห็นด้วยน้อย	เห็นด้วยน้อยที่สุด
20	พระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545 มีผลดีต่อผู้ที่ใช้ยาเสพติดมากกว่าผลเสีย					
21	ท่านพร้อมที่จะให้คำแนะนำผู้ที่ใช้ยาเสพติดถึงผลดีหรือประโยชน์ของพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545					
22	ท่านมีแนวทางการดำเนินชีวิตที่จะไม่กลับไปเกี่ยวข้องกับยาเสพติดอีกเนื่องจากเคยได้รับการบำบัดฟื้นฟูฯ ตามพระราชบัญญัติฟื้นฟูสมรรถภาพผู้ติดยาเสพติด พ.ศ.2545					

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แบบประเมินพฤติกรรมระหว่างการฟื้นฟูสมรรถภาพผู้ติดยาเสพติด
แบบควบคุมตัวเข้มงวด / ไม่เข้มงวด / ผู้ป่วยใน

ชื่อ – นามสกุล …… เลขทะเบียน……
หน่วยงานที่ประเมิน …….. ประเมินครั้งที่ ……...
วัน / เดือน / ปี (ที่เข้ารับการฟื้นฟู)…….. วัน / เดือน / ปี (ที่ประเมิน)……..

องค์ประกอบด้านพฤติกรรมและอื่นๆ

คำชี้แจง : โปรดทำเครื่องหมาย ลงในช่องคะแนนตามที่ท่านเห็นสมควร โดย
1 = ต้องปรับปรุง 2 = พอใช้ 3 = ดี

ลำดับที่	ประเด็นการประเมิน	ระดับคะแนน		
		1	2	3
1	พฤติกรรมระหว่างการฟื้นฟูสมรรถภาพผู้ติดยาเสพติด			
	1.1 การรักษาความสะอาดของตนเองทั้งทางด้านร่างกายและสิ่งแวดล้อม			
	1.2 การยอมรับและปฏิบัติตามระเบียบวินัยของหน่วยงาน			
	1.3 ปฏิบัติงานที่ได้รับมอบหมายได้ถูกต้อง ครบถ้วนตามเวลาที่กำหนด			
	1.4 ความกระตือรือร้นในการเข้าร่วมกิจกรรม			
	1.5 การตรงต่อเวลาในการเข้าร่วมกิจกรรม			
	1.6 ความรับผิดชอบต่อผลของการกระทำของตนเอง			
	1.7 ความขยันหมั่นเพียรในการทำงาน			
	1.8 ความพยายามที่จะแก้ไขข้อบกพร่องของตนเอง			
	1.9 ภาวะความเป็นผู้นำ			
	1.10 การช่วยเหลือเพื่อนสมาชิกหรือเจ้าหน้าที่			
	1.11 ความซื่อสัตย์			
	รวมคะแนน			

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ลำดับที่	ประเด็นการประเมิน	ระดับคะแนน		
		1	2	3
2	ทักษะ			
	2.1 การรับรู้ถึงปัญหาและรับฟังคำแนะนำเพื่อนำไปแก้ไข			
	2.2 ความสามารถในการบอกสิ่งที่ตนเองไม่ชอบ / ไม่พอใจได้โดยไม่แสดงพฤติกรรมที่ก้าวร้าว			
	2.3 ความสามารถในการแสงความรู้สึกได้อย่างเหมาะสมกับเหตุการณ์และสถานที่			
	2.4 กล้าแสดงความคิดเห็นต่อหน้าที่ประชุม			
	2.5 การสร้างสัมพันธภาพกับบุคคลอื่น			
	2.6 ความอดทน / อดกลั้นต่อการกระทำที่ไม่ดีของผู้อื่น			
	2.7 ความสามารถในการเลือกใช้วิธีการแก้ปัญหาที่ถูกต้องและเหมาะสม			
	2.8 ความสามารถนำวัสดุ อุปกรณ์ที่มีอยู่มาประยุกต์ใช้ได้			
	2.9 ความสามารถ ในการนำเทคนิคและวิธีการใหม่ๆมาใช้ในการปฏิบัติงาน			
	รวมคะแนน			
3	ทัศนคติต่อตนเอง ครอบครัว และยาเสพติด			
	3.1 การเข้าใจและยอมรับในการกระทำของตนเอง			
	3.2 การเข้าใจและยอมรับในการกระทำของตนผู้อื่น			
	3.3 การยอมรับฟังความคิดเห็นและความสามารถของผู้อื่น			
	3.4 การเข้าใจและยอมรับสภาพความเป็นจริงเกี่ยวกับครอบครัวของตนเอง			
	รวมคะแนน			
4	การวางแผนการดำเนินชีวิต			
	4.1 การวางแผนการทำงาน			
	4.2 การรู้จักใช้เวลาว่างให้เป็นประโยชน์			
	4.3 การแบ่งเวลาในการใช้ชีวิตประจำวัน			
	4.4 การรู้จักจัดลำดับความสำคัญของงานที่ได้รับมอบหมาย			

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	รวมคะแนน				
	คะแนนแต่ละองค์ประกอบ				คะแนนทั้งหมด
	1	2	3	4	

สรุปการประเมินพฤติกรรมระหว่างการฟื้นฟูสมรรถภาพผู้ติดยาเสพติด

2. ระดับการเปลี่ยนแปลงพฤติกรรม ☐ ดี ☐ พอใช้ ☐ ต้องปรับปรุง

3. ผลการประเมินพฤติกรรม ☐ ผ่าน ☐ ไม่ผ่าน

คณะกรรมการประเมิน

ลงชื่อ ..... ลงชื่อ .....

( ) ( )

ตำแหน่ง ..... ตำแหน่ง .....

ลงชื่อ ..... ลงชื่อ .....

( ) ( )

ตำแหน่ง ..... ตำแหน่ง .....

<u>หมายเหตุ</u> ต้องมีคณะกรรมการประเมินลงชื่ออย่างน้อย 3 คน

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BIOGRAPHY

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