AN EVALUATION OF THE REHABILITATION FOR THE DRUG ADDICTS JIRASA PROGRAM AT REHABILITATION CENTER ROYAL THAI AIR FORCE

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Squadron Leader Phongpun Khuanyoung

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ABSTRACT

The purpose of this study was to evaluate the Jirasa program, a program based on voluntary participation,conducted at the Royal Thai Air Force's Juvenile Drug Rehabilitation Center, Donmuang. The Context, Input, Process, Product, Model (CIPP)was used to evaluate the program.The subjects were 3 administrative officials, 10 rehabilitation staff members, 38 patients and 30 parents. The research instruments used in collecting the data were: 1) Structured interview form for administrative officials, patients and parents; 2) Checklist questionnaires for rehabilitation staff members, patients and parents ;3) A Behavior observation form to check the co-operation of staff and patients in understanding and completing drug hazard questionnaires ; 4) Attitude measurement form for patients and parents. The statistics used in the data analysis were frequency, percentage, mean, standard deviation , t – test and description.

The research findings were as follows:

Context: Administrative officials, rehabilitation staff members, and patients had a highly positive opinion of the governments' policy, its conformation with the current drug situation and the RTAF's cooperation.

Input: rehabilitation staff members had a highly positive opinion regarding the management of the period of rehabilitation but they had a moderately positive opinion of personnel, budget, place and materials : Patients also expressed highly positive opinions on the place.

Process: Both rehabilitation staff members and patients had a highly positive opinion of the conduct of this program believing that it was well organized and managed, that there was a clear designation of personnel's roles, that there was good information about program objectives it and that activities. Were continuously evaluated.

Product: There was no statistically significant difference between patients' and parents knowledge of and attitude to the dangers of drugs before and after the program at the statistical significance levels of 0.05 and 0.01 respectively. Additionally, a follow-up check of behavior of ten of the 38 patients who it was possible to check three months after the program showed that all had stopped using drugs.

KEY WORDS : EVALUATION / JIRASA PROGRAM / DRUG ADDICTS

156 pp.

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การประเมินผลโครงการบำบัดฟื้นฟูสมรรถภาพผู้ติดยาเสพติดแบบจิราสา ศูนย์ฟื้นฟูสมรรถภาพผู้ติดยาเสพติดสำหรับเยาวชน กองทัพอากาศ (AN EVALUATION OF THE REHABILITATION FOR THE DRUG ADDICTS JIRASA PROGRAM AT REHABILITATION CENTER ROYAL THAI AIR FORCE)

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บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์ เพื่อประเมินผลการดำเนินโครงการบำบัดฟื้นฟูสมรรถภาพผู้ติดยาเสพติดแบบจิราสา ศูนย์ฟื้นฟูสมรรถภาพผู้ติดยาเสพติดสำหรับเยาวชน กองทัพอากาศ โดยประเมินผลโครงการตามแบบจำลอง CIPP ใน 4 ด้าน คือ ด้านบริบท ด้านปัจจัยนำเข้า ด้านกระบวนการ และด้านผลผลิต กลุ่มตัวอย่างได้แก่ ผู้บริหาร 3 คน ผู้ให้การบำบัด 10 คน ผู้รับการบำบัด 38 คน ผู้ปกครอง 30 คน เครื่องมือที่ใช้ประกอบด้วย แบบสัมภาษณ์อย่างมีโครงสร้าง สำหรับ ผู้บริหาร ผู้รับการบำบัด และผู้ปกครอง แบบสอบถามความคิดเห็นต่อผลการดำเนินโครงการฯ สำหรับ ผู้ให้การบำบัด ผู้รับการบำบัด และผู้ปกครอง แบบสังเกตพฤติกรรม สำหรับ ผู้ให้การบำบัด และผู้รับการบำบัด แบบสอบถามความรู้เกี่ยวกับโทษและพิษภัยของสารเสพติด แบบวัดทัศนคติเกี่ยวกับสารเสพติด สำหรับ ผู้รับการบำบัด และผู้ปกครอง วิเคราะห์ข้อมูลโดยการแจกแจงความถี่ หาค่าร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน T-test และข้อมูลคุณภาพวิเคราะห์ด้วยความเชิงพรรณนา

ผลการศึกษาพบว่า ด้านบริบท ผู้บริหาร ผู้ให้การบำบัดและผู้รับการบำบัด มีความคิดเห็นระดับมากเกี่ยวกับความสอดคล้อง ของโครงการต่อนโยบายของรัฐ สถานการณ์ยาเสพติดในปัจจุบัน และการมีส่วนร่วมของกองทัพอากาศ ผลการประเมินด้านปัจจัยนำเข้า พบว่า ผู้ให้การบำบัดมีความคิดเห็นระดับมาก ในเรื่องของการบริหารจัดการ ระยะเวลาในการบำบัด และมีความคิดเห็นระดับปานกลาง ในเรื่องของบุคลากร งบประมาณ สถานที่ สื่อ วัสดุ อุปกรณ์ ส่วนผู้รับการบำบัดมีความคิดเห็นระดับมาก ในเรื่องของสถานที่ ผลการประเมินด้านกระบวนการ ผู้ให้การบำบัด และผู้รับการบำบัด มีความคิดเห็นระดับมาก ต่อการดำเนินกิจกรรมบำบัดฟื้นฟูที่เป็นขั้นตอน การกำหนดบทบาทบุคลากรชัดเจน บอกวัตถุประสงค์ของกิจกรรม มีการประเมินผลสม่ำเสมอ ผลการประเมินด้านผลผลิต ในเรื่องความรู้ และทัศนคติเกี่ยวกับสารเสพติด ในกลุ่มผู้รับการบำบัด ก่อนและหลังเข้าร่วมโครงการฯ ไม่แตกต่างกันอย่างมีนัยสำคัญทางสถิติ ส่วนผู้ปกครอง ในเรื่องความรู้และทัศนคติเกี่ยวกับสารเสพติด ก่อนและหลังเข้าร่วมโครงการฯ แตกต่างกันอย่างมีนัยสำคัญทางสถิติที่ระดับ 0.05, 0.01 ตามลำดับ ผลการติดตามพฤติกรรมหลังการเข้าร่วมโครงการแล้ว 3 เดือน จำนวน 10 คน ไม่พบการเสพติดซ้ำ

156 หน้า.

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CONTENTS

Page

ACKNOWLEDGEMENTS……. iii

ABSTRACT……. iv

LIST OF TABLES……... viii

LIST OF FIGURES……. x

CHAPTER

I INTRODUCTION……... 1

1. Statement of the Problem ……..……. 1

2. Research Problem ……..…... 4

3. Research Objective……...……..… 5

4. Assumption……..... 5

5. Research Scope……..…… 5

6. Variables……..... 6

7. Conceptual Framework According to CIPP Model ……..… 7

8. Preliminary Agreement/Consent ……..…... 8

9. Definitions…… 8

10. Anticipated Benefits……... 9

II LITERATURE REVIEW……..... 11

1. Project Evaluation……..……..…. 12

2. Jirasa Drug Rehabilitation Program……. 29

3. Theories of Addictive Drugs……..... 38

4. Concepts and Theories about Opinions……..…….. 41

5. Related Researches…….…….. 45

III METHODOLOGY……...…… 49

1. Method Employed in the Research……... 49

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CONTENTS (Continued)

		Page
	2. Population and Sample Group……..…	49
	3. Tools for Collecting Data…….…….....	50
	4. Tool Design……..…	52
	5. Research Tool Development…….……...	54
	6. Data Collection Methods……....	54
	7. Data Analysis……....	55
IV	DATA ANALYSIS RESULT……..	58
	1. Results Regarding Personal Factors in the Target Group…	58
	2. Results Obtained after the Completion of Jirasa Program....	67
V	CONCLUSION DISCUSSION AND SUGGESTION…….	82
	1. Research Conclusion……..	83
	2. Discussion……....	86
	3. Suggestion of the Research Result……..…….....…	89
	4. Suggestion for Further Study……	90
BIBLIOGRAPHY…….		91
APPENDIX……..……		94
BIOGRAPHY…….……....		156

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LIST OF TABLES

Page

Table 1 Quantity and percentage of Rehabilitation staff, classified by personal 59

Table 2 Quantity and percentage of Patients, classified by personal factors… 61

Table 3 Quantity and percentage of parents, classified by personal factors..… 64

Table 4 Mean, Standard Deviation, and the program's success level with regard to the context, in accordance with opinions of rehabilitation staff 67

Table 5 Mean, Standard Deviation, and the program's success level with regard to the context, in accordance with opinions of rehabilitation staff……..…. 68

Table 6 Mean, Standard Deviation, and the program's success level with regard to the Input, in accordance with opinions of rehabilitation staff. 69

Table 7 Mean, Standard Deviation, and the program's success level with regard to the Input, in accordance with opinions of rehabilitation staff. 71

Table 8 Mean, Standard Deviation, and the program's success level with regard to the process.……..…….... 73

Table 9 Mean, Standard Deviation, and the program's success level with regard to the Process, in accordance with opinions of rehabilitation staff……... 74

Table 10 Mean, Standard Deviation, and the program's success level with regard to the Product, in accordance with opinions of rehabilitation staff, patients and parents……... 75

Table 11 Knowledge level of drug hazard among Jirasa patients ……...… 76

Table 12 Comparison of the average scores of knowledge regarding drug hazard among parents – both before and after the program……..… 76

Table 13 Parent's knowledge level regarding drug dangers……..…..…… 76

Table 14 The level of knowledge about drug hazard among parents – both before and after the program……...……... 77

Table 15 Level of drug attitudes among patients (both before and after the program)……...……..… 77

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LIST OF TABLES (Continued)

Page

Table 16 Comparison of drug attitudes among patients (both before and after the program)…… 77

Table 17 Test scores of parent's drug attitudes (both before and after the program)…… 78

Table 18 Comparison of Mean values of parent's drug attitudes (both before and after the program)…….……. 78

Table 19 A follow-up of patients' conduct and behavior 3 month after program completion…….……. 79

Table 20 A follow-up of patients' attitude 3 month after program completion. 80

Table 21 Evaluation of Jirasa program in various aspects as responded by rehabilitation staff……..……...……..…….. 134

Table 22 Evaluation of Jirasa program in various aspects as responded by patients…….……. 139

Table 23 Evaluation of Jirasa program in various aspects as responded by parents……...…… 142

Table 24 Comparison of Drug knowledge among patients before and after the program.....… 144

Table 25 Comparison of parent's knowledge on drug dangers (both before and after the program)……... 146

Table 26 Drug attitude of patients (before joining Jirasa program)…… 148

Table 27 Drug attitude among patients after the program……...……..... 150

Table 28 Drug attitude among parents before participating in a program.….. 152

Table 29 Drug attitude of parents after the program..…….…..….. 154

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LIST OF FIGURES

Page

Figure 1 Basic Stufflebeam's model……...…….. 25
Figure 2 Stufflebeam's Evaluation concept……..…… 27
Figure 3 Evaluation using CIPP's Model……..... 28

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CHAPTER I
INTRODUCTION

1.1 Statement of the Problem

It is generally known that narcotics issues are posing an increasingly severe problem worldwide especially in Thailand. In 1993, the Thailand Development Research Institute (TDRI) had conducted the research studies on drug addiction. The research showed that there were 1,267,590 drug abusers in Thailand. ABAC Poll Research Center, Assumption University did drug abuse research in many institutes in 1999. The samples were 5,365,942 high school and undergraduate students. The study revealed that about 12.36% of them being involved in drug. According to data published by the United Nations in 1998, 21 million people worldwide suffered from cocaine or heroin addiction, and another 30 million from the abuse of amphetamine type stimulants (http://english.gov.cn/official/2005-07/27/content_17679.htm). Although, the Royal Government of Thailand is stepping up its efforts to solve the problem. Presently, the abuse of drug is still widespread all over the country. In 2001, the Ministry of Public Health had brought out the fact that Thailand had almost 2.6 million drug abusers mostly among teenagers aged 15 to 19 (31.53%) (RTAF, Directorate of Medical Services, 2547: 1). The facts that narcotic problem endangers national security involved in political, economic, social and international relationship sabotage including quality and virtue of population. Drug addicts are the ones who simply prefer a socially taboo substance. They cannot even take care of themselves, their families or for the country. Drugs harm people's health, give rise to crimes, such as intention of committing larceny, car accident, HIV spread problem (Sirirat Preamchit, 2547: 1). As drug addiction directly involves compulsively seeking to use a substance, regardless of the potentially negative social, psychological and physical consequences, the drug abusers have to find more money to finance their drug habits. The budget policy has been put forth by the government with a view toward solving

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this problem instead of sustainable development. As mention above, drugs brought hideous disaster to the nation.

The effective ways in solving the narcotic problem are prevention, rehabilitation and suppression. Nowadays' teenagers are in the situation of drug use and drug addiction. This problem can potentially happen among the younger ones (Songkiat Piyaka, 2547: 5). The government urgently needs a Counter-Narcotics Policy to reduce narcotic abuse throughout the country. They intend to encourage Civilian Agencies and all Thai people participated in solving the country's problem together. The principal ways is using the prevention technique. All drug abuses should be cured. They will benefit from rehabilitation services. It is very important that all citizens are well aware of the serious penalties for narcotics trafficking. The protocols in solving the problem are as follow:

1) Enforcing the law strictly, and solving the community to strictly drug control in transporting and manufacturing of drugs. Criminal legislation for drug control should be revised. The resolution on severely punishing criminals should be raised the highest legal punishment for serious drug-related crimes especially among the government official. Giving award and protection to the corporation people should be pressed.

2) Strictly control the import of substance that may be used for producing addictive drugs. Improve relevant laws, or enhance capacity of government officials to keep up with current drug-producing technology.

3) Strengthen cooperation with NGOs and other countries in order to suppress drug activity and demolish drug factories as well as international networks of illegal drug.

4) Amend laws that may obstruct patients, both physically and mentally, from receiving rehabilitative service. Patients should be allowed to receive treatment as desired without facing legal punishment from his past misconduct. The government is also responsible for providing them Rehabilitation Health system and occupational training. Environment adjustment must be made to enable patients to return to their normal lives.

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The above measures indicate that the government has realized the importance of drug rehabilitation as well as the creation of suitable environment for patients so that they can return to society smoothly. These tasks conform to 8th Nation's Economic and Social Development Plan that focuses on human resource development. In addition, national plan also underlines the importance of Human Right - the basic right for each individual to live freely with dignity. Being a crucial part of National Development Plan, basic human right includes justice, freedom to make decisions, and social advancement.

Realizing the dangers and threats of addictive drugs, the Royal Thai Air Force has initiated certain measures to eradicate drugs. According to the RTAF's special Order No. 6/45, all RTAF subordinate units must jointly eliminate drug use in Air Force's area, including establishing 13 Drug Rehabilitation Centers at RTAF wings nationwide in accordance with the Thai Drug Rehabilitation Act of 2002. Desired objective is to provide treatment and rehabilitation program to drug addicts before returning to live normally in their community upon recovery.

The Jirasa Drug Rehabilitation Project is a newly innovative program, firstly introduced and implemented by the Royal Thai Air Force, and is expected to be an alternative treatment. This program aims to build motivation and ambition among patients as well as among treatment providers, to encourage good thinking for better decision making, to improve lifestyle, and ultimately to encourage patients to change their undesirable habits. Patients attending RTAF Drug Rehabilitation Centers come from the Correction Department, Ministry of Justice. Rehabilitation program at all centers lasts 4 month, and strictly follows the same "Jirasa" standard.

Each Center can accept at least 40 patients, having qualified staff in various fields such as Doctors, Psychiatrists, Professional nurses, Technical nurses, Administrators, and Career advisor. Most of them already completed a training course in Drug Rehabilitation (Staff Duties) offered by the Directorate of Medical Services, RTAF – a minimum requirement to ensure effective rehabilitation for drug addicts. RTAF Drug Rehabilitation Centers began accepting patients in March 2003.

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Currently, there are 13 centers, established under the Drug Rehabilitation Act of 2002, providing Jirasa Rehabilitation service. Up to the present, there has been no assessment on the success of Jirasa project: only formal written reports concerning project execution have been made, which have only basic data. But the effectiveness of the project has not yet been evaluated. As a result, whether or not planned objectives have been met remains uncertain.

The author, as an Air Force officer working in the Directorate of Medical Services, is therefore keenly interested in studying and assessing the accomplishment of "Jirasa" Drug Rehabilitation Project in the Royal Thai Air Force. The evaluation/study of this project utilizes CIPP Model designed by Daniell L. Stufflebeam. The goal is to assess Context, Input, Conducting process, and Project product. Assessment results allows us to know more about obstacles and problems encountered when conducting a program, which will be beneficial for future project improvement. Results obtained from this study could be used as a guideline for assessing works at other 12 Drug Rehabilitation Centers.

1.2 Research Problem

To evaluate the effectiveness and appropriateness of Jirasa program offered at RTAF's juvenile Drug rehabilitation center, 4 key program components had been thoroughly examined;

Context

- Implementation of the government's or organization's policy
- Conformation with current context
- Community cooperation

Input

- Administration
- Readiness of personnel, budget, material and equipment
- Time required completing the program

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Process

- Project progress as planned
- Conduct process
- Evaluation

Product

- Results associated with drug knowledge, drug attitudes and conduct, including a follow-up of patients' behavior 3 months after program completion.
- Attitude, opinions, and correct understanding of Jirasa rehabilitation program, including cooperation, related program activities, implementation and the impact.

1.3 Research Objective

Evaluation of information obtained from the conduct of Jirasa program, which include Context, Input, Process and Product.

1.4 Assumption

Results obtained from the evaluation of Context, Input, Process and Product are highly appropriate.

1.5 Research Scope

An evaluation of Jirasa Drug Rehabilitation program, using CIPP model, had focused on the Context, Input, Process and program's Product (pertaining to both Jirasa staff and patients taking Jirasa treatment at the RTAF Juvenile Drug Rehabilitation Center during 1 December 2006-30 April 2007).

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1.6 Variables

Under Jirasa program using CIPP model, the following components had been assessed;

Context

- policy
- Conformation with current context
- RTAF's role and involvement in a program

Input

- Administration
- Readiness of personnel, budget, material and equipment
- Time required to complete the program

Process

- Planning
- Conduct process
- Evaluation

Product

- Knowledge gained after the program completion
- Respondents' view of Jirasa program
- Anti-drug behavior (observed 3 months after program completion)

Evaluation results: with regard to an evaluation of Context, Input, Process and product

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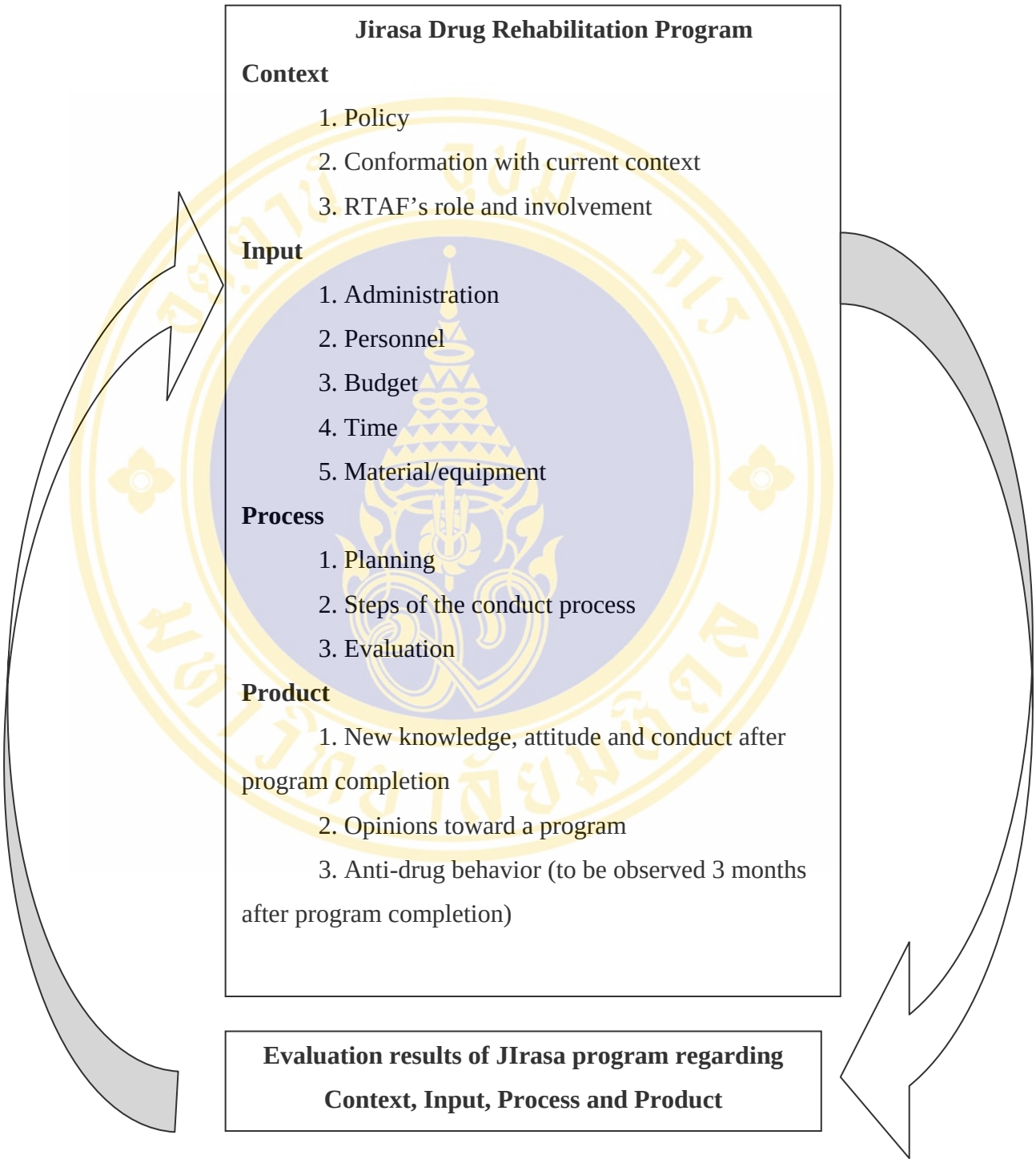
1.7 Conceptual Framework According to CIPP Model



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1.8 Preliminary Agreement/Consent

1.8.1 This study had aimed at the evaluation of four key program components; namely Context evaluation, Input Evaluation, Process Evaluation and Product Evaluation.

1.8.2 Data acquisition had been accomplished through questionnaires, observation forms and interviews, which were designed for particular objectives by this research author. Information was based upon the consent of respondent, and will be kept confidential.

1.9 Definitions

1.9.1 Program evaluation means a systematic study for reaching a conclusion or decision that could justify the accomplishment of predefined objectives. This study uses CIPP model created by Daniel L. Stuffbeam for evaluating 4 program components described below;

- Context: A study of the implementation of government's and organization's policy, the conformation with current context, and community cooperation.

- Input: A study of program administration, management, and the readiness of required resources such as manpower, budget, time, material and equipment.

- Process: An examination of conduct process such as project planning, execution and evaluation.

- Product: This component is pertinent to Jirasa program effectiveness (i.e. gained drug knowledge, correct attitude and conduct about drugs and Jirasa program, obtained benefits, cooperation, impacts, related program activities, and a follow-up of patients' behavior three months after program completion).

1.9.2 Jirasa Drug Rehabilitation program means a therapy program focusing on building inspiration, determination and resolution among both Jirasa patients and

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all treatment staff members. Effective reasoning and systematic thinking based on correct drug knowledge, including related skill training are key to Jirasa method. Moreover, the involvement of patient's family in a rehabilitation process could induce patient to change his/her undesirable behavior. Jirasa rehabilitation program lasts 16 weeks.

1.9.3 RTAF's Juvenile Drug rehabilitation center is run by the Royal Thai Air Force, situated at 5017 Welfare building, Donmoung, Bangkok. With a capacity of 40 beds, it was established under Drug Rehabilitation Act 2002, and is able to admit addicted patients sent from the Department of Correction, the Ministry of Justice.

1.9.4 Response to Jirasa program: This covers Jirasa staff's attitudes and patients' opinions toward Jirasa program such as correct knowledge about the treatment method, cooperation, appropriate activities, program implementation and consequent impacts.

1.9.5 Jirasa staff means all staff members working for Jirasa program which had been conducted at the RTAF's Juvenile Drug Rehabilitation center. Said personnel include a center director, deputy director, center chief and all pertinent practitioners.

1.9.6 People receiving Jirasa rehabilitation services include;

1.9.6.1 Patients - those who had completed a required 16-week treatment course.

1.9.6.2 Parents - father, mother, guardians etc.

1.10 Expected Benefits

Benefits gained after evaluating a RTAF's Jirasa program conducted at RTAF's Juvenile Drug Rehabilitation Center, Donmoung, let us know the followings:

1.10.1 Details concerning the evaluation of program's Context, Input, Process and Product.

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1.10.2 Problems, obstacles and useful comments associated with program's Context, Input, Process and Product.

1.10.3 Beneficial information that can be used for future planning.

1.10.4 Useful information that could be used as guidance for improving or developing other projects.

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CHAPTER II
LITERATURE REVIEW

To help evaluate Jirasa Drug Rehabilitation Project at the RTAF's Donmoung Rehabilitation Center, the researcher had performed an extensive literature review of related subjects as shown below.

2.1 Project Evaluation

2.1.1 Meaning of project evaluation

2.1.2 Meaning of a project

2.1.3 Evaluation criteria

2.1.4 Significance of Project evaluation

2.1.5 Evaluation objectives

2.1.6 Evaluation benefits

2.1.7 Evaluation duration

2.1.8 Evaluation classification

2.1.9 Person in charge of project evaluation

2.1.10 Evaluation method

2.1.11 Evaluation design

2.1.12 Evaluation pattern

2.2 Jirasa Drug Rehabilitation Program

2.2.1 Background

2.2.2 Significance of Jirasa Drug Rehabilitation Program

2.2.3 Objectives

2.2.4 Goals

2.2.5 Rehabilitation procedures

2.2.6 Processes for conducting a program

2.2.7 Directions for conducting Drug Rehabilitation Program

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2.2.8 “Jirasa” Drug rehabilitation

2.3 Concepts and theories of addictive drugs

2.3.1 Attitudes towards addictive drugs

2.3.2 Definition

2.3.3 Types of addictive drugs

2.3.4 Causes of drug addiction

2.4 Concepts and theories of attitude/opinion

2.4.1 Definition

2.4.2 Components of opinions

2.4.3 Roles of opinion

2.4.4 Contributive factors to opinions

2.4.5 Response measurement

2.4.6 Advantages of opinion

2.5 Related researches

2.1 Project Evaluation

2.1.1 Definition of evaluation

Evaluation can have a variety of meanings as shown below:

Yoowadee Rangchaikul Wiboonsri (2548: 6) stated that project evaluation is an interpretation or value judgment of measurable issues that requires a well-planned approach for collecting data. It also involves judgment process for assessing project value.

Nisa Chooto (2538: 9) defined project evaluation as “Data collection activity that seeks appropriate solutions to improve program quality and effectiveness”.

Purachai Piemsomboon (2539: 6) provided the definition of project evaluation as “Process or method for analyzing project’s efficiency, effectiveness and possible consequences in order to determine if established objectives have been achieved. Lessons learned can be useful for other projects as well”.

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Rattana Boueson (2540: 8) stated that “Project evaluation is a comparison of collected data/information and criteria to determine the value of subject being considered”.

Referring to Mehrens and Lehman, Yowadee Rangchaikul Wiboonsri stated “evaluation is the determination of correlation between previously set objectives and output performance, based on expert’s opinions or his/her satisfaction towards the value of concerned matter (Mehrens and Lehman 1944:5)”.

Stufflebeam (1989: 117) said “Evaluation is a process involving data collection and preparation that helps find appropriate alternatives”.

According to all definitions given above, it can be concluded that evaluation means an assessment process prescribed in research rules for estimating the worth or value of something. Evaluation results can be used for improving project’s effectiveness and efficiency. Project evaluation also allows us to learn more about changes arising after implementing a project. Information acquired after evaluation process can be helpful in future planning and decision making.

2.1.2 The meaning of project

Project has a variety of meanings as follows;

Yowadee Rangchaikul (2548: 79): Project is the work or a portion of work that must be finished on time, within budget and requirements.

Ratana Bouon (2540:4): Project is part of a plan, consisting of activities, resources and time duration to carry out as planned.

Nisa Chooto (2538: 6): project is a combination of concepts, direction, activities, and results obtained from pre-planned activities. It requires a systematic planning, organizing, and implementing, as well as resources (budget, time and knowledge) to achieve objectives.

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Conclusion from a diversity of concepts written above defines project evaluation as a detailed analysis of project's results in order to determine project's impacts-both positive and negative aspects - and project accomplishment. Information learned from this process can be beneficial for future planning or modification.

2.1.3 Evaluation standard

The concept of evaluation quality is related to the following criteria;

1) Goals or desired end results, which leads to a question like "how well the project results meet our expectation?"

2) Evaluation method, Evaluation can be assessed by several means, such as measurement tools, data-collecting methods, data analysis, a follow-up, etc., by adhering to the agreed principles. For example, how well can evaluation process help us make decision accurately within given conditions, context and environment?

3) Evaluation results: Can evaluation result be impartial and reliable as expected? If not, why?

2.1.4 Significance of project evaluation

Project evaluation is essential for checking project's progress. It also helps us identify encountered obstacles, work progress and possible impacts while executing a project.

2.1.5 Evaluation objectives

The primary purpose of social service evaluation is to apply project results for improving current plans to meet public's needs. Moreover, evaluation results can help answer policy-related questions like;

- Is it appropriate to initiate a program?
- Is it worth conducting a program?
- Should this project be continued?
- If a project is approved, what should be the best approach to carry out?

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This evaluation emphasizes the output of public services (project activities), which can be a foundation for;

1) Assessing project accomplishment in accordance with project objectives.

2) Checking whether or not a project progresses as planned.

3) Determining strength and weakness of the employed method so that objectives can be achieved as much as possible.

4) Assessing the worthiness of a project based on resources expended, project's effectiveness and output.

5) Using evaluation results as the basis for developing quality projects, plans or social services.

6) Using information from the evaluation as guidelines for assessing other social services.

2.1.6 Benefits of project evaluation

1) Provide useful information that helps make a decision before initiating a new project due to the conduct of detailed study regarding concept feasibility, employed techniques, and available financial source, etc. Lessons learned from the past projects can also be used during this planning phase.

2) Help make the decision regarding project continuation or cancellation.

3) Help make a decision regarding a modification of ongoing project so that it can fit objectives, available manpower, budget, system, equipment, etc.

4) Evaluation result can be used as official material to acquire support from the public, politicians, occupational group, etc.

5) Evaluation results could be used by the evaluator as defensive tools against harsh criticism.

6) Evaluation process can increases knowledge and in-depth understanding of the subject concerned. In addition to facts and experience learned from previous projects, a person will gain increased knowledge from a latest project evaluation.

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2.1.7 Duration of the evaluation

To evaluate a plan or project, it takes two evaluation forms;

1) Formative Evaluation is a combination of a follow-up and assessment, such as a follow-up of the target's results. Follow-up results can be used for improving an ongoing project until a project is completed.

2) Summative Evaluation is conducted after the end of project, and is aimed at project goals and working method.

2.1.8 Types of evaluation

There is no definite way to evaluate a project; or there is no right or wrong way doing it either. This is largely due to the difference of person's experience results from different projects they had ever dealt with. For example, a project aiming at evaluating customer satisfaction is different from a project looking at cost and profit.

Evaluation can be classified into 2 types - Qualitative Evaluation and Quantitative Evaluation**.**

1) *Qualitative Evaluation* – This evaluation is aimed at the degree of understanding, awareness, and acceptance from targeted population. Qualitative data indicates target population's intention and motivation. Qualitative data collection can be done through interviews, observation, and questionnaire, including from the secondary source such as reports, notes, articles, etc.

2) *Quantitative evaluation* – This approach, using prearranged measurement tools, evaluates the level of changes that may arise after implementing a project. Acquired data will be processed through statistical methods. One of frequently-used applications of quantitative evaluation deals with economic analysis in Health program. However, Quantitative evaluation provides less detail than Qualitative evaluation does, but is more useful for developing tools that measures health condition, health knowledge and behavior, etc.

2.1.9 Person in charge of project evaluation

Formerly, evaluating a project requires responsibilities from three persons - (1) Project Manager, (2) Evaluator, and (3) Program Worker**.**

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However, since patient's right has become a major issue today, matter concerning with patient's rights is therefore included in evaluation process. People receiving the service, called consumer, have become the fourth factor to be considered as well.

1) Project Manager is the person having authority to approve the Project using information from evaluation results, or decides whether a project should be continued or cancelled.

2) Evaluator is responsible for collecting data required for evaluating utilized process and project's success (to see if a project is continues as planned). However, evaluator does not have authority to make decisions regarding project's continuation or cancellation.

3) Program Worker is a person who actually conducts a project at an operational level. He/she is the one who encounters problems while project has been executed, and must ensure project's success.

4) Program consumer can be survey planners, researcher or participants. Inclusion of customer as participants in evaluation process can help define accurate project questions and the most appropriate criteria used for evaluating a sample group.

2.1.10 Evaluation methods

Project evaluation methods are generally classified into three types - Process Evaluation, Impact Evaluation, and Outcome Evaluation. Each type has its own objective as described below.

1) Process evaluation – A detailed feasibility study of the project, activities, quality, and targeted population.

2) Post evaluation (to be performed after the end of project) - The purpose of this evaluation is to measure;

2.1) Effectiveness, efficiency, economic worthiness of a project

2.2) Project's success, which involves

2.2.1) *Impact Evaluation* (for example, are project's goals reached?)

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2.2.2) *Outcome Evaluation:* This is a long-term evaluation to measure project success. An evaluation must be conducted strictly step-by-step to prevent unnecessary assessment work (i.e. performing a long-term evaluation instead of assessing the effectiveness of project activities).

2.1.10.1 Evaluation performed before and during project execution

Process evaluation must be performed first to ensure that a project progresses as planned. Questions to consider could be;

- Is it reasonable to start this project?
- Is the right target population selected?
- Are project participants well qualified?
- Does the tool employed in a project have good quality? Is it appropriate?
- What could be possible consequences or public's response if this project is executed?

1) There are four important questions to be considered before conducting process Evaluation;

- Does the project receive strategic supports? If so, how many of them are available?
- Does a project scope cover target population?
- Do members in the targeted group agree to participate in the project?
- Are techniques or tools employed in the project effective?

2) Process evaluation adheres to the following procedures;

- Check the definition and scope of the project, and see if all participants clearly understand the concept. To ensure that everyone fully understand the concept, ask project participants, or educate them about desired objectives, project scope and standard practices.

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- Check for clarification of project objectives and project's impacts. Goals (time, place, person, or quantity) must be measurable. For example, a sentence "Project's objective is to reduce the number of admitted children with asthma" is not clear enough. The better one should be "The objective is to reduce the number of admitted children with asthma, aged between 10-16 years old, by 25% within the year 2001".

- Check if predefined hypotheses are true or can be verified. Hypotheses or objectives must be supported by known theories to ensure success. Therefore, before initiating a new project, one must conduct an extensive literature review, determines if interested topic had been done before, or finds theory that can support proposed concept. This can help predict project outcomes.

- Ensure that project participants fully understand activities to be conducted and measurement method. This is to prevent errors in project results.

- Periodically audit a project to ensure that a project proceeds correctly. Before making a project, it is necessary to assess relevant activities, participant's readiness, and target population to help determine setbacks and obstacles. Results will be used for improving a project in order to accomplish expected outcomes.

2.1.10.2 Evaluation after the end of project

What should be evaluated after the end of project is project's success. Does it reach established standard? There are several ways to gauge this success, such as assessment of economic aspect (how worth the project is?) or social aspect (achievement as measured a targeted group).

After the completion of a project, evaluation of project's effectiveness, economic worthiness and value can be done by the analysis of Cost Effectiveness, Cost-benefit and Cost Utility.

1) Cost Effectiveness analysis is an examination of investment cost and project's effectiveness, based on the following criteria.

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1.1) Under the same environmental condition, determine the level of project effectiveness, cost-benefit value and expenditure required to conduct a project, and check if it is higher than other projects'. Generally, the best project has the lowest cost (but best effectiveness), except for certain conditions that wants to find full study details such as Infectious Disease Prevention in which cost may not be a priority.

1.2) Under the same operational environment and conditions, if project expenditure is the same as those in other projects, a project that can serve a wider range of targeted population has better cost-effectiveness.

2) Cost-benefit analysis; This is a measurement of project's effectiveness by assessing average investment cost per measurable unit, i.e. daily treatment cost per patient, outpatient's treatment cost per visit, or a cost-benefit analysis that helps us decide if a project should be continued (if the ratio of cost/output is less than 1, it is worth continuing a project).

3) Cost Utility Analysis; This is an evaluation of project's effectiveness by comparing the value of a project to a particular quality that cannot be measured in monetary term, such as the Quality of life index or Health policy.

Evaluation of project success can be performed by either Impact Evaluation (performed immediately after the end of project to see if objectives have been accomplished) or Outcome evaluation (evaluation of a long-term change that may occur within the target group). Examples of Outcome evaluation are: Promotion of an educational program about benefits of exercise; and a program to help prevent heart disease rate among adults 40-60 years old.

A of short-term evaluation (for program's effectiveness) could be an assessment of target group's knowledge and attitude about exercise to prevent heart disease. However, this does not mean that each group member can always apply learned knowledge effectively in daily life. As a result, a long-term evaluation is necessary, such as a follow-up of ex-program participants who still practices recommended activities; or the keeping of statistics on how low of heart disease rate among ex-participants when compared with those never participating in a program.

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As a result, evaluation of project's effectiveness and accomplishment (Impact) is inadequate since it is merely a narrow look at project's immediate success and consequences. Increase in knowledge, awareness and attitudes do not necessarily guarantee the attainment of good health.

2.1.11 Designing a project evaluation

Planning for project evaluation requires accurate data and reliable data-collection method. To put it simply, good evaluation yielding accurate results needs good evaluation design.

Evaluation resulting in accurate and reliable conclusion must be conducted systematically with clear criteria and procedures, especially Formal Evaluation which must be performed systematically in accordance with evaluation objectives.

2.1.12 Types of evaluation

Generally, the purpose of evaluation in social services is to determine the levels of project effectiveness/efficiency, and behavioral changes at targeted group. As a result, post project evaluation normally involves comparative questions like "a comparison of patient's health before and after treatment", "a comparison of treatment methods", or "a comparison of benefits gained from health services". There are several types of evaluation as described below.

2.1.12.1 Experimental evaluation: This is the most appropriate approach that yields sound and reliable results since Experimental Group and Controlled Group are involved. Controlled Group, similar to Equivalent Group, is the source of complications that affect project's success. Designs for Experimental Evaluation can be;

1) *Blind Experiment*: Experimental group and control group are not known.

2) *Double Blind Experimen*t: People conducting a project and people in a target group do not know which group they belong to.

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This approach is suitable for clinical experiment, such as the effectiveness evaluation of various treatment methods.

2.1.12.2 Quasi Experiment – This approach is normally used for evaluating a project. Since tasks associated with a project are performed routinely and continuously, it is difficult to identify which type a project belongs to. Data collection is performed through a Survey-like experiment. A division of Experimental group and Controlled Group is quite unclear. Controlled group's qualities are not the same as those of Experimented group (or "Non Equivalent Group"). However, supporting reasons obtained from Quasi Experiment provides less detail than that from a full Experiment approach.

2.1.12.3 Time-Series evaluation: This is a process performed periodically with equal time interval between each evaluation (so-called pretest and posttest). For a project length of 12-18 months or more, a mid-test evaluation is necessary. Time-series evaluation needs preliminary information before measuring the amount of changes occurred after the end of project. All required variables must be taken into account, for example, program effectiveness is measured periodically till a program is complete.

2.1.12.4 Comparative experiment evaluation: This evaluation is for examining the effectiveness of plans or projects designed to achieve the same results.

2.1.12.5 Survey: Survey is a method for measuring knowledge, attitude, opinion, and belief, using an interview form, questionnaires or observation - for example, a comparison of patient's performance before and after receiving a service.

2.1.12.6 Case study: The purpose of case study is to evaluate the worthiness of interested target, such as an individual, groups of people, etc. Case study, a detailed analysis, can be used in a project with a large quantity of population.

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Knowledge gained from this approach can be compared with previously set assumptions for verification.

2.1.12.7 Living-in Design: With this approach, person performing an evaluation is required to spend considerable time with experimented group members, and participate in the same activities they do. Instance of this includes an assessment of medical apparatus designed for mentally ill persons or the handicapped. It is essential that person running a project must understand well how patients live and behave in order to ensure successful result.

Evaluation Model

The word “Model” is defined as an approach in which a person expresses his/her opinions and vision with regard to a subject of concern. Various techniques for illustrating ideas can be used such as using pictures or diagrams, which is easy to understand, and is able to illustrate the concept concisely in a systematic manner.

Stufflebeam’s model

Daniel L. Stufflebeam and his team from the Ohio State University, USA, proposed an evaluation method called “CIPP’s model”, which has gained much attention till today. CIPP consists of Context, Input, Process and Product, and is utilized for data collection task, or for decision-making (PDK National Study Committee on Foundation 1977: 261-265).

CIPP Model evaluation

Sukum Moonmoung (2530: 89) stated that CIPP Model, an evaluation method proposed by Daniel L. Stufflebeam from Ohio State University, USA, has four main components to consider - Context, Input, Process and Product. This technique is used for collecting data or information to make effective decision. Each component of CIIP Model is clarified below;

1) *Context* for developing project’s objectives

2) *Input* for designing a right project

3) *Process* for assessing implementation processes

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4) *Product* for assessing project's accomplishment

Context Evaluation is essential for assessing project requirements, project's significance and project's priority, including for setting project objectives. These cannot be known without a detailed study of environment that has influences over a project.

There are two types of context evaluation.

1) Contingency Model: This is an evaluation with a purpose of finding opportunities by thoroughly investigating problems. Obtained results will be used for improving project quality.

2) Congruence Model: This is a method that compares actual result with objectives. It allows us to identify unobtainable objectives.

Input Evaluation is a primary assessment of resource sufficiency, which covering the followings;

1) Capability of the organization/units responsible for conducting a project.

2) Project strategy to be implemented.

3) Support necessary for executing a project (i.e. assistance from other agencies, time, budget, infrastructure).

The purpose of Process evaluation is to see whether or not a project has been implemented as planned. There are two periods to perform process evaluation – either do it before implementing a project, or do it during implementation period (which provides immediate, up-to-dated results). Result data will be used for improving Project Execution Plan and processes.

Product evaluation: Product evaluation is for assessing project results to see if they meet project's goals or not. This process can be started immediately after the end of a project, and project's results will be followed up later. This evaluation is useful for making decisions regarding project acceptance, cancellation or expansion.

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Yowaee Rangchai Wiboonsri (2548: 55) addressed that “evaluation” involves specifying required data, collecting process, and presenting processed information to the audience for making a decision.

According to Stufflebeam’s concept, Evaluation and Executive sections have separate roles, that is, Evaluation section is responsible for specifying, acquiring and presenting information to the Executive part. Executive Section requests information and use it to make decisions relating to matter concerned.

Figure 1 Basic Stufflebeam’s model (Yowadee Randchaikul Wiboolsri 2548:58)

1) Evaluation using Stufflebeam’s model can be done through the following steps;

1.1) Identify required data

1.2) Collect data

1.3) Analyze and prepare a presentation to the audience

2) According to Stufflebeam and his team, evaluation is classified into 4 major types:

2.1) *Context Evaluation (C):* This is an initial process to be carried out before starting a project, with objectives of setting criteria, identifying possible obstacles, and project goals.

2.2) *Input Evaluation (I):* This action is to examine the sufficiency of resources that supports the program, such as technology and plans.

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2.3) *Process Evaluation (P):* This evaluation is to identify project's weaknesses and then resolve them, seek information useful for decision making, and record all occurrences.

2.4) *Product Evaluation (P):* This is a comparison of project output with project goals or objectives. Result from Product Evaluation is a decision regarding whether or not to cancel, expand, or modify a project.

3) What accompanies the above evaluations is decision making, which is divided into four types for different purposes as follows;

3.1) *For planning*: During planning stage, decision making is dealt with environment assessment and objective setting.

3.2) *For increasing the project's scope*: This Decision making requires "Evaluation of Inputs", having a role in specifying work structure, plans, and procedures.

3.3) *For implementing a projects*: This decision relies on process evaluation, and is used for supervising project's progress and improvement of employed methods.

3.4) *For reviewing a project*: This type of decision making is based on the results obtained from project evaluation. Its important role is to decide whether or not a project should be terminated, cancelled or expanded before proceeding to the next phase.

Evaluation concept and goals as proposed by Stufflebeam are beneficial for making a decision concerning project execution. Obviously, each type of evaluation processes must facilitate decision making as illustrated below;

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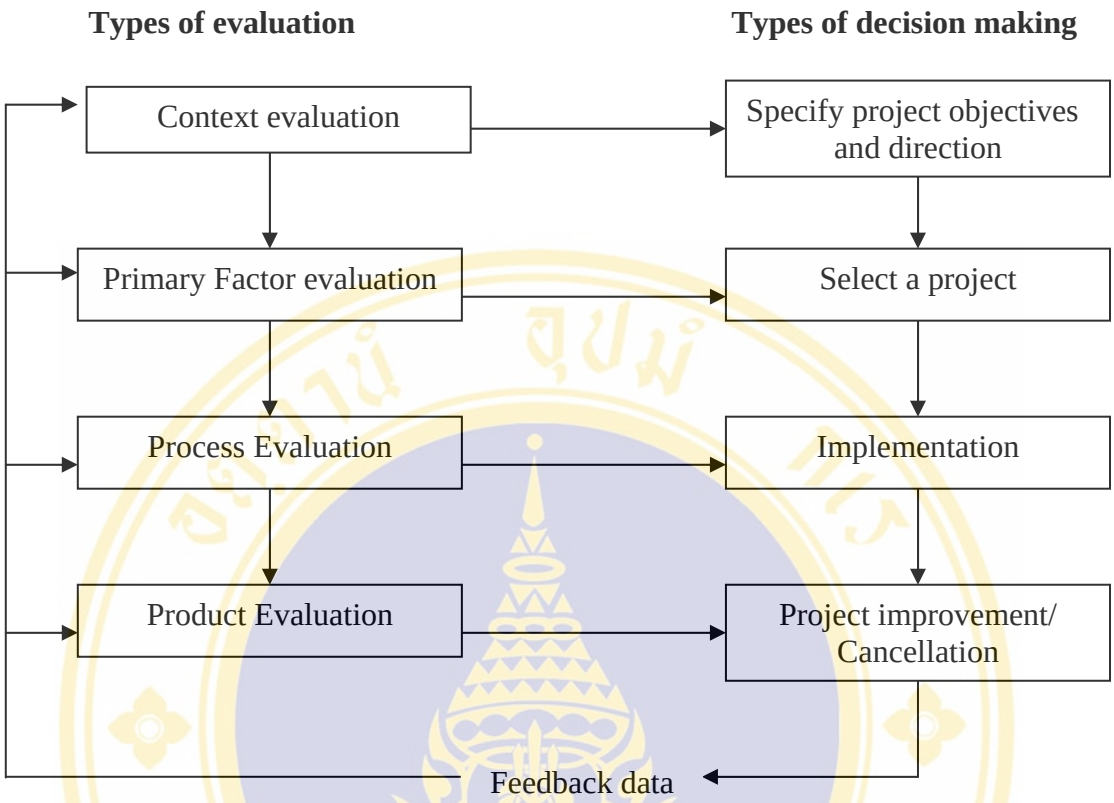

Figure 2 Stufflebeam's Evaluation concept (Yowadee Rangchaikul Wiboonsri 2548: 61)

CIIP model can be used for 3 purposes;

1) A feasibility study of a new project – to see which topic deserves attention

2) A study/assessment of Existing project that has not been started yet.

3) Assessment of an ongoing project

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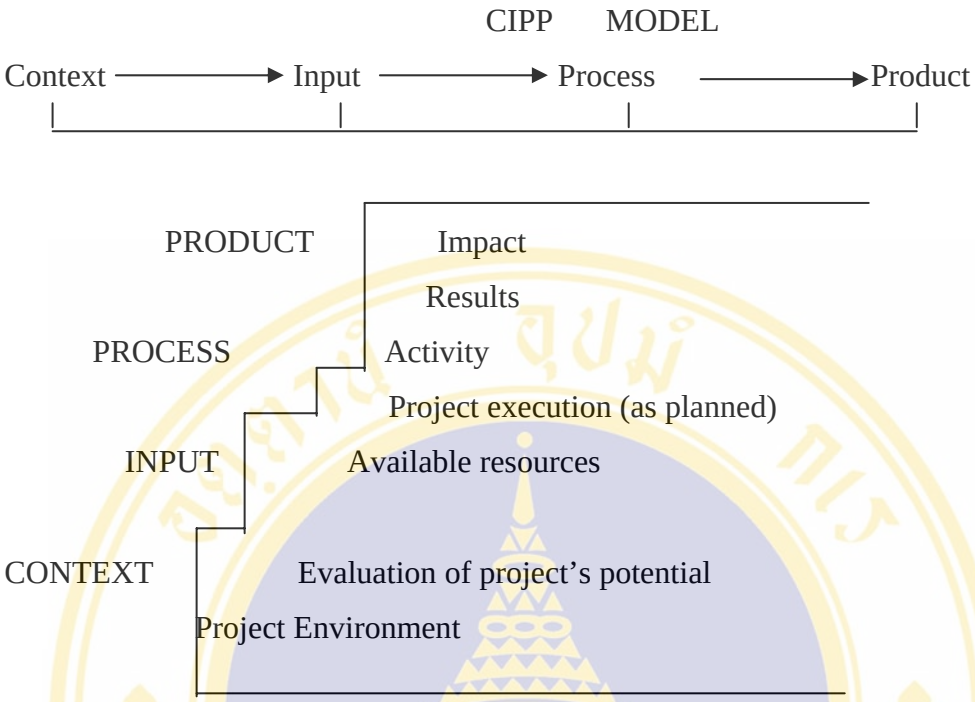

Figure 3 Evaluation using CIPP's Model (Purachai Piemsomboon, 2539:69)

In sum, CIIP model focuses on:

1) Context Evaluation
2) Input Evaluation
3) Process Evaluation
4) Product Evaluation

There are several other types of evaluation models, i.e. Tyler's model, Cronbach's model, Scriven's model, Stake's model and CIPP model. Each was designed for a specific purpose, having advantages and disadvantages of it own. Evaluating a project, therefore, should not adhere to a particular type, but one needs to understand clearly about project environment, objectives, advantages and related factors that encourages the employment of such a model.

After extensive reviews on related theories, researches, and evaluation methods, the author selected a Survey approach as a means to evaluate Jirasa project. In fact Jirasa project was created for;

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1) Helping drug addicts/ users to regain normal health and recover from drug addiction so that they can return to live in their community without further drug-related problems.

2) Helping eradicate the spread of drug addiction and drug usage.

Evaluating Jirasa program was performed by using Daniel L. Stufflebeam's CIPP model due to its various advantages. Using CIPP model, the author can evaluate 4 principle components of the Jirasa program – Context, Input, Process and Product. Evaluating each of these components is called "Formative Evaluation", a process being performed before and during implementing a project. Project evaluation results let us learn more about project's Context, Input, Process and Product, which can be used by the top level for decision making and improving relevant works. Besides, one can employ another method called "Summative evaluation" for evaluating a project, which is performed during implementing a project and after the end of project. The aim of Summative evaluation is to measure how well project goals have been accomplished. Evaluation results will be used by a project manager for deciding whether or not to continue the project.

Executing a project requires both formative and Summative evaluations; therefore CIPP model is perceived as the most appropriate method for use with Jirasa project. Information obtained after evaluation will be useful for the improvement of four components described previously, and for enhancing program's quality.

2.2 Jirasa Drug Rehabilitation Project

2.2.1 Background

Addictive drug has been one of serious problems in Thailand, undermining country's economic growth and social development. In the wake of this problem, the Thai government had set anti-drug policies to eradicate it, including declaring war on drugs, taking holistic approaches to overcome the problem, strictly enforcing laws on drug traffickers and drug producers, fostering drug prevention measures, and rehabilitating those trapped by addiction.

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Currently, the government has introduced a new scheme regarding drug rehabilitation based on Drug Act of 2002. The essence of this Act is the sending of arrested drug users to undergo drug therapy program at one of public or private drug rehabilitation centers. Only those who successfully recover from drug addiction will be allowed to return home.

The Ministry of Defense (MOD)'s responsibility, according to this anti-drug effort, is to work cooperatively with other government agencies. As a result, the Royal Thai Army, Navy and Air Force, subordinates to the Ministry of Defense**,** have prepared their relevant services and facilities to support anti-drug policy.

The Royal Thai Air Force Commander has recognized the seriousness of drug problems, and regards the issue as one of the most urgent assignments to be conducted. This results in a RTAF policy to enhance RTAF's drug rehabilitation capability for serving both inpatients and outpatients. Many RTAF drug rehabilitation facilities have been established, being able to accommodate about 1,000 patients per year. Most patients were transferred from the Department of Probation and the Department of Corrections, which are under the Ministry of Justice.

The following 30-bed RTAF's Drug treatment and rehab centers had been established;

1) Drug Rehabilitation Center at Donmoung, Bangkok
2) Drug Rehabilitation Center at Wing 1, Nakornrachsima province
3) Drug Rehabilitation Center at Wing 2, Lopburi province
4) Drug Rehabilitation Center at Wing 4, Nakornsawan province
5) Drug Rehabilitation Center at Wing 7, Suratthanee province
6) Drug Rehabilitation Center at Wing 21, Udornthanee province
7) Drug Rehabilitation Center at Wing 23, Ubonrajthanee province
8) Drug Rehabilitation Center at Wing 41, Chiengmai province
9) Drug Rehabilitation Center at Wing 46, Pissanulok province
10) Drug Rehabilitation Center at Wing 53, Prajoubkerekhun province

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11) Drug Rehabilitation Center at Wing 56, Songkla province

12) Drug Rehabilitation Center at Flying Training School, Nakornpathom province

13) RTAF Drug Rehabilitation Center for Juvenile, Bangkok (since March 2003)

2.2.2 Definition of drug rehabilitation

Drug rehabilitation means a process that helps improve mental and physical states of drug addicts so that they can abandon drug-related behavior, and are able to return home and live normally upon recovery.

2.2.3 Objectives of drug rehabilitation program

1) Assist drug addicts to overcome drug problems.

2) Help eradicate drug problems concerning drug addiction and usage.

2.2.4 Goals of drug rehabilitation program

1) Provide drug treatment and rehabilitation services to at least 1000 patients per year.

2) Enhance the effectiveness of the management of drug treatment and rehabilitation program.

3) Create well-functioning mechanism for drug treatment and rehabilitation

4) Encourage RTAF personnel to participate in drug rehabilitation activities.

2.2.5 Steps to rehabilitate drug addicts

There are four steps involved as described below;

2.2.5.1 Pre-Admission stage

Meaning Pre-Admission is an examination of patient's past record by acquiring information directly from patient or patient's relatives. The

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aim of this step is to persuade, counsel, and motivate patients to overcome his drug problem.

Procedures Interview, registration, and medical checks (i.e. physical examination, X-ray check, blood check, and weight check)

2.2.5.2 Detoxification stage: This can also be regarded as medication stage.

Meaning A therapy to cure health problems caused by drugs

Procedure Giving of substitute medication such as Methadone and herbal medicine, or abrupt quitting of addictive drugs

Note: - Detoxification does not require outpatients to be admitted to a treatment center, but requires them to take medication at specified time.

- Detoxification does require inpatients to stay overnight at the treatment center. This can be a good time for providing treatment and educational program (i.e. healthcare advice).

2.2.5.3 Rehabilitation stage

Meaning This stage aims at rehabilitating and improving patient's physical and psychological states, including changing patient's behavior and conducts so that they can return to live a "normal" life in the society

Procedure: This utilizes a variety of means, such as counseling (for either individual or group), religious practice, occupational training etc. Another optional method involves "Social rehabilitation" – an establishment of a simulated community for all patients to spend time together so that they can learn how to help each other, take related responsibilities and resolve problems appropriately. The goal is that they will eventually be able to return to their community and live without further drug problems. As for mental rehab, patients are encouraged to engage in religious practices, or to become a monk.

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2.2.5.4 Aftercare phase

Meaning This is a follow-up of fully recovered “ex-patients” who had undergone all three treatment stages in order to provide counseling services and discourage patients from returning to drug use.

Procedures Pay a visit, phone call, appointment, questionnaire, drug test from urine; Persons with drug problem can receive treatment/rehabilitation at any medical center (note: community involvement is a focal point).

2.2.6 Steps to conduct Drug Rehabilitation

A rehab program for drug addicts depends on

2.2.6.1 The management of rehab program

- Separate drug addicts from drug involvement.
- Find drug addicts in the targeted area.
- Persuade them to join rehabilitation program.

2.2.6.2 Readiness of personnel and Health Care facility

1) Personnel Preparation
   - Medical equipment preparation
   - Training for people involved
2) Health care facility preparation
   - Determination of the number and capability of medical centers
   - Facility Acquisition
   - Facility development

2.2.6.3 Therapy and rehabilitation

1) Types of drug treatment
   - Phamaceutical therapy
   - Outpatient Therapy

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- Inpatient Therapy
- Psychological Therapy

Therapy through psychological processes

Therapy through occupational training

Therapy through community interaction

2) Drug therapy methods

- "*Voluntary approach*": Patients have freedom of their own choices for being admitted at a medical center as either "inpatients" or "outpatients".

- *"Punitive type"*: Drug addicts committing wrongdoings, or being imprisoned/confined must undergo treatment programs as required by law.

- *"Mandatory treatment program"*: As stated in Thai law, the department of probation is responsible for sending addicts to any of RTAF's Rehabilitation Centers for treatment.

2.2.7 Directions for conducting a program

1) Establish 13 RTAF's Drug rehabilitation centers.

2) Provide systematic treatment.

3) Perform a follow-up and evaluate former patients after they have been from the centers. Ensure that they are able to live well in their community.

2.2.8 Jirasa Drug Rehabilitation

Meaning: "Jirasa" is a name of the Drug rehabilitation program. Jirasa program borrowed various techniques successfully employed in foreign countries, then adopting them for use in Thai society. The program seems to fit well with Thai culture and the nature of Thai people.

Jirasa means person's self awareness in helping community and people willingly and voluntarily. This approach is flexible and open to new ideas and practices.

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People working for “Jirasa” program are willing to help patients, sharing sympathy for them, and truly want to see drug problem resolved.

The essence of this program is the development of life quality (good judgment, happiness, etc.) among community members, especially juveniles, without using addictive substance as stimulator. Educate them about benefits and dangers of drugs, including necessary social skills that help them resist drug temptation or peer group pressure. Help them develop skills that can manage emotions effectively (especially emotion leading to drug use). Help them to possess abilities to think righteously and ethically since the first drug use is usually triggered by poor judgment. And lastly, allow them to choose their favorite activities. “Jirasa” approach can be applied to anyone, but is more beneficial for family desiring to raise their children to become quality members of the society.

Jirasa program consists of 3 components shown below.

2.2.8.1 Training

Training for addicted juveniles

- Train them to learn about drug facts.
- Teach them necessary life skills such as good judgment, emotional management, social adaptation, and creative teamwork.
- Inspire them to resist drugs or any drug-related temptations.
- Offer them options of productive activities.

Training for parents

- Educate them about drug knowledge.
- Encourage them to teach their children by using knowledge learned from Jirasa program.
- Teach parents how to develop mutual understanding between them and their offspring.
- Train parents to gain adequate knowledge that can help their children if needed.

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All activities described above are interactive-type, that is, they learn from each other.

2.2.8.2 The nature of Jirasa's Drug prevention method

Drug addiction has been recognized as a hostile diseases, caused by a known fact, and can occur repeatedly. Chronic addiction is difficult to be cured, and detrimental to human health and environment, as well as family bond. As a result, learning about drug prevention is essential for eliminating drug craving.

Effective prevention must be based on reality that can be verified, or is able to produce desirable outcome.

Primary prevention can be conducted by preventing a person from taking additional amount of drug after the first try, blocking any changes in living environment that may inspire drug involvement, and to eliminate habits leading to addiction.

Tertiary prevention, the final prevention measure, is to prevent the development of chronic addiction. Treatment must be performed as early as possible; and all three prevention measures described above must be complete in order to reduce the number of addicts.

According to researches on drug addiction, 50% of drug users become addicted before 16 years old, and 80% before 18. As a result, drug prevention program should be primarily targeted at juveniles and adolescents (Songkiet Piyaga, 2547: 4-6).

2.2.8.3 People participating in Jirasa program

Using both passive and active approaches, Jirasa project has brought together people from various backgrounds to participate in the anti-drug effort, such as like-mind volunteers, juveniles, and "Jirasa" rehab teams. This 12-16 week therapy services had been offered to both outpatients and inpatients, focusing on

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building motivation and cognitive-behavioral family therapy. When completing a rehab program, patients are expected to apply “10 rules of good health” effectively (shown below) in everyday life.

1) Make time more productive.
2) Develop communication skills
3) Recognize self-worth.
4) Create house rules.
5) Create jobs and responsibilities.
6) Develop skills to handle negative emotions.
7) Be aware of their child’s living world.
8) Gain more drug knowledge.
9) Develop skills associated with problem solving and decision making.
10) Develop anti-drug habits and conducts.

Rehabilitation under Jirasa program has 2 options.

1) Outpatient Jirasa Rehabilitation program
2) Inpatient Jirasa Rehabilitation program

In conclusion, Jirasa Drug Rehabilitation is an innovative treatment method, well suited for Thai society and culture, and extensively employed today. Jirasa program is appropriate for currently available human resource, sustainable economy, and existing healthcare system. Personnel providing rehab services are not necessarily medical staff, but they can be monks, teachers, etc. who are required to attend Jirasa Rehabilitation course, and acquire clinical experience under the supervision of assigned experts. (Tanapon PiyaIsrakul, 2545: 81).

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2.3 Theories of Addictive Drugs

2.3.1 Concept

Drug problem has become a critical concern in almost every country today. In Thailand, this problem has spread rapidly and intensely, becoming a major threat to nation's peace and security, and must be eliminated immediately.

2.3.2 Definition of drugs

World Health Organization (WHO) defined addictive drug as medication or chemical substances, produced naturally or synthetically, that can produce adverse health effects, both mentally and physically, if continuously brought into the body through breathing, eating, drinking, or others. While falling under drug influence, person with addiction will have a desire to take more and more doses. A symptom of drug resistance will develop after using drugs for a certain period. As a result, the same amount of drug consumed previously cannot satisfy a user any longer. If drug is not taken when needed, that person will suffer both physically and mentally.

Harmful drug is defined as substance, produced either naturally or artificially, that affects user either physically or mentally. If using drug frequently, user can get addicted to it, and may behave in the following manners:

1) Have a strong need/desire for drugs.

2) Have a tendency to use additional doses of drugs.

3) After quitting drugs, patients may show signs of withdrawal abstinence syndrome.

4) A long period of drug use will create drug problem that can be detrimental to user's health and society.

5) Person can get addicted both mentally and psychically.

2.3.3 Types of drugs

The classification of drugs can be grouped according to;

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2.3.3.1 Effects on the psycho neurology system

- *Depressant:* Drugs in this group include: Opium, Morphine; Heroine, Bromide; paraldehyde; barbiturate; and Methadone. Depressant drugs suppress the neural activity of the Central Nervous System and in turn decrease breathing, heart-rate and blood pressure, and may cause drowsiness.

- *Stimulant*: Stimulants are drugs that stimulate the brain, and tend to increase alertness and physical activity. They include amphetamines, cocaine, crack and some inhalants like amyl or butyl nitrites. Stimulants increase heart rate, body temperature and blood pressure. Misuse of stimulants may cause sudden death from cardiac arrest or seizures.

- *Hallucinogen*: This type of substance includes Marijuana, L.S.D (Lysergic acid Diethylamide), D.M.T.(Dimethy Trytamine), and S.T.P.(Serenity, Tranquility and Peace). They can cause hallucinations, visual misperception, and changes in taste identification, including malfunctions in the sense organs.

- *Mixed substance*: Marijuana belongs to this group. Marijuana abuse can cause many detrimental health effects, such as frequent respiratory infections, impaired memory and learning, increased heart rate, anxiety, panic attacks and tolerance. Studies of marijuana's mental effects show that the drug can impair or reduce short-term memory, alter sense of time, and reduce ability to do things which require concentration, swift reactions, and coordination, such as driving a car or operating machinery. In small doses, marijuana acts as a sedative. In larger amounts, it can cause hallucinations, delusions, anxiety, and paranoia.

2.3.3.2 Categorized according to the Drug Act of 1979, that is;

- Type 1; Very harmful drugs such as Heroin

- Type 2; Harmful drugs, i.e. Opium, Morphine, Cocaine, Codeine and Medicinal Opium

- Type 3; Drug with a mix of Type 2 substance, such as Codeine Cough Syrup

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- Type 4; Chemical substances used for producing Type 1 or 2, such as Acetic Anhydrie and Acetyl Chloride

- Type 5; Substance that cannot be classified into any of the above categories (i.e. Marijuana)

Besides, medications or substances regarded as harmful addictive drugs can also be classified into 7 groups below.

1) Group 1: Opium or substances derived from opium such as Morphine, Codaine, and Pathedine.

2) Group 2: Sedatives such as Phenobabital, Seconal, Bromide, and Paradehyde.

3) Group 3: Tranquilizer such as Diazepam and Meprobameate

4) Group 4: Stimulants such as Amphetamine

5) Group 5: Hallucinogens (drugs that cause hallucinations such as marijuana and L.S.D.)

6) Group 6: Inhalants (breathable chemical vapors such as glue, Benzene, spray paint, etc.)

7) Group 7 Alcohol (Currently, WHO organization designates alcohol as addictive drug because alcohol addiction can cause adverse health effects.)

2.3.4 Causes of addiction

Drug problem has been one of major health concerns, causing negative health effects both physically and mentally. A study found that 50% of drug users get addicted before 16 years old, and 80% before 18. Therefore, drug prevention must focus on the very root cause of the problem; how and why they got involved in drugs in the first place. As a result, special attention must be paid to adolescents and juveniles. Those responsible for implementing a Drug Prevention Program must have strong drug knowledge and knowledge on related health effects, as well as the nature of adolescents and juveniles (Thongkiet Piyaga, 2547: 4-5).

According to “Bio-Psycho-Social Model of Addiction” theory, underlying causes of addiction include;

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2.3.4.1 *Person:* Genetic influence accounts for 50% of addiction. What has been transferred genetically is the vulnerability to drugs - a tendency toward drug addiction. A recommendation to fight drug is to use both positive and negative influences from any activities or other means to overcome genetic influences. A simple rule for this is “No drug experience, No chance of addiction”.

2.3.4.2 *Addictive substance*: Influence from this factor accounts for 25% of addiction. Addictive substance can affect parts of the brain, and causes the release of certain chemicals that excite pleasure or happiness. Taking such substance frequently will harm the brain and cause addiction. Some substances can cause serious side effects. Therefore, good preventive measure is to build necessary skills that create happiness without depending on drugs.

2.3.4.3 *Environment* – This factor, involving how parent raises their children, causes 25% of drug addiction. Environmental factor could play an important role in inducing a person to try addictive substances, and subsequently to become addicted. Prevention measure depends on how well an environment is understood and managed.

2.4 Concepts and Theories about Opinions

2.4.1 Definition

Good (1968: 325): “Opinion” means belief, judgment, thought, or impression that has not been checked or verified for correctness.

Opinion is part of attitude, and both cannot be separated from each other. The difference between opinion and attitude is that attitude can be readily expressed in the forms of speech and action because it has been embedded in one’s memory. Attitude, unlike opinion, cannot be expressed candidly. But the expression from opinion is less sentimental than attitude (Sucha Janem, 2540: 104).

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Prapapen Suwan (2530: 3) stated that opinion is one form of attitude, but opinion expression usually reflects person's mood, and readily responds to external environment.

Feldman (1971: 53) stated that opinion survey is for determining people's attitudes/ beliefs about a subject being discussed.

Opinion survey is useful for project planning, policy alteration or changing in the work system, as well as job training. This results in a smooth project continuation, and increased participants' satisfaction.

2.4.2 Components of opinion

There are three components of opinion. (L.W.FERGUSON, 1952: 81)

2.4.2.1 *The Cognitive Component*: This component involves knowledge that helps us make an assessment in a specific circumstance. Resultant opinion is expressed as personal belief (i.e. what is right or what is wrong).

2.4.2.2 *The Affective Component*: This component involves person's feeling, sentiments, or the like, which is a result of being evaluated. Expressed opinion indicates the direction of emotion (positive or negative, satisfied, or unsatisfied).

2.4.2.3 *The behavioral component:* This component is person's tendency to behave or express his/her opinion (i.e. agree, disagree).

** Note that these three components may not be necessarily interrelated.

2.4.3 Roles of opinion

In general, opinion has the following roles (Kanchana and Nittaya, 2521: 231);

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2.4.3.1 *Inducing a person to behave in correlation with the situation*: If a person has a good opinion about something, he tends to like it, and tends to ignore what is negative about it.

2.4.3.2 *Setting preferences/rules*; For example, if we believe that social changes could be accomplished through peaceful means, we usually admire a person with the same belief as us.

2.4.3.3 *Influencing an individual to perceive the world in a certain way;* For example, if we have positive a great confidence on our parent, we tend to perceive any arising agreement/conflict between them and us as parent's good intention.

2.4.4 Factors causing opinions

Opinion is mostly caused by learning rather than self creating, and usually influenced by the external factors such as religion, social beliefs, and culture, including the media (Pradinun Uparamai, 2516: 117). Factors having influences over person's opinions are summarized below;

2.4.4.1 *Education and Learning*; A great deal of experience has been accumulated over time in person's life. A boy raised in Buddhist family has great faith in Buddhism because of his experience gained over time.

2.4.4.2 *Person's direct experience*; For example, a person allergic to sea food normally has negative attitude towards sea food.

2.4.4.3 What described in 2.4.4.1 and 2.4.4.2 is a result of repeated experience, but opinion can also arise from only the first encounter with one striking moment (with either positive or negative impression).

2.4.4.4 *Adoption of others' ideas into one's own experience*: For example, junior students adopt certain beliefs learned from their seniors.

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2.4.4.5 *Person's character*: For example, a pessimistic person tends to have negative attitudes.

2.4.4.6 *Media Influence:* Knowledge and emotions stirred by the media could influence a person to act in a certain manner.

2.4.5 Opinion measurement

Uthai Hiranto (2519: 81) said that there are three components to be considered when measuring opinions.

2.4.5.1 Direction - "agreement or disagreement" on interested subject.

2.4.5.2 Degree - degree of opinion expression (satisfaction/ unsatisfaction) which can be changed.

2.4.5.3 Intensify is a sentiment of "like or dislike" towards something, and can vary with social norms.

Opinion measurement can be performed by; (Uthai Hiranto, 2519: 82);

1) Observing from person's behavioral conduct. The results may not be counted as conclusive opinion.

2) Using questionnaires or interview form. This objective-type approach has become more popular since it can be applied to a large population.

3) Translation. This is a subjective-evaluation approach that requires time to perform. It is suited for measuring opinions taken from a large number of respondents who were asked to express their views openly.

Another popular means for measuring opinions was proposed by CLARIE (1996: 315) who stated that Likurd's method had more advantages than Terstone's because Likurd's approach covers a wider range of subject areas, and has an easy-to-be-built model.

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2.4.6 Benefits of opinions

According to Prapapen Suwan (2526: 5), opinions can;

2.4.6.1 Help us understand more about work environment.

2.4.6.2 Help us strengthen our self-esteem (know what to avoid or not to express).

2.4.6.3 Help us adapt to a complex environment.

2.4.6.4 Let a person express his/her preference and feeling that leads to self satisfaction.

In sum, opinions occur because of 2 fundamental factors.

1) *Personal experience*; This includes direct experience (about subject, people, situation, etc.,) and indirect experience (hearing, seeing, or reading from the secondary information source(s).

2) *Social norms and preferences;* Every human society, community, or group has its own social norms, and may be different from those in other societies. As a result, opinions on the same subject as perceived by different groups can be different.

Personal satisfaction on a particular subject depends on a circumstance, that is, a person satisfied with certain experience tends to have good impression about it. On the contrary, undesirable experience encountered by a person would cause him/her to think negatively about it.

2.5 Related Researches

2.5.1 Research studies on project evaluation

Arrom Phoungphoo (2536: 128-135) had conducted a project evaluation on general outpatient services. Results revealed that people receiving services rated their satisfaction “very high”. Average working time for service staff was 2 days per month, and their payment was doubled from regular rate. Also, factors associated with context, primary factors and execution processes are not related to the number of patients. There were several obstacles encountered while executing a program, such as

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a shortage of doctors (in contrast, personnel from other fields wanted to join this program), inconsistent program promotion, and inappropriate selection of the media for promoting a project.

Chitt Nachai (2540: 76-80) had evaluated a project named “Conservation of natural resources and environment” at Nan province in 1998 using CIPP model. A Study found that Context is indispensable for conducting a project involving natural resources and environment conservation. Also stated in the same report, both project’s objectives and goals were appropriate and doable. With regard to primary factor, agency responsible for conducting a project was ready in terms of capability and manpower, but facing problems associated with the shortage of budget, material and equipment, including support from other organizations/units. Considering operational process, there was an establishment of committees and coordinating committee at provincial level responsible for managing a project (Amphour level) and coordinating a project (provincial level), respectively. In addition, the public had been educated about how to conserve natural resources and environment, but the utilization of the media seemed to be ineffective. Moreover, the lack of experienced instructors in environment fields, including an absence of activities for participants to practice, both during and after the training, were found. Regarding output product, volunteers and community leaders joining a program rated this activity “good”. However, their concern about environmental problems was “very serious”.

Tidarat Anurat (2544: 1) had evaluated a “Matrix-type” Drug rehabilitation program offered at the Drug treatment center located at Konkhaen province using CIPP model. The results revealed that geographical terrain, traditional belief, attitudes and norms, found among drug addicts and their relatives, towards drug treatment are factors that affect center’s rehabilitation capability. Problems associated with budget, medical facility, and transportation also affected the Matrix-based treatment program. Project’s statistics indicated that 14.3% of patients, who were evaluated 3 months after leaving a program become addicted again. And the level of satisfaction towards Matrix program and rehab personnel was high.

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Thanasak Chachareun (2545: 70-71) evaluated a debt reduction program offered by Thai Agriculture bank, Chonburi province, using a CIPP Mode. The results showed that Context assessment (both overall pictures and specific issues that includes the appropriateness of project objectives, completeness, clarity, and feedback from target groups) was rated “moderate”. With regard to Inputs (availability of knowledge-related resources, budget, equipment, management ability and the suitability of selected target population), it was also rated moderate. Regarding a Process (i.e. a correlation between conducting method and project objectives, designation of responsibility and persons in charge of works, duration, clarity, flexibility and time to produce technical manual), which was assessed moderate. For the output, it was at a moderate level. Farmers were satisfied with services provided by the bank. When measuring project’s impacts as a result of project implementation, both direct and indirect ones, it was rated moderate.

Sirirat Premjit (2547: Abstract) had conducted an evaluation on “Examination of the degree of drug resistance among students in Nakornpathom’s suburb area”. The results showed that Context, fundamental input, process, and product were “highly appropriate”. But factors associated with gender, age, education level and social status did not influence teachers, parents and executives regarding opinions towards project implementation. But education level and occupation affect opinions concerning Process and Product. After the completion of the program, students have gained good knowledge about drug prevention; female students had performed better than their male counterparts in this aspect. Gender and educational level did not have influence over antidrug knowledge. Executives, teachers, parents and students seemed to be very satisfied with a program. Student group was more satisfied than parent group, and no significant difference about program satisfaction in other groups was found.

Sayan Munchaichieng (2548: Abstract), had performed an evaluation of a 30 Baht-for-all-service health program at Dontoom, Nakorn Pathom province using CIIP model, and found that overall value of this health assurance program, as rated by

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healthcare staff, was appropriate. As for Context, Input, Execution process, and Product output, they were graded “moderate”.

Responses from patients engaging a program gave “appropriate” to the 30-Baht program, with “high” for Context, process and product; however, only Input was seen “moderate”. Personal attitudes/awareness, except for personal factors, toward a project among healthcare staff and patients did not cause any difference in service satisfaction. With regard to patients’ occupations and factors supporting a project, satisfaction from both health service providers and receivers were different, with a significant number = 0.05. Recommendations for improving the project from servicing staff included increased manpower, increased budget, and the use of Citizen ID instead of registration card. Similarly, patients asked for better service environment, quality medication, and a fast patient-referring system.

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CHAPTER III
METHODOLOGY

3.1 Method Employed in the Research

Evaluation of Jirasa Drug Rehabilitation program for Juveniles conducted at the RTAF rehab centers utilizes CIPP model. Data had been gathered during 1 December 2006 – 30 April 2007. All procedures involved in the research are described in this chapter.

3.2 Population and Sample Group

3.2.1 Population

Population to be mentioned in the evaluation process includes rehab staff members and those receiving therapy services at 13 RTAF Drug Rehabilitation centers.

3.2.2 Sample groups

Sample groups consists of two groups engaging in Jirasa program - Rehab staff members and people receiving rehabilitation services at Juvenile Drug treatment and rehabilitation Center which are operated by the Royal Thai Air Force, Bangkok.

3.2.2.1 Rehabilitation staff members comprise the program director, a Center’s head, a Deputy head, and 10 therapy practitioners.

3.2.2.2 People receiving rehabilitation services include 38 patients who had successfully completed 16 week treatment course, as well as their 30 parents.

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3.3 Tools for Collecting Data

To evaluate Jirasa Drug Rehabilitation program offered at the RTAF's juvenile Drug Rehabilitation Center, the researcher had employed the following tools;

1) Questionnaires
2) Behavior observation form
3) Interview form
4) Knowledge Test
5) Attitude Measurement form
6) Paper analysis

Details regarding Context, Input, Process and Output in association with the above approaches are described below.

3.3.1 Context

3.3.1.1 Interview: The researcher had arranged interviews with key personnel working at a Drug Rehabilitation Center, which includes a director, center's head and deputy head. Since detailed information from these people was needed (i.e. policy implementation, correlation between the program and current context, contribution from the RTAF), the researcher opted to use structured interviews.

3.3.1.2 Questionnaires: Questionnaires were sent to rehabilitation staff, containing questions regarding the appropriateness of implemented policy, relevance to the current context, and the RTAF's cooperation in Jirasa program.

3.3.1.3 Paper analysis: Knowledge can be extracted from the study of various publications such as government's policy (i.e. National economic and Social Development plan No. 9-10), RTAF's related policy, or the Ministry of Public Health's policy.

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3.3.2 Input

3.3.2.1 Interview: Since detailed information regarding project management, as well as problems and obstacles encountered while running a program were needed for later assessment, the researcher opted to conduct “structured interviews” with center’s director, center’s head and deputy head.

3.3.2.2 Questionnaire: This approach was used with Jirasa rehab staff members, asking their opinions about project administration, management effectiveness, personnel readiness, budget, equipment and time required to conduct a project.

3.3.3 Process

3.3.3.1 Questionnaire: for asking questions concerning the appropriateness of project execution and control, project evaluation, and work progress.

3.3.3.2 Observation: For this research, two groups of people engaging in a program had been observed – rehabilitation practitioners and patients.

1) Rehabilitation practitioners: The researcher observed their readiness to provide services, how they conduct a program, and the progress in the program.

2) Patients: Observe patient’s participation whether or not it happens as stated in the objectives.

The frequency of observations, in accordance with a planned schedule, was 3 times per week.

3.3.3.3 Interview: Interviews with rehab staff and patients were to be conducted if the researcher needs additional data, or notices interesting event arising.

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3.3.4 Product: Product consists of

3.3.4.1 Questionnaire: For obtaining opinions from the executive, rehabilitation practitioners, patients and parents. Each questionnaire form consists of two parts;

Part 1: general information about respondents

Part 2: response regarding Context, Input, Process and Output

3.3.4.2 Knowledge test: For measuring patients' and parents' knowledge regarding the dangers of addictive drugs, both before and after engaging in a program.

3.3.4.3 Attitude test: For measuring drug attitudes among patients and their parents, both before and after engaging in a program.

3.3.4.4 Interview form: by interviewing 10 former patients and their patents after leaving a rehabilitation program for 3 months in order to follow up on ex-patients' behavior and conduct. Both direct interviews (direct discussion with former patients and parents) and indirect interviews (telephone talk) had been performed.

3.4 Tool Design

3.4.1 Questionnaire, which consists of two parts.

Part 1: general information about respondents. This part, created by the researcher, is a checklist type.

Part 2: opinions toward program's four principal elements – Context, Input, Process and Output. Using R.A. Likert's attitude test model, together with five rating scales and expression statements, the researcher was able to assess respondents' opinions. Detail of this method is shown below.

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Level	Positive statement	Negative statement
Highest	5 points	1 point
High	4 points	2 points
Moderate	3 points	3 points
Low	2 points	4 points
Lowest	1 point	5 points

In addition, the researcher had designed specific sets of questions appropriate with this research and respondents' experience.

3.4.2 Knowledge test: This test measures the knowledge of addictive substances, and was modified from Drug knowledge test created by Sopa Nimnoul (2544: 106). It contains questions related to drug knowledge, drug effects and dangers, and addict's behavior. Each question has four choices; the correct answer is worth one point, and no point is given for any wrong answer.

3.4.3 Attitude measurement form: This form, adapted from Drug Attitude Test designed by Sopa Nimnoul, is used for measuring drug attitudes. Each question in a form has five rating scales to select – strongly agree, agree, uncertain, disagree and strongly disagree, including statements (both positive and negative expression) about drug attitude.

Rating scale	Positive statement	Negative statement
Strongly agree	5 points	1 point
Agree	4 points	2 points
Uncertain	3 points	3 points
Disagree	2 points	4 points
Strongly agree	1 point	5 points

3.4.5 Interview form: This form was adapted from that used by the Department of Medical Services, the Ministry of Public Health, which was designed for the follow-up of ex-patients (2547: 102).

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3.5 Research Tool Development

3.5.1 Study from research papers, text books and relevant publications. The researcher also developed the questionnaire model that was designed to cover all aspects of project objectives.

3.5.2 Validate the quality and content of all tools used in the research by having specialists from five areas (sociology, psychology, addictive drugs, measurement and assessment, and project evaluation) examines them thoroughly. Things to consider specifically include structure and completeness of content as well as the correctness of language.

3.5.3 Lastly, try out improved version of tools with a sample group that consists of 30 “Jirasa” patients at the RTAF Drug Rehabilitation Center, Kampangsaen, Nakhonpathom province. Upon receiving response scores that reflect opinions and attitudes of respondents, the researcher computed Reliability value and respondents’ knowledge level using Cronbach’ Alpha Coefficient and Kuder-Richardson reliability (KR-20) respectively. Significance of Reliability values is detailed below.

- About the execution of the project 0.87
- About drug attitudes among Jirasa patients 0.79
- About drug attitudes among patients’ parents 0.73
- About drug knowledge among Jirasa patients 0.76
- About drug knowledge among patients’ parents 0.73

3.6 Data Collection Methods

Evaluation of Jirasa program conducted at RTAF facilities is based on data taken from those engaging in the Jirasa treatment program at RTAF Drug Rehabilitation centers, which include directors, Center Head and deputy heads, rehab staff, patients and parents. The researcher had collected data through interviews, questionnaires and observations by adhering to the following manners.

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3.6.1 Send the official letter from the graduate school to the director of RTAF's Directorate of Medical Services, requesting permission to collect data from personnel working at this institution.

3.6.2 Brings questionnaires and approved letter mentioned above to a director of Rehabilitation center, and obtain permission to acquire data from a sample group on specified dates and time.

3.6.3 Steps to collect data from a sample group

- Make an introduction to Jirasa program's participants.
- Describe research objectives to all members in a sample group.
- Request them to answer questionnaires in accordance with their judgment and opinions. Clarify that their responses will be kept strictly confidential and will be used solely for evaluating a project; and there will be absolutely no legal consequence that may affect their lives and families afterward.
- Explain clearly how to answer in each part of a questionnaire.
- Let the sample group answer questionnaires. If anyone in group members cannot read or write due to his/her handicap, the researcher will assist that person by reading out loud, allowing him/her to give verbal answers, and subsequently recording those answers.
- Check for the completeness of acquired data and processes being described above.

3.7 Data Analysis

After successfully gathering information from the sample group, the researcher had performed data analysis using SPSS for window (Statistical Package for the Social Science for Window) with data from part 1 and part 2.

3.7.1 Part 1: Questionnaires on personal factors; data from this part were used to compute statistical values such as Frequency and Percentage.

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3.7.2 Part 2: Questions about opinions concerning Jirasa project implementation and results; Questionaire results were later used for computing Mean and Standard Deviation. Criteria for evaluating Jirasa program is refereed to a method called “Theoretical Range of Scale” (Boonchom Srisaard, 2535: 102) as described below.

Mean = 4.50-5.00 Project outcome is considered “the most appropriate”.
Mean = 3.50-4.49 Project outcome is considered “highly appropriate”.
Mean = 2.50-3.49 Project outcome is considered “moderately appropriate”.
Mean = 1.50-2.49 Project outcome is considered “less appropriate”.
Mean = 1.00-1.49 Project outcome is considered “the least appropriate”.

3.7.3 Data obtained from drug-attitude questionnaires were used for determining quantitative values (Mean and Standard Deviation) using “Theoretical Range of Scale” (Boochom Srisa-ad, 2535: 102). In a questionnaire, there are 5 attitudes scales to choose from;

Mean 4.50-5.00	Strongly agree
Mean 3.50-4.49	Agree
Mean 2.50-3.49	Uncertain
Mean 1.50-2.49	Disagree
Mean 1.00-1.49	Strongly disagree

3.7.4 Responses from questionnaires regarding drug knowledge such as drug’s adverse effects were used to find statistical Mean using assessment criterion (adopted from Theoretical Range of Scale) as shown below.

Percentage	**Meaning**
81 or more	possess a very high degree of knowledge/awareness
61-80	possess a high degree of knowledge
41-60	possess a moderate degree of knowledge/awareness
21-40	possess a low degree of knowledge/awareness
0-20	possess a very low degree of knowledge/awareness

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3.7.5 “One Group Pre–Post Test” with t-test method is utilized for comparing knowledge scores and attitudes.

3.7.6 Information obtained from interviews, observations and paper analysis were transcribed and recorded as carefully and accurately as possible in order to maintain it as reliable database for later use. Data analysis was subsequently performed by quantitative approach, and results were presented in descriptive style.

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CHAPTER IV
DATA ANALYSIS RESULT

This research's objective is to evaluate Jirasa program conducted at the RTAF's Juvenile Drug Rehabilitation Center, using CIPP model to assess project's Context, Input, Process and Output. Data had been acquired from 10 rehabilitation staff members, 38 patients, 30 patients' parents and 10 ex-patients (3 months after completing the program), who had engaged a program at a mentioned rehab center. Evaluation result is categorized as shown below.

4.1 Results regarding personal factors in the target group

4.2 Result obtained from the conduct of Jirasa program, concerning various aspects obtained which includes

4.2.1 Context

4.2.2 Input

4.2.3 Process

4.2.4 Product

4.1 Results Regarding Personal Factors in the Target Group

Details are described below.

4.1.1 Rehabilitation staff: Data analyzed from 10 Jirasa staff members shows that 9 out of 10 were male (90%); 4 were between 30-39 years old (4%); 7 were married (70%); 10 had previous specific training on addictive drug (100%). Their routine works prior to becoming Jirasa staff were RTAF Security forces, and personnel in Administrative Services (70%). 7 had 1-2 years of experience in drug treatment; 6 joined the program as volunteers (60%); and 7 thinks that people seeking drug therapy should be regarded as patients (70%). See Table 1 for details.

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4.1.2 Patients: From 38 patients, the following information was found: The highest number of patients (aged 17 years) was 18 (47.7%); 9 were single child in the family (23.70%); 35 were still single (92.10%); 25 had possessed elementary-school degree (65.80%); 13 were unemployed (34.20%); 18 had lived without income (47.40%); 14 had separated parents (36.80%); 16 lived with their mother (42.10%); 27 lived in a single house (71.10%); 18 lived in urban area (47.40%); 32 had never had any drug therapy (84.2%), and their participation in RTAF's Jirasa program was their first drug rehabilitation; 18 had been addicted to Amphetamine (47.40%); and 37 used drug by smoking (97.40% - see Table 2).

4.1.3 Parents: A study of 30 people in the parents group produced the following results: 16 people (age between 41-50) were the largest group (33.33%); 14 worked for hire (46.67%); 20 had primary school degree (66.67%); 12 had lived with their mothers (40%); 11 earned 5,001-10,000 Baht/month (36.67%); 23 felt satisfied with their income level, considering it just enough for living (76.67%); 9 had two children (30%); 28 had one of their children with addiction (93.33%); 18 had their first child with addiction (60%); 19 lived in a single house (63.33%); and 14 lived in suburban area (46.67%). See Table 3 for details.

Table 1 Quantity and percentage of Rehabilitation staff, classified by personal

Personal Factor	Quantity	Percentage
1. Gender		
Male	9	90.00
Female	1	10.00
Total	10	100.00
2. Age (years old)		
Below 30	1	10.00
30 - 39	4	40.00
40 - 49	3	30.00
More than 50	2	20.00
Total	10	100.00

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Table 1 Quantity and percentage of Rehabilitation staff, classified by personal(cont.)

Personal Factor	Quantity	Percentage
3. Marital status		
Single	2	20.00
Married	7	70.00
Widowed	1	10.00
Total	10	100.00
4. Highest educational level		
Certificate/Diploma	7	70.00
Undergraduate school	3	30.00
Total	10	100.00
5. Education/ training on addictive drug		
Drug rehabilitation course	10	100.00
Total	10	100.00
6. Previous position before taking rehab responsibility in Jirasa program		
Professional nurse	1	10.00
Technical nurse	2	20.00
Others	7	70.00
Total	10	100.00
7. Number of years working in the addictive drug field		
Less than 1 year	3	30.00
1 - 2 years	7	70.00
Total	10	100.00
8. Reason for wanting to work in this project		
Voluntary	6	60.00
Involuntary	4	40.00
Total	10	100.00

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Table 1 Quantity and percentage of Rehabilitation staff, classified by personal(cont.)

Personal Factor	Quantity	Percentage
9. According to your opinion, people with drug addiction are …..		
Patients	7	70.00
People deserving sympathy	1	10.00
Socially unaccepted persons	1	10.00
Others (please specify)	1	10.00
Total	10	100.00

Table 2 Quantity and percentage of Patients, classified by personal factors

Personal Factor	Quantity	Percentage
1. Age (year)		
14	1	2.60
15	3	7.90
16	7	18.40
17	18	47.40
18	9	23.70
Total	38	100.00
2. You are a child Number …. From the total children of ……..		
1 / 1	9	23.70
1 / 2	6	15.80
2 / 2	8	21.10
1 / 3	4	10.50
2 / 3	4	10.50
1 / 4	1	2.60
2 / 4	1	2.60
3 / 4	2	5.30
4 / 4	1	2.60
1 / 5	1	2.60

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Table 2 Quantity and percentage of Patients, classified by personal factors (cont.)

Personal Factor	Quantity	Percentage
4 / 7	1	2.60
Total	38	100.00
3. Marital status		
Single	35	92.10
Married	2	5.30
Widowed	1	2.60
Total	38	100.00
4. Highest educational level		
Uneducated	1	2.60
Elementary school	25	65.80
Primary school	12	31.60
Total	38	100.00
5. Previous occupation		
Unemployed	13	34.20
Student	5	13.20
Hired worker	10	26.30
Merchant	8	21.10
Other	2	5.30
Total	38	100.00
6. Income (Baht/month)		
No income	18	47.40
Below 1 – 2000	3	7.90
2001 – 4000	2	5.30
4001 – 6000	10	26.30
6001 – 8000	1	2.60
8001 – 10000	4	10.50
Total	38	100.00

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Table 2 Quantity and percentage of Patients, classified by personal factors (cont.)

Personal Factor	Quantity	Percentage
7. Parents' marital status		
Live together	10	26.30
Live in separate houses	9	23.70
Divorced	14	36.80
Either of them is dead	5	13.20
Total	38	100.00
8. Currently, you live with		
Both father and mother	10	26.30
Father	3	7.90
Mother	16	42.10
Relative	6	15.80
Other	3	7.90
Total	38	100.00
9. Type of residence		
Single house	27	71.10
Town house	3	7.90
Dormitory, apartment/rented house	6	15.80
Other	2	5.30
Total	38	100.00
10. Residential area		
Urban	18	47.40
Suburban	14	36.80
Crowed community	4	10.50
Other	2	5.30
Total	38	100.00
11. Have you ever engaged in any drug rehabilitation program?		
Yes	6	15.80
No	32	84.20
Total	38	100.00

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Table 2 Quantity and percentage of Patients, classified by personal factors (cont.)

Personal Factor	Quantity	Percentage
12. How many times have you received therapy services from the RTAF's Drug Rehab Center.?		
1st time	32	84.20
2nd time	5	13.20
3rd time	1	2.60
Total	38	100.00
13. What type of drug/addictive substance you have been addicted to?		
Amphetamine	25	50.00
Amphetamine, Cigarette	14	28.00
Amphetamine, Cigarette, Liquor	5	10.00
Amphetamine, Marihuana, Cigarette	3	6.00
Amphetamine, Marihuana, Inhalants, Cigarette, Liquor	3	6.00
Total	50	100.00
14. How did you use drugs?		
Eat	1	2.60
Smoke	37	97.40
Total	38	100.00

Table 3 Quantity and percentage of parents, classified by personal factors

Personal Factor	Quantity	Percentage
1. Age		
31 – 40	10	33.33
41 – 50	16	53.33
51 – 60	3	10.00
61 – 70	1	3.33
Total	30	100.00

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Table 3 Quantity and percentage of parents, classified by personal factors (cont.)

Personal Factor	Quantity	Percentage
2. Occupation		
Unemployed	2	6.66
Hired worker	14	46.66
Merchant	11	36.66
Private company	1	3.33
Other	2	6.66
Total	30	100.00
3. Educational level		
Uneducated	1	3.33
Primary school	20	66.67
Secondary school	5	16.67
Vocational school	4	13.33
Total	30	100.00
4. A family consists of ……..		
Father, mother and child/children	9	30.00
Father, mother, child/children and relative	7	23.33
Mother and child/children	14	46.67
Total	30	100.00
5. Income (Baht/month)		
0 - 5000	10	33.33
5001 - 10000	11	36.67
10001 - 15000	3	10.00
15001 - 20000	1	3.33
More than 20001	5	16.67
Total	30	100.00
6. Financial sufficiency		
Enough, and have some to save	3	10.00
Just enough for a living	23	76.67

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Table 3 Quantity and percentage of parents, classified by personal factors (cont.)

Personal Factor	Quantity	Percentage
Not enough, have some debt	4	13.33
Total	30	100.00
7. Number of children in the family		
1	7	23.33
2	9	30.00
3	6	20.00
4	4	13.33
5 or more	4	13.33
Total	30	100.00
8. Number of addicted child/children in the family		
1	28	93.33
2	2	6.67
Total	30	100.00
9. Addicted child is the child No. ……. from the total children.		
1. 1	18	60.00
2. 2	8	26.67
3. 3	1	3.33
4. 4	3	10.00
Total	30	100.00
10. Type of residence		
Single house	19	63.33
Town house	1	3.33
Dormitory, apartment/rented house	10	33.34
Total	30	100.00
11. Residential area		
Urban	11	36.67
Suburban	14	46.67
Crowed community	5	16.67
Total	30	100.00

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4.2 Results Obtained after the Completion of Jirasa Program

Based on CIPP model, evaluation of Jirasa program covers 4 main components associated with the program – Context, Input, Process and Product.

4.2.1 Results regarding the context of Jirasa program

Table 4 Mean, Standard Deviation, and the program's success level with regard to the context, in accordance with opinions of rehabilitation staff

Statement relating to the Context	$\bar{x}$	**S.D**	**Level**
1. The conduct of Jirasa program conforms with Government's policy.	4.60	0.52	Highest
2. Implementation of Jirasa program is appropriate with current drug problems in the society.	4.30	0.48	High
3. The conduct of Jirasa program meets community's needs	3.90	0.57	High
4. The RTAF had provided good support to Jirasa program.	4.10	0.88	High
5. Program objectives are correlated with current drug problem in Thailand.	4.30	0.48	High
Total	4.24	0.58	High

According to Table 4, Jirasa staffs have high opinion towards program's context; most of them agrees that the conduct of Jirasa program conforms with the government's policy at the high level (Mean = 4.60) and it was also found that the planning and the objective of Jirasa program are appropriate and correlated with current drug problem in Thailand (Mean = 4.30). The lowest percentage (Mean = 3.90) is the conduct of Jirasa program appropriate with community's needs.

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Table 5 Mean, Standard Deviation, and the program's success level with regard to the context, in accordance with opinions of rehabilitation staff

Statement relating to the Context	$\bar{x}$	S.D	**Level**
1. Jirasa method is appropriate with current drug situation in our society.	3.50	0.604	High
2. Jirasa method is appropriate with patients seeking treatment.	3.68	0.702	High
Total	3.59	0.652	High

According to Table 5, it was also found that patients had very good attitudes towards Jirasa program, and agreed that Jirasa approach meet their demand at th high level. As for the method is appropriate with patients seeking treatment has highest mean value (Mean=3.68). Moreover, this method was appropriate with current drug situation in the society (Mean = 3.50).

In addition, both Jirasa staff and patients had "very good opinions" about the context of the program. Considering interviews of top management, results showed that their treatment approach had conformed with RTAF and the Thai government's antidrug policy. This is proved by the establishment of 13 Jirasa-based Drug Rehab centers. Addicted juveniles were sent to a compulsory, strict treatment program for 4 months, as mandated in the Drug Act 2002.

Participation in a variety of activities was intended to change Juveniles' conduct and attitude into a right direction. Such activities include uniting all family members on the reunion day, or allowing patients to express their love to parents or relatives who have raised them. The latter would increase family bond. Parents and children could exchange their attitudes and hidden feeling.Drug policy set up by the government and the RTAF corresponds to Thailand's economy, way of life and politics. A director at one of RTAF's Drug Rehab center asserted that Jirasa approach emphasizes self-discipline, and its end result was much more sustainable than those obtained from conventional treatment methods. Director Deputy from the same center also added that Jirasa method could fulfill all expectations as detailed in

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Thailand's Antidrug policy. In fact, the Department of Correction desires to see patients to quit drug completely within 4 months, then proceed with follow-up behavioral checks every 1 month; patients are required to report directly at a provincial Department of Correction). Subsequently, a HealthCare center nearby will keep track of patients' health condition 3 months, 6 months and 12 months later, then send medical data to a provincial Department of Correction.

In overall picture, both Jirasa rehab staff and patients had expressed god opinions towards program's context. Considering a policy, it had conformed well with government's and RTAF's requirements. The Air Force had fully supported the program as witnessed from the establishment of 13 Jirasa-based rehabilitation centers.

4.2.2 Obtained results with regard to Input after the completion of Jirasa program

Table 6 Mean, Standard Deviation, and the program's success level with regard to the Input, in accordance with opinions of rehabilitation staff

Statement relating to Input	$\bar{x}$	S.D	**Level**
1. Jirasa treatment method is appropriately designed for patients.	4.00	0.47	High
2. Jirasa program has a clear goal.	4.10	0.32	High
3. Job assignment to Jirasa staff members was very appropriate.	3.70	0.67	High
4. Program Execution plan was clear and well described.	4.00	0.66	High
5. The conduct of Jirasa program is well organized and managed.	4.20	0.42	High
6. The program has been routinely directed or supervised.	3.80	0.63	High

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Table 6 Mean, Standard Deviation, and the program's success level with regard to the Input, in accordance with opinions of rehabilitation staff (cont.)

Statement relating to Input	$\bar{x}$	S.D	**Level**
7. Rehabilitation program had been appropriately prepared.	3.70	0.48	High
8. The number of Jirasa staff members is considered adequate.	3.00	0.66	Moderate
9. Objectives of Jirasa program were well understood.	3.80	0.63	High
10. Full effort and cooperation were observed in Jirasa program.	4.20	0.63	High
11. Rehabilitation staff are knowledgeable and capable of practicing Jirasa approach.	4.10	0.31	High
12. Material and equipment resources were adequately available.	3.20	0.92	Moderate
13. Material and equipment resources were appropriate.	3.10	0.74	Moderate
14. Material and equipment resources were the latest types.	3.10	0.88	Moderate
15. Jirasa program has received sufficient financial support.	3.30	0.67	Moderate
16. Duration of the program was appropriate.	3.50	0.84	High
17. Staff meeting had been held regularly.	3.80	0.78	High
Total	3.68	0.63	High

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According to table 6, it was found that mostly rehabilitation staff member of Jirasa program have positive opinion towards Input of the program at the high level. The highest mean value are indicates that program execution had been done systematically with full co-operation from all participants (Mean = 4.20). Next, the program has a clear goal and staff are knowledgeable and capable of practicing Jirasa approach (Mean = 4.10). The lowest mean value regarding the number of Jirasa staff members is considered adequate (Mean = 3.00).

Table 7 Mean, Standard Deviation, and the program's success level with regard to the Input, in accordance with opinions of rehabilitation staff

Statement relating to Input	$\bar{x}$	S.D	**Level**
1. Patients' opinion had been taken into account for the improvement of therapy technique.	3.92	0.632	High
2. The conduct of Jirasa program has been done systematically.	3.87	0.704	High
3. Facility was appropriate.	3.89	0.649	High
Total	3.89	0.661	High

In table 7, it was also found that patients' opinion towards Input in each statement and total was at the high level. And their opinion had been taken into account for the improvement of therapy technique has the highest mean value (Mean = 3.92). Next, the facility was appropriate (Mean = 3.89) and the conduct of Jirasa program has been done systematically (Mean = 3.87) respectively.

According to the center's director, RTAF rehab center was operational ready to provide services, and the number of available staff was adequate; the center strongly encouraged learning so that its employees would develop their competences. Academic programs had been regularly held there, with knowledge assessment performed every 6 months. Moreover, the center was visited by graduate students from Mahidol University, and was chosen as a training center for would-be staff members.

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Information from deputy director confirmed that the RTAF assigned qualified people to work there based on their knowledge and capability. RTAF is responsible for arranging facilities for the implementation of Jirasa project. When any problem arises, a committee will take action and resolve it. Each center must meet the standard that was accepted by the Department of Correction, Ministry of Justice, or a comparable drug standard approved for use by recognized hospitals. The RTAF also supported financial resource.

Table 8 Mean, Standard Deviation, and the program's success level with regard to the process.

Statement relating to the Process	$\bar{x}$	**S.D**	**Level**
1. Managing Jirasa program had focused on active participation.	4.20	0.63	High
2. Personnel's role has been clearly defined.	4.20	0.63	High
3. Facilities used in Jirasa program were appropriate	3.40	1.17	Moderate
4. Program activities had been well prepared.	3.70	.048	High
5. Program participants were well informed about program objectives before conducting related activities.	3.90	0.31	High
6. Rehabilitation activities were appropriate.	3.80	0.42	High
7. You were able to resolve problem that arose during academic period.	3.70	0.67	High
8. You had continuously evaluated conducted activities.	3.70	0.67	High
9. You have regularly performed post-program assessment.	3.70	0.67	High

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Table 8 Mean, Standard Deviation, and the program's success level with regard to the process (cont.)

Statement relating to the Process	$\bar{x}$	S.D	Level
10. You had regularly made conclusion reports about conducted activities.	3.60	0.51	High
11. You have constantly used evaluation results to improve Jirasa program.	3.30	0.42	Moderate
Total	3.74	0.62	High

In Table 8, most rehab staff had expressed highly positive opinions on Process of Jirasa program and it was also found that the managing method that emphases full participation from all people involved, and clear designation of personnel's roles had the highest mean value (Mean = 4.20). Next, program participants were well informed about program objectives before conducting related activities (Mean = 3.90) and the statement has the lowest mean value indicates that their opinions will be used for program improvement (Mean = 3.30).

It was found from the observing work process performed that staff members was capable of transferring knowledge, eager to take teaching job, and provide the same treatment standard to all patients. In addition, they were able to give counseling service, and behave as good role models for patients, resulting in impressive image in patients' eyes. The process clearly met program objectives since the center had well defined program outline, schedule, progress indication, and activities. And these program activities can be performed effortlessly. When encountering obstacles, they attempted to find solution through brainstorming, then submitting answer report upon completion while work assignment had been followed up regularly as well.

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Table 9 Mean, Standard Deviation, and the program's success level with regard to the Process, in accordance with opinions of rehabilitation staff

Statement relating to the Process	$\bar{x}$	S.D	Level
1. Program objectives were clearly informed before conducting an activity.	3.95	0.69	High
2. Program activities were appropriate.	4.05	0.61	High
3. The duration of rehabilitation program was appropriate.	3.92	0.88	High
4. Rehabilitation staff were able to resolve problem that arose during academic period.	3.82	0.73	High
5. An evaluation of conducted activities had been performed continuously.	3.92	0.71	High
6. Evaluation results were continuously used for improving Jirasa program activities.	3.68	0.66	High
Total	3.89	0.71	High

In table 9, it was also found that each statement and total of patients' opinion on the process was at the high level. As for the program activities were appropriate has the highest mean value (Mean = 4.05), and next was the program objectives were clearly informed before conducting an activities (Mean=3.95). The that showed the lowest mean value was evaluation results will be used for activity improvement (Mean=3.68).

Observation regarding Process and patient's attitudes towards Jirasa program indicated that patients were eager to participate in program activity, building good relationship and good communication skill among themselves. Activities were interesting, easy to understand, and could be applied to the real life situation. Problems could be solved from this. Regarding activity process, patients tended to participate actively when academic content or other issues were not well understood. After the completion of the program, knowledge assessment was

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performed to measure objective accomplishment. Such assessment was made 90 days and 120 days after the program respectively. Certain incentives were introduced into the process in order to persuade and motivate patients to meet these assessment criteria. When reaching 120 days, the center held special activities and functions such as the vowing to resist drug, good-conduct recognition, and door-opening day representing the return of good people to the society. These special events were meant to motivate patients and encourage them to improve their life quality up to an acceptable level as specified for the respective activity. Hopefully, patients will develop their self discipline, and behave well. Otherwise, accomplishment reward representing good conduct will not be presented to them.

4.2.3 Obtained results with regard to Product after the completion of Jirasa program

Table 10 Mean, Standard Deviation, and the program's success level with regard to the Product, in accordance with opinions of rehabilitation staff, patients and parents

Group	$\bar{x}$	S.D	Level
Rehabilitation staff members	3.87	0.66	High
Patients	4.18	0.67	High
Parents	4.43	0.59	High

According to Table 10, staff members, patients, and parents expressed high opinions toward the program. The highest Mean value came from parent group (Mean = 4.43), followed by that from patient group (Mean = 4.18) and staff members group (Mean=3.87) respectively.

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Table 11 Knowledge level of drug hazard among Jirasa patients

Score	Level	Before joining a program		After	
		Quantity	Percentage	Quantity	Percentage
2.52-4.91	Low	1	2.63	0	0
4.92-7.31	Moderate	0	0	3	7.89
7.32-9.6	High	7	18.42	5	13.16
9.7-12.0	Highest	30	78.95	30	78.95

According to Table 11, patients' knowledge score regarding drug dangers (both before and after the program) was at the highest level about 78.95% and followed by the knowledge score regarding drug danger before and after joining a program was at the high level about 18.42% and 13.16% respectively.

Table 12 Comparison of the average scores of knowledge regarding drug hazard among parents – both before and after the program

Group	Quantity	$\bar{x}$	S.D.	Df	t	p
Before	38	10.16	1.53	37	.79	.433
After	38	10.45	1.44			

P>0.05

According to Table 12, there was no statistics significance difference regarding knowledge of drug dangers measured from the same patient group - both before and after the program.

Table 13 Parent's knowledge level regarding drug dangers

Mark	Level	Before joining a program		After	
		Quantity	Percentage	Quantity	Percentage
4.92-7.31	Moderate	0	0	1	3.30
7.32-9.69	High	14	46.70	2	6.70
9.70-12.00	Highest	16	53.30	27	90.00

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According to Table 13, the highest and high scores of knowledge on drug dangers among parents (before joining a program) were 53.30% and 46.70% respectively. After the program, the highest knowledge score increased to 90%.

Table 14 The level of knowledge about drug hazard among parents – both before and after the program

Group	Quantity	$\bar{x}$	S.D.	df	t	p
Before	30	9.70	1.09	29	-2.58	.015*
After	30	11.50	3.68			

*P<0.05

According to Table 14, parent's knowledge about drug dangers, measured before and after the program, was compared and showed the difference with significance number = 0.05

Table 15 Level of drug attitudes among patients (both before and after the program)

Score	Level	Before joining a program		After	
		Quantity	Percentage	Quantity	Percentage
1.00-1.49	Strongly disagree	2	5.26	0	0
1.50-2.49	Disagree	0	0	8	21.05
2.50-3.49	Uncertain	19	50.0	15	39.47
3.50-4.49	Agree	11	28.95	11	28.95
4.50-5.00	Strongly agree	6	15.79	4	10.53

According to table 15, before joining a program, 50% of all patients expressed uncertain attitudes about addictive drug. However, this percentage decreased to 39.47% after they had attended Jirasa treatment program but the number of disagree people increased to 21.05%.

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Table 16 Comparison of drug attitudes among patients (both before and after the program)

Group	Quantity	$\bar{x}$	S.D.	df	t	p
Before	38	3.93	0.84	37	.42	.676
After	38	3.90	0.81			

P>0.05

According to Table 16, patient's drug attitudes (obtained before and after the program) were no statistics significance difference.

Table 17 Test scores of parent's drug attitudes (both before and after the program)

Score	Level	Before joining a program		After	
		Quantity	Percentage	Quantity	Percentage
1.00-1.49	Strongly disagree	8	26.67	4	13.33
1.50-2.49	Disagree	11	36.67	4	13.33
2.50-3.49	Uncertain	7	23.33	4	13.33
3.50-4.49	Agree	2	6.67	8	26.67
4.50-5.00	Strongly agree	2	6.67	10	33.33

According to table 17, parents were not aware of drug hazard before joining a program 36.67%. But their attitudes after the program had changed to "mostly agree" 33.33% and "agree" 26.67% respectively.

Table 18 Comparison of Mean values of parent's drug attitudes (both before and after the program)

Group	Quantity	$\bar{x}$	S.D.	df	t	p
Before	30	4.10	0.87	29	-3.88	.001*
After	30	4.45	0.72			

*P<0.01

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According to Table 18, comparison of parent's knowledge about drug dangers, measured before and after the program, shows the difference with significance number = 0.01

4.2.4 A follow-up of patients' conduct and behavior 3 month after program completion

Table 19 A follow-up of patients' conduct and behavior 3 month after program completion

Factor	Quantity	Percentage
Sex Male	10	100
Drinking		
No	5	50
Occasionally	5	50
Type of substance previously addicted to		
Amphetamine	7	70
Not specify	3	30
After the treatment program, drug addiction had disappeared.	10	100
Currently, no sickness was observed	10	100
General health condition		
Good	1	10
Very good	9	90
Able to perform simple activity	10	100
Able to climb high ladder well	10	100

A follow-up of 10 male ex-patients 3 months after completing Jirasa program brings the following set of data: 5 out of 10 still drink occasionally; 5 quit drinking.

Before engaging in Jirasa program, 7 of them were addicted to Amphetamine; 3 did not clearly indicate type of substance they were addicted to.

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After they had undergone Jirasa program, all 10 people can quit using drugs, and no addiction was observed. Most of their health conditions were obviously rehabilitated: 9 had very good health; 1 had no sign of illness. All 10 people can perform simple activities, including climbing high ladder.

Table 20 A follow-up of patients' attitude 3 month after program completion

Attitude	All the time	Most of the time	Sometimes	Never
Within the past 3 months, you ….				
- focus on what is being performed	1 (10%)	9 (90%)	-	-
- feel sleepless due to worry	-	-	6 (60%)	4 (40%)
- see the importance of self-value	-	10 (100%)	-	-
- be able to make a good decision	-	9 (90%)	1 (10%)	-
- feel stressed	-	-	10 (100%)	-
- be able to perform difficult task	-	7 (70%)	3 (30%)	-
- feel so happy and relaxed	-	3 (30%)	7 (70%)	-
- be able to face a difficulty and resolve it	1(10%)	9 (90%)	-	-
- feel worried	-	-	10 (100%)	-
- lack self confidence	-	-	10 (100%)	-
- feel worthless	-	-	9 (90%)	1(10%)
- improve the surroundings	-	10 (100%)	-	-

According to table 20, it was found from the follow up of patients' attitude 3 month after program completion that all patients has feel themselves importance and their attitude towards surroundings has also improved but occasional could be stressed, worried and lost self confidence. And 90% better focus on activity they were doing be able to make a good decision when facing a problem and can resolve

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it sometime they saw themselves worthless. In addition, 70 % can do task previously difficult to perform and 60% had anxiety or sleeplessness at night.

It was found from patients interviewed regarding behavioral change after the program completing that all people paid more attention and care to their family members and behaved well and stayed home and had good relationship with others who live in the same house. 9 ex-patients helped their family to do more work around the house, 1 person remained unchanged, 5 helped their family to earn more income, 5 felt uncertained and 2 helped their parents as a seller. However, 5 back to joined the old group and drank but the frequency was decreased from everyday to 1-2 times a week since they felt that they known they should had more responsibility of works.

4.2.5 Problems - Recommendation

Director of Jirasa program made a comment concerning certain difficulty encountered during implementing Jirasa program, which involves patient's records. It was found that some of them possessed several counts, not only drug-use charge. Therefore, rehabilitation goal could not be reached as anticipated. Suggestion is that patients engaging in the program must be in the drug-addiction group only. By doing this, they will gain true benefits, and their attitudes will be improved.

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CHAPTER V
CONCLUSION DISCUSSION AND SUGGESTION

The study of the conduct of “Jirasa” Drug Rehabilitation Project assessment at the Royal Thai Air Force’s Donmuang Rehabilitation Centerwas attempted to evaluate the effectiveness and appropriateness of Jirasa program offered at RTAF’s Juvenile Drug Rehabilitation Center. Four aspects components have been thoroughly examined as follows:

1) Context which includes implementation of the governments or organization’s policy, conformation with the current context and community cooperation

2) Input which includes administration, readiness of personnel, budget, time and equipment

3) Process which includes project progress as planed, the conduct of the process and evaluation

4) Product which includes knowledge attitude, behavior after the end of project and follow – up of patients’ behavior 3 months after program completion, project opinion of Rehabilitation Staffs, Patients and Parents that’s information analysis make conclusion of research through the development discussion of accomplishment.

The research was conducted with the subjects at Juveniles Conducted at the RTAF Rehabilitation Center which consists of 10 Rehabilitation staff members, 38 patients who has successfully completed 16 week treatment course together with their 30 parents. The tools for data collecting were questionnaires, behavior observation, Interview, Knowledge Test, and Attitude Measurement form. To evaluated the questionnaires reliability, the tools were checked for the reliability by 5 experts and the revised tools were tried out with a sample group that consisted of 30

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patients at the RTAF Drug Rehabilitation Center, Kamphangsaen, Nakhonpathom province. There are tests that focused on the knowledge about the harm of drugs employing Kuder – Richardson's reliability formula KR – 20; the reliability is 0.76. Attitude test was conducted using Cronbach's Alpha Coefficient; the reliability is 0.79. The collected data was analyzed using the frequency, percentage, mean, Standard Deviation (SD.), T – test and content analysis for quality data.

5.1 Research Conclusion

5.1.1 The evaluation of the conduct of Jirasa program regarding the Context

It was found from this study that the evaluation of project processing regarding the context on the policy, accorded with the current context in Thai society and RTAF's cooperation. Executives realized the importance of governments' policy through the Royal Thai Air Force which has initiated the most importance policy. At the Juvenile Drug Rehabilitation Center it must be in process through reach the objective and all 13 Drug Rehabilitation Centers focused on Jirasa drug rehabilitation program that conform with the opinion of staff members and patients, they also had high opinion for all items and the mean value show 4.24 and 3.59 respectively.

5.1.2 The evaluation of the conduct of Jirasa program regarding the Input

Administrative and Management

It was found from this study that staff members and patients had high opinion for all items and they also had more high opinion in the item as the conduct of Jirasa program has been done systematically than other items with the mean value 4.20 and 3.87 respectively.

Staffs

According to member staffs opinion, they considered the number of Jirasa staff members adequate, it was at moderate level (Mean = 3.00). Nevertheless, they had more high opinion in the item as they had full effort and cooperation in Jirasa program than other items (Mean = 4.20). The patients had opinion at the high level towards the item as their opinion had been taken into account for the improvement of treatment of therapy technique (Mean = 3.92).

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The director of the Juvenile Drug Rehabilitation Center gave opinion that the number of Jirasa staff members is considered adequate since this program has received sufficient financial support from RTAF and has knowledgeable and capable of practicing Jirasa approach development every year and provide the evaluation of program processing every 6 months.

Budget

The staffs had moderate opinion with the sufficient finance support (Mean = 3.30).

The director of the Juvenile Drug Rehabilitation Center had the opinion towards the process of drug rehabilitation was supported budget from the Royal Thai Air Force and Department of Probation.

Time

The staffs considered the duration of this program appropriate and suitable (Mean = 3.50)

Place

The patients had high opinion towards the place where this program was set (Mean = 3.89) and the staffs had moderate opinion (Mean = 3.40).

Material

The staffs had moderate opinion towards the material and equipment resources were adequately available, appropriate and modern.

5.1.3 The evaluation of the conduct of Jirasa program regarding the Process

It was found from the rehabilitation process that staff members had expressed high positive opinions on the process of Jirasa program (Mean = 3.74) and the patients opinion was at the high level for all items (Mean = 3.89).

5.1.4 The evaluation of the conduct of Jirasa program regarding the Product

According to the product of Jirasa program, staff members, patients, and parents expressed high opinions for all items with the mean value 3.87, 4.18 and 4.43 respectively.

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5.1.4.1 The comparison regarding knowledge of Patients and Parents knowledge

The patients' knowledge of drug danger and hazard was at the high level about 78.95 % which before and after joining program was not different. As for the drug attitude, before joining a program 50% of all patients expressed uncertain attitude about addictive drug. However, this percentage decreased to 39.47% after they had attended Jirasa treatment. The score of knowledge before and after was not different at the statistics significance level 0.05.

5.1.4.2 The comparison regarding on drug attitude of patients and parents

It was found from this study that parents had knowledge score on drug dangers before joining a program at the highest level with the percentage 53.30% and after the program finished the highest knowledge score increased to 90%. In addition, the majority of parents had attitude as disagree about 36.67 % before joining program and agree 33.33 % after program completed. The average scores before and after was different at the statistics significance level 0.01 and 0.05 respectively.

5.1.4.3 The follow up behavior after program completing

It was found from the follow up of patients' behavior after program completing 3 months that all 10 people could quit using drugs and they paid more attention and took care to their family members and behaved well and stayed home and had good relationship with others who live in the same house.

According to the patients interviewing found that 5 of 10 patients back to joined the old group and drank but the frequency was decreased from everyday to 1-2 times a week which they had more chance back to took drug than others so they should were continuing follow up.

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5.2 Discussion

It could be discussion from this study as follows:

5.2.1 The evaluation of the conduct of Jirasa program regarding the context.

It was found from this study that the Jirasa program was setting up from the RTAF's policy conform with the Governments' policy of present drug situation and it supported to establish Drug Rehabilitation Center which performed his cooperation. The majority of rehabilitation staff members and patients also had positive opinion regarding the context at the high level and they realize the importance and project advantage that promoted project objective through successful for patients so that they can return to society smoothly. These tasks conform to the 9th Nation's Economic and Social Development Plan (B.E. 2545 – 2549) which had a goal to reduce the number of people who take drug and encourage them to get the rehabilitation. Also to developed drug rehabilitation efficiency and suitable and reduce the effects of drug spread to family and community. In addition, they also correlated with the importance essence of the 10th Nation's Economic and Social Development Plan (B.E. 2545 – 2549) that focuses on human is a center of development with consider on virtue of human and the sustainable coexistence among human and environment.

5.2.2 The evaluation of the conduct of Jirasa program regarding the Input

It was found from this study that staff members and patients' opinion Regarding the Input was at the high level and from the director of Jirasa Drugs Rehabilatation Center interviewing was found that it had fully to service, clear method, the number to available staff was adequate, RTAF supported and developed the competence regularly. That conforms with the result of Bangorn Supreeda (2549: 27)'s study which the method of drug rehabilitation by nurses in area of 17 provinces of the north of Thailand, it was found that the importance factor of the conduct of drug rehabilitation through efficiency and successfully and there were developing drug rehabilitation strategies and methodologies through appropriate for patients with the clear approach including the human resources of the rehabilitation development regularly. Furthermore, the program attention of rehabilitation staff members, 40% did not willing to join this program that might made the conduct of program capacity

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was decrease and the patients who joined the drug addiction and more lawsuits that could against themselves and others.

5.2.3 The evaluation of the conduct of Jirasa program regarding the Process

The result of this study was found that mostly rehabilitation staff members and patients also had high opinions that conform with the RTAF' executives. They realized the importance of government policy so the Board of Drug was established directly and set the strategies plan analyze current drug problem situation and do need before plan the conduct of project. In addition, they set the agenda and schedule for the project that was follow by the assigned of plan and time with the receiving budget. That is conforms Mr.Uthai Hirungato (2519:39) said work as well planning when started and follows the process with assigned steps that made the goals through successful together other departments that took care and supported such as Directorate of Medical Services of RTAF and Department of Probation they have followed up and evaluated of the conduct of the program. Moreover, the center was chosen as a place to visit by graduate students from Mahidol University, and a training center for would-be staff members. And this center was accepted the standard by the Department of Probation, Ministry of Justice that was the part of the efficiency and sucessfully of project processing which conform with Purachai Piemsomboon (2539: 28) said that the follow up of conduct of program was help staffs could be in process that systematically and regularly and it could continue the process efficiency and was given spirit for their performance. It was found from the staff members' interviewing that the center have followed up and evaluated regularly.

5.2.4 The evaluation of the conduct of Jirasu program regarding the Product

The staff members, patients and parents had high opinion for all items of Jirasa program regarding the Product. It helps the patients had more selves confidence and encourage them to express appropriate performance. In addition, this program made patients understand the drugs danger and realize the value of self- esteem and their opinion was at the highest level on the items as the Jirasa program made patients known their self-discipline and accountability and realized their responsibilities to

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themselves and others. And Jirasa program helps bring “quality people” back to the community. That conform with the approach of the Jirasa rehabilitation program Songkiet Piyaka (2547: 26) and it was found from the patient’s interviewing that the most like and impression during taken the drug habilitation were the activities, experience, job training and soldier training. These are interested and believed that they quite drug completely which conform with the idea of Thanyarak Insitute (2549: 35) said that the services of drug rehabilitation could successful with the good relationship of staffs by making believed and empathy including the experts on drug danger and hazard, symptom, behavior, humor of addictive drug person, rehabilitation program, activities and good consultation.

5.2.4 .1 The comparison on drug attitude and knowledge of patients

It was found from this study that before and after joining Jirasa program patients had too much knowledge at the highest level 78.95 %, the item which all patients can answer was the Amphetamine was currently widely used among adolescents and the second item was about adverse effects from smoking are Health deterioration, incompetence, Family troubles, lack of happiness in the family Economy less to society and the nation. According to the drug attitude of patients before and after joining the program, it was uncertain 50 % and after program finished the level of uncertain decreased to 39.47% that was not different at the statistics significance. The majority of patients had uncertain opinion on the item as occasional drug-taking cannot cause addiction or drug dependency it might due to the learning process of rehabilitation method which focussed on given knowledge and acting but unsupported good attitude for patients. Mostly patients thought themselves did not addiction and unwilling to join the rehabilitation program these cases made their attitude unchangeable that conform with the idea of Praphaphen Suwan (2545:74) said that the behavior and personal attitude were the importance parts that made the person was changing the permanent behavior and the researcher believed that the personal changing behavior to quit the drug, given correctly information and adjust attitude on drug protection were requiring including considered to other affected factors. Since the knowledge of drug danger was a part of drug attitude when people was given drug knowledge then they must passed many steps and process. These tasks took the time

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and drug attitude that means the fully of drug performance when people was a stimulated then the behavior was appeared and the case that people can successful on quitting drug that depend on many factors such as interested, attractiveness, environment, hoping, result of performance, value and basic need of life style, those factors might highly effect to old knowledge and attitude changing.

5.2.4.2 The comparison on drug knowledge and attitude of parents

The drug knowledge and attitude of parents before and after joining a program was different at the stastistics significance level at 0.01 and it was found from the deep interview that mostly parents' job was a labour and they must to working outdoor to provide money for the family so they had no time to took care children and uninterested on drug danger but when their child have taken to the rehabilitation center. In addition, they was promoted good attitude for knowledge of drug danger and more realized danger and harm of drug.

5.2.4.3 The follow up of behavior after program completing

After program completing 3 months, it was found the behavior follow up and interviewed that patients' parents seen all 10 people could quit using drugs and they had good health but someone had overweight and also the behavior changing was better and they paid more attention and care to their family member and behaved well and stayed home and had good relationship with others who live in the some house. So their parents too much satisfied this result of this project. But 5 of 10 still drank with the old group then they were the risk group that continuing the follow up.

The restriction on the behavior follow up after program completing 3 months was found that only 10 person can follow up that were given moderate information. However, the follow up for all patients was continuing and it might possible to taken more receiving the project result.

5.3 Suggestion of the Research Result

There are some suggestion for this study for using this research result as follows:

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5.3.1 According to the input, it was found that the material and equipment resources were adequately available, appropriate and modern at the moderate level. So it should distributed the budget to provide more suitable and appropriated material and modernize.

5.3.2 The executives' interview regarding the input was found that the majority of patients could not join this program to 16 weeks due to they had including cases and was a leading of false and ran away. So, the patients selection for attention the program should be the only person who addicted to drugs and divide an alleged offender in another lawsuit.

5.3.3 It was found from after completing program of patients regarding the product that their attitude on disagree was increasing from before join the program. The comparison of the attitude score before and after joined the program it was not different at the statistics significance. So, as for the process, it should provide the activities that could support knowledge and attitude increasing.

5.3.4 According to the product, it was found from the follow up that 5 of 10 back to drank with the old group so they were the risk group that could be back addicted to drugs. So, the awareness of project accomplishment truly, it should evaluate and follow up the patients after program completing 3 months, 6 months, and one year for study the changing of patients' behavior on the real situation.

5.4 Suggestion for further study

1. To study the comparison of the other figure process on drug rehabilitation for using the information to developing the appropriate form to each groups.

2. To study the result of activities for drug attitude comparison of patients.

3. To study and compare the rehabilitation result among the only addicted on drug group and the addicted on drug including others lawsuit group.

4. To study on the evaluation all 12 RTAF rehabilitation centers with the CIPP model to take the result to develop and improve the increasing of project efficiency.

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APPENDIX

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APPENDIX A

Request for your co-operation to answer this questionnaire

Dear …….

I am Squadron Leader Pongpan Keounyoung, a professional nurse at Chandaruberksa hospital (the Royal Thai Air Force) and a master-degree student in addictive substance program at Mahidol University. My thesis research has focused on "the evaluation of Jirasa Drug Rehabilitation program" which had been conducted at the Royal Thai Air Force's Juvenile Drug Rehabilitation Center, Donmoung, Bangkok.

In order for me to obtain accurate and up to date information, I would be grateful if you would complete in full the questionnaire and interview form enclosed and return to the given address. Your response will be used in a process for assessing and improving the effectiveness of Jirasa program and other similar ones. All data will be strictly kept confidential, and will not affect you in anyway. Please answer all questions with accuracy and completeness as much as possible.

Thank you for your co-operation.

Yours sincerely,
Squadron Leader Pongpan Keounyoung
Master degree of Addictionology program
Graduate studies, Mahidol University

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Program Administration

Direction: This questionnaire has 3 parts;

Part 1: General information - 7 questions

Part 2: Execution of a drug program – 10 questions

Part 3: Program results – 20 questions

Part 1: General questions with regard to the respondent's personal information

Direction Please tick appropriate box, or fill in the statement as required.

1. How old are you (in full number)? ……..…
2. Gender
   ( ) 1. Male ( ) 2. Female
3. What is your highest educational level?
   ( ) 1. High school ( ) 2. Certificate/Diploma
   ( ) 3. Undergraduate school ( ) 4. Graduate school
   ( ) 5. Others ….
4. Please describe your past specific education/ training in addictive drug.....
5. Number of years involved in drug treatment services ……..……
6. Why do you want to work in this area?
   ( ) 1. Voluntary because ……..… ( ) 2. Involuntary but .....
      ( ) 1.1 It is challenging ( ) 2.1 I was assigned this responsibility.
      ( ) 1.2 It is better than my current assignment. ( ) 2.2 Other .....
7. In your opinion, people with drug addiction are ……..
   ( ) 1. Patients ( ) 2. Persons seeking therapy
   ( ) 3. Those deserving sympathy ( ) 4. Socially unaccepted persons
   ( ) 5. Others (please specify).....

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Part 2: Questions regarding the execution of the drug-rehabilitation program, considering Context, Input, Process and Product

1. Does your organization/unit have a policy relating to drug rehabilitation? Does it comply with the RTAF's policy and the Thai government's? And how?

.....

2. Are the drug rehabilitation policies set by the government and the armed forces appropriate with current economic, social, and political situation? How?

.....

3. Does your unit's Jirasa approach-based strategy correlate with current economic, social, and political situation? How?

.....

4. Does Jirasa program fulfill the success as anticipated by the government and the armed forces? And how?

.....

……..

5. How did the Royal Thai Air Force cooperate or provide support in this program?

.....……..……

…….

6. What is the readiness of the following aspects with regard to provision of rehabilitation service? If not ready, what is your recommendation for improvement?

Personnel.....

Facility.....

Budget.....…….....

7. To conduct a project, had involved personnel been adequately trained to gain knowledge and understanding of Jirasa program? And how?

.....

……...

8. What are the benefits your unit has obtained from Jirasa Drug Rehabilitation program?

.....

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9. Which area of Jirasa program should be improved in order to match Thai culture and context?

……...

10. What is your opinion towards “Jirasa’s former patients” who had successfully completed a rehabilitation program?

……..

11. Problems encountered during executing a program, and your suggestions

.....

Part 3: Questions on Jirasa program results

Direction: Please evaluate Jirasa program by selecting the answer that most agrees with your opinion.

Statements	Degree of appropriateness				
	highest	high	Moderate	low	lowest
1) Jirasa method makes patients aware of the their responsibility to both themselves and others.					
2) Jirasa method makes patients to be more disciplined and responsible.					
3) Jirasa method teaches patients how to avoid drug temptations.					
4) Jirasa method makes patients use time wisely and productively.					
5) Jirasa method makes patients know how to resolve problems and conflicts appropriately.					
6) Jirasa method increases patients’ interactive skill.					
7) Jirasa method enhances patients’ ability to think of possible consequences.					
8) Jirasa program helps increase your patients’ self confidence.					

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Statements	Degree of appropriateness				
	highest	high	Moderate	low	lowest
9) Jirasa program helps encourage your patients to express his/her opinion in the appropriate way.					
10) Jirasa program helps ex-patients to return to live normally in their community.					
11) Jirasa program helps increase patients' understanding about drugs.					
12) Jirasa program makes patients realize the value of self esteem.					
13) Jirasa program helps patients to reduce or to quit drug use.					
14) Jirasa program increases patients' drug knowledge.					
15) There had been beneficial activities performed in Jirasa program.					
16) Jirasa staff members have shown strong willingness and dedication to treatment services.					
17) Good co-operations were observed in Jirasa program.					
18) The duration of rehabilitation program was appropriate.					
19) Jirasa approach could stop the spread of drugs.					
20) Jirasa program helps return good-quality people to the community.					

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Rehabilitation staff

Direction: there are 3 parts in this questionnaire;

Part 1: General information - 9 questions

Part 2: Questions on program results – 50 questions

Part 3: Information taken from observation

Part 1: General information about respondent

Direction: Please tick the appropriate choice, or fill in the blank as required.

1. How old are you (in full number)? ……..
2. Gender
   ( ) 1. Male ( ) 2. Female
3. Marital status
   ( ) 1. Single ( ) 2. Married
   ( ) 3. Widowed ( ) 4. Separated/Divorced
4. Your highest educational level
   ( ) 1. High school ( ) 2. Certificate
   ( ) 3. Undergraduate school ( ) 4. Graduate school
   ( ) 5. Others
5. Please provide details of your past education/ training on addictive drug.....
6. What was your previous position before taking responsibility in Jirasa program?
   ( ) 1. Doctor ( ) 2. Professional nurse
   ( ) 3. Technical nurse ( ) 4. Others (please specify)…….....
7. Number of years you have worked in the drug area (in full number) …….
8. Why would you want to work in this project?
   ( ) 1. voluntary because …… ( ) 2. involuntary but.....
   ( ) 1.1 It is challenging. ( ) 2.1 I was assigned this responsibility.
   ( ) 1.2 It is better than my current assignment. ( ) 2.2 Other .....
   ( ) 1.3 Others.....
9. In your opinion, people with drug addiction are …..….
   ( ) 1. Patients ( ) 2. Persons seeking therapy
   ( ) 3. Those deserving sympathy ( ) 4. Socially unaccepted persons
   ( ) 5. Others (please specify)…….....

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Part 2: Questions on Jirasa program results

Direction: Please provide your opinion about the conduct of Jirasa program. Mark "/" in a box that mostly agrees with your opinion.

Statements	Degree of appropriateness				
	Highest	High	Moderate	Low	Lowest
1) The conduct of Jirasa program conforms with Government's policy.					
2) Implementation of Jirasa program is appropriate with current drug problems in the society.					
3) The conduct of Jirasa program meets community's needs.					
4) The RTAF had provided good support to Jirasa program.					
5) Program objectives are correlated with current drug problem in Thailand.					
6) Jirasa treatment method is appropriately designed for patients.					
7) Jirasa program has a clear goal.					
8) Job assignment to Jirasa staff members was very appropriate.					
9) Program Execution plan was clear and well described.					
10) The conduct of Jirasa program is well organized and managed.					
11) The program has been routinely directed or supervised.					
12) Rehabilitation program had been appropriately prepared.					

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Statements	Degree of appropriateness				
	Highest	High	Moderate	Low	Lowest
13) The number of Jirasa staff members is considered adequate.					
14) You clearly understand the objectives of Jirasa program.					
15) You had put full effort into Jirasa program.					
16) You have good knowledge about Jirasa approach.					
17) Material and equipment resources were adequately available.					
18) Material and equipment resources were appropriate.					
19) Material and equipment resources were the latest.					
20) Jirasa program has received sufficient financial support.					
21) Duration of the program was appropriate.					
22) Staff meeting had been held regularly.					
23) Managing Jirasa program had focused on active participation.					
24) Personnel's role has been clearly defined.					
25) Facilities used in Jirasa program were appropriate.					
26) Program activities had been well prepared.					
27) Program participants were well informed about program objectives before conducting related activities.					
28) Rehabilitation activities were appropriate.					
29) You were able to resolve problem that arose during academic period.					

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Statements	Degree of appropriateness				
	Highest	High	Moderate	Low	Lowest
30) You had continuously evaluated conducted activities.					
31) You have regularly performed post-program assessment.					
32) You had regularly made conclusion reports about conducted activities.					
33) You have constantly used evaluation results to improve Jirasa program.					
34) Jirasa program makes patients realize their responsibilities to themselves and others.					
35) Jirasa program makes patient know their self-discipline and responsibilities.					
36) Jirasa program teaches patients how to resist drug temptation.					
37) Jirasa program teaches patients how to use free time productively.					
38) Jirasa program teaches patients how to resolve problems and conflicts appropriately.					
39) Jirasa program helps develop patient's interpersonal skills and relationships with others.					
40) Jirasa program makes patients think reasonably and think of the consequences.					
41) Jirasa program helps increase patients' self confidence, and lets patients express their opinions in an appropriate way.					
42) Jirasa program helps patients to return to live in their communities without future drug dependence.					

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Statements	Degree of appropriateness				
	Highest	High	Moderate	Low	Lowest
43) Patients gain more drug knowledge from Jirasa program.					
44) Jirasa program helps patients to realize the values of their lives.					
45) Jirasa program helps patients to decrease or even stop drug involvement.					
46) There were many beneficial activities found in Jirasa program.					
47) Jirasa rehabilitation practitioners were highly dedicated to their works.					
48) Good co-operations were observed in Jirasa program.					
49) Jirasa program can help stop the spread of drugs.					
50) Jirasa program helps bring “quality people” back to the community.					

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Observation Form

Part 3: Data obtained from observations

Data acquisition No. …….

Date …….. Time ……

General characteristics of rehabilitation practitioners

Personal appearance.....

Ability to transfer knowledge, voice.....

Personnel readiness

Teaching ability.....

.....

Teaching skill.....

.....

Conducting method

Preparedness of equipment and material

.....

Details of conducted activity.....

Overall participation observed while a program was conducted……..

Program's post-evaluation results…….

Context and environment while observing

Describe the environment while performing activities.....

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Patients or people receiving Jirasa rehabilitation services

Direction: There are 5 parts in this questionnaire.

Part 1: General information – 14 questions

Part 2: Jirasa program's results – 30 questions

Part 3: Drug knowledge test – 12 questions

Part 4: Drug attitude test – 15 questions

Part 5: Follow-up interview form – 4 questions

Part 6: Observation results

Part 1: Respondent's personal details

Direction: Please select the best answer, or fill in the blank if required.

1. How old are you (in full number)? ……. years
2. You are a child No. ……. from the total number of ……
3. Marital status
   ( ) 1. Single ( ) 2. Married
   ( ) 3. Widowed ( ) 4. Divorced/ Separated
4. Your highest education level?
   ( ) 1. Uneducated ( ) 2. Elementary school
   ( ) 3. Primary school ( ) 4. Secondary school
   ( ) 5. Vocational school ( ) 6. Undergraduate school
   ( ) 7. Other (please specify).....
5. What was your occupation prior to engaging a treatment program?
   ( ) 1. Unemployed ( ) 2. Student
   ( ) 3. Hired worker ( ) 4. Merchant
   ( ) 5. Civil servant ( ) 6. State Enterprise
   ( ) 7. Private company ( ) 8. Other (please specify) …….…….
6. Income ……..……. Baht/month
7. Your parents' marital status
   ( ) 1. Live together ( ) 2. They live in separate houses
   ( ) 3. Divorced ( ) 4. Either of them is dead
   ( ) 5. They both are dead. ( ) 6. Other (please specify) …….

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8. Currently, you live with ….

( ) 1. Both father and mother ( ) 2. Your father

( ) 3. Your mother ( ) 4. Relative

( ) 5. Your friends ( ) 6. Other (please specify)

9. Please describe your residence

( ) 1. Single house ( ) 2. Town house

( ) 3. Dormitory, apartment/rented house ( ) 4. Other (please specify) …….

10. Please describe your residential area.

( ) 1. Urban ( ) 2. Suburban

( ) 3. Crowed community ( ) 4. Other (please specify)

11. Have you ever engaged in any drug rehabilitation program before?

( ) 1. Yes ( ) 2. No

If “Yes”, please answer question 12.

12. This is my …… time of treatment at the RTAF’s rehabilitation center.

13. What type of drug/addictive substance you have been addicted to (can be more than one answer)?

( ) 1. Amphetamine ( ) 2. Marihuana ( ) 3. Inhalants

( ) 4. Heroine ( ) 5. Cigarette ( ) 6. Liquor

( ) 7. Other (please specify) …….

14. How did you consume drugs (can be more than one answer)?

( ) 1. eat ( ) 2. smoke

( ) 3. inject ( ) 4. other...

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Part 2: **Jirasa program result**

Direction: Please provide your opinion about how Jirasa program had been conducted. Mark / in a box that matches your opinion.

Statement	Degree of appropriateness				
	highest	high	Moderate	low	lowest
1) Jirasa method is appropriate with current drug situation in our society.					
2) Jirasa method is appropriate for treating drug patients.					
3) Patients' opinion had been taken into account for the improvement of therapy technique.					
4) The conduct of Jirasa program has been done systematically.					
5) Place and facility required for conducting Jirasa program were appropriate.					
6) Before conducting activity, patients were well informed about intended objectives.					
7) Rehabilitation activities were appropriate.					
8) Duration of rehabilitation program was appropriate.					
9) Rehab staff members were able to resolve education-related problems appropriately.					
10) There has been a constant assessment while running a program.					
11) Program's evaluation results had been constantly used for improving relevant activities.					
12) Jirasa program makes you feel more responsible to yourself and others.					

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Statement	Degree of appropriateness				
	highest	high	Moderate	low	lowest
13) Jirasa program makes you become aware of your discipline and responsibilities.					
14) Jirasa program teaches you how to avoid drug temptation that leads to repeated drug use.					
15) Jirasa program teaches you to use time wisely and productively.					
16) Jirasa program teaches you how to properly resolve problems and conflicts.					
17) Jirasa program helps enhance your ability to interact with people.					
18) Jirasa program makes you think reasonably and think of the consequences that may arise from your conduct.					
19) Jirasa program helps boost your self-confidence and courage when publicly expressing your opinions.					
20) Jirasa program can help you to return to live normally in the society without repeated drug involvement in the future.					
21) Jirasa program helps increase your understanding about drugs.					
22) Jirasa program makes you see the value of your self esteem.					
23) Jirasa program helps you to decrease or to stop drug use.					
25) Jirasa program uses appropriate procedural practices.					
26) There had been beneficial activities performed in Jirasa program.					

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Statement	Degree of appropriateness				
	highest	high	Moderate	low	lowest
27) Jirasa staff members have shown strong willingness and dedication to provision of related services.					
28) Good co-operations had been observed in Jirasa program.					
29) Jirasa approach can stop the spread of drugs.					
30) Jirasa program helps return good-quality people to the community.					

Part 3: Drugs and health damage

Direction: Please select only the best choice that best fits your opinion.

1. What is the definition of addictive substance?

a. Substance causing harmful health effects, i.e. drug, cigarette

b. Something useful for the health

c. Something stimulating nervous system when consumed into the body

d. Substance, once entered the body, causing harmful health effects and strong desire for it

2. Which of these could describe the characteristic of drug addict?

a. loosing weight/ thin, pale, weak

b. abnormally fat, inactive/ be able to eat more

c. shaky hands, frequent eye-wink/ be able to work more

d. facial blushing, stumbling/unclear speech/ dislike darkness

3. Serious consequences that may follow after using common syringe among addicts is ….

a. skin disease

b. infectious disease such as AIDS

c. fighting over a syringe

d. no problem at all

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4. Negative effects from smoking is ……

a. Health deterioration, incompetence

b. Family troubles, lack of happiness in the family

c. Economy loss to society and the nation

d. All of the above

5. What type of drugs is widely used among juveniles today?

a . Heroine

b. Inhalant

c. Amphetamine

d. Marihuana

6. Drug addiction is caused by…

a . Drug and its effects

b. Drug craving and desire

c. Environment

d. All of the above

7. Which type of person is most likely to become addicted to drug?

a. irresponsible, undisciplined

b. low self esteem, careless

c. sensitive, unconfident, friend-dependent

d. all of the above

8. How does Amphetamine affect health?

a. If drug is used for a prolonged period, addict's performance will improve.

b. If consumed continuously for a longer period, mental abnormality will develop.

c. Headache, dizziness

d. Enhanced memory, able to study all night long, resulting in a good academic performance

9. Amphetamine has been classified into which group?

a. nervous depressant

b. stimulant

c. Hallucination

d. substance with mixed effects

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10. If you happen to see the sale, production or the use of drug, what should you do to help eliminate drug problem.

a. Ignore it.

b. Inform the police.

c. Intervene and warn involved person about drug dangers.

d. Join them, buy drug or even use it.

11. Which type of drug is produced naturally?

a. Sleeping pill

b. Opium

c. Inhalant

d. Amphetamine

12. Adverse health effects caused by drug include.

a. Deterioration of body functions due to drug's adverse effects.

b. defect in nervous controlling mechanism

c. weakened immunity

d. all of the above

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Part 4: Your attitude/opinion about drugs

Direction: Please tick into the appropriate choice that mostly reflects your opinion.

Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Fighting drug is everyone's responsibility.					
2. Getting addicted to drugs is easy, but curing is difficult.					
3. Drug addiction is caused primarily by emotional desire, rather than physical influence.					
4. Persons addicted to drug usually have a history of family problems.					
5. Occasional drug-taking cannot cause addiction or drug dependency.					
6. To enhance work performance, one should take drug.					
7. Persons using drug usually experience hallucination.					
8. Persons addicted to drug should be regarded as patients - not criminals.					
9. Those selling or producing drug must be harshly punished by law.					
10. Those living in addict's family also experience grief.					
11. A person does not necessarily have to use drug even though most of his/her friends do so.					
12. Family is the most important institution that can prevent a person from drug use.					
13. Individual's willpower and mental strength are crucial to fight drug craving.					
14. Drug addicts are normally regarded as socially unaccepted persons.					
15. People who can quit drug successfully should be admired.					

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Part 5: **Interview form and follow-up questions**

Jirasa Drug Rehabilitation program

Conducted by the Royal Thai Ai Force (RTAF)

At RTAF Rehabilitation Center

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1. General data

1.1 Date …..…..... Interviewer's name ….....

1.2 Patient's name ….....Gender ☐ 1 male ☐ 2 female

age …… years old

1.3 What is your relation with patient? …….

2. History of drug use

2.1 Do you/patients drink? ☐ 1. No, not at all ☐ 2. Occasionally

☐ 3. Drink everyday ☐ 4. Do not know

2.2 Before engaging in Jirasa program, which type of drug that patients had been addicted to (choose only one answer)?

☐ 1 Heroine ☐ 2 Opium ☐ 3 Amphetamine ☐ 4 Other (please specify).....

2.3 After leaving rehab center, have you ever used drugs again? (choose one answer only)

☐ 1 No, not yet.

☐ 2 Occasionally: Type of drug used ……

When was the first use? …….

How long can you stop using it? ……(day/month)

Currently, the frequency of drug use is

☐1. significantly decreased ☐ 2. as needed

☐ 3. increased ☐ 4. unknown

☐ 3 Routinely: Type of drug used ……

When was the first use? …….

How long can you stop using it? ……(day/month)

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Currently, the frequency of drug use is

☐1. significantly decreased ☐ 2. as needed ☐ 3. increased

☐ 4. unknown

How much do you use? ……. Time/day

2.4 Other than drug as mentioned in 2.3, do you use any others?

☐ 1 No

☐ 2 Yes, but very few

☐ 3 Yes; Please specify the name of drug …….....

3. Data concerning current drug-caused illness

3.1 After leaving Jirasa program, have you ever experienced illness as a result of drug abstinence?

☐ 1 No ☐ 2 Yes (specify)…….....

☐ 3 I am not sure

How did you have your sickness cured? …….....

3.2 Do you still experience sickness as a result of drug abstinence?

☐ 1 No

☐ 2 Yes (please specify the symptom)….....

☐ 3 I am not sure

3.3 After completing a treatment program at this Drug rehabilitation center, have you ever attended other similar rehabilitation course anywhere else?

☐ 1 No

☐ 2 Yes (Please specify the place where you have attended ……..……

When ……

How long can you stop using drug?…….. .)

☐ 3 By using a self's attempt, how many days you can quit drug (the longest duration)? ……..

3.4 How do you describe your health condition (if not affected by drug)?

☐ 1 not good ☐ 2 good ☐ 3 very good ☐ 4 unsure

3.5 Currently, can you perform the following activities?

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- Simple activities; i.e. cleaning, lifting a table

☐ 1. Yes, but not well ☐ 2. No problem about that

☐ 3. No, I cannot do ☐ 4. I don't know.

- Climb a high ladder

☐ 1. Yes, but not well. ☐ 2. No problem about that

☐ 3. No, I cannot do. ☐ 4. I don't know.

3.6 With your current health condition, you can…

- Perform less work than intended

☐ 1. Yes ☐ 2. No

☐ 3. Sometimes ☐ 4. I don't know

- Perform only a specific types of work

☐ 1. Yes ☐ 2. No

☐ 3. Sometimes ☐ 4. I don't know

3.7 Within the last three months, have you ever experienced the following? And how often was it?

	1. all the time	2. mostly	3. sometimes	4. never	5. do not know
• focus on what is being performed	☐	☐	☐	☐	☐
• worry so much so that you cannot sleep	☐	☐	☐	☐	☐
• see the importance of self-value	☐	☐	☐	☐	☐
• be able to make a good decision	☐	☐	☐	☐	☐
• feel stressed	☐	☐	☐	☐	☐
• Be able to perform difficult task	☐	☐	☐	☐	☐
• feel so happy and relaxed	☐	☐	☐	☐	☐
• be able to face a difficulty and resolve it	☐	☐	☐	☐	☐
• feel worried	☐	☐	☐	☐	☐
• lack self confidence	☐	☐	☐	☐	☐
• feel worthless	☐	☐	☐	☐	☐
• improve surroundings	☐	☐	☐	☐	☐

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4. Behavioral change

4.1 After leaving a treatment program, you can.....

- perform works for the family ☐ 1. more ☐ 2. unchanged ☐ 3. less ☐ 4. never have done/unsure
- help family to earn more income ☐ 1. more ☐ 2. unchanged ☐3. less ☐ 4. never have done/unsure
- give more care to other family members ☐ 1. more ☐ 2. unchanged ☐ 3. less ☐ 4. never have done/unsure
- Behave well ☐ 1. more ☐ 2. unchanged ☐ 3. less ☐ 4. never have done/unsure

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Observation form

Part 6: Data obtained from the observation process

This is the …….. time of data collection

Date …… Time…….…….

Personal information of person taking Jirasa treatment

Please provide details how patient dressed.....

Cleanliness of the body and clothes……..……

Patient's readiness to learn.....

While conducting an activity

How did you prepare yourself before engaging in a program.……...…….

What was your interest level…….……

How was your program participation as well as your opinions expression?.....

Duration of activity……..……

Benefits gained from the above activity……..……..

Context/environment while performing observation.

Please provide details regarding the context while activity was conducted.....

…….....

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Parents

Direction: There are four parts in this section**;**

Part 1: General enquiry – 12 questions

Part 2: Jirasa program results – 20 questions

Part 3: Drug knowledge test – 12 questions

Part 4: Drug attitude test – 15 questions

Part 1: Information related to respondent's personal data

Direction: Please tick the best answer, or fill in the blank if required.

1. How old are you (in full number)? …….

2. Your occupation?

( ) 1. Unemployed **( )** 2. Student

( ) 3. Work for hire **( )** 4. Merchant

( ) 5. Civil servant **( )** 6. State Enterprise employee

( ) 7. Private company employee **( )** 8. Other (please specify)……

3. Your highest education level?

( ) 1. Uneducated **( )** 2. Primary school

( ) 3. High school (grade 7-9) **( )** 4. High school (grade 10-12)

( ) 5. Vocational school **( )** 6. Undergraduate school

( ) 7. Other (please specify)……

4. Your family consists of ……..

( ) 1. Father, mother and child/children

( ) 2. Father, mother, child/children and relative

( ) 3. Father and child/children

( ) 4. Mother and child/children

( ) 5. Other (please specify)……

5. Your family income is …….. Bath/month (Before tax).

( ) 1. Enough, and I still have some to save

( ) 2. Just enough for a living

( ) 3. Not enough, I have some debt

( ) 4. Other (please specify)……

6. How many children do you have? …….

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7. How many children addicted to drug?……

8. Your addicted child is the oldest one or not (if not please provide details) ……

9. Your residence is.

( ) 1. Single house **( )** 2. Townhouse

( ) 3. Apartment/rented house **( )** 4. Other (please specify)……

10. How do you describe your residential area?

( ) 1. Urban **( )** 2. Suburban

( ) 3. Crowded area **( )** 4. Other (please specify)……

11. Please give your opinion about drug addict……..

12. Please describe your sentiment towards your child who had undergone Jirasa program……..…..

Part 2: **Jirasa program results**

Direction: Please give your assessment on Jirasa program by ticking in the appropriate choice.

Statements	**Degree of appropriateness**				
	Highest	High	Moderate	Low	Least
1) Jirasa method makes your child aware of hi responsibility to both himself and others.					
2) Jirasa method makes your child a disciplined and responsible person.					
3) Jirasa method teaches your child how to avoid drug temptation.					
4) Jirasa method makes your child use time wisely and productively.					
5) Jirasa method makes your child know how to resolve problems and conflicts appropriately.					
6) Jirasa method increases your child's interactive skills.					

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Statements	Degree of appropriateness				
	Highest	High	Moderate	Low	Least
7) Jirasa method enhances your child's ability to think of possible consequences.					
8) Jirasa program helps increase your child's self confidence.					
9) Jirasa program helps encourage your child to express his/her opinion in the appropriate way.					
10) Jirasa program makes your child to return to live normally in his/her community.					
11) Jirasa program makes your child realize the value of self-worth.					
12) Jirasa program makes your child decrease or even stop drug use.					
13) Rehabilitation staff is knowledgeable and capable.					
14) The conduct of Jirasa program was appropriate.					
15) Some activities in Jirasa program were found to be beneficial.					
16)Treatment duration was appropriate.					
17) Frontline practitioners were very dedicated to their works.					
18) Good cooperation among participants had been observed in Jirasa program.					
19) Jirasa treatment method can help stop the spread of drugs.					
20) Jirasa program helps return good people to their community.					

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Part 2: **Knowledge about drug dangers and adverse health effects**

Direction: Please select the best answer that most agrees with your opinion.

1. What is a definition of addictive substance?

a. Substance causing harmful health effects, i.e. drug, cigarette

b. Something useless to the health

c. Something, when consumed into the body, can stimulate nervous systems.

d. Substance, once entered the body, causing negative health effects and craving for it

2. Which of these can best describe characteristic of drug addict?

a. loosing weight/ thin, pale, or weak

b. abnormally fat, inactive/ be able to eat more

c. shaky hands, frequent eye-wink/ be able to work more

d. facial blushing, stumbling/unclear speech/ dislike darkness

3. Serious consequence that may follow after using common syringe among addicts is ….

a. skin disease

b. infectious disease such as AIDS

c. fighting over a syringe

d. no problem at all

4. Adverse effects from smoking is ……

a. Health deterioration, incompetence

b. Family troubles, lack of happiness in the family

c. Economy loss to society and the nation

d. All of the above

5. What type of drugs is currently widely used among adolescents?

a. Heroine

b. Inhalant

c. Amphetamine

d. Marihuana

6. Drug addiction is caused by…

a. Drug and its effects

b. Individual who uses drug

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c. Environment

d. All of the above

7. Which type of person is most likely to become addicted to drug?

a. irresponsible, undisciplined

b. low self esteem, careless

c. sensitive, unconfident, friend-dependent

d. All of the above

8. How does Amphetamine affect health?

a. If drug is used for a prolonged period, addict's performance will be improved.

b. If consumed continuously for a long period, mental abnormality will develop.

c. Headache, dizziness

d. Enhanced memory, able to study all night long, resulting in a good academic performance

9. Amphetamine has been classified into which category?

a. nervous depressant

b. stimulant

c. Hallucination

d. substance giving mixed effects

10. If you happen to see people selling, producing or using drug, what should you do to help eliminate drug problem?

a. Ignore it.

b. Inform the police.

c. Intervene and tell them about drug dangers.

d. Join them, buy drug, or even use it.

11. Which type of drug is produced naturally?

a. Sleeping pill

b. Opium

c. Inhalant

d. Amphetamine

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12. Adverse health effects to drug users include…..

a. Deterioration of organ function

b. Defect in nervous-controlling mechanism

c. Weakened immunity

d. All of the above

Part 3: Questionnaire about drug attitude/opinion

Direction: Please select the choice that you consider the best answer. Each question has one answer only; Please answer all questions.

Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Fighting drug is everyone's responsibility.					
2. Getting addicted to drugs is easy, but curing is difficult.					
3. Drug addiction is derived primarily from emotional desire, rather than physical influence.					
4. Persons addicted to drugs usually have a history of family problem.					
5. Occasional drug-taking cannot cause addiction or drug dependency.					
6. To enhance work performance, one should take drug.					
7. Persons using drug usually experience hallucination.					
8. Persons addicted to drug should be regarded as patients - not criminals.					
9. Those selling or producing drug must be harshly punished by law.					

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Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
11. A person does not necessarily have to use drug even though most of his/her friends do so.					
12. Family is the most important institution that can prevent a person from using drug.					
13. Individual's willpower and mental strength are crucial to countering drug craving.					
14. Drug addicts are regarded as socially unaccepted persons.					
15. People who can quit drug successfully should be admired.					

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No. MU 2006-235

Documentary Proof of Ethical Clearance
The Committee on Human Rights Related to Human Experimentation
Mahidol University, Bangkok

Title of Project: An Evaluation of the Rehabilitation for the Drug Addicts Jirasa Program at Rehabilitation Center Royal Thai Airforce (Thesis for Master Degree)

Principle Investigator: Sqn. Ldr. Phongpun Khuanyoung

Name of Institution: Faculty of Graduate Studies

Approved by the Committee on Human Rights Related to Human Experimentation

Signature of Chairman: .....
(Professor Dr.Srisin Khusmith)

Signature of Head of the Institute: .....
(Professor Dr.Pornchai Matangkasombut)

Date of Approval: 27 DEC 2006

Date of Expiration: 26 DEC 2007

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APPENDIX B

Variables, Measurement Index and Evaluation Method

Variables to be evaluated	Measurement Index	Source of information	Utilized tools	Data analysis method	Decision criteria
1. Context - Implementation of relevant policy (made by agency, organization, government etc.) - Conformity with current context - Community participation	- Conformity - Appropriateness	- Center's director - Center's manager - Rehabilitation practitioner	- Interview - Questionnaire	- Narrative style - Mean - Standard Deviation	- Using the mean of opinion
2. Input 2.1 Program administration & Management - Therapy Method - Assignment of individual's role and responsibility - Facility	- Sufficiency - Appropriateness - Clarity	- Center's manager - Rehabilitation practitioner	- Interview - Questionnaire	- Narrative style - Mean - Standard Deviation	- Using the mean of opinion

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Variables, Measurement Index and Evaluation Method

Variables to be evaluated	Measurement Index	Source of information	Utilized tools	Data analysis method	Decision criteria
2.2 Personnel Readiness - Quantity - Preparation - Co-operation - Knowledge & skill 2.3 Budget - from the internal source - from the external source 2.4 Program duration 2.5 Material & equipment - adequate - appropriate - modern	- Clarity - Sufficiency - Appropriateness	- Center's director - Center's manager - Rehabilitation practitioner	- Interview - Questionnaire	- Narrative style - Mean - Standard Deviation	- Using the mean of opinion

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Variables, Measurement Index and Evaluation Method

Variables to be evaluated	Measurement Index	Source of information	Utilized tools	Data analysis method	Decision criteria
3. Process 3.1 Project Execution Plan - Program Committee - Work Schedule - Plan Modification - Work supervision and direction 3.2 Conducting Process - Treatment method - Activity arrangement - staff's attention to patient concerns and problems - Encountered problems and obstacles	- Sufficiency - Appropriateness - Quality, efficiency, sufficiency, and appropriateness	- Center's Director - Center's manager -Rehabilitation practitioner - Patients	- Interview - Questionnaire - Observation	- Narrative style - Mean - Standard Deviation	- Using the mean of opinion

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Variables, Measurement Index and Evaluation Method

Variables to be evaluated	Measurement Index	Source of information	Utilized tools	Data analysis method	Decision criteria
3.3 Evaluation process - Periodical Evaluation - conclusion and reporting - The use of the evaluation result for program improvement	- Sufficiency - Appropriateness	-Rehabilitation practitioner - Patients	- Questionnaire	- Mean - Standard Deviation	- Using the mean of opinion
4. Product 4.1 Obtained outcomes - Drug knowledge - Drug attitude - Drug-related behavior	- Understanding, knowledge and attitude about drug - Behavioral change after engaging in a program	- Patients - Parents - Rehabilitation practitioner -Parents - Patients	- Questionnaire - Questionnaire	- Mean - Standard Deviation - Mean - Standard Deviation	- Using the mean of opinion - Using the mean of opinion

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Variables, Measurement Index and Evaluation Method

Variables to be evaluated	Measurement Index	Source of information	Utilized tools	Data analysis method	Decision criteria
4.2 Attitude Towards a Program - Knowledge and understanding about a program - Benefits of the program - Co-operation among involved parties in the program - Program activities - Program implementation - Program's impact	- Behavioral change 3 months after leaving a program - Opinion level	- Parents - Patients - Center's director - Center's manager - Rehabilitation practitioner - Parents - Patients	- Interview form - Questionnaire - Interview form	- Narrative style - Mean - Standard Deviation - Narrative style	- Using the mean of opinion

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APPENDIX C

Activity Time Table for Jirasa Rehabilitation Program Duration 16 weeks

Week	Activity	person in charge	Objectives	Assessment criteria
5-8 (Focus on the prevention of repeated drug use, and related skills)	**Measures to prevent repeated drug use** 1. Review all risk factors 2. Analyze individual's risk behaviors 3. List all causes of addiction seen in everyday life 4. Create a plan accordingly **Communication and interrelation skills** 1. Awareness of the significance of communication ability 2. Successful communication skills 3. Failed communication 4. Critic and comment	Center's staff Center's staff	To prevent the repetitions of risk behavior leading to drug use Understand and possess basic communication skills (i.e. listening, speaking, questioning, criticizing) useful for daily life activities, as well as complete drug abstinence	- Observe patient's attention while they participating in an activity - Observe participants' idea contribution - Assess from a work report - Observe patient's attention while they participating in an activity - Observe participants' idea contribution

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Activity Time Table for Jirasa Rehabilitation Program Duration 16 weeks

Week	Activity	person in charge	Objectives	Assessment method/criteria
9-12 (Focus on the relationship with relatives, as well as living style outside Rehab Center)	**Relationship with relatives** 1. Family Reunion Day 2. Discussion between Jirasa staff and parents 3. Alternative activity 4.Perform community service	Center's staff Parents	1. Improve family bond 2. Teach patients how to manage their life and time appropriately upon returning to their community after the program.	- Observe patient's attention while they participating in an activity
13-16 (Send ex-patients to the community - experimental stage)	The return of patients to their usual place of residence	Center's staff Parents	1. Enable patients to change problem-solving habits without drug dependence so that they can return to their community uneventfully.	- Observe patients' behavior and conduct upon returning to their community.

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APPENDIX D
Data Analysis

Table 21 Evaluation of Jirasa program in various aspects as responded by rehabilitation staff

Statement	Highest	High	Moderate	low	lowest	$\bar{x}$	S.D
Context							
1) The conduct of Jirasa program conforms with Government's policy.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	4.60	0.52
2) Implementation of Jirasa program is appropriate with current drug problems in the society.	3 (30%)	7 (70%)	0 (0%)	0 (0%)	0 (0%)	4.30	0.48
3) The conduct of Jirasa program meets community's needs.	1 (10%)	7 (70%)	2 (20%)	0 (0%)	0 (0%)	3.90	0.57
4) The RTAF had provided good support to Jirasa program.	4 (40%)	3 (30%)	3 (30%)	0 (0%)	0 (0%)	4.10	0.88
5) Program objectives are correlated with current drug problem in Thailand.	3 (30%)	7 (70%)	0 (0%)	0 (0%)	0 (0%)	4.30	0.48
Input							
6) Jirasa treatment method is appropriately designed for patients.	1 (10%)	8 (80%)	1 (10%)	0 (0%)	0 (0%)	4.00	0.47
7) Jirasa program has a clear goal.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	4.10	0.32
8) Job assignment to Jirasa staff members was very appropriate.	1 (10%)	5 (50%)	4 (40%)	0 (0%)	0 (0%)	3.70	0.67
9) Program Execution plan was clear and well described.	2 (20%)	6 (60%)	2 (20%)	0 (0%)	0 (0%)	4.00	0.66
10) The conduct of Jirasa program is well organized and managed.	2 (20%)	8 (80%)	0 (0%)	0 (0%)	0 (0%)	4.20	0.42

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Statement	Highest	High	Moderate	low	lowest	$\bar{x}$	S.D
11) The program has been routinely directed or supervised.	1 (10%)	6 (60%)	3 (30%)	0 (0%)	0 (0%)	3.80	0.63
12) Rehabilitation program had been appropriately prepared.	0 (0%)	7 (70%)	3 (30%)	0 (0%)	0 (0%)	3.70	0.48
13) The number of Jirasa staff members is considered adequate.	0 (0%)	2 (20%)	6 (60%)	2 (20%)	0 (0%)	3.00	0.66
14) You clearly understand the objectives of Jirasa program.	1 (10%)	6 (60%)	3 (30%)	0 (0%)	0 (0%)	3.80	0.63
15) You had put full effort into Jirasa program.	3 (30%)	6 (60%)	1 (10%)	0 (0%)	0 (0%)	4.20	0.63
16) You have good knowledge about Jirasa approach.	1 (10%)	9 (90%)	0 (0%)	0 (0%)	0 (0%)	4.10	0.31
17) Material and equipment resources were adequately available.	1 (10%)	2 (20%)	5 (50%)	2 (20%)	0 (0%)	3.20	0.92
18) Material and equipment resources were appropriate.	0 (0%)	3 (30%)	5 (50%)	2 (20%)	0 (0%)	3.10	0.74
19) Material and equipment resources were the latest type.	0 (0%)	3 (30%)	6 (60%)	0 (0%)	1 (10%)	3.10	0.88
20) Jirasa program has received sufficient financial support.	0 (0%)	4 (40%)	5 (50%)	1 (10%)	0 (0%)	3.30	0.67
21) Duration of the program was appropriate.	1 (10%)	4 (40%)	4 (40%)	1 (10%)	0 (0%)	3.50	0.84
22) Staff meeting had been held regularly.	2 (20%)	4 (40%)	4 (40%)	0 (0%)	0 (0%)	3.80	0.78
Process 23) Managing Jirasa program had focused on active participation.	3 (30%)	6 (60%)	1 (10%)	0 (0%)	0 (0%)	4.20	0.63

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Statement	Highest	High	Moderate	low	lowest	$\bar{x}$	S.D
24) Personnel's role has been clearly defined.	3 (30%)	6 (60%)	1 (10%)	0 (0%)	0 (0%)	4.20	0.63
25) Facilities used in Jirasa program were appropriate.	1 (10%)	5 (50%)	2 (20%)	1 (10%)	1 (10%)	3.40	1.17
26) Program activities had been well prepared.	0 (0%)	7 (70%)	3 (30%)	0 (0%)	0 (0%)	3.70	0.48
27) Program participants were well informed about program objectives before conducting related activities.	0 (0%)	9 (90%)	1 (10%)	0 (0%)	0 (0%)	3.90	0.31
28) Rehabilitation activities were appropriate.	0 (0%)	8 (80%)	2 (20%)	0 (0%)	0 (0%)	3.80	0.42
29) You were able to resolve problem that arose during academic period.	1 (10%)	5 (50%)	4 (40%)	0 (0%)	0 (0%)	3.70	0.67
30) You had continuously evaluated conducted activities.	1 (10%)	5 (50%)	4 (40%)	0 (0%)	0 (0%)	3.70	0.67
31) You have regularly performed post-program assessment.	0 (0%)	7 (70%)	3 (30%)	0 (0%)	0 (0%)	3.70	0.48
32) You had regularly made conclusion reports about conducted activities.	0 (0%)	6 (60%)	4 (40%)	0 (0%)	0 (0%)	3.60	0.51
33) You have constantly used evaluation results to improve Jirasa program.	0 (0%)	8 (80%)	2 (20%)	0 (0%)	0 (0%)	3.80	0.42
Product 34) Jirasa program makes patients realize their responsibilities to themselves and others.	1 (10%)	7 (70%)	2 (20%)	0 (0%)	0 (0%)	3.90	0.56
35) Jirasa program makes patient know their self-discipline and accountability.	1 (10%)	6 (60%)	3 (30%)	0 (0%)	0 (0%)	3.80	0.63
36) Jirasa program teaches patients how to resist drug temptation.	2 (20%)	6 (60%)	2 (20%)	0 (0%)	0 (0%)	4.00	0.66

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Statement	Highest	High	Moderate	low	lowest	$\bar{x}$	S.D
37) Jirasa program teaches patients how to use free time productively.	0 (0%)	9 (90%)	1 (10%)	0 (0%)	0 (0%)	3.90	0.31
38) Jirasa program teaches patients how to resolve problems and conflicts appropriately.	2 (20%)	6 (60%)	2 (20%)	0 (0%)	0 (0%)	4.00	0.66
39) Jirasa program helps develop patient's interpersonal skills and relationships with others.	2 (20%)	6 (60%)	2 (20%)	0 (0%)	0 (0%)	4.00	0.66
40) Jirasa program makes patients think reasonably and think of the consequences.	2 (20%)	6 (60%)	2 (20%)	0 (0%)	0 (0%)	4.00	0.66
41) Jirasa program helps increase patients' self confidence, and lets patients express their opinions in an appropriate way.	2 (20%)	7 (70%)	1 (10%)	0 (0%)	0 (0%)	4.10	0.56
42) Jirasa program helps patients to return to live in their communities without future drug dependence.	3 (30%)	2 (20%)	5 (50%)	0 (0%)	0 (0%)	3.80	0.91
43) Patients gain more drug knowledge from Jirasa program.	3 (30%)	5 (50%)	2 (20%)	0 (0%)	0 (0%)	4.10	0.73
44) Jirasa program helps patients to realize the values of their lives.	2 (20%)	7 (70%)	1 (10%)	0 (0%)	0 (0%)	4.10	0.56
45) Jirasa program helps patients to decrease or even stop drug involvement.	1 (10%)	3 (30%)	5 (50%)	1 (10%)	0 (0%)	3.40	0.84
46) There were many beneficial activities found in Jirasa program.	2 (20%)	5 (50%)	3 (30%)	0 (0%)	0 (0%)	3.90	0.73
47) Jirasa rehabilitation practitioners were highly dedicated to their works.	3 (30%)	5 (50%)	1 (10%)	1 (10%)	0 (0%)	4.00	0.94
48) Good co-operations were observed in Jirasa program.	0 (0%)	6 (60%)	4 (40%)	0 (0%)	0 %)	3.60	0.51

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Statement	Highest	High	Moderate	low	lowest	$\bar{x}$	S.D
49) Jirasa program can help stop the spread of drugs.	0 (0%)	5 (50%)	4 (40%)	1 (10%)	0 (0%)	3.40	0.69
50) Jirasa program helps bring "quality people" back to the community.	1 (10%)	6 (60%)	3 (30%)	0 (0%)	0 (0%)	3.80	0.63

$\bar{x}$ = 3.82 S.D = 0.62

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Table 22 Evaluation of Jirasa program in various aspects as responded by patients

Statement	Highest	High	Moderate	Low	Lowest	$\bar{X}$	S.D
Context							
1) Jirasa method is appropriate with current drug situation in our society.	2 (5.2%)	17 (44.7%)	19 (50.1%)	0 (0%)	0 (0%)	3.50	0.60
2) Jirasa method is appropriate for treating drug patients.	6 (15.7%)	17 (44.7%)	15 (39.6%)	0 (0%)	0 (0%)	3.68	0.70
Input							
3) Patients' opinion had been taken into account for the improvement of therapy technique.	6 (15.7%)	27 (71.1%)	5 (13.2%)	0 (0%)	0 (0%)	3.92	0.63
4) The conduct of Jirasa program has been done systematically.	11 (28.9%)	17 (44.7%)	10 (26.4	0 (0%)	0 (0%)	3.87	0.70
5) Place and facility required for conducting Jirasa program were appropriate.	7 (18.4%)	23 (60.4%)	8 (21.2%)	0 (0%)	0 (0%)	3.89	0.65
Process							
6) Before conducting activity, patients were well informed about intended objectives.	7 (18.4%)	23 (60.4%)	8 (21.2%)	0 (0%)	0 (0%)	3.95	0.69
7) Rehabilitation activities were appropriate.	9 (23.7%)	25 (65.7%)	4 (10.6%)	0 (0%)	0 (0%)	4.05	0.61
8) Duration of rehabilitation program was appropriate.	12 (31.5%)	15 (39.6%)	11 (28.9%)	0 (0%)	0 (0%)	3.92	0.88
9) Rehab staff members were able to resolve education-related problems appropriately.	8 (21.2%)	18 (47.3%)	12 (31.5%)	0 (0%)	0 (0%)	3.82	0.73
10) There has been a constant assessment while running a program.	10 (26.4%)	19 (50.1%)	7 (18.4%)	0 (0%)	0 (0%)	3.92	0.71

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Statement	Highest	High	Moderate	Low	Lowest	$\bar{x}$	S.D
11) Program's evaluation results had been constantly used for improving relevant activities.	4 (10.5%)	22 (60.7%)	11 (28.8%)	1 (2.5%)	0 (0%)	3.68	0.66
Product 12) Jirasa program makes you feel more responsible to yourself and others.	19 (50.1%)	19 (50.1%)	0 (0%)	0 (0%)	0 (0%)	4.43	0.59
13) Jirasa program makes you become aware of your discipline and responsibilities.	23 (60.4%)	15 (39.6%)	0 (0%)	0 (0%)	0 (0%)	4.58	0.50
14) Jirasa program teaches you how to avoid drug temptation that leads to repeated drug use.	20 (52.8%)	14 (36.7%)	4 (10.5%)	0 (0%)	0 (0%)	4.35	0.73
15) Jirasa program teaches you to use time wisely and productively.	21 (55%)	14 (36.7%)	3 (7.6%)	0 (0%)	0 (0%)	4.40	0.70
16) Jirasa program teaches you how to properly resolve problems and conflicts.	10 (26.4%)	20 (52.8%)	8 (21.2%)	0 (0%)	0 (0%)	4.03	0.76
17) Jirasa program helps enhance your ability to interact with people.	15 (39.6%)	20 (52.8%)	3 (7.6%)	0 (0%)	0 (0%)	4.25	0.67
18) Jirasa program makes you think reasonably and think of the consequences that may arise from your conduct.	11 (28.9%)	23 (60.4%)	4 (10.5%)	0 (0%)	0 (0%)	4.13	0.64
19) Jirasa program helps boost your self-confidence and courage when publicly expressing your opinions.	16 (42.3%)	21 (55%)	1 (2.7%)	0 (0%)	0 (0%)	4.33	0.61
20) Jirasa program can help you to return to live normally in the society without repeated drug involvement in the future.	16 (42.3%)	19 (50.1%)	3 (7.6%)	0 (0%)	0 (0%)	4.28	0.67

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Statement	Highest	High	Moderate	Low	Lowest	$\bar{x}$	S.D
21) Jirasa program helps increase your understanding about drugs.	18 (47.4%)	18 (47.4%)	2 (5.2%)	0 (0%)	0 (0%)	4.35	0.66
22) Jirasa program makes you see the value of your self esteem.	14 (36.8%)	19 (50.1%)	5 (13.2%)	0 (0%)	0 (0%)	4.18	0.71
23) Jirasa program helps you to decrease or to stop drug use.	18 (47.3%)	17 (44.7%)	3 (7.6%)	0 (0%)	0 (0%)	4.33	0.69
24) Rehabilitation staff members were very skillful and knowledgeable.	15 (39.6%)	20 (52.8%)	2 (5.2%)	1 (2.7%)	0 (0%)	4.22	0.73
25) Jirasa program uses appropriate procedural practices.	8 (21.2)	20 (52.8%)	10 (26.4%)	0 (0%)	0 (0%)	3.90	0.70
26) There had been beneficial activities performed in Jirasa program.	7 (18.4%)	25 (65.7%)	6 (15.7%)	0 (0%)	0 (0%)	3.98	0.62
27) Jirasa staff members have shown strong willingness and dedication to provision of related services.	11 (28.9%)	22 (60.7%)	4 (10.5%)	1 (2.7%)	0 (0%)	4.08	0.73
28) Good co-operations had been observed in Jirasa program.	9 (23.7%)	26 (68.7%)	3 (7.6%)	0 (0%)	0 (0%)	4.10	0.59
29) Jirasa approach can stop the spread of drugs.	10 (26.4%)	17 (44.7%)	10 (26.4%)	1 (2.7%)	0 (0%)	3.90	0.81
30) Jirasa program helps return good-quality people to the community.	23 (60.4%)	11 (28.9%)	3 (7.6%)	1 (2.7%)	0 (0%)	4.40	0.81

$\bar{x}$ = 4.18 S.D = 0.67

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Table 23 Evaluation of Jirasa program in various aspects as responded by parents

Statement	Highest	High	Moderate	Low	Lowest	$\bar{x}$	S.D
1) Jirasa method makes your child aware of hi responsibility to both himself and others.	14 (46.7%)	13 (43.3%)	3 (10%)	0 (0%)	0 (0%)	4.37	0.66
2) Jirasa method makes your child a disciplined and responsible person.	17 (56.7%)	10 (33.3%)	3 (10%)	0 (0%)	0 (0%)	4.00	0.89
3) Jirasa method teaches your child how to avoid drug temptation.	12 (40%)	17 (56.7%)	1 (3.3%)	0 (0%)	0 (0%)	4.30	0.79
4) Jirasa method makes your child use time wisely and productively.	17 (56.7%)	13 (43.3%)	0 (0%)	0 (0%)	0 (0%)	4.57	0.50
5) Jirasa method makes your child know how to resolve problems and conflicts appropriately.	17 (56.7%)	9 (30%)	4 (13.3%)	0 (0%)	0 (0%)	4.43	0.72
6) Jirasa method increases your child's interactive skills.	19 (63.3%)	11 (36.7%)	0 (0%)	0 (0%)	0 (0%)	4.63	0.49
7) Jirasa method enhances your child's ability to think of possible consequences.	9 (30%)	19 (63.3%)	2 (6.7%)	0 (0%)	0 (0%)	4.23	0.56
8) Jirasa program helps increase your child's self confidence.	17 (56.7%)	10 (33.3%)	3 (10%)	0 (0%)	0 (0%)	4.47	0.68
9) Jirasa program helps encourage your child to express his/her opinion in the appropriate way.	14 (46.7%)	14 (46.7%)	2 (6.7%)	0 (0%)	0 (0%)	4.40	0.62
10) Jirasa program makes your child to return to live normally in his/her community.	12 (40%)	15 (50%)	3 (10%)	0 (0%)	0 (0%)	4.30	0.65
11) Jirasa program makes your child realize the value of self-worth.	11 (36.7%)	19 (63.3%)	0 (0%)	0 (0%)	0 (0%)	4.37	0.49

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Statement	Highest	High	Moderate	Low	Lowest	$\bar{x}$	S.D
12) Jirasa program makes your child decrease or even stop drug use.	14 (46.7%)	13 (43.3%)	3 (10%)	0 (0%)	0 (0%)	4.37	0.66
13) Rehabilitation staff is knowledgeable and capable.	13 (43.3%)	14 (46.7%)	3 (10%)	0 (0%)	0 (0%)	4.33	0.66
14) The conduct of Jirasa program was appropriate.	10 (33.3%)	19 (63.3%)	1 (3.3%)	0 (0%)	0 (0%)	4.30	0.53
15) Some activities in Jirasa program were found to be beneficial.	13 (43.3%)	17 (56.7%)	0 (0%)	0 (0%)	0 (0%)	4.43	0.50
16) Treatment duration was appropriate.	14 (46.7%)	15 (50%)	1 (3.3%)	0 (0%)	0 (0%)	4.43	0.56
17) Frontline practitioners were very dedicated to their works.	18 (60%)	12 (40%)	0 (0%)	0 (0%)	0 (0%)	4.60	0.49
18) Good cooperation among participants had been observed in Jirasa program.	14 (46.7%)	16 (53.3%)	0 (0%)	0 (0%)	0 (0%)	4.47	0.50
19) Jirasa treatment method can help stop the spread of drugs.	17 (56.7%)	12 (40%)	1 (3.3%)	0 (0%)	0 (0%)	4.53	0.57
20) Jirasa program helps return good people to their community.	21 (70%)	9 (30%)	0 (0%)	0 (0%)	0 (0%)	4.70	0.46

$\bar{x}$ = 4.43 S.D = 0.59

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Table 24 Comparison of Drug knowledge among patients before and after the program

Statement	Before			After		
	n	%	Mean	n	%	Mean
1. What is a definition of addictive substance? (Substance, once entered the body, causing negative health effects and craving for it)	18	47.4	.47	22	57.9	.58
2. Which of these can best describe characteristic of drug addict? (loose weight/ thin, pale, or weak)	29	76.3	.76	31	81.6	.82
3. Serious consequence that may follow after using common syringe among addicts is …. (infectious disease such as AIDS)	36	94.7	.95	36	94.7	.95
4. Adverse effects from smoking is …… (Health deterioration,incompetence, Family troubles, lack of happiness in the family Economy loss to society and the nation)	37	97.4	.97	37	97.4	.97
5. Which type of drugs is currently widely used among adolescents? (Amphetamine)	38	100	1	40	100	1
6. Drug addiction is caused by… (Drug and its effects, Individual who uses drug, Environment)	34	89.5	.89	36	95	.95
7. Which type of person is most likely to become addicted to drug? (irresponsible, undisciplined, low self esteem, careless, sensitive, unconfident, friend-dependent)	24	63.2	.66	32	84.2	.84
8. How does Amphetamine affect health? (If consumed continuously for a long period, mental abnormality will develop.)	36	94.7	.95	33	86.8	.87

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Statement	Before			After		
	n	%	Mean	n	%	Mean
9. Amphetamine has been classified into which category? (stimulant)	34	89.5	.89	31	81.6	.82
10. If you happen to see people selling, producing or using drug, what should you do to help eliminate drug problem? (Inform the police)	27	71.1	.71	30	78.9	.79
11. Which type of drug is produced naturally? (Opium)	36	94.7	.95	36	94.7	.95
12. Adverse health effects to drug users include….. (Deterioration of organ function, Defect in nervous-controlling mechanism, Weakened immunity)	36	94.7	.95	35	92.1	.92

Before joining a program $\bar{x}$ = 10.16

After the program $\bar{x}$ = 10.45

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Table 25 Comparison of parent's knowledge on drug dangers (both before and after the program)

Statement	Before			After		
	n	%	Mean	n	%	Mean
1. What is a definition of addictive substance? (Substance, once entered the body, causing negative health effects and craving for it)	18	60	.66	23	76.7	.77
2. Which of these can best describe characteristic of drug addict? (loose weight/ thin, pale, or weak)	23	76.7	.77	29	96.7	.98
3. Serious consequence that may follow after using common syringe among addicts is …. (infectious disease such as AIDS)	29	96.7	.97	30	100	1
4. Adverse effects from smoking is …… (Health deterioration, incompetence, Family troubles, lack of happiness in the family Economy loss to society and the nation)	30	100	1	30	100	1
5. Which type of drugs is currently widely used among adolescents? (Amphetamine)	30	100	1	30	100	1
6. Drug addiction is caused by… (Drug and its effects, Individual who uses drug, Environment)	26	86.7	.87	28	93.5	.94

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Statement	Before			After		
	n	%	Mean	n	%	Mean
7. Which type of person is most likely to become addicted to drug? (irresponsible, undisciplined, low self esteem, careless, sensitive, unconfident, friend-dependent)	26	86.67	.87	27	90	.90
8. How does Amphetamine affect health? (If consumed continuously for a long period, mental abnormality will develop.)	27	90	.90	28	93.3	.93
9. Amphetamine has been classified into which category? (stimulant)	17	42.5	.43	20	66.7	68.
10. If you happen to see people selling, producing or using drug, what should you do to help eliminate drug problem? (Inform the police)	10	33.3	.33	20	66.7	.68
11. Which type of drug is produced naturally? (Opium)	14	46.7	.47	24	80	.80
12. Adverse health effects to drug users include….. (Deterioration of organ function, Defect in nervous-controlling mechanism, Weakened immunity)	28	93.33	.93	29	96.7	.97

Before $\bar{x}$ = 9.70

After $\bar{x}$ = 10.90

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Table 26 Drug attitude of patients (before joining Jirasa program)

Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Fighting drug is everyone's responsibility.	24 (63.2%)	9 (23.7%)	5 (13.2%)	0 (0%)	0 (0%)
2. Getting addicted to drugs is easy, but curing is difficult.	3 (7.9%)	21 (55.3%)	10 (26.3%)	3 (7.9%)	1 (2%)
3. Drug addiction is derived primarily from emotional desire, rather than physical influence.	6 (15.8%)	21 (55.3%)	8 (21.1%)	2 (5.3%)	1 (2.6%)
4. Persons addicted to drugs usually have a history of family problem.	0 (0%)	12 (31.2%)	14 (36.8%)	10 (26.3%)	2 (5.3%)
5. Occasional drug-taking cannot cause addiction or drug dependency.	2 (5.3%)	4 (10.5%)	15 (39.5%)	13 (34.2%)	4 (10.5%)
6. To enhance work performance, one should take drug.	17 (44.7%)	14 (36.8%)	6 (15.8%)	0 (0%)	1 (2.6%)
7. Persons using drug usually experience hallucination.	16 (42.1%)	12 (31.6%)	8 (21.1%)	2 (5.3%)	0 (0%)
8. Persons addicted to drug should be regarded as patients - not criminals.	17 (44.7%)	18 (47.4%)	1 (2.6%)	2 (5.3%)	0 (0%)
9. Those selling or producing drug must be harshly punished by law.	22 (57.9%)	13 (34.2%)	3 (7.9%)	0 (0%)	0 (0%)
10. Those in addict's family are also affected, and live with grief.	12 (31.6%)	24 (63.2%)	1 (2.6%)	1 (2.6%)	0 (0%)
11. A person does not necessarily have to use drug even though most of his/her friends do so.	8 (21.1%)	15 (39.5%)	12 (31.6%)	3 (7.9%)	0 (0%)
12. Family is the most important institution that can prevent a person from using drug.	15 (39.5%)	18 (47.7%)	4 (10.5%)	1 (2.6%)	0 (0%)

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Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
13. Individual's willpower and mental strength are crucial to countering drug craving.	14 (36.8%)	15 (39.5%)	8 (21.1%)	1 (2.6%)	0 (0%)
14. Drug addicts are regarded as socially unaccepted persons.	10 (26.3%)	11 (28.9%)	10 (26.3%)	6 (15.8%)	1 (2.6%)
15. People who can quit drug successfully should be admired.	25 (65.8%)	8 (21.1%)	3 (7.9%)	2 (5.3%)	0 (0%)

$\bar{x}$ = 3.93 S.D = 0.84

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Table 27 Drug attitude among patients after the program

Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Fighting drug is everyone's responsibility.	21 (52.5%)	18 (45%)	1 (2.5%)	0 (0%)	0 (0%)
2. Getting addicted to drugs is easy, but curing is difficult.	10 (25%)	20 (50%)	8 (20%)	1 (2.5%)	1 (2.5%)
3. Drug addiction is derived primarily from emotional desire, rather than physical influence.	14 (35%)	17 (42.5%)	9 (22.5%)	0 (0%)	0 (0%)
4. Persons addicted to drugs usually have a history of family problem.	2 (5%)	8 (25%)	11 (27.5%)	15 (37.5%)	4 (10%)
5. Occasional drug-taking cannot cause addiction or drug dependency.	2 (2.5%)	10 (25%)	11 (27.5%)	11 (27.5%)	6 (15%)
6. To enhance work performance, one should take drug.	12 (30%)	20 (50%)	7 (17.5%)	1 (2.5%)	0 (0%)
7. Persons using drug usually experience hallucination.	11 (27.5%)	21 (52.5%)	6 (15%)	1 (2.5%)	1 (2.5%)
8. Persons addicted to drug should be regarded as patients - not criminals.	17 (42.5%)	19 (47.5%)	4 (10%)	0 (0%)	0 (0%)
9. Those selling or producing drug must be harshly punished by law.	15 (37.5%)	19 (47.5%)	3 (7.5%)	2 (5%)	1 (2.5%)
10. Those in addict's family are also affected, and live with grief.	16 (40%)	18 (45%)	5 (12.5%)	1 (2.5%)	0 (0%)
11. A person does not necessarily have to use drug even though most of his/her friends do so.	11 (27.5%)	16 (40%)	8 (20%)	5 (12.5%)	0 (0%)

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Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
12. Family is the most important institution that can prevent a person from using drug.	13 (32.5%)	23 (57.5%)	3 (7.5%)	1 (2.5%)	0 (0%)
13. Individual's willpower and mental strength are crucial to countering drug craving.	21 (52.5%)	17 (42.5%)	1 (2.5%)	1 (2.5%)	0 (0%)
14. Drug addicts are regarded as socially unaccepted persons.	8 (20%)	11 (27.5%)	16 (40%)	5 (12.5%)	0 (0%)
15. People who can quit drug successfully should be admired.	21 (52.5%)	16 (40%)	2 (5%)	1 (2.5%)	0 (0%)

$\bar{x}$ = 3.90 S.D = 0.81

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Table 28 Drug attitude among parents before participating in a program

Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Fighting drug is everyone's responsibility.	21 (70%)	9 (30%)	0 (0%)	0 (0%)	0 (0%)
2. Getting addicted to drugs is easy, but curing is difficult.	13 (43.3%)	10 (33.3%)	6 (20%)	1 (3.3%)	0 (0%)
3. Drug addiction is derived primarily from emotional desire, rather than physical influence.	6 (30%)	19 (57.5%)	3 (7.5%)	1 (2.5%)	1 (2.5%)
4. Persons addicted to drugs usually have a history of family problem.	4 (13.3%)	10 (33.3%)	11 (36.7%)	5 (16.7%)	0 (0%)
5. Occasional drug-taking cannot cause addiction or drug dependency.	5 (12.5%)	8 (35%)	12 (40%)	5 (12.5%)	0 (0%)
6. To enhance work performance, one should take drug.	20 (52.5%)	9 (42.5%)	1 (5%)	0 (0%)	0 (0%)
7. Persons using drug usually experience hallucination.	11 (37.5%)	14 (50%)	2 (5%)	1 (2.5%)	2 (5%)
8. Persons addicted to drug should be regarded as patients - not criminals.	9 (32.5%)	10 (37.5%)	4 (12.5%)	6 (15%)	1 (2.5%)
9. Those selling or producing drug must be harshly punished by law.	20 (70%)	7 (22.5%)	2 (5%)	1 (2.5%)	0 (0%)
10. Those in addict's family are also affected, and live with grief.	22 (77.5%)	7 (20%)	0 (0%)	0 (0%)	1 (2.5%)
11. A person does not necessarily have to use drug even though most of his/her friends do so.	9 (35%)	12 (42.5%)	7 (17.5%)	0 (0%)	2 (5%)

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Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
12. Family is the most important institution that can prevent a person from using drug.	10 (45%)	13 (37.5%)	3 (7.5%)	3 (7.5%)	1 (2.5%)
13. Individual's willpower and mental strength are crucial to countering drug craving.	18 (60%)	12 (40%)	0 (0%)	0 (0%)	0 (0%)
14. Drug addicts are regarded as socially unaccepted persons.	6 (20%)	7 (23.3%)	4 (13.3%)	12 (40%)	1 (3.3%)
15. People who can quit drug successfully should be admired.	22 (73.3%)	7 (23.3%)	0 (0%)	1 (3.3%)	0 (0%)

$\bar{x}$ = 4.10 S.D = 0.87

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Table 29 Drug attitude of parents after the program

Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1. Fighting drug is everyone's responsibility.	22 (73.3%)	8 (26.7%)	0 (0%)	0 (0%)	0 (0%)
2. Getting addicted to drugs is easy, but curing is difficult.	15 (50%)	14 (46.7%)	0 (0%)	1 (3.3%)	0 (0%)
3. Drug addiction is derived primarily from emotional desire, rather than physical influence.	22 (73.3%)	8 (26.7%)	0 (0%)	0 (0%)	0 (0%)
4. Persons addicted to drugs usually have a history of family problem.	8 (26.7%)	12 (40%)	3 (10%)	3 (10%)	4 (13.3%)
5. Occasional drug-taking cannot cause addiction or drug dependency.	10 (33.3%)	11 (36.7%)	7 (23.3%)	0 (0%)	2 (6.7%)
6. To enhance work performance, one should take drug.	18 (60%)	11 (36.7%)	0 (0%)	0 (0%)	1 (3.3%)
7. Persons using drug usually experience hallucination.	16 (53.3%)	14 (46.7%)	0 (0%)	0 (0%)	0 (0%)
8. Persons addicted to drug should be regarded as patients - not criminals.	19 (63.3%)	10 (33.3%)	1 (3.3%)	0 (0%)	0 (0%)
9. Those selling or producing drug must be harshly punished by law.	22 (73.3%)	6 (20%)	2 (6.7%)	0 (0%)	0 (0%)
10. Those in addict's family are also affected, and live with grief.	20 (77.5%)	9 (20%)	0 (0%)	1 (0%)	0 (2.5%)

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Statements	Opinion				
	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
11. A person does not necessarily have to use drug even though most of his/her friends do so.	21 (70%)	6 (20%)	3 (10%)	0 (0%)	0 (0%)
12. Family is the most important institution that can prevent a person from using drug.	19 (63.3%)	7 (23.3%)	3 (10%)	1 (3.3%)	0 (0%)
13. Individual's willpower and mental strength are crucial to countering drug craving.	21 (70%)	8 (26.7%)	0 (0%)	1 (3.3%)	0 (0%)
14. Drug addicts are regarded as socially unaccepted persons.	10 (33.3%)	16 (53.3%)	1 (3.3%)	1 (3.3%)	2 (7%)
15. People who can quit drug successfully should be admired.	23 (76.7%)	7 (23.3%)	0 (0%)	0 (0%)	0 (0%)

$\bar{x}$ = 4.45 S.D = 0.72

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BIOGRAPHY

NAME	Sqn.Ldr. Phongpun Khuanyoung
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