



CHAPTER I

INTRODUCTION

Background and Significance of the Problem

Thai people widely acknowledge that the problem of narcotics has become a major threat to Thai society and the security of the Nation (Office of the Narcotics Control Board, 2007). Although government authorities have proclaimed many laws and regulations to punish narcotics producers, distributors and consumers, the consumption of narcotics is still reported to be very high. Among the narcotics in Thailand, amphetamines, widely known in Thailand as '*ya bah*', is the most common and widespread, with a steeper trend of increase in consumption than other narcotic drugs.

In Thailand, the narcotics problem is at the "severe" level, particularly due to the continued increase in all areas. Saraburi and Chonburi provinces are in one of the three most serious problem-areas for narcotics consumption and addiction. An analysis of the narcotics situation in Thailand for December 2006-August 2007 found that Chonburi and Sa-kaew provinces were in the top-ten for drugs imported and drug-related arrests made. The most imported drug was *ya bah*. Dealers in Chonburi Province sourced it from drug dealers in Aranyaprathet, Sa-kaew Province, and sold it to local clients. Moreover, Chonburi has quite a lot of illegal foreign laborers (Office of the Narcotics Control Board, 2007). A survey studying how youths and teenagers become drug abusers showed that 52.8% of nightclubs permitted under-18's to enter,

66.5% of shopkeepers and retailers sold liquor and tobacco to under-18's, and 52.8% of schoolchildren, youths, and street children in dormitories and hostels congregated in public parks. The survey was conducted among 5,097 samples aged 18-60 years, who were aware of and acknowledged the narcotics situation in the neighborhood (Office of the Narcotics Control Board with the ABAC Poll Research Center, 2007).

In the year 2003, Chonburi Statistical Office conducted a survey of problems of greatest concern among the population in Chonburi Province. The results indicated that, from 561 villages in Chonburi Province, 295 (52.6%) faced the threat of narcotics, and it remains a major concern in the Province to date. A similar study in Phanat Nikhom District, Chonburi Province, in 2001-2003, found narcotics to be one of the five most serious problems in the district. This is because transport between Phanat Nikhom and Sa-kaew is very convenient, and Aranyaprathet District, Sa-kaew Province, is the main narcotics-importation area. Therefore, Phanat Nikhom is the perfect switching point for narcotics distribution into other areas of Chonburi. Drugs remain an ongoing threat to the community. This problem has become more serious with time, and continues to spread among curious and inquisitive teenagers (Fight to Win Narcotic Operating Center, Chonburi Province, 2007).

Statistical analysis conducted by Thanyarak Institute, of individuals who had undergone treatment at the institute during the period 2002-2006, showed that 18.91% of the group was in the age range 25-29 years, with 16.88 and 16.40% in the age ranges 20-24 and 15-19 years, respectively (Thanyarak Institute on drug abuse, 2007). This worrying statistic stresses that the narcotics problem among teenagers aged 15-19 years is significant and should be solved rapidly, before it leads to continued problems in the future. This is because teenagers in this age group are at a very fragile stage of

their socio-behavioral development. They tend to socialize with their own cliques of friends and frequently believe unquestioningly what they have been told. Therefore, they can be easily persuaded with the most common excuses for using narcotics, such as using them for fun or to relieve stress. According to Problem Behavior Theory, consuming narcotics is one method, or tool, used by teenagers to achieve their personal goals, such as acceptance by their friends or maintaining interpersonal relationships.

The government has recognized the harmful effects of narcotics and demonstrated its willingness to solve the problem effectively, having introduced many policies over the years, which are embodied in the 9th National Public Health Plan (2002-2006). The plan, based on the theory of “supply and demand”, has been implemented using 4 strategies--prevention, treatment, suppression, and control. Consequently, as the problem of narcotics persisted in Thai society, the first two of these strategies (prevention and treatment) were placed under the responsibility of Public Health authorities, and they have since operated more proactively to strengthen teenagers’ ability to resist amphetamine use.

One of the most important strategies used to reduce risk behaviors and refrain from drug use is called life-skills training (Ministry of Public Health, 2000). Life-skills development comprises organized activities to support teenagers develop self-awareness through a learning process called Participatory Learning or Action Learning, which may be embodied in the phrase “Don’t just talk--make your students do the work” (World Health Organization [WHO], 1992). It is a learning process introduced by D. J. Nicole, a training instructor who believed that participatory

learning was the most effective learning model for all aspects of personal development, including knowledge, attitudes and skills (Kajornsilp et al., 2000).

According to the World Health Organization (Washiradilok, 2001; WHO, 1994a), the appropriate stage for developing a life-skills program is the youth/teenage years. In many countries, the life-skills approach has been adopted successfully among children aged 6-16 years. The World Health Organization (Sanleela, 2000; WHO, 1997) indicated that life-skills programs can be established effectively among youths and children in school. The life-skills program is a highly effective substance-abuse prevention program that promotes positive behaviors and personal development for teens; it also proactively prevents violent behaviors among children. For success, life-skills programs should be developed and implemented in the school. The school has a clear structure and systems for children and experienced teachers, and the school can be the place to gain the confidence of parents for developing life-skills, for short- and long-term effectiveness. The study by Somsak Nukul-udompanich et al. concluded that the life-skills program helped high-school students improve their behaviors and suggested it was suitable for use in the normal educational process, alongside other school activities.

However, personnel capable of conducting life-skills development programs must be well-trained, so that they become experts in the field. The research of Nawanun Kijtawee suggested that the life-skills trainer must possess appropriate knowledge, attitudes, understanding, techniques, and principles. He/she should also be open-minded about varying opinions within the group, equipped with techniques to get and maintain the attention of learners, and be able to motivate the group to participate in the learning process (Kijtawee, 1998). The instruction manual for

amphetamine prevention produced by the Ministry of Public Health shows that the trainer must know how to efficiently utilize communication tools, possess group-process skills and appropriate concepts and beliefs (Loudboripat, 1999). In particular, dynamic communication in the group interacts with more abstract concepts, so that participants persuade and influence each other through the force of their various personalities (Baker et al., 1991).

Nevertheless, even with more resolute prevention and suppression strategies, the narcotics problem remains, with an increasingly harmful trend. The researcher therefore came to recognize the severity of the violence and widespread problems associated with narcotics. As a result, the researcher has focused on developing subdistrict public-health personnel in Phanat Nikhom District, to acquire appropriate knowledge and understanding of “train the trainer for life-skills programs”, especially interpersonal relationships and communication skills, adapted from the life-skills development concepts of the World Health Organization. Apart from helping public health personnel with the learning process and gaining greater understanding of teenagers, this development also prepared them to be more effective and responsive to the National Development Plan for narcotics prevention in schools and the wider community.

Objectives

1. To investigate capacity-strengthening of public health personnel to prevent amphetamine use, for teaching life skills in schools.
2. To compare the knowledge, attitudes and personal skills among subdistrict-level public health staff, before and after life-skills-program training.

3. To evaluate life skills (interpersonal-relationship and communication skills) among junior-high-school students, after receiving training from public-health personnel.

Hypotheses

1. Subdistrict-level public-health personnel will have better knowledge and skills as life-skills trainers after the 5-day training program.

2. Subdistrict-level public-health personnel will have better attitudes towards being a trainer after the 5-day training program and 15-week field practice.

3. Subdistrict-level public-health personnel will have improved training skills after field practice, in weeks 8 and 15.

4. Junior-high-school students will have improved life skills (interpersonal-relationship and communication skills) after life-skills training.

Limitations of the Research

1. Because the life-skills training program against amphetamine use requires some practice time, training activities should be organized for mid-term. Towards the end of semester, students will be preoccupied with their final examinations and will probably pay less attention to life-skills program activities.

2. Every participant in the training process must be considerate with time, and devote themselves enthusiastically to the success of the program.

3. Cooperation from the school, especially school administrative staff, is key to success.

4. An regional-level agreement between the ministries of Education and Public Health should be developed, to help align their policies and activities in a mutually supportive way.

Conceptual Framework

The conceptual framework of the current study is shown in Figure 1. The purpose of the study was to evaluate the efficacy of a development program for subdistrict public-health personnel who were to become life-skills program training instructors. Data were gathered from two groups for evaluation--subdistrict public-health personnel who were trained to be life-skills program training instructors, and junior-high-school students who had undergone life-skills program training with the above trained personnel. During the process, the researcher received many useful suggestions from specialists.

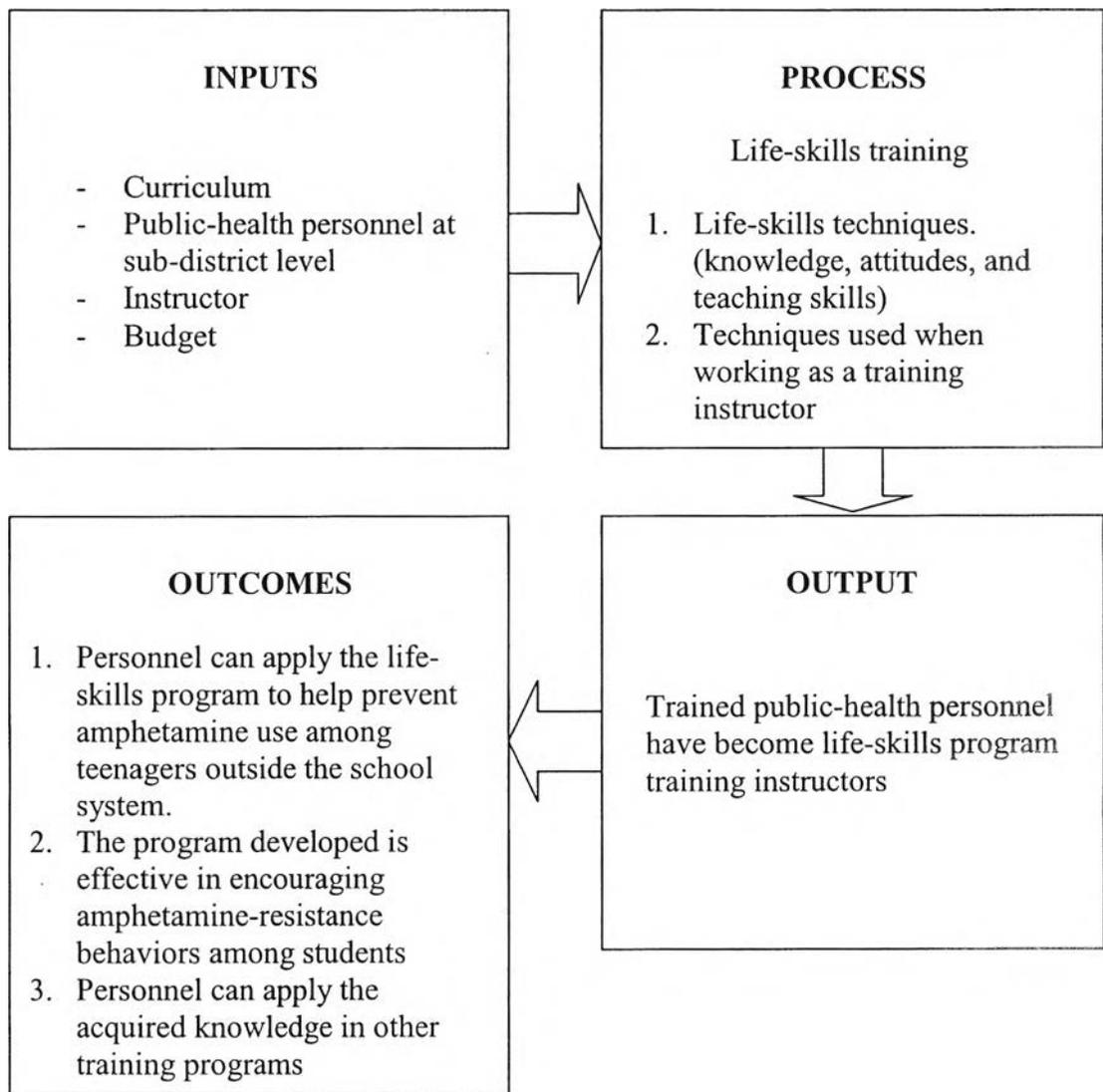


Figure 1: The conceptual framework for this research

Expected Outcomes

1. Public health personnel can apply the life-skills program to help prevent amphetamine use by teenagers outside the school system.
2. The program is effective in increasing students' resistance behaviors against amphetamine use.
3. Public health personnel can apply the acquired knowledge for use in other training programs.

Research Boundaries

This research is concerned with developing Subdistrict-level public-health personnel into becoming life-skills program training instructors in interpersonal-relationship and communication skills, to strengthen self-protection behaviors against amphetamines among junior-high-school students in Phanat Nikhom District, Chonburi Province.

Population and sample groups

Population

- Subdistrict-level public health personnel in Phanat Nikhom District, Chonburi Province.
- Male and female junior-high-school students from schools under the supervision of the Office of Elementary Education in Phanat Nikhom District, Chonburi Province.

Sample groups

- 21 public-health personnel, with narcotics-related responsibilities, such as technical nurses, public-health officials, and midwives. Each one of the group was chosen using purposive sampling from 21 public-health centers in Phanat Nikhom District, Chonburi Province.
- Male and female junior-high-school students from schools under the supervision of the Office of Elementary Education in Phanat Nikhom District, Chonburi Province. Each sample group was chosen using purposive sampling from 3 schools--1st-year junior-high-school students from Wat Kaew Silaram and Wat Nong Sang schools, and 2nd-year junior-high-school students from Wat Brahma Rattanaram School.

Operational Definitions

1. “Life skills” refers to interpersonal-relationship and communication skills, to prevent amphetamine usage by junior-high-school students.
2. “Narcotics” refers to amphetamines.
3. “Life-skills training program” refers to the life-skills training program that stresses interpersonal-relationship and communication skills. The students were encouraged to develop their own behaviors through participatory learning, with the learners central to the process. Life-skills program training activities were conducted with the 3 classes of junior-high-school students in the selected schools for 15 weeks. Training was arranged once per week, with 1-2 hours per session.
4. “Training instructors” refers to the subdistrict-level public-health personnel in Phanat Nikhom District who had completed the training program to become training instructors in the life-skills training program focused on interpersonal-relationship and communication skills.
5. “Junior-high-school students” refers to students in junior high-schools in Phanat Nikhom District, Chonburi Province.
6. “Instructor skills” refers to life-skills knowledge to prevent drug abuse, including developing a training plan, communication skills, delivery skills, media development, learning environment, and training techniques.
7. “Instructor attitude” refers to public-health personnel speaking confidently in public with a positive attitude.
8. “Training-instructor skills” refers to the skills of public-health personnel as training instructors. i.e., personality, communication, and information.