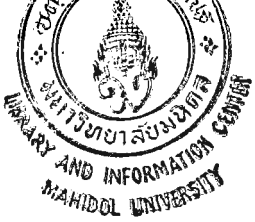

FACTORS AFFECTING FEMALE OFFENDERS' DRUG ABUSE IN THE CENTRAL FEMALE PRISON

MONTREE TEDKHAN

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The objectives of this study were to study female offenders' social backgrounds and factors affecting the level of the use of amphetamine by female offenders in the Central Correction Institution for females in Bangkok. The samples of this study were 209 female offenders who committed drug offence (amphetamine use). The samples were chosen by the simple random sampling mothod. The data was collected by the questionnaire method. The data were analysed using Percentages, Mean, Standard Deviation, Multiple Classification Analysis, Analysis of Variance and Correlation for research analysis. The findings of the study were as follow :

1. It was found that most of the female offenders were under 25 years old, junior high school graduates; low-skilled workers; earned less than 4,000 baht per month and could not make ends meet; had previously been prosecuted for drug use and drug possession and before getting arrested this time had used amphetamines at least 3 times a day.

2. It was also found that before getting arrested, most of the female offenders lived in the neighborhood where the use of amphetamines was widely spread and most of their intimate friends were fond of going out, smoking, drinking and using narcotics in group.

3. In hypothesis testing, it was found that not only the factors of occupation and monthly income of female offenders made a significant difference in the level of amphetamine use, but also those of: broken home family; dealing in amphetamine trafficking and possessing the belief that amphetamine use is a good thing; being dependent on amphetamines at all times; having mental problems; and lack of family love and close bonding.

4. It was recommended in the study that the family institution should be strengthen by family love and care and people should be informed about the bad effects of narcotic problems. Finally, government agencies concerned with narcotics prevention and suppression should co-operate with the community on the matter of preventive measures.

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มนตรี เทศขัน : ปัจจัยที่มีผลต่อการเสพยาบ้าของผู้ต้องขังหญิง ในทัณฑสถานหญิงกลาง กรุงเทพมหานคร (FACTORS AFFECTING FEMALE OFFENDERS' DRUG ABUSE IN THE CENTRAL FEMALE PRISON) คณะกรรมการควบคุมวิทยานิพนธ์ : ชาญคณิต ก. สุริยะมณี, M.A., จวน ไชยสุวรรณ, M.S., นภ กาญจนกันติ, M.S., 144 หน้า ISBN 974-664-767-9

การวิจัยครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาภูมิหลังทางสังคมและปัจจัยที่มีผลต่อการเสพยาบ้าของผู้ต้องขังหญิง ในทัณฑสถานหญิงกลาง กรุงเทพมหานคร ประชากรที่ศึกษาได้แก่ผู้ต้องหญิงที่กระทำความผิดฐานเสพยาเสพติด (ยาบ้า) ที่ต้องขังอยู่ในทัณฑสถานหญิงกลาง กรุงเทพมหานคร ทั้งหมดจำนวน 209 ราย โดยสุ่มตัวอย่างแบบง่าย การเก็บรวบรวมข้อมูลใช้แบบสอบถาม โดยใช้สถิติร้อยละ มัชฌิมเลขคณิต การวิเคราะห์ความแปรปรวน การวิเคราะห์จำแนกพหุ และสัมประสิทธิ์สหสัมพันธ์ ในการวิเคราะห์ข้อมูล ผลการวิจัยสรุปได้ดังนี้

1. ลักษณะทั่วไปของผู้ต้องขังหญิงที่เสพยาบ้า พบว่า ส่วนใหญ่มีอายุไม่เกิน 25 ปี มีการศึกษาระดับชั้นมัธยมศึกษาตอนต้น ประกอบอาชีพรับจ้างทั่วไป มีรายได้ต่อเดือนไม่เกิน 4,000 บาท ฐานะพอมีพอกิน ไม่เคยถูกดำเนินคดีเกี่ยวกับยาบ้าในข้อหาใด ๆ มาก่อน และก่อนถูกจับกุมเคยเสพยาเสพติดวันละ 3 ครั้ง

2. ผู้ต้องขังวัยหญิงส่วนใหญ่ก่อนถูกจับกุมอาศัยอยู่ในละแวกที่มีการขายยาบ้า แต่ไม่เคยขายหรือจำหน่ายยาบ้ามาก่อน นอกจากนี้ผู้ต้องขังหญิงส่วนใหญ่มีพฤติกรรมชอบเที่ยวเตร่ ชอบสูบบุหรี่ ดื่มสุรา และมั่วสุมเสพยาเสพติด

3. ในการพิสูจน์สมมติฐาน พบว่า ผู้ต้องขังหญิงมีอาชีพและรายได้เฉลี่ยต่อเดือนต่างกัน มีปริมาณการเสพยาบ้าต่างกันอย่างมีนัยสำคัญทางสถิติ และพบว่า ความแตกแยกในครอบครัว การจำหน่ายยาบ้า การครอบครองยาบ้า การมีที่พักอาศัยอยู่ในแหล่งที่มีการเสพ การขาย หรือการจำหน่ายยาบ้า การที่มีค่านิยมและเชื่อว่ายาบ้าเป็นสิ่งที่ดี สามารถที่จะเสพได้ การที่มีบุคลิกภาพและพฤติกรรมที่ต้องพึ่งยาบ้าอยู่ตลอดเวลา การที่มีปัญหาทางจิตใจ และการขาดความรักความผูกพันต่อครอบครัว มีความสัมพันธ์กับปริมาณการเสพยาบ้าของผู้ต้องขังหญิง อย่างมีนัยสำคัญทางสถิติ

4. ผลการศึกษาครั้งนี้ ผู้วิจัยเสนอแนะว่าควรเสริมสร้างความเข้มแข็งของครอบครัว และควรมีการให้ความรู้เกี่ยวกับยาเสพติดแก่ประชาชนมากยิ่งขึ้น นอกจากนี้หน่วยงานที่ทำหน้าที่ป้องกันปราบปรามยาเสพติดของรัฐควรประสานความร่วมมือกับองค์การต่าง ๆ ในชุมชน เพื่อร่วมกันป้องกันแก้ไขปัญหายาเสพติดอย่างจริงจัง

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CHAPTER I

INTRODUCTION

1.1 Nature of the problems

Problem of Amphetamine is a dangerous problem for people in Thai society either in an aspect of lives or properties. Moreover, it may do harm to the state of mine, families and surrounding societies of those who consume it. At present, the trend of this problem becomes increasing continuously as we can see from the increasing number of accused offenders in the case of Amphetamine (produce, distribute, occupy, occupy for distribution, consume) during 1995-1999 (table 1)

Table 1 Amphetamine cases through out the country classified by years, numbers of cases, numbers of offenders and types of offences

Year	Numbers of case according to type of exhibit	Numbers of accused offenders according to type exhibit	Types of offences				
			Trafficking	Possessing for Trafficking	Possessing	Consume	Total
1995	28,079	22,387	2,854	2,792	16,533	2,213	24,459
1996	52,398	57,842	8,191	7,089	41,055	7,255	63,655
1997	79,445	88,140	12,425	10,683	57,159	15,073	95,580
1998	125,407	140,156	20,808	19,699	80,281	32,140	153,283
*1999 (*Jan-June)	58,387	64,403	9,643	8,252	37,159	14,413	69,654

From table 1, we can see that total number of accused offenders in the case of Amphetamine increased respectively during 1995 – 1999 form 24,459 to 63,655, 95,580, 153,283 and 69,654 which are the total of year 1999 during January – June. In year 1998 number of accused offenders in the case of Amphetamine increased at 140,156 while in 1999 the number of accused offenders was 64,403, calculated during January – June.

Therefore, preventive measure is a crucial method to control and reduce number of offenders, especially those who consume drugs. This type of person is not only lose his/her properties but also lose good relationship within family as well as his/her social status. Their physical and mental conditions will also get serious degeneration. Although the preventive measure in conducted, it may not be effective if practicing does not get real understanding on the cause of drug consumption of these people.

Drug preventive measures in the United States in practiced in the same manner as mentioned. That is to say, the focus of this measure is to find out the cause of drug problem occurred between police officer and representatives or committee of community so that solution of problem will be made in order to avoid its repetition. This well-known measure is called "Community Policing" which is the secondary preventive step according to the concept of Brantingham and Faust in 1976. This concept is to intervene the problem by various methods such as providing the hot-line center and setting up the guard booth or screening point at any critical point. But the most important is to find out the cause of drug problem. There are some minor projects which support the mentioned measure such as the project of Combat Drug

Problems and the project of Innovative Neighborhood-Oriented Policing. Seeking the cause of drug problem is the important factor that leads to effective problem solving.

As a result, it is interesting to study and find out the causes of drug consumption (Amphetamine) of female offenders at the Institution for Female Offenders. Besides committing crime different from others, most of prisoners are also female. Thus, pattern of factors affecting to drug consumption of female prisoners in required to be studied so that its results may support the ways to prevent and solve this problem accurately both at present and in future.

1.2 The objectives of the study

1.2.1 To study the status and social background of female offenders at the Central Correctional Institution for Female, Bangkok.

1.2.2 To study factors affecting to drug consumption of female offenders.

1.2.3 To study the trend to solve drug consumption of female offenders.

1.3 Scope of the study

The study on factors affecting to the female offender's drug use (amphetamine). The researcher would study from the female offenders who committed narcotic offence (amphetamine abuse), serving their jail term in the Central Correctional Institution in Bangkok in year 2000.

1.4 Definitions of Terms

1.4.1 Amphetamine means potent substance according to Potent Substanceagainst Mental and Nervous System Act, B.E. 2518.

1.4.2 Female Prisoner means female offenders in the Institution for Female Offenders who are sentenced to imprisonment by the case of Amphetamine consumption.

1.4.3 Factors affecting to Amphetamine Consumption means factors concern about personal factors or social background factors, factors on social, economic and environment, physical and mental factors.

1.4.4 Factors on Social, Economic and Environment means factors dealing with sources of residence, family condition, purchasing, occupying, occupying for distribution, being forced to consume, being convinced to consume, being deceived to consume, social value and belief, unemployment etc.

1.4.5 Physical Factors means physical sickness which requires drugs to treat or to relieve symptom of sickness.

1.4.6 Mental Factors means mental symptom including varied personality such as stress, oppression, worry, sensibility, uncertainty, dependence.

1.4.7 Amphetamine Consumption means to smoke, to inject, to inhale or to take Amphetamine.

1.5 Variable of the study

15.1 Independent variables

A. **Personal backgrounds** include age, education, occupation, income, marital status, economic status the history of being prosecuted of drug use the history of being prosecuted of drug possessing, the history of being prosecuted of drug possessing for trafficking and the general feature of the neighborhood.

B. **Social and economic backgrounds** include being uneducated, unemployment, broken-home family, having on one to turn to for some advice, poverty or not having income, dealing with amphetamine trafficking or possessing, being forced to use amphetamine, being misled to use amphetamine, being persuaded to use amphetamine, being curious to use amphetamine, following other people, living in the neighborhood where the use and the trafficking of amphetamine is widely spread, the value and belief that amphetamine is a good thing, having to use amphetamine for medical reason, being dependent on amphetamine at all time, having mental problem like tension, worry, frustration, sensitivity, uncertainty, being sensitive and uncertain and the lack of family love and bond.

15.2 Dependent variable is the amphetamine use.

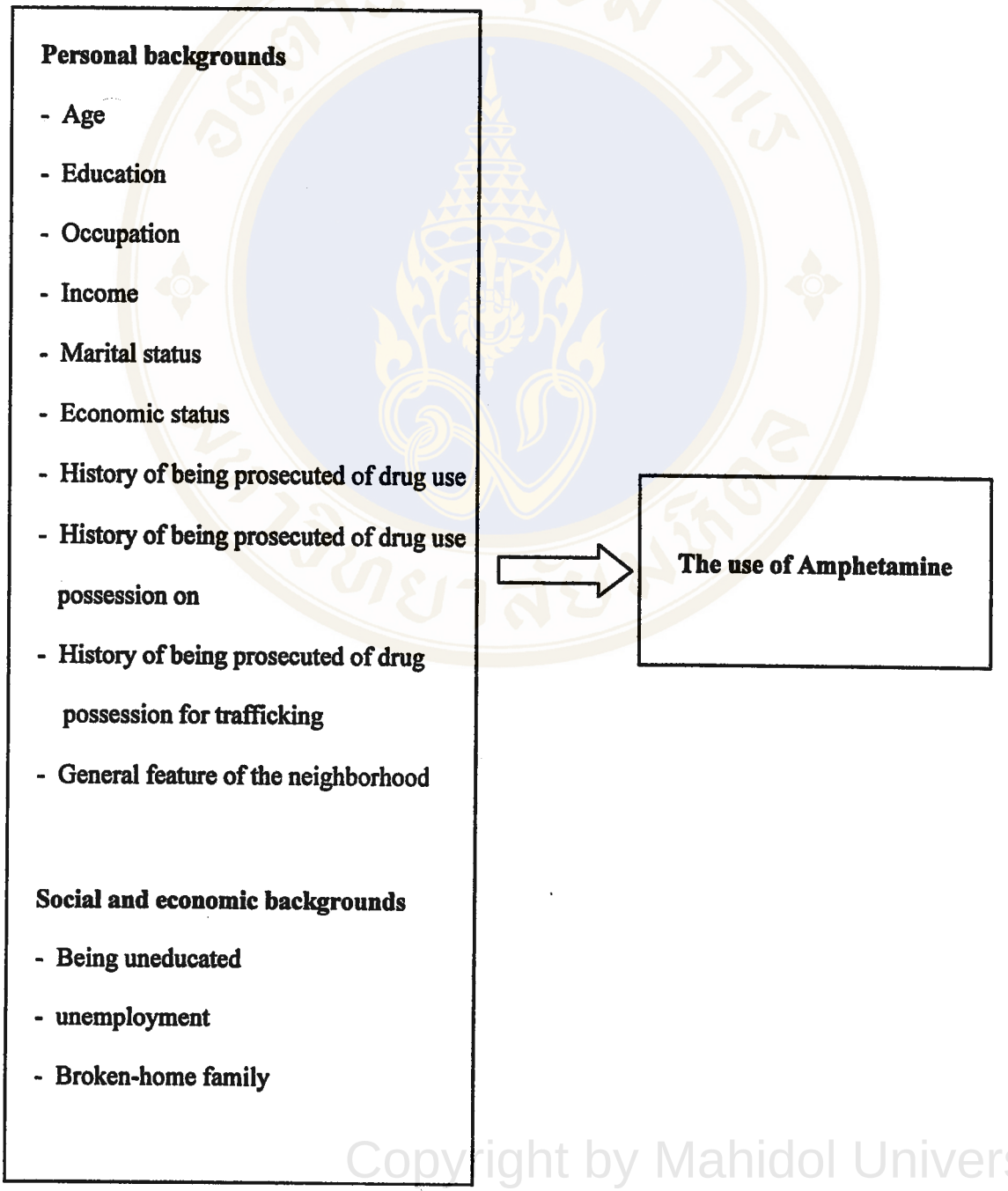
1.6 Level of measurement

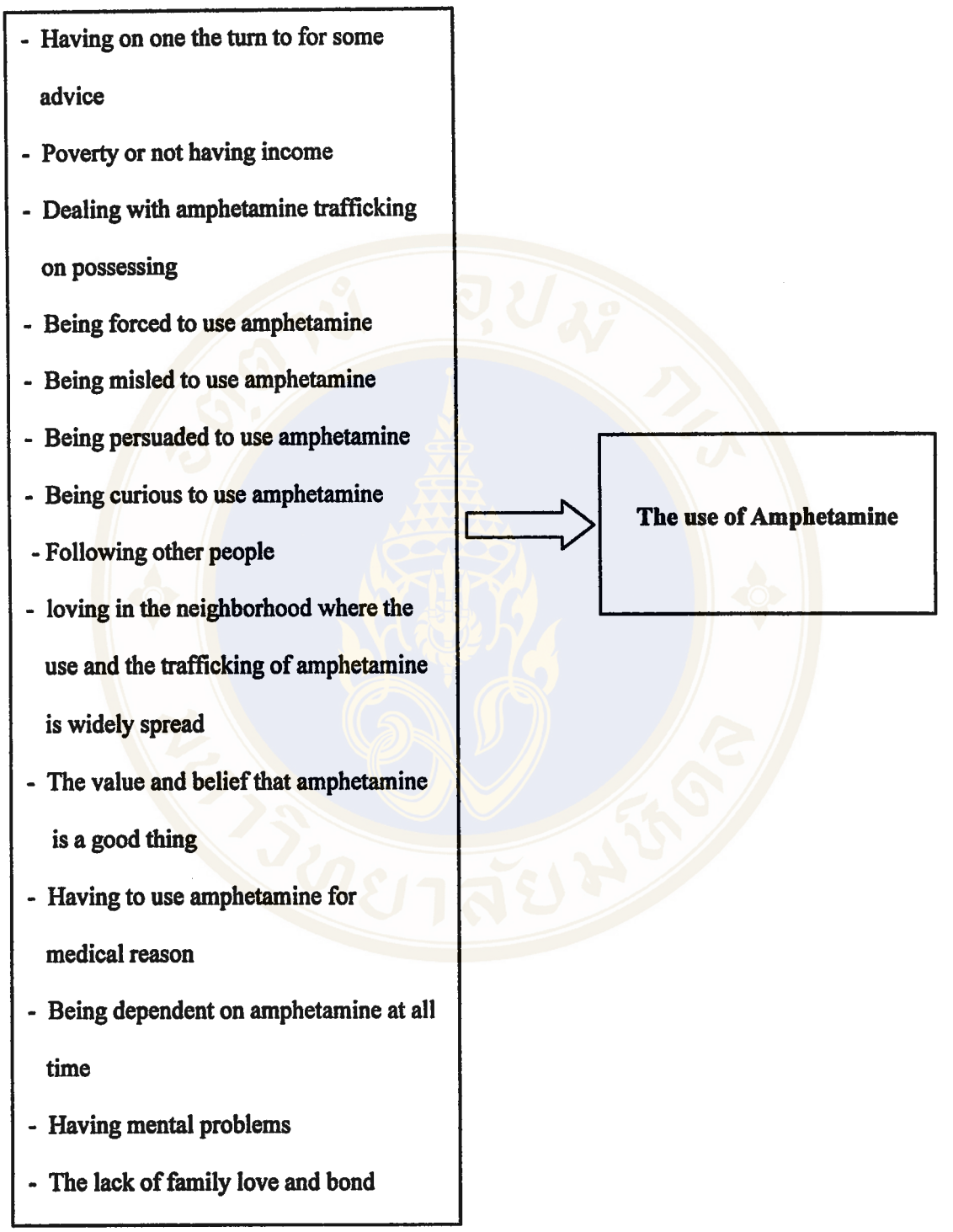
Variables	Measurement Level
Independent variables	
personal backgrounds	
- Age	Nominal, Interval
- Education	Nominal
- Occupation	Nominal
- Income	Nominal, Interval
- Marital status	Nominal
- Economic status	Nominal
- History of being prosecuted of drug	Nominal
- History of being prosecuted of drug use possession	Nominal
- History of being prosecuted of drug possession for trafficking	Nominal
- General feature of the neighborhood	Nominal
Social and economic backgrounds	Likert scale
- Being uneducated	Nominal, Interval
- unemployment	Nominal
- Broken-home family	Nominal

Variables	Measurement Level
- Having on one the turn to for some advice	Nominal
- Poverty or not having income	Nominal
- Dealing with amphetamine trafficking on possessing	Nominal
- Being forced to use amphetamine	Nominal
- Being misted to use amphetamine	Nominal
- Being persuaded to use amphetamine	Nominal
- Being curious to use amphetamine	Nominal
- Following other people	Nominal
- Living in the neighborhood where the use and the trafficking for amphetamine is widely spread	Nominal
- The value and belief that amphetamine is a good thing	Nominal
- Having to use amphetamine for medical reason	Nominal
- Being dependent on amphetamine at all time	Nominal
- Having mental problems	Nominal
- The lack of family love and fend	Nominal

Variables	Measurement Level
Dependent variables	
- Amphetamine abuse	Likert scale

1.7 Conceptual framework





1.8 Hypothesis of the study

In this study hypothesis have been set as follow.

18.1 Female offenders of different backgrounds had different level of the use of amphetamine.

18.2 Social and economic backgrounds had the relationship with the level of the use of amphetamine by female offenders.

1.9 Benefits of the study

19.1 The results of this study will let us know about the personal and social backgrounds of female amphetamine offenders in the Central Correctional Institution for female in Bangkok.

19.2 The results of this study will let us know about the factors affecting the use of amphetamine by female offenders.

19.3 The results of this study will be the benefits to both governmental and private sectors on finding the preventive measure and the solution for amphetamine problem and amphetamine abuse in all women.

Chapter II

Literature Review

2.1 The situation of Narcotics Drug

2.1.1 History of narcotic drug

Opium is thought to be the first illegal drug in Thailand. It is not known for certain, however, when opium first came to the country. It is thought that about 100 years ago groups of hill tribes who moved to settle down in the mountains of the Northern Region of Thailand brought poppies with them to cultivate. At this time opium was produced in the Northern Region of Thailand as well as in Myanmar, Laos and China, and are known as the "Golden Triangle". When China embraced communism, the opium that was produced in the "Golden Triangle" was first transported into China and then passed on to Hong Kong and Thailand for further distribution. Hence, Thailand was essentially a transit point for drugs rather than a direct producer to the world market. However, Thailand suffered from being a transit country because some of the drugs were distributed within the country and this precipitated a serious problem of drug abuse in Thailand.

In 1958, the Revolutionary Council, which governed Thailand at that time, considered smoking opium to be harmful and socially and morally unacceptable. Thus, on July 1, 1959, opium trading and use were prohibited all over the country. However, the problem of drug abuse did not disappear. "Heroin" which is derived

from opium and easier to consume became widespread among the group of opium users during 1959.

2.1.2 Definition and classification of narcotic drugs

The World Health Organization (WHO) has defined drugs as medicine or chemical substances which when abused are harmful to the body and mind and can create chronic health problems for users. Cessation of use can lead to withdrawal symptoms. Some chemical substances, which are classified as drugs may not affect the physical health of users but can, effect their minds. Such drugs include alcohol and marihuana. Heavy use of these could lead to symptoms of mental ill health ranging from irritation. Anxiety and even madness.

The Drugs Act of 1979, declared by the Ministry of Public Health covers 104 types of drugs and 42 types of psychogenic substances. These are classified as follows :-

a. **By Source.** This includes natural drugs such as opium, coca, cannabis and synthetic drugs such a pethidine and methadone.

b. **By the Effects of the Substances.** Those include depressants such as opium and heroin, stimulants such as caffeine, and hallucinogens such as LSD an substances with multiple effects such as marihuana.

2.1.3 "Golden Triangle" and world narcotic drug production

Around a hundred years ago a number of migrant hill tribes groups moved into the are of the so called "Golden Triangle" Which comprises the Kachin Hills and the Shan Plateau of Myanmar, the northern mountainous area of Laos and the northern hill areas of Thailand. These tribes cultivated opium poppies.

The "Golden Triangle" covers approximately 200,000 square kilometers, and has a population of more than one million living in more than 3,000 villages. Most of the area is in Myanmar. The hill tribes which live in Thai part of the "Golden Triangle" are H'mong, Yao, Laha, Lisu and Akha. All of them cultivate poppies, with good results because the climate is favorable. This area has thus become one of the main drug producing areas in the world. The cultivators themselves consume some of the production but most of it is transported to other parts of the world. Fifteen percent of the whole production of opium and heroin in Thailand is from the "Golden Triangle". The transportation network of Thailand being more convenient than that of Myanmar and Laos, Thailand has become a major transit country for illicit drugs. This has, however, caused drugs to become widely available in Thailand exacerbating the domestic drug problem both in terms of increasing violence in the drug trade and increasing drug addiction rates.

2.1.4 Narcotic Drug problem

Tackling the opium cultivation problem of the hill tribes is a sensitive issue because it will not only directly affect the hill tribes but could also have an effect

on government policy. The hill tribes use opium in daily life for treating physical aches, for recreational use, to reduce mental stress, etc. But opium is also cultivated because it can bring in a high income for the hill tribes and some tribes trade in opium for ready cash to buy luxury items.

Therefore, to solve the opium cultivation problem of the hill tribes many factors have to be considered and it is essential to ensure the cooperation of numerous organizations both in this country and abroad.

According a 1988, survey of the Office of Narcotics Control Board (ONCB) the major illegal drugs used in Thailand were firstly heroin, and secondly opium and marihuana. Heroin use was most widespread in Bangkok, the Central Region and the Southern Region. Opium use was the most widespread in the Northern Region and the Northeast region. Besides these drugs inhalants such as thinner and lacquer were widespread among youth all over the country.

2.1.5 Current drug situation

Since 1959, the drug problem in Thailand has been growing every year. Formerly, only opium was widely used but at present, the problem has escalated from the abuse of opium to the abuse of more dangerous drugs. In addition, this is increasing evidence of illicit drugs originating outside of Thailand being exported through the country to the world market. Thailand, thus, happens to be one of the few countries in the world that is faced with a complete cycle of the drug problem i.e. drug production, illicit trafficking and drug abuse.

2.1.5.1 Illicit drug production

a. Opium Production

Opium poppy cultivations has a history of about 100 years in Thailand. It is mostly cultivated in the northern highland areas at an altitude of 1,000 metres above sea level. Most of the opium poppy cultivators are ethnic hill tribes who live in remote mountainous areas. In the past, opium production in Thailand exceeded 150 metric tons. This production, however, has been significantly reduced to 20-30 tons during recent years. In 1993/1994, the area devoted to illicit opium poppy cultivation dropped to about 1,800 hectares compared to the previous crop year 1992/1993 when it was at 2,700 hectares.

b. Cannabis Production

Cannabis can be grown anywhere at all seasons it water resources are sufficient. The areas of cultivation are mainly in the northeastern part of the country. It has been grown widely for sale since 1964 when a US military base was set up in the Northeast Region and the US military personnel were the first customers of marihuana made from this illicit crop. After the Vietnam War ended and the military base was withdrawn, a large quantity of marihuana was trafficked abroad. Until 1981 cannabis cultivation was confined to the Northeast. However, from 1987 onward cultivation has spread to various provinces in different regions. The plants are interspersed among other plats in an attempt to avoid detection. At present, it is estimated that the annual cannabis production within the country is around 800-900 tons.

C. Heroin Processing

Heroin has been a major drug of abuse in Thailand for 30 years and it is anticipated that it will continue to be the most popular drug in the near future. Most of the heroin supply comes from makeshift refineries along the Thai-Myanmar border. Essential chemicals and precursors used in heroin production such as acetic anhydride are mostly procured from Myanmar but some chemicals such as ether, ammonia, hydrochloric acid and charcoal can be purchased within the country.

The number of heroin refineries found on Thai territory has dropped to not more than 7-8 refineries per year. These refineries are usually temporarily located in the deep jungle and their production capacity is not more than 10 kilograms.

d. Amphetamine production

The principal production area of amphetamines is in the central part of Thailand. The tablets, which are, called "amphetamine" or "speed" in Thailand is in fact, methamphetamine hydrochloride mixed with caffeine, powder and color. The content of methamphetamine hydrochloride in each tablet is about 10-20%. Amphetamine and methamphetamine are produced for local consumption. The essential precursor for amphetamine production is imported from foreign sources. The manufacturing process is not complicated. It is, therefore, anticipated that the amount produced is quite considerable.

2.1.5.2 Illicit Drug Trafficking

Thailand has been used by traffickers to transit drugs from the production source to the world market due to the favorable geographical condition and

the convenient transportation infrastructure. Drugs are smuggled into and out the country by all modes of transportation and by all means of concealment.

Thailand faces the problem of illicit drug trafficking with respect to :-

a. Drug Smuggling into the Country

Illicit drugs form the Golden Triangle and smuggled into the country across the border. Heroin is smuggled from border refineries into Thailand through the border using various roads and tracks.

b. Drug Smuggling out of the Country

Thailand is the transit point for drugs smuggling to the world market. Illicit drugs such as heroin, marihuana and opium are mostly smuggled out of the country. Provinces in the South are used for smuggling opium and heroin to destinations all over the world by land and sea routes.

c. Drug Trafficking within the Country

The illicit drugs trade within the country is operated by drug syndicates which have networks outside the country as well as by small drug dealers.

d. Spread of Drugs

The spread of narcotic drugs varies with the type of drugs, area and group of users. Accurate figures of the total number of drug addicts are not available but estimates very from 300,000-500,000. Drug addicts in the Bangkok Metropolitan Area and the Central Region appear to repeatedly enter treatment more than addicts in other regions of the country. Generally, males use drugs more than

females. The data show that only 5% of the drug addict population are female and 70% of drug addicts applying for treatment are between 21 to 35 years of age. Overall, the most popular drug of choice is heroin and this is followed by opium, marihuana, and volatile substances. "speed" or amphetamine is also widely used among young people. It is noticeable that the spread of drugs is not limited to the lowland areas but is also expanding to the highland communities e.g. the spread of heroin among hill tribes.

The area where the drug epidemic is most severe is the central part of the country as well as Bangkok. The spread of narcotic drugs can be summarized as follows :

Heroin is the main drug of abuse that has spread through out the country, particularity in Bangkok and the Central Region. It has also spread among the Muslims in the 5 Southern provinces the among the population of fishermen living in the south. Recently, heroin has spread among hill tribes. Most of the heroin users are in the 25-34 years age group. Opium is widespread in the North and the Northeast. Marihuana is widespread in Northeast and the South among the unemployed youth and foreign tourists.

Amphetamine is widely used throughout the country, particularly in the Central and Northeast regions among truck drivers and factory workers. Volatile substances are widespread in every region of the country in urban and rural areas, particularly in the Northeast.

2.1.5.3 Categories of Drug Users

In the past, it was found the most drug users were youngsters who had personal problems. Drug user groups can he categorized into 3 main groups as follows :

a. Heroin Users

1) Youngsters who have personal problems
2) Youngsters who are rich an the target of drug trafficker
3) Fisherman
4) Factory workers
5) Thai Muslims in the 5 Southern Provinces

b. "Speed" or amphetamine Users

1) Workers and laborers for economic reasons (i.e. to improve performance)
2) Truck drivers
3) Agricultural laborers
4) Individuals who lack knowledge on the danger of amphetamines
5) Individuals who hold wrong values regarding drugs such as taking drugs for pleasure, taking drugs to be fashionable, etc.
6) Persons who are the targets of drug dealers

c. Volatile Substances Users

1) School youths
2) Out of School youths
3) Youngsters who use their free time wrongly
4) Individuals who are influenced by peers
5) Individuals who lack knowledge of the danger of these substances

2.2 Policy and Measures to suppress the Drug problem

The essence of success in the fight against drug abuse consists of 4 elements namely, the political will of the government in eradicating the drug problem, the study and assessment of the extent of the drug abuse problem, the establishment of a national drug policy with the identification of strategies and the creation of a national coordinating body to provide guidance or to coordinate drug abuse control activities. It can be seen that the Royal Thai Government has adopted those four elements. The Narcotics Control Board (NCB) was set up under the Narcotics Control Act of 1976. It consists of the Prime Minister as Chairman, Minister of Interior, Minister of Education, Minister of public Health, Director-General of the Police Department, Director-General of the Customs Department, Attorney-General as ex-officio members and not more than six members appointed by the Council of Ministers and the secretary-general of Narcotics Control Board as member and secretary. As a result of the same Act, the Office of the Narcotics control Board (ONCB) was created to be responsible for carrying out all activities in accordance with the resolutions of the

NCB, and also acts as the national central coordinating body in all matters pertaining to narcotics control. It is an independent department level agency in the office of the Prime Minister. The national strategy for drug control was first integrated into the 4th National Economic and Social Development Plan (1977-1981). From then on it has been part of the social development sector of the Plan.

2.2.1 National Strategy

The Current national strategy for drugs which was incorporated in the 7th National Economic and Social Development Plan (1992-1996) has the following objectives :

1. Suppression of narcotics production by using servers and persistent low enforcement measures also talking into consideration other impacts.
2. Suppression of illicit drug trade and trafficking by strengthening activities on drug interception and dismantling international drug trafficking networks.
3. Reduction of the consumption of drugs and other narcotic substances by integrating all narcotics control activities into the regular work of other agencies be it government, non-government or community organizations in every area and every target population.

2.2.2 Balanced Approach

In order to respond to the national strategy, a balanced and comprehensive approach has been undertaken consisting of supply reduction through law enforcement and narcotics crop measure and demand reduction through drug abuse prevention and treatment and rehabilitation measures.

2.2.3 Current drug supply control activities

2.2.3.1 Narcotics Law Enforcement

Narcotics law enforcement is a vital measure in reducing the supply of narcotic drugs. Narcotics law enforcement activities are continually carried out by 4 main agencies i.e. Office of the Narcotics Control Board, Police Department, Customs Department and Office of the food and Drug Administration. The activities are as follow :

Interception of illicit drug trafficking

Drug seizures

Destruction of heroin refineries

Suppression of illicit drug sources

Amphetamine suppression

Interception of processors that are essential for illicit drug production

Destruction of seized drugs

Development of an intelligence system

2.2.3.2 Narcotics Cultivation Control

As there are 3 kinds of narcotic plants that are cultivated in Thailand, i.e. opium poppy, cannabis and kratom plant, different measures of eradication are used. The eradication of cannabis and kratom plants is by cut and burn method and is carried out by local officers.

Special measures are applied to eradicate opium poppy cultivation. These consist of both development are suppression measures. The former was initialed by His Majesty king Bhumibol who established the Royal (hill tribes Development) Project in 1969. The Project, which provided welfare services and development to hill tribes in the North, was aimed at weaning the hill tribes from growing opium poppy to growing other cash crops.

H.M. the King's project has provided implementation guidelines for the concerned government agencies to follow. Various crop replacement and highland development projects aimed at encouraging the hill tribes to grow other cash crops such as coffee, kidney beans, cold climate fruits and vegetables to replace opium poppies have been set up. Apart from croup replacement, integrated development measures such as development of standard of living of the hill tribes particularly in term of food, living quarters and medicine has also been undertaken. Moreover, these projects put emphasis on integration of the highland population into the mainstream of Thai society.

In an attempt to reduce the area of narcotic crop cultivation, a model of highland development has been development has been developed and expanded to cover all the cultivation sites in various provinces in the North. Through the highland development projects, the area devoted to opium podium poppy

cultivation has been reduced by 90 percent. This success in largely attributed to the assistance of the international community. However, foreign assistance to most of the highland development projects ended in mid 1994 and the concerned Thai government agencies have strengthened their capabilities to take over the work.

After the development projects have been in existence for a period of time, law enforcement measures and used if the hill tribes continue to grow opium poppies. Each year a committee on the eradication of opium poppies is set up to consider the results of the annual opium poppy survey and to set up a plan for eradication.

The ONCB co-ordinates with the Third Army. The Border Patrol Police Regional Headquarters 3, the Provincial police Bureau, the Police Aviation Division as well as District and provincial officers to launch narcotic crops eradication activities. In 1993-1994, 1,313 hectares of opium poppies were eradicated.

After over 20 years of painstaking efforts in eradicating opium poppy and developing the living standard to the hill tribes, it could be said that Thailand has already achieved its goal in reducing the opium poppy cultivation areas. Thailand is no longer a major opium producing country. However, potential opium poppy growing areas have to be continually monitored and more development for the highland is still needed.

The knowledge gained from this long experience in opium cultivation control and hill tribes development is valuable and could be transferred to other countries that fact the same problem that Thailand faced 20 years ago.

2.3.2.3 Legal measures

Effective laws and legislation are important elements to support the work of narcotics control. The anti-narcotics laws are kept under constant review to ensure that they are relevant and applicable to the ever-changing situation of the drug problem. Current drug laws are as follows :

Psychogenic Substances Act B.E. 2518 (1975)

The promulgation of this law resulted directly from the convention on Psychogenic Substances 1971 to which Thailand is a member party. The Act sets up control measures on natural and synthetic substances which have psychoactive effects and may be abused such as hallucinogens. Stimulants and depressants. The Act follows the 1971 Convention by classifying psychoginic into 4 schedules. Control measures in this Act are quite similar to those in the Convention.

Narcotics Control Act B.E. 2519 (1976)

The Act set up the Narcotics Control Board with the responsibility to draw up plans and measures on narcotics control, to coordinate the implementation of all concerned agencies. The Office of the Narcotics Control Board was also set up to carry out the Board's decisions and policies to reach its goals and objectives.

Narcotics Act B.E. 2522 (1979)

This law was promulgated to combine the original narcotics Act B.E. 2465 (1992) including its amendments. The Marihuana Act B.E. 2477 (1931)

and the Kratom Plant Act B.E. 2468 (1943) to ensure more efficient suppression and control of narcotic drugs. According to the Act, narcotics are classified into 5 schedules. The Act provides for special control measures on the production, export, disposal, possession or possession for disposal of narcotics. The Act provides the measures to determine the severity of offense by the quantity of drug involved. This Act has been amended by the issuance of Narcotics Act (Issue No. 2) B.E. 2528 (1985) and the Narcotics Act (Issue No. 3) B.E. 2530 (1987). Issue No. 2 abrogates the opium Act B.E. 2472 (1929) and all its amendments. It classified opium and opium dross as narcotics in Schedule II and opium seed as Schedule V. The penalty for opium is as severs as morphine and cocaine. Issue No. 3 provides some amendments and additional provisions. For instance, penalties for a person who instigates another person to consume narcotics in Schedule I, II and V are prescribed and in the case of a seizure of narcotics in Schedules IV or V, Whether or not the court proceedings have been instituted, the authority may destroy or utilize them after having verified the type and quantity to be narcotics of the said schedule.

Narcotics Addict Rehabilitation Act B.E. 2534 (1991)

Many addicts who seek treatment repeatedly enter and soon drop out of programs without ending their addiction. To address the relapse problem, the Government decided to enact the Narcotic Addict Rehabilitation Act B.E. 2534. The Act provides for a compulsory treatment system and compels drug abusers to undergo the whole course of a treatment program. This Act enables the concerned authorities to deal with the relapse problem and the control of HIV drug addicts which is now becoming a serious problem. Under this act, the offender charged with drug

consumption or possession shall be transferred to a rehabilitation center to identify whether he or she is a drug addict. If the offender is found to be a drug addict, a competent official shall commit him or her for rehabilitation for the period of 6 month to 3 years depending on the treatment outcome.

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

Drug trafficking is organized to earn huge profits and this represents a significant threat to the ultimate success of law enforcement measures against drug crimes in the enormous profits could by used by drug traffickers to create influence to protect their illegal business and remain beyond the hand of the law. Even in prison, drug traffickers can use drug money to buy privileges that ordinary prisoners will not receive. In terms of the law. Although the present Penal Code provides a provision for the forfeiture of any property used in or acquired by a person through the commission of an offense, it is not easy to confiscate a drug trafficker's assets because in so doing, the authorities need strong evidence to prove the illegitimacy of the assets.

Moreover, in order for the court to order confiscation of assets, the law requires that the burden of proof rests with the inquiry officers. This requirement is beyond their capability. Therefore, for more effective suppression, the Act on Measures for the Suppression of Offenders in an Offense Relating to Narcotics was drown up. Its main provisions are as follows :

1. Conspiracy measure which was instituted to widen criminal offenses for drug traffickers who conspire to commit an offense relating to narcotics.
2. Forfeiture of assets measure was drawn up as a tool to suppress the main component of illicit drug trafficking,
3. money and to disrupt the drug trafficking networks.

Emergency Decree against the Use of Volatile Substances B.E. 2533 (1990)

The emergency decree was promulgated with the objective to prevent the use of volatile substance (such as thinner, lacquer, etc.) among the youths as it is found that a great number of young people are addicted to volatile substances. Control and treatment measures as well as penalties are specified for all types of offenses such as sale of volatile substances to a person aged under 17 years of volatile substance dependent, the use of volatile substances for the purpose of satisfying one's own bodily or mental condition.

2.3 Amphetamine

Amphetamine was first synthesized in 1887, but its central nervous System (CNS) stimulant effects were not noted at that time. After rediscovery, in the early 1930s, its use as a respiratory stimulant was established and its properties as a central nervous system stimulant were described. Reports of abuse soon followed. As had occurred with cocaine products when they were first introduced in the 1880s, amphetamine was promoted as being an effective cure for a wide range of ills without

any risk of addiction. The medical profession enthusiastically explored the potentials of amphetamine, recommending it as a cure for everything from alcohol hangover and depression to the vomiting of pregnancy and weight reduction. These claims that it was a miracle drug contributed to public interest in the amphetamines, and they rapidly became the stimulant of choice - since they were inexpensive, readily available, and had a long duration of action.

Derivatives of amphetamine, such as METHAMPHETAMINE, were soon developed and both oral and intravenous preparations became available for therapeutic uses. Despite early reports of an occasional adverse reaction, enormous quantities were consumed in the 1940s and 1950s, and their liability for abuse was not recognized. During World War II, the amphetamines, including methamphetamine, were widely used as stimulants by the military in the United States, Great Britain, Germany, and Japan, to counteract fatigue, to increase endurance, and to elevate mood. It has been estimated that approximately 200 million Benzedrine (amphetamine) tablets were dispensed to the U.S. armed forces during World War II. In fact, much of the research on performance effects of the amphetamines was carried out on enlisted personnel during this period, as the various countries sought ways of maintaining an alert and productive armed force. Although amphetamine was found to inc rease alertness, little data were collected supporting its ability to enhance performance.

Since 1945, use of the amphetamines and COCAINE appears to have alternated in popularity, with several stimulant epidemic occurring in the United States. There was a major epidemic of amphetamine and methamphetamine abuse (both oral and intravenous) in Japan right after the war. The epidemic was reported to

have involved, at its peak, some half - million users and was related to the release with minimal regulatory controls of huge quantities of surplus amphetamines that had been made for use by the Japanese military. Despite this experience, there were special regulation in the United States until 1964 (Kalant, 1973).

The first major amphetamine epidemic in the United States peaked in the mid-1960s, with approximately 13.5 percent of the university population estimated, in 1969, to have used amphetamines at least once. By 1978, use of the amphetamines had declined substantially, contrasting with the increase of cocaine use by that time. The major amphetamine of concern in the United States in the 1990s is methamphetamine, with pockets of "ice" (smoked methamphetamine) abuse.

2.3.1 Medical Utility

Amphetamines are frequently prescribed for the treatment of narcolepsy, obesity, and for childhood attention defective disorder. They are clearly efficacious in the treatment of narcolepsy, one of the first conditions to be successfully treated with these drugs. Although patients with this disorder can require large doses of amphetamine for prolonged periods of time, attacks of sleep can generally be prevented. Interestingly, tolerance does not seem to develop to the therapeutic effects of these drugs, and most patients can be maintained on the same dose for years.

Although the amphetamines have been used extensively in the treatment of obesity, considerable evidence exists for a rapid development of tolerance to the anorectic (appetite loss) effects of this drug, with continued use having little therapeutic effect. These drugs are extremely effective appetite suppressants, but after

several weeks of use the dose must be increased to achieve the same appetite-suppressant effect. People remaining on the amphetamines for prolonged periods of time to decrease food intake can reach substantial doses, resulting in toxic side effects (e.g.,insomnia, irritability, increased heart rate and blood pressure, and tremulousness). Therefore, these drugs should only be taken for relatively short periods of time (4-6 weeks). In addition, long-term follow-up studies of patients who were prescribed amphetamines for weight loss have not found any advantage in using this medication to maintain weight loss. Data indicate that weight lost under amphetamine maintenance is rapidly gained when amphetamine use is discontinued. In addition to the lack of long-term efficacy, the dependence-producing effects of amphetamines make them a poor choice of maintenance medication for this problem.

The use of amphetamines in the treatment of attention deficit disorders in children, remains extremely controversial. It has been found that the amphetamines have a dramatic effect in reducing restlessness and distractibility as well as lengthening attention span, but there are side effects. These include reports or growth impairment in children, insomnia, and increases in heart rate. Those promoting their use point to their potential benefits and they advocate care in limiting treatment dose and duration. Opponents of their use, while agreeing that they provide some short-term benefits, conclude that these do not outweigh their disadvantages. Amphetamine therapy has also been attempted, but with little success, in the treatment of Parkinson's disease, and both amphetamine and cocaine have been suggested for the treatment of depression.

2.3.2 Pharmacology

The amphetamines act by increasing concentrations of the neurotransmitters DOPAMINE and NOREPINEPHRINE at the neuronal synapse, thereby augmenting release and blocking uptake. It is the augmentation of release that differentiates amphetamines from cocaine, which also blocks uptake of these transmitters. Humans given a single moderate dose of amphetamine generally show an increase in activity and talkativeness, and they report euphoria, a general sense of well-being, and a decrease in both food intake and fatigue. At higher doses repetitive motor activity (i.e., stereotyped behavior) is often seen, and further increases in dose can lead to convulsions, coma, and death. This class of drugs increases heart rate, respiration, diastolic and systolic blood pressure, and high doses can cause cardiac arrhythmia. In addition, the amphetamines have a suppressant effect on both rapid eye movement sleep (REM) - the stage of sleep associated with dreaming - and total sleep. The half-life of amphetamine is about ten hours, quite long when compared to a stimulant like cocaine, which has a half-life of approximately one hour, or even methamphetamine which has a half-life of about five hours.

The amphetamine molecule has two isomers : the *d*-(+) and *l*-(-) isomers. There is marked stereo-selectivity in their biological actions, with the *d*-isomer (dextroamphetamine) considerably more potent. For example, it is more potent as a locomotor stimulant, in inducing stereotyped behavior patterns, and in eliciting central nervous system excitatory effects. This isomers appear to be equipotent as cardiovascular stimulants. The basic amphetamine molecule has been modified in a number of ways to accentuate various of its actions. For example, in an effort to obtain appetite suppressants with reduced cardiovascular and central nervous system effects,

structural modifications yielded such medications as diethylproprion and fenfluramine, while other structural modifications have enhanced the central nervous system stimulant effects and reduced the cardiovascular and anorectic actions, yielding medications such as phenmetrazine and methylphenidate. These substances share, to a greater or lesser degree, the properties of amphetamine.

2.3.3 Toxicology

A major toxic effect of amphetamine in humans is the development of a schizophrenia-like psychosis after repeated long-term use. The first report of an amphetamine psychosis occurred in 1938, but the condition was considered rare. Administration of amphetamine to normal volunteers with no histories of psychosis (Gfiffith et al., 1968) resulted in a clear-cut paranoid psychosis in five of the six subjects who received d-amphetamine for one to five days (120-220 mg/day), which cleared when the drug was discontinued. Unless the user continues to take the drug, the psychosis usually clears within a week, although the possibility exists for prolonged symptomology. This amphetamine psychosis has been thought to represent a reasonably accurate model of schizophrenia, including symptoms of persecution, hyperactivity and excitation, visual and auditory hallucinations, and changes in body image. In addition, it has been suggested that there is sensitization to the development of a stimulant psychosis-once an individual has experienced this toxic effect, it is readily reinitiated, sometimes at lower doses and-even following long drug-free periods.

Amphetamine abusers taking repeated doses of the drug can develop repetitive behavior patterns that persist for hours at a time. These can take the form of

cleaning, the repeated dismantling of small appliances, or the endless picking, at wounds of the extremities. Such repetitive stereotyped patterns of behavior are also seen in nonhumans administered repeated doses of amphetamines and other stimulant drugs, and they appear to be related to dopaminergic facilitation. Cessation of amphetamine use after high-dose chronic intake is generally accompanied by lethargy, depression, and abnormal sleep patterns. This pattern of behavior, opposite to the direct effects of amphetamine, does not appear to be a classical abstinence syndrome. The symptoms may be related to the long-term lack of sleep and food intake that accompany chronic stimulant use as well as to the catecholamine depletion that occurs as a result of chronic use.

Animals given unlimited access to amphetamine will self-administer it reliably, alternating days of high intake with days of low intake. They become restless, tremulous, and ataxic, eating and sleeping little. If allowed to continue self-administering the drug, most will take it until they die. Animals maintained on high doses of amphetamine develop tolerance to many of the physically and behaviorally debilitating effects, but they also develop irreversible damage in some parts of the brain, including long-lasting depletion of dopamine. It has been suggested that the prolonged anhedonia seen after long-term human amphetamine use may be related to this, although the evidence for this is not very strong.

2.3.4 Behavior Effects

Non-humans. As with all PSYCHOMOTOR STIMULANT drugs, at low doses animals are active and alert, showing increases in responding maintained by other reinforces, but often decreasing food intake. Higher doses produce species-

specific repetitive behavior patterns (stereotyped behavior), and further increases in dose are followed, as in humans, by convulsions, hyperthermia, and death. Tolerance (loss of response to a certain dose) develops to many of amphetamine's central effects, and cross-tolerance among the stimulants has been demonstrated in rats. Thus, for example, animals tolerant to the anorectic effects of amphetamine also show tolerance to cocaine's anorectic effects. Although there is tolerance development to many of amphetamine's effects, sensitization develops to amphetamine's effects of locomotor activity. Thus, with repeated administration, doses of amphetamine that initially did not result in hyperactivity or stereotypy can, with repeated use, begin to induce those behaviors when injected daily for several weeks. In addition, there is cross-sensitization to this effect, such that administration of one stimulant can induce sensitization to another one. In contrast to cocaine, however (in which an increased sensitivity to its convulsing effects develops with repeated use), amphetamines have an anticonvulsive effect.

Learned behaviors, typically generated by operant schedules of reinforcement, are generally affected by the amphetamines in a rate-dependent fashion. Thus, behaviors that occur at relatively low rates in the absence of the drug tend to be increased at low-to-moderate doses of amphetamine, while behaviors occurring at relatively high frequencies tend to be suppressed by those doses of amphetamine. In addition, with high doses most behaviors tend to be suppressed. As is seen with other stimulants, such as cocaine, environmental variables and behavioral context can play a role in modulating these effects. For example, behavior under strong stimulus control shows tolerance to repeated amphetamine administration much more rapidly than does behavior under weak stimulus control. In addition, if the

amphetamine-induced behavioral disruption has the effect of interfering with reinforcement delivery, tolerance to that effect develops rapidly. Tolerance does not develop to the amphetamine-induced disruptions when reinforcement density is increased or remains the same.

Amphetamines can serve as reinforces in nonhuman and, as described above, can produce severely toxic consequences when available in an unlimited fashion. However, when available for a few hours a day, animals will take them in a regular fashion, showing little or no tolerance to their reinforcing effects.

Humans. A substantial number of studies have been carried out evaluating the effects of amphetamines on learning, cognition, and other aspects of performance. The data indicate that under most conditions the amphetamines are not general performance enhancers. When there is improvement in performance associated with amphetamine administration, it can usually be attributed to a reduction in the deterioration of performance due to fatigue or boredom. Attention lapses that impair performance after sleep deprivation appear to be reduced by amphetamine administration; however, as sleep deprivation is prolonged, this effect is reduced. A careful review of the literature in this area (Laties & Weiss, 1981) concluded that improvement is more obvious with complex, as compared with simple, tasks.

In addition, in trained athletes, whose behavior shows little variability, only very small improvements can be seen. Laties and Weiss have argued persuasively. however, that the small changes in performance induced by amphetamines can result in the 1 to 2 percent improvement that may make the difference in a close athletic competition. Although the facilitation in performance

after amphetamine does not appear to be substantial, it is sufficient to "spell the difference between a gold medal" and any other. Unfortunately, Such data have led athletes to take Stimulants prior to athletic events, particularly those in which strenuous activity is required over prolonged periods (e.g., bicycle racing), leading to hypothermia, collapse, and even death in some cases.

The mood-elevating effects of the amphetamines are generally believed to be related to their abuse. Their use is accompanied by reports of increased self-confidence, elation, frequently euphoria, friendliness, and positive mood. When amphetamine is administered repeatedly, tolerance develops rapidly to many of its subjective effects (such that the same dose no longer exerts much of an effect). This means that the user must take increasingly larger amounts of amphetamine to achieve the same effect. As with nonhuman research subjects, there is however, little or no evidence for the development of tolerance to amphetamine's reinforcing effects.

Experienced stimulant users, given a variety of stimulant drugs, often cannot differentiate among cocaine, amphetamine, methamphetamine, and methylphenidate-all of which appear to have similar profiles of action. Since these drugs have different duration of action, however, it becomes easier to make this differentiation over time.

2.3.5 Abuse

In the United States in the 1950s, nonmedical amphetamine use was prevalent among college students, athletes, truck drivers, and housewives. The drug was widely publicized by the media when very little evidence of amphetamine toxicity was available. Pills were the first form to be widely abused. Use of the drug expanded

as production of amphetamine and methamphetamine increased significantly, and abusers began to inject it. An extensive black market in amphetamines developed, and it has been estimated that 50 to 90 percent of the quantity commercially produced was diverted into illicit channels. In the 1970s, manufacture of amphetamines was substantially curtailed, amphetamines were placed in schedule II of the Controlled Substances Ace, and abuse of these substances was substantially reduced. Perhaps only by coincidence, as amphetamine use declined, cocaine use increased.

The amphetamines, as with other stimulants, are generally abused in multiple-dose cycles (i.e., binges), in which people take the drug repeatedly for some period of time, followed by a period in which they take no drug. Amphetamines are often taken every three or four hours for periods as long as three or four days, and dosage can escalate dramatically as tolerance develops. Like cocaine binges, these amphetamine-taking occasions are followed by a "crash" period in which the user sleeps, eats, and does not use the drug. Abrupt cessation from amphetamine use in usually accompanied by depression. Mood generally returns to normal within a week, although craving for the drug can last for months.

There is little evidence for the development of physical dependence to the Although some experts vies the "crash" (with lethargy, depression, exhaustion, and increased appetite) that can follow a few days of moderate-to-high dose use as meeting the criteria for a withdrawal syndrome, others believe that the symptoms can also be related to the effects of chronic stimulant use. When using stimulants people do not eat or sleep very much and, as well, catecholamine depletion may well be contributing to these behavioral changes.

2.3.6 Treatment

As of the mid-1990s, little information is available about the treatment of amphetamine abusers, and no reports of successful pharmacological interventions exist in the treatment literature. As with cocaine abuse, the most promising nonpharmacological approaches include behavioral therapy, RELAPSE PREVENTION, rehabilitation (e.g., vocational, educational, and social-skills training), and supportive psychotherapy. Unlike cocaine, however, minimal clinical trials with potential treatment medications for amphetamine abuse have been carried Out. The few that have been 0attempted report no success in reducing a return to amphetamine use.

2.4 Drugs and Crimes

Because of widespread public and political concern over drug related crime, there has been an urgent need to understand the drugs-crime relationship. However, despite numerous studies on this topic, only recently have significant empirical advances in our understanding emerged.

Authors of a comprehensive literature review published in 1980 concluded that the drugs-crime relationship was far more complex than originally believed (Gandossy et al.). While acknowledging significant contributions of previous research, the authors felt that methodological problems in the studies they reviewed had obscured an understanding of the linkage between drugs and crime. As these and other reviewers have observed, perhaps the most serious of these weaknesses was the use of official arrest records as indicators of criminal activity. Studies using confidential self-report methods in settings in which there is immunity from prosecution have

consistently documented that less than I percent of offenses committed by drug abusers result in arrest. With a subsequent emphasis on confidential self-report data, studies conducted since 1980 have permitted more realistic estimates of the extent of criminality among drug abusers.

This article focuses on research findings since 1980 on the drugs-crime relationship. It concentrates on the relationship between the use of illicit drugs, including HEROIN, COCAINE, MARIJUANA, AMPHETAMINES, and PSYCHEDELIC substances, and two kinds of crime: *violent offenses*, including assault, robbery, rape, and homicide; and *property offenses*, including vehicle theft, shoplifting, burglary, other theft, and "fencing," or selling or receiving stolen goods. The report also presents theories attempting to explain associations between drug use and crime. Finally, findings on the relationship between drug abuse and the commission of frequent, persistent, and dangerous crimes are discussed.

2.4.1 Criminality of Drug Abusers

In examining the criminality of drug abusers, it is important to note that the onset of illicit drug use typically does not result in the onset of criminal behavior. Rather, it is the *frequency*, not the *onset*, of drug use that increase criminal activity. Further, the positive relationship between drug-use frequency and crime frequency is not consistent across all types of drug use and all types of crime. Such a relationship has been observed with respect to only three types of drug abuse: heroin addiction, cocaine abuse, and multiple-drug use. In addition, such associations are more common for property crime than for violent crime.

2.4.1.1 Narcotic Drug Use. Much of our knowledge about the relationship between drugs and crime comes from detailed self-report information on the type, extent, and severity of criminal activity of NARCOTIC (mainly heroin) addicts. Recent large-scale, independently conducted studies have convincingly shown that increases in property crime and robbery, which has components of both property crime and violence, are associated with increased heroin use. Such a relationship, however, is less clear for violent crimes other than robbery.

Prevalence and Scope of property and Violent Crime. Several key studies reveal an exceptionally high prevalence of property crime among narcotic addicts. Anglin and Speckart (1988) found that 82 percent of a sample of 386 California male narcotic addicts reported involvement in property crime over an average five-year period of daily narcotic use. Anglin and Hser (1987) reported that 77 percent of a sample of 196 female narcotic addicts from California admitted to involvement in property crime during an average six-year narcotic addiction period. Inciardi (1986) noted that almost all of a sample of 573 male and female narcotic abusers from Miami had reportedly engaged in theft during the year prior to interview. Inciardi also found that these individuals reported involvement in more than 77,000 property crimes (on average, 135 per subject) over a 12-month period while at large in the community. This figure included 6,669 burglaries, 841 vehicle thefts, 25,045 instances of shoplifting, and 17,240 instances of fencing. While these studies varied in sampling methods and definitions of property crime (e.g., including and not including robbery), all provided evidence that a substantial majority of narcotic abusers routinely engage in property crime.

Property crime comprises a considerable portion of the crime, other than drug distribution, committed by narcotic addicts. For instance, Nurco et al. (1991s) found that of the nondistribution crimes committed by a sample of 250 male narcotic addicts during an average 7.5-year addiction period, approximately 48 percent were property crimes.

Research has also consistently documented that among heroin addicts, violent crime is less prevalent and occurs with less frequency than property crime. Earlier Studies noted that addicts tended to prefer property crime over violent crime and appeared to be less violent than other offenders. While findings from later studies for only a small proportion of all addict crime (approximately 1% to 3%, a rate that is much smaller than the property-crime figure), the actual number of violent crimes is still quite large because addicts commit so many crimes. For example, in Inciardi's 1986 sample of 573 Miami narcotic abusers, violent crime comprised only 2.8 percent of all offenses (5% of nondistribution offenses) committed by the subjects in the year prior to interview. However, this relatively small percentage amounted to 6,000 incidents of violent crime (on average, 10.4 per subject), since a total of 215,105 offenses were committed.

Researchers have also suggested that heave heroin use and, more recently, heave cocaine abuse have contributed to record numbers of homicides in large cities in the United States. The ways in which drugs can contribute to violence is the basis for a prominent theory in the drugs-crime field, discussed later in this article.

Crime and Frequency of Heroin Use. Recent studies have provided consistent evidence of a direct, functional relationship between the frequency of narcotic drug (primarily heroin) use and die frequency of property crime. These

investigations have employed a unique longitudinal design in which crime data are obtained for each subject over periods during which the frequency of narcotic use may vary. These studies of addiction careers reveal that property-crime rates are significantly higher during narcotic addiction periods than during periods of nonaddiction. Such a relationship tends to be linear, with the highest property-crime rates occurring at the highest levels of narcotic use (three or more times per day). In addition, although most addicts commit property crime prior to addiction, the frequency of such crime increases significantly from preaddiction to addiction, remaining high over subsequent addiction periods and low during intervening nonaddiction periods. While other factors also influence property-crime rates, the simplest explanation for these results is that property crime is functionally related to narcotic addiction - since addicts need cash to support their habits.

Evidence of a similar relationship between heroin use and violent crime is less conclusive. Studies have consistently shown that rates for robbery, in which there are property-crime features, are considerably higher during addiction periods than during either preaddiction or nonaddiction periods. However, when rates for composite measures of violence and rates of assault alone are examined, the relationship appears less clear.

In compiling composite measures of violence, Ball et al. (1983) found that for a sample of 243 male Baltimore addicts, the number of days on which violent crime was committed was considerably higher during the first addiction period than during the First nonaddiction period. However, in subsequent studies of 250 male addicts from Baltimore and New York City, most of whom had multiple periods of addiction, more complex relationships were observed. Over an addiction career,

violent-crime rates for the total sample were significantly higher for combined addiction periods than for combined nonaddiction periods (Nurco et al., 1986; Nurco et al., 1988s). This result stemmed largely from high levels of crime committed during the first addiction period; violent crime actually decreased over subsequent periods of addiction, a finding, that appeared to be age-related. The fact that mean rates for violence were found to be even higher for preaddiction (10 days per year) than for addiction periods (8 days per year) also reflected an inverse relationship between age and violent criminal activity.

2.4.1.2 Non-narcotic Drug Use. Investigation of the nonnarcotic drugs-crime relationship has only recently emerged as a major research question. In the 1980 literature review, Gandossy and associates found that, of the few studies conducted on the nonnarcotic drug-crime relationship, evidence linking the use of various nonnarcotic substances to either property crime or violent crime was weak. Another reason for the unclear relationship between nonnarcotic drug use and criminal behavior is that various narcotic and nonnarcotic drugs are often used in combination. Thus, disentangling their separate relationships to criminal activity, let alone determining cause and effect, is especially problematic. Despite these difficulties, significant advances have been made in understanding the nonnarcotic drugs-crime relationship since 1980.

Cocaine. Data analyses on a nationwide probability sample of 1,725 adolescents strongly supported a cocaine-crime connection (Johnson et al., 1991). Adolescents who reported using cocaine in the year preceding the interview (comprising only 1.3% of the sample) were responsible for a disproportionately large share of the property and violent crime committed by the sample during this period.

The cocaine users accounted for 60 percent of all minor thefts, 57 percent of felony thefts, 41 percent of all robberies, and 28 percent of felony assaults committed by the entire sample.

Typography studies involving seriously delinquent youth and female crack- cocaine abusers also revealed that subjects who reported the heaviest levels of cocaine use also had substantially higher rates of property and violent crime than subjects who used crack less frequently. Among a sample of 254 youth identified by Inciardi and coworkers (1993a) as serious delinquents, the 184 CRACK dealers (86% of whom were daily crack users) were responsible for 45,563 property crimes (an average of 23 1 per user) during the year preceding the interview. In contrast, the 70 subjects who were not crack dealers and who used crack less frequently (approximately three times per week) averaged 135 property crimes per year. In addition, the heavy cocaine users averaged 10 robberies per year, compared with 1 per year for the remaining subjects. Similar results were reported for a sample of 197 female crack abusers (Inciardi et al., 1993b). The average adjusted annual rates for the 58 subjects classified as heavy cocaine users (8 or more doses per day) were 12, 14 and 320 for violent crime, major property offenses, and minor property crimes, respectively. These rates were substantially higher than rates for the 90 subjects classified as "typical" users (4-7.99 doses per day). For those 49 users who took less than 4 doses per day, the average adjusted annual rates for violence and major property crime were less than 1, and the rate for minor property offenses was 24.

Increased cocaine use among narcotic addicts has also been associated with increased property and violent-crime rates. Both Nurco et al. (1988b) and Shaffer et. al. (1985) found that male narcotic addicts who had higher rates of cocaine use

tended to have higher rates of property and violent crime than addicts who did not abuse cocaine.

Other Non-narcotic Drugs. The use of other nonnarcotic drugs appears to be unrelated to increased criminal activity. While there is considerable evidence that frequent users of *multiple* nonnarcotic substances, including amphetamines, BARBITURATES, marijuana, and PCP, typically have high crime rates (although somewhat lower than rates for heroin addicts), such is not the case for users of *single* nonnarcotic drugs. Although single use may be related to offenses like disorderly conduct or DRIVING while impaired, it is not generally associated with predatory crime.

Marijuana. Research on the relationship between marijuana use and crime has found that, with the possible exception of the sale of the drug and disorderly conduct or driving while impaired, the use of marijuana is not associated with an increase in crime. Some studies have reported that marijuana use may actually reduce inclinations toward violent crime.

A major problem is studying the association between marijuana use and criminal behavior is that the exclusive use of marijuana is generally short-lived. Further, like other illicit nonnarcotic substances, marijuana is often used in combination with other drugs. Under such circumstances, it is difficult to isolate the effects of heavy marijuana use from those associated with the use of various drug combinations.

Amphetamines. Literature reviews published during the late 1970s (Gandossy et al., 1980; Greenberg, 1976) reported that the association between amphetamine use and crime was difficult to determine because, among other factors,

of the diversity of amphetamine users. More recent ethnographic studies of drug abusers (Goldstein, 1986) have reported that amphetamine use is related to violent crime in some individuals. In the general population, however, the association between amphetamine use and crime is not readily apparent. Despite assertions of the media in the 1960s and 1970s, the prevalence of amphetamine-related violence among American youth is likely to be quite low.

Psychedelic Substances. Most studies investigating the relationship between psychedelic-substance abuse and crime have involved PHENCYCLIDINE (PCP). Much of this research has examined the relationship between PCP and violence. As in the coverage of many other nonnarcotic drugs, media reports, principally in the 1970s and early 1980s, emphasized a perceived link between PCP use and violent behavior. However, the actual extent of this link is greatly exaggerated. In his report on the subject, Kinfock (1991) noted that serious methodological problems in some recent studies and contradictory findings in others disallowed a conclusive answer to the question of whether PCP use increased violent crime. Researchers have suggested, nevertheless, that the inconsistency of study findings may indicate that PCP use facilitates violence in a small proportion of users (Inciardi, 1986; Kinfock, 1991). There is agreement that biological, psychological, situational, and other factors underlying seemingly drug-related aggressive behavior should be examined in future research.

2.4.2 Theories on Drug-Crime Relationship

Inciardi (1986) has noted that numerous theories have been posited to explain the drugs-crime relationship. Many of these theories have dealt with the

etiology of drug use and crime. Early etiological theories tended to be overly simplistic, focusing on what Inciardi termed the "chicken-egg" question: Which came first, drugs or crime? This question polarized the drugs-crime field for over fifty years. It typically reflected two mutually exclusive positions: that addicts were criminals to begin with, and addiction was simply another manifestation of a deviant lifestyle; or that addicts were not criminals but, rather, were forced into committing crime to support their drug habits.

Reflecting a middle-ground position, more recent theories argue for a diversity among narcotic addicts with regard to the predisposition characteristics and motives underlying drug-related criminal behavior. For example, on the basis of their research with narcotic addicts, Nurco and his associates' (1991b) concluded that there is considerable variation among addicts in their propensity toward criminal activity. Some addicts had been heavily involved in crime prior to addiction. whereas other were extensively involved in crime only when addicted.

In the late 1970s, drugs-crime theories became increasingly complex, partly because studies tended to have fewer methodological problems that interfered with the measurement of both drug use and crime. With improvements in techniques, researchers gradually become more aware of heterogeneity among drug abusers on many dimensions, including the type and severity of drug-use patterns and related criminal activity. Also, more recent studies have found that drug use and crime, in most instances, do not initially have a causal relationship but, rather, are often the joint result of multiple influences. Among the many factors contributing to drug use and/or crime are those involving the family, such as lack of parental supervision, parental rejection family conflict, lack of discipline, and parental deviance; association with

deviant peers, school dropout, failure, and discipline problems; and early antisocial behavior. Consistent with the notion that all drug abusers are not alike, varying combinations of factors probably contribute to different patterns of deviant behavior in individuals at risk.

However, as Inciardi and his associates' (1993a) have noted, some limitations of these theories remain. Most theories discuss drug abuse only as one of several manifestations of delinquency. Further, as in earlier years, the primary concern has been with the etiology of deviant behavior. Very little attention has been paid to explaining events that occur after the onset of drug use and criminal behavior, specifically how certain types of drug abuse increase the frequency of criminal activity. Finally, theories have typically focused on adolescence, without incorporating attributes and events that influence behavior during childhood and adulthood.

Among the most prominent theories in the drugs-crime field is that of Paul Goldstein (1986, 1989) regarding the relationship between drugs and violence. Goldstein's theory is based on his numerous ethnographic accounts of violent drug-related acts obtained from both perpetrators and victims in New York City. According to this theory, drugs and violence can be related in three separate ways: psychopharmacological, economic-compulsively, and systemically. Within the psychopharmacological model, violent crime results from the short- or long- term effects of the ingestion of particular substances, most notably crack-cocaine and heroin. According to the economic-compulsive model, violent crime is committed as a means to obtain money to purchase drugs, primarily expensive addictive drugs such as heroin and cocaine. The systemic model posits that drug-related violence results from the traditionally aggressive patterns of interaction found at various levels within

systems of illicit-drug distribution. Examples include killing or assaulting someone for failure to pay debts; for selling "bad," or adulterated, drugs; or for transgression on one's drug-dealing "turf."

Several key studies have analyzed data in the light of Goldstein's concepts. In a study of 578 homicides in Manhattan in 1981, 38 percent of the male and 14 percent of the female victims were murdered as a result of drug-related activity (Tardiff et al., 1986). The investigators contended that these percentages were higher than those previously reported in the United States. In a subsequent study by Goldstein and his coworkers (1989) involving 414 homicides in New York City that occurred over an eight-month period, 53 percent were classified by the police and researchers as being drug-related. In both studies, most of the drug-related homicides were attributed to systemic causes. Interestingly, in the former study, most of the homicides involved heroin, whereas in the latter study, most involved crack-cocaine.

2.4.3 Drug Use and High-Rate, Serious Criminality

As indicated earlier, the onset of illicit drug use typically does not result in the onset of criminal behavior. In most cases, both drug use and crime begin in the early teens. Generally, the less serious the drug or crime, the earlier the age at onset of involvement. For example, among illicit drugs, marijuana is more commonly used at a younger age than are sedatives or tranquilizers, and these drugs, in turn, are typically used at a younger age than are "hard" drugs, such as heroin and cocaine. Similarly, minor forms of crime (e.g. shoplifting, vandalism) have an earlier onset than more serious types of crimes, such as assault, robbery, and drug dealing.

Most marijuana users do not become heroin addicts, and most youths who commit minor property crimes do not subsequently become involved in more serious offenses. In both instances, the salient variable appears to be age of onset - the younger the individual is when first using a "soft" drug or committing a minor crime, the more likely he or she will move on to more serious forms of deviance. In general, the more deviant the environment (family, peers, community), the earlier the onset of deviance.

Since 1980, independent studies have identified several core characteristics of high-rate, serious offenders. According to Chaiken and Chaiken (1990), these studies have consistently found that predatory individuals tend to commit many different types of crime, including violent crime, at high rates, and to abuse many types of drugs, including heroin and cocaine. Also, research findings have consistently reported that among heroin addicts, prisoners, and seriously delinquent youth, the younger one is at onset of heroin and/or cocaine addiction, the more frequent, persistent, and serve one's criminal activity tends to be. In these studies, individuals with early onsets of addiction (typically before age 16) tended to abuse several types of drugs and to have disproportionately high rates of several types of crime, regardless of addiction status. Such findings have been observed in various geographic locations and are independent of ethnic group. These results are similar for both males and females, with one notable exception: females with early onsets of addiction are more likely to commit prostitution, shoplifting, and other property crimes at high rates, whereas males with early onsets are more likely to commit violent acts.

Chaiken and Chaiken's 1982 study of over two thousand male prisoners in three states was significant for at least two reasons. First, it challenged the long-held perception that drug abusers were less violent than other arrested. While 65 percent of Chaiken and Chaiken's sample reported having used illicit drugs during the one- to two- year period preceding the arrest leading to the most recent incarceration, an even higher proportion (83%) of high-rate, serious offenders, identified as "violent predators," had used drugs during the same period. Among the offenders studied, Violent predators were also most likely to have had histories of "hard" drug use (including heavy multiple-drug use and heroin addiction) and to have had early onsets of several types of drug use and criminal activity. Second, and perhaps more important, the information on an offender's drug history was more likely than official arrest records to be related to the amount and seriousness of self-reported criminal activity. As in the results of drug-crime studies discussed earlier, official arrest data were poor indicators of the type, amount, and severity of crime committed by these respondents.

These findings suggest a potential for using an individual's history of illicit drug use, including age of onset, in identifying high-rate, dangerous offenders. However, this approach has several limitations. First, a general caution is in order whenever findings based on aggregate data are applied to the individual case. Second, although self-reports of drugs use and crime are generally valid when obtained from individuals who are either at large in the community, entering a drug-abuse treatment program. or already incarcerated, they tend to be less accurate for individuals being evaluated for initial disposition in the criminal-justice system. Approximately one out of every two new arrested identified as drug users by urine testing conceal their recent

drug use, even in a Voluntary, confidential interview having no bearing on their correctional status.

2.5 Narcotics Crimes

Narcotics crimes, in general, are known and stressed on natures of specific offense such as consumers, sub-agent, traffickers, capitalist and producer without any characteristics different from other crimes. In fact narcotics crimes have characteristics different from other types as follows :-

1. Narcotics crime is victimless crime. These word have been defined by Shaw that it is the crime of which both parties voluntary respond the demand with illegal things or services. Both offender and person who voluntary absorb the effects make crime. For other types of crime, these usually have injured person but there is no injured person in the case of narcotics crime. Therefore, there is no chance for officers to obtain any complaint from the injured person. The complaint of injured person is the important factor for criminal investigation. Without any complaint, it is rather difficult for officers to investigate the offense.

2. Narcotic crime usually be in the form of organization and has its work frame called organize crime within multi-offenders. Leader of organize crime may be a well-known person in high society, have high class of living and work legally but may secretly leave the state of professional narcotic traders behind.

3. Narcotics crime give high remuneration to offenders. Due to high profit of drug smuggling, power of money then become the influence over the arrest of offenders.

4. Narcotic crime is protected by the influence of politicians or officers, only the followers mostly be arrested.

The structure of organize crime will occur in different styles, depending on activity or size of business. This structure can be classified into 4 levels as follows :-

First level - is the boss who will be responsible for all business. In general, there will be only one boss in organization. Boss will not deal directly with activity but get legal job as a blind.

Second level - is the underboss who will gather all information and performance news to be reported to the boss. The underboss also have to receive orders and policies from the boss for conduction purpose.

Third level - is the leader of operational team who functions as buffer between high level and low level in order to prevent and protect the high level from being investigated by the officers. This level is equal to the position of Sale Manager in general business.

Fourth level - is the lowest level or bottom of organization who operate work according to the orders of the superior.

The organize crime will have strict rules and regulations on loyalty and honesty given to organization. If anyone violates the rules, they will get the strong punishment. These matters cause lots of trouble for investigation of tire suppression officers.

2.6 Theories and Related Studies

Regional G Smart created the theories: "An Availability Proneness Theory of Illicit Drug Abuse" which indicates that trends to use drug are based on the availability and Proneness to use drugs. It can be either of these two factors that lead people to drug abuse (Adut, 1997: 28)

David P. Ausubel created the theories about drug interaction: "An Interaction Approach to Narcotic Addiction" which suggests that the most important factors of drug abuse is being exposed to drugs as that occurs in slum areas (Adul, 1997:28)

Moreover, a number of Thai researchers, among them are Malinee Siriwongpirati (1980) Yubonwan Pramualratakan (1989) and Prepasri Suktassanee (1993) have studied factors of drug abuse by relying on the concepts and principles of Control Theory and Differential Association Theory. The element of these two theories is:

2.6.1 Control Theory

Travis Hirschi combined the principles of control theory with a painstaking empirical test of control theory, anomie theory, and the Chicago-school theory. According to Hirschi, delinquency should not be seen as a surprising phenomenon. Rather, it is something all of us would engage in if obstacles were not thrown in our path by a disapproving civilization. These obstacles or controls are chiefly attitudes that are quite effectively implanted in most people but less effectively installed in others. These others have a relatively weak bond to society; their minds are not set so firmly against delinquent activities.

Hirschi mentions four ties to society: attachment, commitment, involvement, and belief. *Attachment* is an emotional element; it refers to the extent that a person cares about other people. Commitment is a more rational quality, referring to the degree of one's investment in conventional activities. *Involvement* refers to the time spent in conventional activities; if these occupy a youngster's entire day, delinquent incidents cannot take place. Belief (in the moral validity of conventional norms) is almost self-explanatory: people who think it is wrong to violate a particular law will probably not violate it.

Not only do different ties to society exist, but there also are different parts of society to which a person may be tied. Although "control theories sometimes suggest that attachment to any object outside one's self, whether it be the home town, the starry heavens, or the family dog, promotes moral behavior" (Hirschi, 1969: 30) Hirschi thinks that the attachments most significant for predicting delinquency are those to parents, schools, and peers - the primary agents of socialization. Children attached to parents are less likely to become delinquent, Hirschi says, because positive feelings toward parents promote acceptance of the parents' values and beliefs; children avoid delinquency and other behavior that would jeopardize that affection. Hirschi's argument also applies to peers - that is, the closer one's ties to one's peers, the less delinquent one will be (even if one's friends are sometimes involved in delinquency). This directly contradicts the apparently more reasonable Chicago-school notion that closeness to delinquents makes a person more likely to engage in delinquency.

Hirschi argues that attitudes toward schooling and teachers are an important intervening variable in the relationship between IQ and delinquency. Youths with high IQs generally receive better grades than other students do. Getting, better

grades in turn makes school a more interesting and enjoyable experience, so youngsters with better grades like schooling more than their peers do. Linking school makes it easier for them to accept or at least endure school rules and authority, which makes them less likely to engage in delinquency.

Commitment, unlike attachments involves Success, achievement. and ambition rather than respect, admiration, or identification. Anomie theory argues that thwarted ambition generated unbearable frustration, which causes delinquent behavior-theft, in particular. Control theory suggests, on the contrary, that ambition or motivation to achieve keep people on the straight and narrow path, because they know that getting into trouble will hurt their chances of success.

Involvement in conventional activities was viewed as a means of preventing delinquency as early as Biblical times, when sages counseled that "idle hands are the devil's workshop." In modern times, such thinking has prompted city planners to call for more and better playgrounds to keep children off the streets, based on the assumption that if such facilities are available, youngsters will spend their time in them and have little time for delinquent pursuits.

Finally, Hirschi looks at belief in the moral validity of conventional norms. Quite simply, he maintains that there is only one belief system in America, and it centers around conventional values; there are no subcultures that regard theft and assault as proper or permissible. But there is variation in the acceptance of these conventional values; some people accept them strongly and others more weakly or lukewarmly. That acceptance is weak feet relatively free to violate the norms, at least on occasion.

2.6.2. Differential Association

The theory of differential association was introduced by Sutherland in the following form:

1. The processes which result in systematic criminal behavior are fundamentally the same in form as the processes which result in systematic lawful behavior.

2. Systematic criminal behavior is determined in a process of association with those who commit crimes, just as systematic lawful behavior is determined as a process of association with those who are law-abiding.

3. Differential association is the specific causal process in the development of systematic criminal behavior.

4. The chance that a person will participate in systematic criminal behavior is determined roughly by the frequency and consistency of his contacts with the patterns of criminal behavior.

5. Individual differences among people in respect to personal characteristics or social situations cause crime only as they affect differential association or frequency and consistency of contacts with criminal patterns.

6. Cultural conflict is the underlying cause of differential association and therefore of systematic criminal behavior.

7. Social disorganization is the basic cause of systematic criminal behavior.

The first theory of differential association proposed in 1939 indicated that crime was basically due to social disorganization, which resulted from the social

processes of mobility, competition, and conflict. This social disorganization produced culture conflicts, which in turn, produced differential association so that individuals having contacts with others would be exposed to differing social values and patterns of behavior. Crime results from the association of individuals or groups with criminal patterns. The more frequent and consistent these associations, the more likely that the individual will become a criminal. Critical experiences, such as arrest, court action. and newspaper publicity, would affect the person as well, primarily in his associations. The influence of impersonal associations would have something to do with the receptivity of the individual to patterns of criminal behavior as presented in these associations. A person does not inherit criminal tendencies; individual differences among people cause crime only as they are affected by differential association and the frequency and consistency of contact with delinquents.

In the 1947 revision of his Principles of Criminology, Sutherland modified his theory by adding other materials. His final theory of differential association had taken shape. It included the following points:

1. Criminal behavior is learned.

2. Criminal behavior is learned in interaction with other persons in the process of communication.

3. The principal part of learning of criminal behavior occurs within intimate personal groups.

4. When criminal behavior is learned, the learning includes: (a) techniques of committing the crime, which are sometime very complicated, sometimes

very simple; (b) the specific direction of motives, drivers, rationalizations, and attitudes.

5. The specific direction of motives and drivers is learned from definitions of the legal codes as favorable or unfavorable.

6. A person becomes delinquent because of an excess of definitions favorable to violation of law over definitions unfavorable to violation of law.

7. Differential associations may vary in frequency, duration, priority, and intensity.

8. The process of learning criminal behavior by association with criminal and anticriminal patterns involves all of the mechanisms that are involved in any other learning.

9. While criminal behavior is an expression of general needs and values, it is not explained by those general needs and values since noncrimianl behavior is an expression of the same needs and values.

From the study of criminology theories, the reasons for drug selling and drug abuse can be explained through Anomie Theory.

2.6.3. Anomie Theory

The concept of anomie emerged with Durkheim in 1987 as the loss of individual identification with one's cultural group. Merton (1938) had considered anomie as an explanation of deviant behavior early in 1938. In 1949, he suggested that the condition of anomie would be a good explanation for deviant behavior in any society. In 1955, he elaborated on anomie as central in juvenile delinquency (Witmer and Kotinsky, 1955). Because criminal behavior grows out of a contradiction between

the culture and the social structure and, in addition, between the cultural values and the means provided for achieving them, the individual dissociated from his cultural group may well exhibit deviant behavior. Merton further elaborated and refined this concept in 1957.

In the beginning, humans' biological impulses sought full expression, but the growing social order made necessary the management of those impulses in individuals and the social processing of tensions. With the advance of social science, sociological perspectives have entered into the analysis, and the question as to why deviant behavior varies within different social structures needs clarification. How some social structures exert pressure on certain persons to engage in nonconforming behavior must be primarily sociological, with biological and personality differentials changing the directions of behavior.

Culturally defined goals a legitimate objective for all members of society are basic in the social formation. The culture defines and regulates the acceptable modes of reaching for those goals, and these regulations are rooted in the mores or institutions of the society. The criterion of acceptability is value laden. Deviant behavior comes when the aim is victory in competitive athletics, for example, and is construed as "wining the game" rather than "wining under the rules of the game." Consequently, there arises a difference between achieving the goal by legitimate means and by illegitimate means, the late being called deviant behavior.

The types of individual adaptation to this frustration call be classified. Table identifies five modes of adaptation with acceptance or rejection of the goals and the means identified by a plus signifying acceptance, a minus signifying rejection, and a plus-minus signifying rejection of prevailing values and substitution of new values.

Conformity to both cultural goals and institutionalized means, adaptation type I, is the most common and desired adaptation. Innovation occurs when a person has assimilated the cultural values regarding the goals without equally internalizing the norms governing the way of obtaining them. Therefore, adaptation II, innovation, may become criminal through white-collar crime, the "Robin Hood" syndrome, or other types of crimes. Ritualism, or the type III adaptation, involves abandoning and scaling crown the goals to a point where aspirations can be legitimately satisfied with the means available. A person who plays it safe and does not rock the boat may adapt in this manner. He or she is playing the game but not particularly enjoying it.

Adaptation type IV, retreatism, shares neither society's values nor the institutional means by which they are achieved. The retreatism are not *in* society but *of* society and are the true aliens in society: they are alienated. Many are outcasts, vagrants, vagabonds, tramps, alcoholics, drug addicts, psychotics and other who have not identified with the goals in society and have ignored the means by which they are achieved. Retreatism is a frequent adaptation, probably second only to adaptation type I, or conformity. These people have the dilemma of either being crushed in the struggle to achieve approved goals or enduring the hopeless resignation and flight from them. Rebellion, which is adaptation type V, leads people outside the social structure to envisage and try to establish a mothered social structure. They are probably alienated from the present goals and the means, regarding them as purely arbitrary. Their efforts are aimed toward the introduction of a social structure and cultural standards of success and the means by which they are achieved that would make for a closer correspondence between their effort and their rewards. When the

institutional system is seen as a barrier to legitimatize goals and achievement, the stage is set for rebellion and protest.

The pressure from this social structure produce strain directed toward anomie and deviant behavior. This strain does not operate evenly among all members of society. The lower socioeconomic strata are most vulnerable to the pressures toward deviant behavior because many of the desirable goals are not readily available through institutionalized means, as they are in the middle and upper classes. The social system becomes stabilized when the cultural structure attaches prestige to certain goals and alternative goals, while permitting individuals to have access to them. In such a stabilized society, potential deviants may still conform, under stress, but the central thrust is toward anomie or some disregard for social norms in the face of frustration and deprivation.

Study of drugs problems in view of education and legal analysis of Mr.Chaiyos Heymaratchata found that causes of problem are the deficiencies of drug consumer which are: -

1. Physical need. Due to malfunction of body or physical sickness such as got an operation, neurotic, fracture, kidney stone, the patient then try to look for medicine that can stop pain of body. Sometimes patient buy the medicine without recommendation of doctor or take overdose medicine as assigned by the doctor. This may cause accidental addiction because the patient believed that the effect of medicine can decrease physical pain and make fresh emotion.

2. Mental need. Normally people may have both physical and mental deficiencies. The psychologist believed that mental deficiency of human dealt with taking care of parents in childhood. Both physical and mental deficiencies are related

to each other and these deficiencies may affect the trend of drug usage that can get rid of anxiety, for example, handicapped people will get low talent and capability, bad temper and personality, lack of self-confidence. This type of person is psychologically called passive dependent personality who always rely on other people. Some environmental conditions as family problem, school problem may cause mental sickness to persons till they have to use some kinds of tranquilizers to calm down the anxiety. The gangsters of mental deficiency usually be against the society, violate the law, hate other people, do everything according to self-satisfaction without realizing the damage of public. This type of person will consume drug in order to be able to get alone, with others of the same kind.

3. Wrong belief caused by the effects of drugs will stimulate, depress and hallucinate nervous system. When effects of drug mixed together, it will cause changing state of mind. Someone believed that drugs can solve their problems such as sexual capability or can help them to work more. The effects of drugs will stimulate nervous system to work hard and cause mental disorder at the same time such as the habitual use of drugs of truck drivers. These people are easy to get an accident while consuming drug. When the effect of drug is over, the consumer will feel serious exhaustion.

4. Curiosity is another factor that cause drug addiction in youth. The adolescent people usually need to know and try on new things and also be addicted such as heroin. Surrounding people or environmental conditions also be the other trends of drug testing.

5. Bully character by birth. Teenagers may get this character because they may lack of social attention. Consequently, they will try to do in the opposite way

of society without thinking of social value, beginning with drinking the alcohol and consuming drugs.

6. Weak nervous system. People of this type will be easy to be addicted by drugs because of their mental sickness such as people of chronic psychological disorder and idiotic people who get low intellect, easy to induce, lack of responsibility and easy to be under control of drugs. From the study of drug addict's personality, it is found that only a few people get normal personality before drug addiction. These people usually get anxiety and use drugs to stop such feeling. Their repeated consumption of drug then causes addiction.

From the study of Chaiyos Heymaratchata on drug problems found that there were many reasons affecting drug distribution offense. High profit obtained from distributing drug is the first factor. Secondly, people need to extend bad influence of drug so as to gain more drug customers. The scope of distribution will then increase which lead to increasing of profit. The last one is that when drug consumers get addiction and have no money to buy it, they then need to find money to purchase drug. The easy way to get money for them is to be drug trader by themselves.

In conclusion, the cause affecting drug distribution offenses are

1. Wish to get a great deal of profit that is higher than cost.
2. Need to extend bad influence of drug.
3. Need more drugs customers.
4. Those who consume drug and have no money become drug trader.
5. Be the drug carrier or contact the customers.

2.6.4. Influence of Media

Besides interpersonal communication, mass communication also have an influence on individual addiction, especially in the youth. In general. interpersonal Communication has higher efficiency than mass communication in view of motivation and personal attitude change while mass communication has higher efficiency than interpersonal communication in view of giving news to people.

Influence of communication affects on guiding and inducing. But its degree will depend on situation and other factors which can be summarized as follows:

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Communication influences the idea and behavioral chance of human. Whenever communication is made between person, idea and information are transferred and cause some change to receiver. Schramm said that influence of communication make some changes in human on world vision and perception according to social and environmental system. Communication, as defined by Smart and Fejer, means the process of idea and information that are sent from one source to the receiver with the intention to change behavior of receiver. However, happening of communication theory for psychological motivation must depend on volunteer or acceptance of receivers.

Process of communication, source of message or sender may be in the of person, group of people or mass communication that send message to receivers. Message may occur in the form of conversation, photo, symbol or other actions that aim to chance behavior of receiver. There are many variables or factors dealing with process either main variables or support variables. Rogers indicated the main variables of communication for family planning as follows:-

Input - Input and other communication methods will cause output or effect of communication process. This pattern can be applied to the communication for drugs prevention. The inputs are 4 variables as follows :-

1. *Source variable*. Source is one important factor in communication process. Sender of message has to choose reliable and acceptable source of society. This causes an inclined idea of receiver and then acceptance of that message is finally made.

2. *Message variable.* In efficient communication, message sent to receiver causes 3 effects to receiver. Firstly, receiver will gain knowledge. Secondly, it will occur attitude formation and change in receiver and lastly, overt behavior change will occur. Rogers explained that these 3 changes will happen continuously. When message receivers got message, they will gain knowledge and understanding on that message which will lead to attitude formation. Lastly, behavior of receiver will then change.

Messages used in communication are varied such as logical message, positive message, negative message, two-side message. The results of research found that natures of message have the effect on favor, attitude change and different emotional formation of receiver.

Presentation of one-side message either positive or negative may give different effects, for example, in presentation of Nowlis on drugs prevention stated that positive message will give more effect than negative message. Messages are presented widely and in relation to other social values on the way of living. Sometimes, presentation in this way doesn't give instant effect but causes permanent effect to the receiver.

It is said that one-side negative message is presented in the form of threaten, point out bad thing and put the focus on danger. Doctor Vichai Posayajinda said that threaten is the way to create impression by using bad point. If threaten is done in the wrong way, its effect may be unreliable.

Presentation of two-side message is to give logical information. The essence of message may be good or bad such as advantage and disadvantage effects of medicine upon person. Two-side message presentation may be done in specific scope such as messages presentation on drug prevention of the Office of the Narcotics Control Board that use psycho-social model in presenting message. This presentation emphasizes logical message rather than threaten.

3. *Channel variable.* Channels of communication both in mass communication and interpersonal communication are of low to high technology. High technology include Internet, radio and television which are accepted as the high efficient electronic media that give many kinds of news. Communication through Internet is another high efficient method that give rapid message to receivers.

From the research, it is indicated that radio can give most of message on drug prevention to the youth and parents. Television is the most important message for teenagers and also be the most reliable source in the view of cocaine addict. Some research had studied on negative role of television, especially the advertising program on alcohol. It was found that when teenagers saw this advertising program, they believed that drinking alcohol is the general habit of people and is the north of some situations. Giving good image of drinking alcohol through advertising program may affect good attitude given to alcohol and the way of drinking it by teenagers. Moreover, the research on the evaluation of drug prevention dissemination through

many kind of media indicated that television is the media that can give most knowledge while newspaper and magazine are the media that give knowledge to receiver of 40% from overall sample group.

4. *Receiver variable*. Receivers or target groups have different characters. Some receivers are against the message while some are agree to the message. As stated by Nowlis that character of receiver is the important thing for communication. Sometimes character of receiver causes trouble to communication. Variables used to identify receiver in communicating about drugs are age, sex, education, income, size of family and other conditions. These variables have effects that cause some changes in behavior.

Belief in Drugs

It is said that belief is the data of knowledge that people have on character of objects or person or others. Concentration of belief in person is in different level. Belief may be set up from direct observation or other reference process. It can specify attitude of person against other things.

Research sub-committee of the Office of the Narcotics Control Board had made a study on problem of drug usage of 6,988 students front educational institutions of vocational level and of secondary level under Ministry of Education. These students.

Also obtained medical treatment at state and private clinics. From the study, it was found that most of students believed that after trying on drugs, they can stop consuming it. From classification of drugs, we found that the belief to give up consuming heroin of people is at 53.6% and at 75.4% for volatile substance. These

may be the wrong idea for the beginner of drug consumption and it will lead to the careless use of drugs.

Related Researches

Supreeya Darukarnpruck (1995 : Abstract) made a study on factors affecting volatile drug taken by juvenile in Ubon Ratchatani Province. Most of them believed that taking volatile drug was a fashionable thing. It can relieve tension and was a strange thing to try on.

Sophon Mektana and group (1996 : 350-362) made a study on factors relating to behavior in taking Amphetamine of 1,092 high school students in Karnchanaburi Province, 594 of which were male and the rest of 498 were female. It was found from the study that attitude toward Amphetamine was relating to behavior of Amphetamine taken with statistical significance.

Somjit Patikorn and group (1984 : 167-168) made a study on motive cause of narcotic taken by male teenagers in Amphoe Muang of Chiang Mai Province. It was found from the study that teenagers who have ever been persuaded to take drugs constantly will need more drugs than those who were seldom persuaded or have never been persuaded.

Nopporn Panichsuk (1985 : Abstract) made a study on influence of family and friends toward Amphetamine taken by juvenile. It was found from the study that lack of love and care from family caused children feel lonely. The state of broken

home, association with bad friends and being motivated to the wrong way caused juvenile to take Amphetamine.

Supreeya Darukarnpruck (1995 : Abstract) made a study on factors affecting volatile drugs taken by juvenile in Ubon Ratchatani Province. It was found from the study that juvenile who did not take volatile drugs got happy family and good state of mind as well as emotion rather than those who took volatile drugs.

Sophon Mektana and group (1996 : 350-362) made a study on factors relating to behavior in taking Amphetamine of 1,092 high school students in Karnchanaburi Province, consisting of 594 male students and 498 female students. It was found from the study that sample group of drug taker gave the comments on how to prevent teenagers from taking drugs. Sample group of 69.20% thought that parents should pay more attention on their children, 54.00% of which thought that friends of teenagers who took drugs should give good advice to them, 41.00% of which thought that public relations on bad effect of Amphetamine should be made more, and 30.85% of which thought that clinic for treatment of Amphetamine addiction should be provided in every school. Moreover, attention of parents has correlation with behavior of taking Amphetamine with statistical significance.

Paulson (1971 : 5455-5456) made a study on Amphetamine and students from New York University, majoring in physical education. It was found from the study that students who took and did not take drug had different problems within family with statistical significance. We may say that students who took drug hardly have good relationship with members in families and obtain less care from family than those who did not take drug.

From the study of Walter S. Dekeseredy in the title of "Distribution of Cocaine and Heroine Use" in year 1996 mentioned about the outcome of study made by many academe concerning female and narcotics with details as follows :-

From the study of Wellisch Prendergast and Anglin in 1994 found that in the recent year the number of drug-using female offenders have been increased rapidly in justice process. In addition, from the solution of the USA media also considered that this group of offenders involved in narcotic substance called "Crack". As a result, this problem then widely spread to big cities rapidly.

Besides the importance substance of Wellisch's study, another interesting information of UCR also indicated that between 1991-1992 the number of drug abuse violation were female who were arrested increasingly by 18.1% while the increasing number of male offenders were 13.8%. From the raw material of UCR also pointed out that in 1992 the number of female offenders who were arrested were totally 7,346, increasing by 1,178. Among this number offenders at the age between 18-25 year old and were the most consumers of Cocaine.

From the study of Patricia Erikson and Gleun Murray in 1992 pointed out that the trend of offenders who were scare of crime were female. This number increased continuously which may be because those females had no residence no job and were left in the influential area of crime committed by male offenders. On thing we should be worried about is the use of narcotic substance called Crack in the sexual manner. This group of people then became the symbol of offense. Erikson also pointed out that in fact there is no evidence to insist that female offenders can leave Crack and Cocaine better than male However, the number of female offenders who dealt with narcotic is still enormous.

From the study of National Institute on Drug Abuse (NIDA) in year 1991 indicated that group of male of age between 18-25 years old took hard drug more than other groups. In the same way, Thio also added that the cause of taking this type of drug of young people is because they behaved according to low tradition of society. They lacked of attachment had no job, no spouse, no children and no good suggestions form their relatives. More important, they had too much time and freedom to consume drugs.

From the study of Winick in 1993 showed that consuming of drugs has spread widely in society. People in good position can buy Cocaine as much as they wish. This manner can be called as period of most consumption of drugs in United States society.

However, after having studied for 43 years, it was found that no violent drugs were spread to America continent. But two types of violent drugs; Cocaine and Crack, were still popular among the jobless and temporary workers. Considering in social and economic aspects, we may see that people who consume such violent drugs are the underprivileged people in economic. This factor causes them to be easily induced to consume and distribute drugs in the major cities of USA.

From the study of Zalenko in 1992 found that one conclusion apart from general principle of drug taken is occasion which is the important factor for drug consumption. We may see that the old age female of good social position who has high income usually deal with drugs in the great number rather than young people of low income.

CHAPTER III

METHODOLOGY

3.1 Population and samples

The population of this study was 386 female offenders who committed narcotic offence (Amphetamine abuse) serving their jail term in The Central Correctional Institution for Females. The samples were selected by simple random sampling. The total number of the samples were 309.

3.2 Instrument of the study

The instrument of the study was the questionnaires with the following details :

1. Personal background of the subjects.
2. Socials and economic backgrounds of the subjects.
3. Factors affecting amphetamine abuse.
4. Opinions and recommendations on amphetamine abuse.

3.3 Questionnaire developing process

To construct questionnaires, the researcher worked on the following steps :

1. Reviewed the literature relates to the study from texts. Journals, documentary and researchers both in Thai and foreign publications.

2. Studied the research methodology in social science, together with the questionnaire designing technique.
3. Constructed questionnaires the cover all aspects of the study.
4. Get the constructed and corrected questionnaires checked for content validity by experts.
5. Had all the questionnaires tried out with 35 female offenders in Thonburi Correctional Institution for female offenders.

3.4 Data collection

Distributed questionnaires to the subjects in Central Correctional Institution for females, then collected all the questionnaires for further analysis.

3.5 Data analysis

After the questionnaires were collected, the complete one were used in data coding according to coding instruction. The data were transferred to the personal computer and further statistical method wad done. The statistical analysis was used in the program of Statistical Package for the Social Sciences / Personal Computer for Windows.

3.6 Statistics used

1. The Percentage, Mean, and Standard Deviation
2. The Analysis of Variances
3. Multiple Classification Analysis
4. Correlation

CHAPTER IV

RESULTS

The data collected through the process in chapter 3 was analysed and presented in tables as follows :

4.1 Personal Backgrounds of the samples

4.2 Social and economic backgrounds of the samples

4.3 Physical and mental conditions of the samples

4.4 Factors affecting the use of amphetamine

4.5 Hypothesis testing

4.1 Personal backgrounds (Table 1)

4.1.1 The samples were under 25 years at 57.9%, 26 to 35 years old at 35.3% and 36 years up at 6.8%.

4.1.2 The samples held primary school certificate; grade 4, at 19.7%, grade 6 at 39.2% and junior high school and higher at 41.1%.

4.1.3 The samples were Buddhism at 87.1%, Christian at 4.2% and Islam at 8.7%.

4.1.4 The samples were jobless or unemployed at 29.4%, low-skilled workers at 48.2%, trade persons at 16.2% and other at 6.1%.

4.1.5 The samples earned more than 4,000 baht per month at 33.7%, less than 4,000 at 40.8% and earned no money at 25.6%.

4.1.6 The samples whose home town was Bangkok were at 59.5%, other provinces at 40.5%.

4.1.7 The samples who were single were at 25.2%, married at 44.7% and widowed, divorced, at 31.1%.

4.1.8 The samples who has 1-2 children were at 48.2%, 3-4 children at 15.6%, 5-6 children at 1.6% and had no children at 9.7%.

4.1.9 The samples who sometimes had family argument were at 16.5%, had humorous marriage life at 11.3% regularly had family argument at 6.1%, sometimes had family fighting at 61% and regularly had family fighting at 4.5%.

4.1.10 The samples who can make ends meet were at 78.9%, rather poor at 17.2% and very poor at 3.9%.

4.1.11 The samples who had been prosecuted of drug offense were at 68.6% and had never been prosecuted of drug offense at 31.4%.

4.1.12 The samples who had been prosecuted of drug possession before were at 16.8%, and had never been prosecuted of drug possession before at 83.2%.

4.1.13 The samples who had been prosecuted of drug possession for trafficking were at 5.2% and had never been prosecuted of drug possession for trafficking at 94.8%.

4.1.14 The samples who use amphetamine once a day were at 25.6%, twice a day at 14.4%, three times a day at 19.1%, for times a day at 8.7%, 5 times a day at 8.7%, six times a day at 4.5% and more than six times a day at 19%.

Table 1 Numbers and Percentages of the samples classified by personal and social backgrounds of the subjects.

Personal backgrounds		Numbers (209)	Percentages (100)
Age			
	Under 25 years old	179	57.9
	26-35 year old	109	35.3
	36 years old up	21	6.8
Education			
	Junior primary school (Pathom 4) or under	61	19.7
	Senior primary school (Pathom 6)	121	39.2
	Secondary school or higher	127	41.1
Religion			
	Buddhism	269	87.1
	Christianity	13	4.2
	Islam	27	8.7
Occupation			
	Unemployed	91	29.4
	Low-skilled workers	149	48.2
	Trade persons	50	16.2
	Agriculturist	19	6.1
Monthly income			
	No income	79	25.6
	Less than 4,000 baht	126	40.8
	4,000 baht up	104	33.7

Table 1 (Cont.)

Personal backgrounds	Numbers (209)	Percentages (100)
Home town		
Bangkok	184	59.5
Other provinces	125	40.5
Marital status		
Single	78	25.2
Married	138	44.7
Widowed/Divorced	93	30.1
Numbers of children		
None	30	9.7
1-2	149	48.2
3-4	47	15.2
5-6	5	1.6
Single	78	25.2
Married life		
Harmonious	35	11.3
Regularly have domestic argument	19	6.1
Sometimes have domestic argument	51	16.5
Regularly have domestic fighting	14	4.5
Sometimes have domestic fighting	19	6.1
Single/Windowed/divorced	171	55.3

Table 1 (Cont.)

Personal backgrounds	Numbers (209)	Percentages (100)
Economic status		
Able to make ends meet	244	78.9
Rather poor	53	17.2
Very poor	12	3.9
The subjects had been prosecuted of using amphetamine before getting arrested this time		
Yes	97	31.4
No	212	68.6
Been prosecuted of possessing		
Yes	52	16.8
No	257	83.2
Been prosecuted of possessing for trafficking		
Yes	16	5.2
No	293	94.8
Frequency of the use of amphetamine in a day		
Once	97	25.6
Twice	46	14.9
Three times	59	19.1
Four times	27	8.7
Five times	27	8.7
Six times	14	4.5
More that six times	57	19.0

4.2 Social and economic backgrounds (Table 2 and 3)

4.2.1 The samples who lived in the area where amphetamine was widely trafficked were at 33% and no trafficking on taking amphetamine at 25.9%.

4.2.2 The samples who had been trafficking amphetamine previously were at 25.9% and had never been trafficking amphetamine previously at 74.1%.

4.2.3 The samples who were still trafficking amphetamine inconstantly were at 13.6%, occasionally 7.1%, regularly 2.9% and never 76.4%.

4.2.4 The samples who were misled to use amphetamine before were at 19.1%, and were never misled at 80.9%.

4.2.5 For the use of amphetamine this time, the samples who were misled were at 12.9% and were not at 87.1%.

4.2.6 The samples who were regularly persuaded to use amphetamine were at 8.1%, sometimes 58.9% and never 33.0%.

4.2.7 For the use of amphetamine this time, the samples who were misled to use amphetamine were at 31.1% and were not misled at 68.6%.

4.2.8 The samples who were forced to used amphetamine were at 8.1% and were never forced at 91.9%.

4.2.9 For the use of amphetamine this time, the samples who were forced to use amphetamine were 5.5% and were never forced at 94.5%.

4.2.10 The samples who got a job at the time being arrested were at 37.9%, were jobless or unemployed at 62.1%.

4.2.11 The samples who had intimate friends who were fond of going out were at 60.8% and were not fond of going out at 39.2%.

4.2.12 The samples who had intimate friends who were found of gambling were at 37.9% and were not fond of gambling at 62.1%.

4.2.13 The samples who had intimate friends who smoked were at 80.6% and did not smoke at 19.4%.

4.2.14 The samples who had intimate friends who were fond of drinking were at 62.5% and were not fond of drinking at 37.5%.

4.2.15 The samples who had intimate friends who were fond of buying illegal lottery were at 17.8% and were not fond of buying illegal lottery at 82.2%.

4.2.16 The samples who had intimate friends who were fond of taking amphetamine in group were at 57.3% and were not fond of that thing at 42.7%.

4.2.17 The samples who had intimate friends who dealt with drug trafficking were at 44% and did not dealt with drug trafficking at 56%.

Table 2 Numbers and percentage of the samples classified by social and economic backgrounds.

Social backgrounds	Numbers (209)	Percentages (100)
General feature of the neighborhood		
Wide spread of amphetamine trafficking	127	41.1
Wide spread of the use of amphetamine	102	33.0
Not any amphetamine use or trafficking	80	25.9
Deal with amphetamine trafficking		
Yes	75	23.6
No	236	76.4
Still deal with amphetamine trafficking		
Never	236	76.4
Not regularly	42	13.6
Regularly	9	2.9
Occasionally	22	7.1
Been misled by other people previously		
Yes	59	19.1
No	250	80.9
Been misled to use amphetamine this time		
Yes	40	19.1
No	269	80.9
Been persuaded by friends previously		
Regularly	25	8.1
Sometimes	182	58.9
Never	102	33.0

Table 2 (Cont.)

Behavior and habit of intimate friends	Numbers (209)	Percentages (100)
Been persuaded to use amphetamine this time		
Yes	97	31.1
No	212	68.9
Been forced to use amphetamine previously		
Yes	25	8.1
No	284	91.9
Been forced to use amphetamine this time		
Yes	17	5.5
No	292	94.5

Table 3 Numbers and percentage of the subjects classified by social and economic backgrounds.

Behavior and habit of intimate friends	Numbers (209)	Percentages (100)
Be fond of going out		
Yes	188	60.8
No	121	39.2
Be found of gambling		
Yes	117	37.9
No	192	62.1
Be fond of smoking		
Yes	249	80.6
No	60	19.4

Table 3 (Cont.)

Behavior and habit of intimate friends	Numbers (209)	Percentages (100)
Be fond of drinking		
Yes	193	62.5
No	116	37.5
Be fond of buying illegal lottery		
Yes	55	17.8
No	254	82.2
Be fond of using amphetamine in group		
Yes	177	57.3
No	132	42.7
Deal with narcotics trafficking		
Yes	136	44.0
No	173	56.0

4.3 physical and mental conditions (Table 4 and 5)

4.3.1 The samples who had dependent personality were at 11.0% and who had not at 89.0%.

4.3.2 The samples who were dependent on narcotics at all time were at 11.3% and were at 88.7%.

4.3.3 The samples who took after other people in using amphetamine were at 48.9% and did not do that at 51.1%.

4.3.4 For the use of amphetamine this time, the samples who took after other people in using amphetamine were at 40.8% and did not do so at 59.2%.

4.3.5 The samples who were curious to use amphetamine previously were at 69.9% and were not curious to do that at 30.1%.

4.3.6 For the use of amphetamine this time the samples used amphetamine became to do that at 17.5%.

4.3.7 The samples who believed that using amphetamine was a common practice in every part of the world were at 55% and did not believe so at 45%.

4.3.8 The samples who believed that amphetamine enabled them to feel happy and for get all sorrow were at 51.8% and did not believe so at 48.2%.

4.3.9 The samples who had to use amphetamine for medical reason were at 3.9% and did not have to do so at 96.1%.

4.3.10 The samples who had love and tight family bond at high level were at 94.5%, moderate level at 4.2% low level at 0.6% and had no love and family bond at 0.6%.

4.3.11 The samples who had someone that hold their mind at 87.4% and had no one at 12.6%.

4.3.12 The samples who were tense at high level were at 33.1%, moderate level at 35.9%, low level at 13.9% and were not tense at all at 17.2%.

4.3.13 The samples who were frustrated at high level were at 25.6%, moderate level at 24.9%, low level at 24.6% and were not frustrated at all at 13.6%.

4.3.14 The samples who were worried at high level were at 40.5%, moderate level at 29.8%, low level at 16.2% and were not worried at 13.6%.

4.3.15 The samples who were disappointed and discouraged at high level were at 46.3%, moderate level at 21.7%, low level at 15.9% and were not disappointed and discouraged at all at 16.2%.

4.3.16 The samples who were sensitive and uncertain at high level were at 24.6%, moderate level at 22.3%, low level at 21.4% and were not sensitive and uncertain at 31.7%.

Table 4 Numbers and percentage of the subjects classified by physical and mental condition.

Physical and mental condition	Numbers (209)	Percentages (100)
Be dependent on other people at all time		
Yes	34	11.0
No	275	89.0
Be dependent on narcotics at all time		
Yes	35	11.3
No	274	88.7
Previously follow other people		
Yes	151	48.9
No	158	51.1
The reason for the use of narcotics this time was following other people		
Yes	126	40.8
No	183	59.2
Previously feel curious to use amphetamine		
Yes	216	69.6
No	93	30.1

Table 4 (Cont.)

Physical and mental condition	Numbers (209)	Percentages (100)
The reason for the use of narcotics this time was feeling curious to use amphetamine		
Yes	255	82.5
No	54	17.5
Believe that amphetamine is a good thing		
Believe	170	55.0
Disbelieve	139	45.0
Believe that amphetamine enable one to get over one's sorrow		
Believe	160	51.8
Disbelieve	149	48.2
At the moment the subjects were using amphetamine for medical reason		
Yes	12	3.9
No	297	96.1
Family love and bond		
Most	258	83.5
Much	34	11.0
Average	13	4.2
Little	1	0.3
Least	1	0.3
None	2	0.6
Always have someone to turn to for some advice		
Yes	270	87.4
No	390	12.6

Table 5 **Numbers, percentage, mean, and standard deviation of the subjects Classified by physical and mental condition concerning mental problem.**

Mental problem	Numbers (209)	Percentages	$\bar{X}$	SD
Tension			2.77	1.62
Most	49	15.9		
Much	53	17.2		
Average	111	35.9		
Little	23	7.4		
Least	20	6.5		
None	53	17.2		
Frustration			2.29	1.65
Most	28	9.1		
Much	51	16.5		
Average	77	24.9		
Little	55	17.8		
Least	21	6.8		
None	77	24.9		
Worry			2.96	1.57
Most	64	17.5		
Much	71	23.0		
Average	92	29.8		
Little	34	11.0		
Least	16	5.2		
None	42	13.6		

Table 5 (Cont.)

Mental problem	Numbers (209)	Percentages	$\bar{X}$	SD
Disappointed and discouraged			3.01	1.75
Most	81	26.2		
Much	62	20.1		
Average	67	21.7		
Little	28	9.1		
Least	21	6.8		
None	50	16.2		
Sensitivity and uncertainty			2.13	1.76
Most	35	11.3		
Much	41	13.3		
Average	69	22.3		
Little	46	14.9		
Least	20	6.5		
None	98	31.7		

4.4 Factors affecting the use of amphetamine (Table 6)

4.4.1 The samples who felt that being uneducated affected the use of amphetamine at high level were at 9.4% moderate level at 20.1%, low level at 21.3% and did not affect the use or amphetamine at 49.2%.

4.4.2 The samples who felt that unemployment affected the use of amphetamine at high level were at 28.5%, moderate level at 21.7%, low level at 43.7% and did not affect the use a amphetamine at 6.2%.

4.4.3 The samples who felt that broken home family affected the use of amphetamine at high level were at 41.4%, moderate level at 13.6%, low level at 16.5% and did not affect the use of amphetamine at 28.5%.

4.4.4 From the whole samples 36.6% thought that having no one to turn to for some advice affected the use of amphetamine at high level, 18.1% at moderate level, 13.3% at low level and 32.0% thought it didn't effect at all.

4.4.5 From the whole samples 28.2% thought that poverty or no income affected the use of amphetamine at high level, 19.4% at moderate level, 16.5% at low level and 35.9% thought it didn't effect at all.

4.4.6 From the whole samples 16.1% thought that trafficking amphetamine affected the use of amphetamine at high level, 14.9% at moderate level, 17.4% at low level and 51.5% thought it didn't effect at all.

4.4.7 From the whole samples 2.2% thought that being forced to use amphetamine affected the use of amphetamine at high level, 4.2 % at moderate level, 16.2% at low level and 77.3% thought it didn't effect at all.

4.4.8 From the whole samples 3.9% thought that being misled to use amphetamine affected the use of amphetamine at high level, 5.5% at moderate level, 13.3% at low level and 77.3% thought it didn't effect at all.

4.4.9 From the whole samples 18.7% thought that being persuaded to use amphetamine affected the use of amphetamine at high level, 12.6% at

moderate level, 29.2% at low level and 39.5 % thought it didn't effect at all.

4.4.10 From the whole samples 49.8% thought that curiosity affected the use of amphetamine at high level, 27.8% at moderate level, 13.6% at low level and 8.7% thought it didn't effect at all.

4.4.11 From the whole samples 19.4% thought that following other people in using amphetamine affected the use of amphetamine at high level, 21.7% at moderate level, 22.0% at low level and 36.9% thought it didn't effect at all.

4.4.12 From the whole samples 45.9% thought that living in the area where amphetamine is widely used or trafficked affected the use of amphetamine at high level, 21.4% at moderate level, 14.9% at low level and 17.8% thought it didn't effect at all.

4.4.13 From the whole samples 15.5% thought that value and belief that amphetamine is a good thing to use affected the use of amphetamine at high level, 20.7% at moderate level, 20.4% at low level and 43.4% thought it didn't effect at all.

4.4.14 From the whole samples 3.2% thought that having to use amphetamine for medical reason affected the use of amphetamine at high level, 2.9% at moderate level, 6.8% at low level and 87.1% thought it didn't effect at all.

4.4.15 From the whole samples 6.5% thought that having personality and behavior that always depend on amphetamine affected the use of

amphetamine at high level, 5.2% at moderate level, 14.6% at low level and 73.8% thought it didn't effect at all.

4.4.16 From the whole samples 45.3% thought that having mental problem such ad tension, worry and frustration affected the use of amphetamine at high level, 23.6% at moderate level, 13.3% at low level and 17.8% thought it didn't effect at all.

4.4.17 From the whole samples 25.9% thought that being sensitive and uncertain affected the use of amphetamine at high level, 24.3% at moderate level, 17.5% at low level and 32.4% thought it didn't effect at all.

4.4.18 From the whole samples 44.7% thought that the lack of family love and bond affected the use of amphetamine at high level, 12.6% at moderate level, 15.2% at low level and 27.5% thought it didn't effect at all.

Table 6 Number, percentage mean and standard deviation of the samples Classified by opinions on factors affecting the use of amphetamine

Factors affecting the use of amphetamine	Numbers	Percentages	$\bar{X}$	SD
Being uneducated			1.37	1.56
Most	12	3.9		
Much	17	5.5		
Average	62	20.1		
Little	44	14.2		
Least	22	7.1		
None	152	49.2		
Being unemployed			2.17	1.77
Most	28	9.1		
Much	60	19.4		
Average	67	21.7		
Little	35	11.3		
Least	19	32.4		
None	100	32.4		
Broken-home family			2.50	1.92
Most	56	18.1		
Much	72	23.3		
Average	42	13.6		
Little	27	8.7		
Least	24	7.8		
None	88	28.5		

Table 6 (Cont.)

Factors affecting the use of amphetamine	Numbers	Percentages	$\bar{X}$	SD
Having no one to turn to for some advice			2.40	1.92
Most	53	17.2		
Much	60	19.4		
Average	56	18.1		
Little	26	8.4		
Least	15	4.9		
None	99	32.0		
Poverty or not having income			1.44	1.73
Most	51	16.5		
Much	36	11.7		
Average	60	19.4		
Little	31	10.0		
Least	20	6.5		
None	111	35.9		
Dealing with amphetamine trafficking and possessing			0.46	0.99
Most	2	0.6		
Much	5	1.6		
Average	13	4.2		
Little	14	7.8		
Least	26	8.4		
None	239	77.3		

Table 6 (Cont.)

Factors affecting the use of amphetamine	Numbers	Percentages	$\bar{X}$	SD
Being forced to use amphetamine			0.46	0.99
Most	2	0.6		
Much	5	1.6		
Average	13	4.2		
Little	14	7.8		
Least	26	8.4		
None	239	77.6		
Being misled to use amphetamine			0.531	1.12
Most	3	1.0		
Much	9	2.9		
Average	17	5.5		
Little	21	6.8		
Least	20	6.5		
None	239	77.3		
Being persuaded to use amphetamine			1.64	1.69
Most	23	7.4		
Much	35	11.3		
Average	39	12.6		
Little	45	14.6		
Least	45	14.6		
None	122	39.5		

Table 6 (Cont.)

Factors affecting the use of amphetamine	Numbers	Percentages	$\bar{X}$	SD
Being curious			3.28	1.47
Most	69	22.3		
Much	85	27.5		
Average	86	27.8		
Little	28	9.1		
Least	14	4.5		
None	27	8.7		
Following other people			1.86	1.70
Most	22	7.1		
Much	38	12.3		
Average	67	21.7		
Little	45	14.6		
Least	23	7.4		
None	114	36.9		
Living in the neighborhood where the use and the trafficking of amphetamine is widely spread			2.98	1.77
Most	78	25.2		
Much	64	20.7		
Average	66	21.4		
Little	30	9.7		
Least	16	5.2		
None	55	17.8		

Table 6 (Cont.)

Factors affecting the use of amphetamine	Numbers	Percentages	$\bar{X}$	SD
The value and belief that amphetamine is a good thing			1.62	1.65
Most	13	4.2		
Much	35	11.3		
Average	64	20.7		
Little	41	13.3		
Least	22	7.1		
None	134	43.4		
Having to use amphetamine for medical reason			0.32	0.95
Most	2	0.6		
Much	8	2.6		
Average	9	2.9		
Little	10	3.2		
Least	11	3.6		
None	269	87.1		
Being dependent on amphetamine			0.65	1.30
Most	8	2.6		
Much	12	3.9		
Average	16	5.2		
Little	20	6.5		
Least	25	8.1		
None	228	73.8		

Table 6 (Cont.)

Factors affecting the use of amphetamine	Numbers	Percentages	$\bar{X}$	SD
Having mental problem concerning tension, worry and frustration			1.37	1.76
Most	78	25.2		
Much	62	20.1		
Average	73	23.6		
Little	25	8.1		
Least	16	5.2		
None	55	17.8		
Being sensitive and uncertain			2.19	1.78
Most	36	11.7		
Much	44	14.2		
Average	75	24.3		
Little	42	13.6		
Least	12	3.9		
None	100	32.4		
The lack of family love and bond			2.67	2.01
Most	85	27.5		
Much	53	17.2		
Average	39	12.6		
Little	24	7.8		
Least	23	7.4		
None	85	27.5		

4.5 Hypothesis testing

Two hypothesis of this study were set as follows.

Hypothesis 1 The female offenders of different personal backgrounds had different level of the use of amphetamine.

Hypothesis 2 Social and economic backgrounds had the relationship with the level of the use of amphetamine by female offenders.

4.5.1 Hypothesis 1 The female offenders of different backgrounds had different level of the use of amphetamine. In hypothesis testing, the statistics used were an analysis of variance and a multiple classification analysis. The variables were divided into 2 groups as follows :

A. Independent variables included age, education, occupation, income, marital status, economic status, the history of being prosecuted of drug use the history of being prosecuted of drug possession, the history of being prosecuted of drug trafficking and the general feature of the neighborhood.

B. Dependent variables included the level of the use of amphetamine each day.

From the an analysis of variance and a multiple classification analysis of the level of the use of amphetamine on the backgrounds of the samples (Table 7 and 8) the results are as follows :

The samples of different age had insignificant difference in the level of the use of amphetamine in these ways; The samples who were 25 years old or under had the level of the use of amphetamine at 0.42 above mean (Brand Mean = 4.230), the samples who were 26-35 year old had the level of the use of amphetamine at –0.34 under mean mean, and the samples who were 36 years old you had the level of the use of amphetamine at –1.84 under mean.

Age variable had the relationship of 15% with the level of the use of amphetamine (Beta = 0.15).

The samples of different levels of education had insignificant difference in the level of the use of amphetamine in these ways; The samples who finished pathom 4 or lower had the level of the use of amphetamine at 0.17 above mean (Brand Mean = 4.230), the samples who finished pathom 6 had the level of the use of amphetamine at –0.08 under mean, and the samples who finished junior high school had the level of the use of amphetamine at –0.01 under mean.

Educational levels variable had the relationship of 2% with the level of the use of amphetamine (Beta = 0.02).

The samples of different occupations had insignificant difference in the level of the use of amphetamine at 0.05 level in these ways; The samples who were unemployed had the level of the use of amphetamine at 1.27 above mean (Brand Mean = 4.230), the samples who were low-skilled workers had the level of the use of amphetamine at –0.22 under mean, and the subject who were trade persons had the

level of the use of amphetamine at –1.19 under mean. The samples of other occupations had the level of the use of amphetamine at –1.25 under mean.

Occupation variable had the relationship of 23% with the level of the use of amphetamine (Beta = 0.23).

The samples of different monthly income had insignificant difference in the level of the use of amphetamine in these ways; The samples who had no income had the level of the use of amphetamine at –0.66 (Brand Mean = 4.230), the samples who earned less than 4,000 baht per month had the level of the use of amphetamine at -0.61 under mean, and the sample who earned more than 4,000 baht per month had the level of the use of amphetamine at -1.84 under mean.

Income variable had the relationship of 22% with the level of the use of amphetamine (Beta = 0.22).

The samples of different marital status had insignificant difference in the level of the use of amphetamine in these ways; The samples who were single had the level of the use of amphetamine at –0.38 under mean (Brand Mean = 4.230), the samples who were married had the level of the use of amphetamine at 0.01 above mean, the samples who were widowed or divorced had the level of the use of amphetamine at 0.03 above mean.

Marital status variable had the relationship of 6% with the level of the use of amphetamine (Beta = 0.06).

The samples of different economic status had insignificant difference in the level of the use of amphetamine in these ways; The samples who were rich and who could make ends meet had the level of the use of amphetamine at –0.01 under mean (Brand Mean = 4.230), the samples who were rather poor had the level of the use of amphetamine at 0.30 above mean, and the samples who were very poor had the level of the use of amphetamine at 1.55 above mean.

Economic status variable had the relationship of 8% with the level of the use of amphetamine (Beta = 0.08).

The samples of different history of being prosecuted of drug use had insignificant difference in the level of the use of amphetamine in these ways; The samples who used to be prosecuted of drug use had the level of the use of amphetamine at 0.59 above mean (Brand Mean = 4.230), the samples who had never been prosecuted of drug use had the level of the use of amphetamine at –0.27 mean, under mead

History of being prosecuted of drug use variable had the relationship of 10% with the level of the use of amphetamine (Beta = 0.10).

The samples of different history of being prosecuted of drug possession had insignificant difference in the level of the use of amphetamine in these ways; The samples who used to be prosecuted of drug possession had the level of the use of amphetamine at 0.56 above mean (Brand Mean = 4.230), the samples who had never been prosecuted of drug possession had the level of the use of amphetamine at –0.11 mean, under mead

History of being prosecuted of drug possession variable had the relationship of 6% with the level of the use of amphetamine (Beta = 0.06).

The samples of different history of being prosecuted of drug possession for trafficking had insignificant difference in the level of the use of amphetamine in these ways; The samples who used to be prosecuted of drug possession for trafficking had the level of the use of amphetamine at –1.65 above mean (Brand Mean = 4.230), the samples who had never been prosecuted of drug possession for trafficking had the level of the use of amphetamine at 0.09 mean, under mead

History of being prosecuted of drug possession for trafficking variable had the relationship of 10% with the level of the use of amphetamine (Beta = 0.10).

The samples of different general feature of neighborhood had insignificant difference in the level of the use of amphetamine in these ways; The samples who lived in the neighborhood where amphetamine trafficking is widely spread had the level of the use of amphetamine at 0.30 above mean (Brand Mean = 4.230), the samples who lived in the neighborhood where the use of amphetamine is widely spread had the level of the use of amphetamine at –0.46 mean, under mead, and the samples who lived in the neighborhood where neither amphetamine trafficking and the use of amphetamine is widely spread had the level of the use of amphetamine at 0.11 above mean.

General feature of neighborhood variable had the relationship of 8% with the level of the use of amphetamine (Beta = 0.08).

All independent variables has the relationship of 11.8% with dependent variable, (Multiple R = 0.118) and can altogether explain dependent variable at 34.3% (Multiple R Squared = 0.343)

Hypothesis 1 is confirmed.

Table 7 An analysis of variance of the level of the use of amphetamine by the subjects, classified by personal backgrounds.

Activities	Sum of squares	DF	Mean Squares	F	Signif of F
Main Effects	585.246	18	32.514	2.146	.005*
Age	89.621	2	44.810	2.962	.053
Education	2.129	2	1.065	.070	.932
Occupation	136.493	3	45.498	3.007	.031*
Income	185.171	3	92.586	6.120	.002*
Marital status	17.274	2	8.637	.571	.566
Economic status	30.115	2	15.057	.995	.371
Having been prosecuted of drug use	45.528	1	45.527	3.009	.084
Having been prosecuted of drug possession	19.085	1	19.085	1.261	.262
Having been prosecuted of drug trafficking	42.691	1	42.691	2.822	.094
General feature of neighborhood	32.050	2	16.025	1.059	.348
Explained	**585.246**	**18**	**32.514**	**2.149**	**.005***
Residual	**4387.440**	**290**	**15.129**		
Total	**4972.686**	**308**	**16.145**		

Table 8 The multiple classification of the subjects classified by the personal backgrounds of the subjects

Grand Mean = 4.230						Adjusted for
		Unadjusted		Adjusted for Independents		Independents + Coveriates
Variable + Category	N	Dev'n	Eta	Dev's	Beta	Dev'n Beta
Age						
Lese than 25 years old	179	.52		.42		
26-35 years old	109	-.55		-.34		
36 years old	21	-1.61		-.1.84		
			.17		.15	
Education						
Junior primary school (Pathom 4)	61	-79		.17		
Senior primary school (Pathom 6)	121	.07		-.08		
Junior high school and higher	127	.31		-.01		
			.10		.02	
Occupation						
Unemployed	91	1.00		1.27		
Low-skill workers	149	-.22		-.22		
Trade persons	50	-1.07		-1.19		
Others	19	-.23		-1.25		
			.18		.23	
Monthly income						
No income	79	0.56		-.66		
Less than 4,000 baht	126	-.86		-.61		
More than 4,000 baht	104	.62		1.24		
			.18		.22	

Table 8 (Cont.)

Grand Mean = 4.230						Adjusted for	
		Unadjusted		Adjusted for Independents		Independents + Coveriates	
Variable + Category	N	Dev'n	Eta	Dev's	Beta	Dev'n	Beta
Marital status							
Single	78	.09		-.37			
Married	138	-.27		.01			
Widowed/Divorced	93	.32		.30			
			.06		.06		
Economical Status							
Can make ends meet	244	.06		-.01			
Rather poor	53	-.48		-.30			
Very poor	12	.85		1.55			
			.07		.08		
Been prosecuted of drug use previously							
Yes	97	.50		.59			
No	212	-.023		-.27			
			.08		.10		
Been prosecuted of drug possession previously							
Yes	52	.50		.56			
No	257	-.10		-.11			
			.06		.06		
Been prosecuted of drug possession for trafficking previously							
Yes	16	-1.48		-1.65			
No	293	.08		.09			
			.09		.10		

Table 8 (Cont.)

Grand Mean = 4.230							
		Unadjusted		**Adjusted for Independents**		**Adjusted for Independents + Coveriates**	
Variable + Category	N	Dev'n	Eta	Dev's	Beta	Dev'n	Beta
General feature of neighborhood							
The trafficking of amphetamine is widely spread	127	.26		.30			
The use of amphetamine is widely spread	102	-.47		-.46			
No use and trafficking of amphetamine	80	.18		.11			
			.08		.11		
Multiple R Squared					**.118**		
Multiple R					**.343**		

4.5.2 Hypothesis 2 Social and economic backgrounds had the relationship with the level of the use of amphetamine in female offenders.

In hypothesis testing, the statistics used were correlation coefficient analysis. The variables of the study were as follow :

A. **Independent variables include being** uneducated, unemployment, broken-home family, having no one to turn to for some advice, poverty or not having income, dealing with amphetamine trafficking or possessing, being forced to used amphetamine, being misled to use amphetamine, being persuaded to use amphetamine, being curious to use amphetamine,

following other people, living in the neighborhood when the use and the trafficking of amphetamine is widely spread, the value and belief that amphetamine is a good thing, having to use amphetamine for medical reason, being dependent on amphetamine, having mental problems including tension, worry, frustration, being sensitive and uncertain and the lack of family love and bond.

B. **Dependent variable includes the level of the use of amphetamine each day.** From the analysis of relationship in table 9 it was found that social and economic backgrounds concerning physical and mental condition, being uneducated, being persuaded to use amphetamine, being curious to use amphetamine, being sensitive and certain only had the significant relationship with the level of the use of amphetamine at 0.05 level. This means the samples who had high level of the use of amphetamine were uneducated, persuaded by friends, curious to use amphetamine, and sensitive and uncertain. On the part of other variables including unemployment, broken-home family, having no one to turn to for some advice, poverty or not having income, dealing with amphetamine trafficking or possessing, being forced to use amphetamine, being misled to use amphetamine, following other people, living in the neighborhood where the use and the trafficking of amphetamine is widely spread, the value and the belief that amphetamine is a good thing, being dependent or amphetamine at all time, having mental problem like tension, worry, frustration, sensitivity, uncertainty and the lack of family love and

bond had insignificant relationship with the level of the use of amphetamine.

Conclusion : Social and economic background concerning broken-home family dealing with amphetamine trafficking and possessing, the value and believe that amphetamine is a good thing, being dependent on amphetamine at all time, having mental problems, the lack of family love and bond had the significant relationship with the level of the use of amphetamine by female offenders.

Hypothesis 2 is confirmed.

Table 9 The relationship between the level of the use of amphetamine and factors affecting the use of amphetamine.

Factors	Correlation (r)	P
1. Being uneducated	-.0049	.932
2. Unemployment	.0898	.115
3. Broken-home family	.1624	.004*
4. Having no one to turn to for	.0656	.250
5. Poverty or not having income	.0441	.440
6. Dealing with amphetamine trafficking and possessing	.1826	.001*
7. Being forced to use amphetamine	.0132	.818
8. Being misled to use amphetamine	0.549	.336
9. Being persuaded to use amphetamine	0.533	.350
10. Being curious to use amphetamine	0.1603	.005
11. Following other people	.0806	.157
12. Living in the neighborhood where the trafficking and the use of amphetamine is widely spread	.1614	.004*
13. The value and belief that amphetamine is a good thing	.1335	.019*
14. Having to use amphetamine for medical reason	.0783	.170

Table 9 (Cont.)

Factors	Correlation (r)	P
15. Being dependent on amphetamine at all time	.1571	.006*
16. Having mental problem like tension, worry, frustration, sensitivity, uncertainty	.2533	.000*
17. Being sensitive and uncertain	.0692	.225
18. The lack of family love and bond	.1165	.041*

CHAPTER V

DISCUSSION

The study on factors affection the use of Amphetamine of female offenders in the Central Correctional Institute for Female Offenders, Bangkok, is the study of the use of the way female offenders taking Amphetamine which is am action oppose to expectation of Thai society and tradition. Female in concept of Thai society is taught to have polite manner and behaves under the scope of moral according to the norm of society. It is expected that female in Thai society must play a role and status of good wife and good mother, not commit crime on drug or associate with temptation, especially Amphetamine, like male do.

Many interesting issues were found from this study. The first one is that separation of family and lack of love as well as relationship with members in family have positive correlation with Amphetamine taken by female offenders with statistical significance. We may say that female offenders of broken home are occurred at high level. The more they lack of love and relation within families, the more Amphetamine they will take. This may be resulting from institution of family. Although family is the smallest institution, it is the most important institution of society in developing quality of human life. It has a role and duty to look after members of family to be healthy both physical and mental. It will safeguard all members and also instruct everyone to learn about rules, regulations or standards of society. More important, family has an influence on attitude and behavior of members in society. So if members in family give love and care to each other as well as play their role and duty perfectly according to expectation of society, good relationship and understanding will

occur among members in family. Then, members in family will comprehend the rules and discipline of society and became good and efficient members of society. But in family that lacks of good relationship or understanding, many problem will then occur. So if we considered on the sociological concept. Especially the theory of Social Bond of Herschi, we may found that relationship within family is an important measure to prevent and solve problems of offense including narcotic problems. In other words, love and relationship within family will be the center that combines everyone in family together. It will prevent all members not to get behavioral deviation or will be immunity of behavioral deviation. But whenever family faces problems or got a broken home situation, members in family may turn to hold on illegal things including narcotic or Amphetamine. The state of broken home still appeared in Thai society especially in the families of female offenders. It may be due to the death of parents or husband or the divorce of parents or divorce between female offenders and her husband. Moreover, the study showed that about 91% of female offenders got divorce or became widow. So, divorce or broken home may be the result of lacking of love and sympathy as well as relationship among members in family. When people have nothing to hold on, they will feel lonely and then turn to take Amphetamine in order to compensate the thing they lost. In conclusion, female offenders who got broken home and lacked of love will took Amphetamine at high volume in order to respond their needs in the opposite way and wish to hurt feeling of their parents or attract their interest.

We found from the study that residing in the area where Amphetamine is taken or trafficked or possessed had positive correlation with Amphetamine taken by female offenders. Female offenders who live in the mentioned area will take Amphetamine at

high volume. When the environment around residence facilitates offenders to find Amphetamine easily or Amphetamine was taken in large volume, consequently, taking Amphetamine became normal behavior of society. Moreover, people who grew up in this environment will learn and absorb an incorrect value and also believed that Amphetamine was a good thing that can be taken. We also found that value and belief of female offenders that Amphetamine is a good things have correlation with the volume of Amphetamine taken by female offenders' residences and their value as well as belief may cause female offenders taking and trafficking Amphetamine at high level and believed that Amphetamine is a good thing. In this regard, trafficking and possessing Amphetamine also have positive correlation with the volume of Amphetamine taken. If female offenders traffic or possess Amphetamine in large volume, their level of taking Amphetamine will be high as well. This may be because is they are trafficker, they may get great benefit from trafficking Amphetamine which is enough to buy Amphetamine for themselves and in case they are the possessor, they can keep or possess Amphetamine in the volume that is enough to respond their need.

Another important issue is mental problems, such as tension, oppression, worry, disappointment and discouragement, have positive correlation with volume of Amphetamine taken by female offenders with statistical significance. So if female offenders got high level of mental problems, the level of taking Amphetamine of these offenders will be high as well. But if mental problem of offenders is little, the level of taking Amphetamine will also be low. This may be because mental problems have significant influence upon behavior and way of living of person. Way of living of people has to depend on physical and mental conditions. So if person faces the problems in society and such problem has an effect to his/her success in work or

education, this may have an influence on his/her mental conditions and cause mental problem. As a result, although people will try hard to cope with problems and obstacles, they cannot overcome due to lacking of motivation. But in contrary, they may turn to hold on something that can compensate their disappointment. For people who have strong basic of mind and cannot be induced easily, they may solve problem by using principle of religion. While another group of people try to escape from problems, they will turn to use narcotic or Amphetamine as a tool to forget all problem. We may conclude that female offenders who face mental problem will get high level of discouragement as well as high level of taking Amphetamine.

In addition, we also found from the study that personality and behavior relying on drug have positive correlation with volume of drug taken with statistical significance. Female offenders who have personality and behavior that always rely on drug will also take drug at high level. We may say that this personality is a character of lacking of self-confident and relying on other people or things all the time to reduce fear and create self-confident. So in order to create self-confident, they may turn to hold on narcotic which can encourage or motivate them to behave as they wish. Therefore. This group of offenders will need Amphetamine higher than general people.

Moreover, female offenders of different occupations will also take Amphetamine at different volumes with statistically significance. Female offenders of unemployment will take Amphetamine at the highest level. This may be because they have free time and have no commitment, so they may feel lonely and then turn to take Amphetamine. Sometimes the feeling of discouragement may cause female offenders to take Amphetamine which is the wrong way to solve problem. However, another

remarkable issue is that female offenders who have high income will also take Amphetamine at high volume. But for female offenders of low income, they do not have enough money to find Amphetamine for taking. It is possible that people of high income may also take Amphetamine because when they have lots of money, lots of problems will also occur. So their solution is to take narcotic at high volume.

CHAPTER VI

CONCLUSION AND RECOMMENDATION

The study on factors affecting the use of amphetamine by female offenders in The Central Correctional Institution for females in Bangkok was aimed to study characteristic of female offenders who use amphetamine and the factors affecting the use of amphetamine by this group of offenders and to obtain the preventive guidelines and the solutions to the problem of drug use by female offenders.

The population of the study was 209 female offenders dealing with amphetamine and was imprisoned in The Central Correctional Institution for female in Bangkok. The Statistics use were percentage, mean, an analysis of variance, a multiple classification analysis, correlation coefficient and multiple regression analysis. The results of the study could be concluded as follows :

6.1 Results of the study

6.1.1 Personal backgrounds of the sample

Most of the subjects who were female offenders were under 25 years old, junior high school graduated, Buddhist, low-skilled workers, earned less than 4,000 baht, domiciled in other provinces rather than Bangkok, single, can make ends meet, had not previously been persecuted of drug use, drug possession, drug possession for trafficking and before getting arrested used amphetamine at least 3 time a day.

6.1.2 Social and economic backgrounds

Most of the samples had a job before getting arrested, lived in the neighborhood where the use of amphetamine was widely spread, never dealt with amphetamine trafficking, had not previously been misled or foced to use amphetamine, but had been persuaded by friends and for the use of amphetamine this time either. were not misled or forced by any one and either not persuaded by friends. On the matter of behavior and habit of intimate friends, it was found that most of their intimate friends were fond of going out, smoking, drinking and using narcotics in group.

6.1.3 Physical and mental backgrounds

Most of the samples were not dependent on amphetamine by personality, they had used amphetamine because of their curiosity not because they followed any people. They believed that using amphetamine was a common practice in all societies, and that amphetamine could make them happy and enabled them to get over their sorrow. They didn't have to use amphetamine for medical reason. They had family love and bond and had someone to turn to for some advice.

On the respects of mental problem, it was found that the samples had mental problem concerning tension, frustration, worry, disappointment discouragement, sensitivity, uncertainty at moderate level.

6.2 Hypothesis testing

6.2.1 Hypothesis 1 Female offenders of different personal backgrounds had different level of amphetamine.

In hypothesis testing it was found that female offenders of different personal backgrounds concerning occupation and monthly income had significant difference in the level of the use of amphetamine

6.2.2 Hypothesis 2 Social and economic backgrounds, physical and mental condition had the relationship with the level of the use of amphetamine by female offenders.

In hypothesis testing it was found that broken-home family, dealing with amphetamine trafficking and possessing, the value and believe that amphetamine is a good thing, being dependent on amphetamine at all time, having mental problems, the lack of family love and bond had the significant relationship with the level of the use of amphetamine by female offenders.

6.3 Recommendations from the study

From the study on factors affecting Amphetamine taken by female prisoners in the Institutions for Female Offenders, Bangkok, it was found that factors affecting Amphetamine taken by female prisoners are separation of members in family, lack of love and warm, residing in the area where Amphetamine is taken or trafficked or possessed, value and belief in Amphetamine as good thing to be taken, personality and

behavior relying on drug, and mental problems such as tension, oppression, worry, discouragement. Therefore, the author would like to propose some comments for preventing and solving Amphetamine taken by female prisoners as follows :-

1. We should strengthen the unity of family institution by encouraging member of family to give love and care to each other as well as have good relationships. Everyone in family has to play his/her role perfectly, especially parents should be a center of family Moreover, the leader of family has to accept ideas of members and also ready to give help to them so that they will not feel lonely and become stronger as well as have immunity to protect themselves from narcotic.

2. Official units that have responsibility to prevent and suppress narcotic should improve their efficiency in suppressing the outbreak of narcotic, especially Amphetamine. The Office of the Narcotics Control Board and the Royal Thai Police should set a wide scope of strategy in narcotic prevention by creating certainty to every group of people especially parents and other organization. This will encourage people to oppose narcotics, narcotic producer, trafficker and supporter. In addition, we should give knowledge and understanding on bad effect of narcotic to people, set up the penetrating operation to prevent and suppress narcotic, producer and trafficker. Cooperation should be made with other organizations within community and leader of local area as well as other social institutions such as family, temple, school. We should give chance to these institutions to take part in preventing and solving narcotic problem, especially Amphetamine problem occurred in community. This method may assist in getting rid of environment that facilitate people to take Amphetamine. So, community will be free from purchasing, trafficking to taking of Amphetamine.

3. Ministry of Education and Ministry of Public Health should improve the method in giving knowledge or drug to people and juvenile. These people should learn about bad effect of narcotic problem and know how to solve problems with rationale, not believe in wrong value such as value and belief in Amphetamine as good things and have good advantage to be taken. Moreover, the Department of Mental Health should give chance to people who get trouble to receive consultant or assistance on mental problem. In addition, the hot-line center should be set in various areas in order to solve problem of tension, worry, oppression and discouragement of female offenders who face problem so that these people will change their mind not to solve problem by taking drug or Amphetamine.

6.4 Recommendations for further study

1. The study should be made on factors affecting Amphetamine taken by female prisoners at wider scope. The target group for this study in female prisoners who committed crime and imprisoned by the case of Amphetamine in other prisons and institutions

2. We should also make a study on factors affecting Amphetamine taken by male prisoners imprisoned in other prisons and institutions for male. We should put the focus on cause of drugs taken of factors affecting narcotic taken by juvenile in the Central Observation and protection Center.

3. We would make a study on participation of people in preventing and solving the problem of Amphetamine taken by juvenile and female in many areas.

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QUESTIONNAIRE

Title : Factors affecting Amphetamine using in female prisoners in the Central Institution for Female Offenders.

Please mark ✓ in the ☐ or fill in the provided space with the best answer.

Part 1 - Personal background or social backgrounds

1. Age ..... years old
2. Education
   - ☐ Uneducated
   - ☐ Primary school (Pratom 1-4)
   - ☐ Primary school level (Pratom 5-6)
   - ☐ Secondary school level
   - ☐ High school
   - ☐ Vocational/higher vocation school
   - ☐ Bachelor degree
   - ☐ Master degree
   - ☐ Others (specify) .....
3. Religion
   - ☐ Buddhism
   - ☐ Christianity
   - ☐ Islam
   - ☐ Others (specify) .....
4. Occupation
   - ☐ Unemployed
   - ☐ State enterprise officer
   - ☐ Government officer
   - ☐ Agriculturist
   - ☐ Unskilled workers
   - ☐ Company employee
   - ☐ Trade persons
   - ☐ Small business
   - ☐ Others (specify) .....
5. Average income ..... Bht/month

6. Hometown

☐ Bangkok ☐ Other provinces (identify) .....

7. Marital status

☐ Single ☐ Married

☐ Widowed/divorced ☐ Others (specify) .....

8. In case of getting married, you .....

☐ have ..... Children ☐ Others (identify) .....

9. In case of getting married, you .....

☐ Have harmonious married life ☐ Regularly have domestic argument

☐ Sometime have domestic argument ☐ Regularly had domestic fighting

☐ Sometimes had domestic fighting ☐ Other (identify) .....

10. How are your economic station

☐ Rich ☐ Can make ends meet

☐ Rather Poor ☐ Very poor

11. Before imprisonment, had you ever been prosecuted of drug offense and in what case

☐ Drug abuse ☐ Ever ☐ Never

☐ Possess drug ☐ Ever ☐ Never

☐ Possess for trafficking ☐ Ever ☐ Never

12. Before being arrested, how often did you take drug (Amphetamine) ..... times per day. (independent variable)

Part 2 - Social and Economic backgrounds

1. How is the neighborhood you lived like

   ☐ It is an area where Amphetamine is widely trafficked

   ☐ It is an area where people use Amphetamine

   ☐ No trafficking or taking Amphetamine

   ☐ Others (identify) .....

2. Have you ever trafficking or sold Amphetamine

   ☐ Yes ☐ No ☐ Other (specify) .....

3. If yes, do you continue doing so

   ☐ Never ☐ Sometimes

   ☐ Regularly ☐ Seldom

   ☐ Others (specify) .....

4. Have you ever been misled by anyone to use Amphetamine

   ☐ Yes ☐ No ☐ Other (specify) .....

5. For the use of Amphetamine this time, were you misled by anyone

   ☐ Yes ☐ No ☐ Other (specify) .....

6. Have you ever been persuaded by friend to use Amphetamine

   ☐ Yes, regularly ☐ Yes, sometimes ☐ Never at all

7. For the use of Amphetamine this time, were you persuaded by anyone

   ☐ Yes ☐ No ☐ Other (specify) .....

8. Have you ever been forced to take Amphetamine

   ☐ Yes ☐ No ☐ Other (specify) .....

9. For the use of Amphetamine this time, were you forced

☐ Yes ☐ No ☐ Other (specify) .....

10. Have you ever been curious to know about the use of Amphetamine

☐ Yes ☐ No ☐ Other (specify) .....

11. Is it your curiosity to try on taking Amphetamine this time

☐ Yes ☐ No ☐ Other (specify) .....

12. You believed that using Amphetamine is a common practice in every part of the world

☐ Yes ☐ No ☐ Other (specify) .....

13. You believed that Amphetamine enable you to feel happy and forget all sorrow

☐ Yes ☐ No ☐ Other (specify) .....

14. Do you have to use Amphetamine for medical reason

☐ Yes ☐ No ☐ Other (specify) .....

15. Do you have the following mental problem

problems	Most	Much	Average	Little	Least	Nothing
1. Being tense						
2. Being frustrated						
3. Being worried						
4. Being disappointed and discouraged						
5. Being sensitive and uncertain						

16. Have got a dependent personality

☐ Yes ☐ No ☐ Other (specify) .....

17. Are you always dependent on narcotic

☐ Yes ☐ No ☐ Other (specify) .....

18. When you were arrested, you

☐ had got a job ☐ were jobless/unemployed

☐ other (specify) .....

19. Have you ever followed other people on using amphetamine

☐ Yes ☐ No ☐ Other (specify) .....

20. For the use of amphetamine this time, did you follow other people

☐ Yes ☐ No

21. What is the use and behavior of your close friends like

Behaviors	Yes	No	Others
1. Found of going out (at night) 2. Found of gambling 3. Smoke 4. Fond of drinking 5. Fond of buying illegal lottery 6. Fond of taking Amphetamine in group 7. Dealing with narcotics trafficking			

22. How much do you love or care for your family (husband, children or parents, brother/sister)

☐ Most ☐ Much ☐ Average

☐ Little ☐ Least ☐ Feel nothing

23. Do you have any one to turn to for some advice

☐ Yes (specify) ..... ☐ No

☐ Others (specify) .....

Part 3 - Factors affecting the use of Amphetamine

How much do the following factors affect the use of Amphetamine on you	Most	Much	Average	Little	Least	Nothing
1. Uneducated or low-educated						
2. Jobless or unemployed						
3. Broken home						
4. Have no one to turn to when having problem						
5. Poverty or no income						
6. Trafficking-possessing amphetamine						
7. Be forced to use amphetamine						
8. Be misled to use amphetamine						
9. Be persuaded to use amphetamine						
10. Be curious to try on taking amphetamine						
11. Wish to follow other people in using amphetamine						
12. Living in the area where amphetamine is widely used or trafficked						
13. Value and belief that amphetamine is a good thing to use						
14. Medical reason that needs amphetamine for medication						
15. Having personality and behavior that always depends on amphetamine						
16. Mental problems such as tension, worry or frustration						
17. Being sensitive and uncertain						
18. The lack of family love and bond						

Part 4 - Comments or suggestions (identify)

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BIOGRAPHY

NAME	Pol. Capt. Montree Tedkhan
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PLACE OF BIRTH	Nakhonsawan
INSTITUTIONS ATTENDED	Police Cadet Academy, 1989-1993 Degree of Bachelor of Public Administration (Police) Mahidol University, 1998-2000 Degree of Master of Arts. (Criminology and Criminal Justice)
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