THE TREATMENT AND REHABILITATION OF OPIUM ADDICTS IN THAILAND

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HISTORY OF THE USE AND CONTROL OF OPIUM IN THAILAND

No records are available to show us when and how opium smoking was first introduced into Thailand. It is presumed that early in history Chinese traders who came to this country in large numbers were primarily responsible for its introduction. The Chinese workmen, especially in the jungles and forests and in the tin mines, take to the smoking of opium in the belief that it will stimulate them and increase their working capacity in hot and unhealthy climates.

The first official recognition of the evils of opium smoking seems to have been an edict of King Rama II, in 1811, banning the sale and consumption of opium within the Kingdom. The demands of the Chinese population, and the interests of local merchants and Western traders combined to increase smuggling and bribery, and the edict had little effect. Another effort was made in 1839, when King Rama III proclaimed the buying and selling of opium to be a crime. Notice of the ban was distributed throughout the Kingdom, and all opium found was confiscated and burnt in front of the Grand Palace, but in spite of the dire punishments prescribed, smuggling continued.

The association of opium smoking with the Chinese is indicated by the edict of King Mongkut (Rama IV) in 1852, restricting opium smoking to the Chinese, and ordering that any Thai found smoking should wear a queue, pay the triennial poll tax, and forfeit all claims as a Thai citizen.

King Chulalongkorn (Rama V) was greatly concerned about the opium menace. In 1908, after describing the evils of the practice and the difficulties of dealing with it, he stated as his opinion that the best way to lessen opium addiction would be to amend the Revenue Law by gradually reducing government income from opium until its final prohibition was achieved. This points out one of the great obstacles to the suppression of the opium menace, it has for a long time been a major source of governmental revenue.

Since 1908, the control of the importation and sale of opium in Thailand has been a government function. Sales were made through contractors, but the wholesale and retail prices were fixed by the government. It was the policy of the government to increase the price of opium gradually in order to reduce the number of users, but every increase in the price operated as an encouragement to smuggling and illegal traffic. In 1913, a government opium factory was established to process opium for sale, thus beginning the monopoly system which lasted until 1959.

The last effort of the Thai government to control the use of opium, prior to the present program, was in 1958. Acting on the advice of the United Nations narcotics expert, the government of General Thanom Kittikachorn appointed a committee under the direction of the Ministry of Finance, consisting of representatives of the Ministries of Finance, Foreign Affairs, and Public Health; and the Departments of United Nations, Police,

Excise, and Public Welfare. The committee recommended a four-year program of eradication of opium sales and smoking, and plans for the treatment and rehabilitation of addicts.

The Revolutionary Party Government of Field Marshal Sarit Thanarat came to power on October 20, 1958. A month and a half later, on December 9, 1958, an order was issued abolishing the smoking and sale of opium in Thailand not later than July 1, 1959, and directing the Ministries of Public Health and of Interior to establish sanitoriums and convalescent homes for the treatment of opium addicts.

Thailand's current program represents the most sweeping and comprehensive effort to control opium ever undertaken in this country. It includes the registration of all opium smokers, the suppression of all traffic in opium, cooperation with the United Nations and international agencies for narcotics control, the enforcement of the criminal provisions of the Narcotics Law, assistance to the hill tribes of Northern Thailand in the replacement of opium poppy cultivation by other crops, such as tea, and for the first time in the history of the country, a program of treatment and rehabilitation of opium addicts. The rest of this report will deal only with the treatment and rehabilitation program.

THE TREATMENT AND REHABILITATION PROGRAM

In accordance with the Revolutionary Party's order of December 9, 1958, the Committee appointed to carry out the program proceeded at once to construct a center for the treatment of addicts. The site selected was at Klong Rangsit, 43 kilometers north of Bangkok, on land belonging to the Department of Public Welfare. Within a period of seven days, the

old buildings standing on the 1960 rai (about 64 acres) site had been repaired, and the center was ready for the first patients on January 1, 1959. Since that time, new buildings and equipment have been added, and the Center now consists of more than 40 buildings, with a capacity of 1500 for medical treatment, and 2000 for rehabilitation. It is estimated that about 72,000 addicts will be in need of treatment and rehabilitation.

ORGANIZATION.

On February 10, 1959, a permanent Committee on Coordination was created, consisting of

Undersecretary, Ministry of Interior, Chairman
Ministry of Public Health, Vice Chairman
Director General, Medical Service Department
" " Excise Department
" " Police Department
" " Penitentiary Department
Dr. Malai Huvanandana, Public Welfare Department
Captain Suwan Reangkam
Chief of Occupational Assistance Division, Dept. of Pub. Welfare

Under the general direction of the Committee, responsibility for the administration of the Center was divided among three sections:

Medical Section – 2 Doctors, a pharmacist, a nurse, a house master, and assistants, numbering in all, 34; with responsibility for medical care and treatment.

Public Welfare Section – superintendent, assistant superintendent, 5 social workers, cooks, guards, maintenance workers, totalling 62; with responsibi-

lity for general, supervision and control of patients, for operations in the fields of nutrition, convalescence, occupational assistance, and treatment of patients after they leave the Center.

Police Section – an officer, sergeant major, 4 corporals, 25 constables, totalling 31; responsible for maintaining order within the compound, for prevention of escapes, and control of smuggling of drugs in to the compound.

Joint administration by three different departments caused some difficulties, and in December 1959, the Committee agreed that the Department of Public Welfare should be primarily responsible for the administration of the Center. The Superintendent is now in effect the chief executive officer, but Dr. Prayura, the only professionally trained official in this field, retains his previous status as an official of the Ministry of Public Health.

MEDICAL TREATMENT.

When a drug addict comes to the center for treatment, either voluntarily, or after arrest and imprisonment as a violator, he begins a withdrawal period which lasts 10 days, or in severe cases for 15 days. The treatment consists of dosages of Mixture No. 1, 3 times a day for 3 days; twice a day for 3 days; and once a day for the last 4 days. In addition, he receives heavy doses of vitamin B complex, and medical advice and encouragement.

REHABILITATION.

After the ten or fifteen days of medical treatment, patients are transferred to one of the convalescent houses within the compound. Here

they are under the care of the social workers. During the period of convalescence, which may last 75 days, they receive medical and nursing care as needed, nutrition and rest, and mental therapy under the supervision of the psychiatrist, the psychologists, and the social workers. Recreation is provided in the form of films, radio, television, music, sports and games, and physical exercise. They may also be given occupational therapy, consisting of handcrafts, carpentry, painting, drawing, sewing, farming, poultry raising, kitchen gardening, etc.

OCCUPATIONAL TRAINING AND ASSISTANCE.

After the period of rehabilitation, the patient is examined by a physician. If he is physically fit to work, vocational training is begun. Those who have had no past experience may be taught carpentry, masonry, engineering trades, or a family type of industry, such as shoe-making or leather work. Those who have an interest in agriculture may use the land in the Center to cultivate vegetables and other crops, or to learn rice farming. Patients who have had experience may be put to work according to their skills, sharing the profits with the Center. At the same time, they will be helping to teach the unskilled.

FAMILY ASSISTANCE.

The Government has recognized the hardships of the family in some cases where the head of the family is under treatment at the Center, and has provided relief in the form of cash, finding jobs for members of the family, placing sick members in hospitals, and sending children to institutions, or older persons to the self-help land settlements.

FOLLOW–UP.

With limited personnel, the Department of Public Welfare tries to visit the homes of all patients after their release from the Center. Social workers try to evaluate the results of the treatment for statistical purposes, and to encourage and help the patients toward full recovery. The statistics are incomplete, and from the very nature of the cases, not very reliable. For the 11 months from May 1, 1959 to March 31, 1960, 890 cases were released from the Center. Only 322 could be considered cured. The rest were uncertain, or had definitely returned to the drug, or could not be found.

PUBLIC ATTITUTE AND SUPPORT

It is obvious that a reform of such a magnitude as the complete abolition of opium addiction and the rehabilitation of the victims could not be accomplished by government order alone. Much depends upon the attitude of the public, and the cooperation, or lack of cooperation, given by individuals and organizations.

The initial reaction of the public to the order banning opium was favorable. All of the local newspapers and weekly magazines published in Thai, Chinese, and English, gave full publicity to the program, and urged addicts to apply for treatment either at the Klong Rangsit Center or in the provincial hospitals where treatment facilities were provided. Voluntary social workers visited families and encouraged addicts to apply for treatment. Many individuals have contributed in cash or kind to the Center. A society for the Promotion of Opium Smokers Suppression was organized to raise money for the expenses of treatment.

The Chinese community has fully supported the program. The Nationalist Chinese Embassy called a meeting of representatives of Chinese firms and Chinese medical practitioners on June 26, 1959, and plans were made to support the government program by making Chinese hospitals available for the treatment of opium addicts, by donating money for the support of hospitals, and by finding employment for those who had taken the treatment. The influential Chinese Chamber of Commerce has cooperated actively by donating sewing machines and other equipment to the center, providing patients with newspapers, food, cigarettes, etc. and providing money and clothing to patients discharged from the hospitals.

EVALUATION OF THE PROGRAM

The program of trestment and rehabilitation of opium addicts has been in effect less than two full years. Evaluation of the results is difficult because the time has been too short for a fair trial. The two years have been a period of experimentation and of learning, to some extent by a process of trial and error. Statistical data are incomplete and inconclusive, but such as they are, they do not give great cause for satisfaction.

During the year 1959, 6843 persons were admitted to the Klong Rangsit Center for treatment, and 4236 were admitted to the 75 provincial hospitals. During the same period, 1932 escaped from the Center, or left before the prescribed treatment was completed. The number of escapees from provincial hospital is not reported. As stated above in the description of follow-up, social workers found that only 322 of the 890 persons released from the Center could be considered cured.

Among the many serious problems of treatment and rehabilitation, none is more important than the lack of trained and skilled personnel. Only one person, Dr. Prayura has had training and experience in the treatment of narcotic addiction. The superintendent, who is now the responsible head of the Center, was without any experience, and the only training he has had has been an observation tour with Dr. Prayura to the Island of St. John, Singapore, plus the actual experience of managing the Klong Rangsit Center. Undoubtedly, the large number of escapes, and some of the failures to effect cures can be attributed to the lack of knowledge and experience on the part of the nurses, attendants, and other employees of the Center.

The problems, both of suppression and treatment, have been intensified by the appearance throughout the country, but especially in the Bangkok area, of opium derivatives, such as morphine and heroin. When an addict is deprived of his opium, he turns to these more dangerous drugs, which are more difficult to detect and seize, and which demand a different kind of treatment.

As stated above, the time has been too short to pronounce the treatment and rehabilitation program a success or a failure. Its success will depend upon the willingness of the government to provide funds for additional facilities and personnel; upon the ability of the officials in charge to recruit a competent staff and to train them in the special methods and skills required for this difficult task; and upon the ability of law enforcement agencies to shut off the supply of dangerous drugs. The program of treatment and rehabilitation will be largely a waste of

time and money if the addict who is discharged as "cured" finds that he can still get the drug.

Underlying all of these needs, and perhaps most important of all, the nation must not lose the sense of the seriousness of the evil, and the sense of urgency which prevailed when the program was started. The public must be kept informed of the magnitude and difficulties of the program, and the serious consequences of permitting it to fail.

What is mind?

No matter!

What is matter?

Never mind!